



After the Outbreak

Analysis of the post-Ebola recovery period of Sierra Leone and Liberia with lessons for future health emergencies.

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Acronyms

AfP - Agenda for Prosperity

CPES – Comprehensive Programme for Ebola Survivors (Sierra Leone)

DFID – Department for International Development (UK)

ERS - The National Ebola Recovery Strategy (Sierra Leone)

EVD – Ebola Virus Disease

FGD – Focus Group Discussions

GOSL - Government of Sierra Leone

INGO – International Non-Governmental Organisation

JSI – John Snow Inc

KI – Key Informant

MSWGCA - Ministry of Social Welfare, Gender and Children's Affairs

NGO – Non-governmental organisation

UNDP – United Nations Development Programme

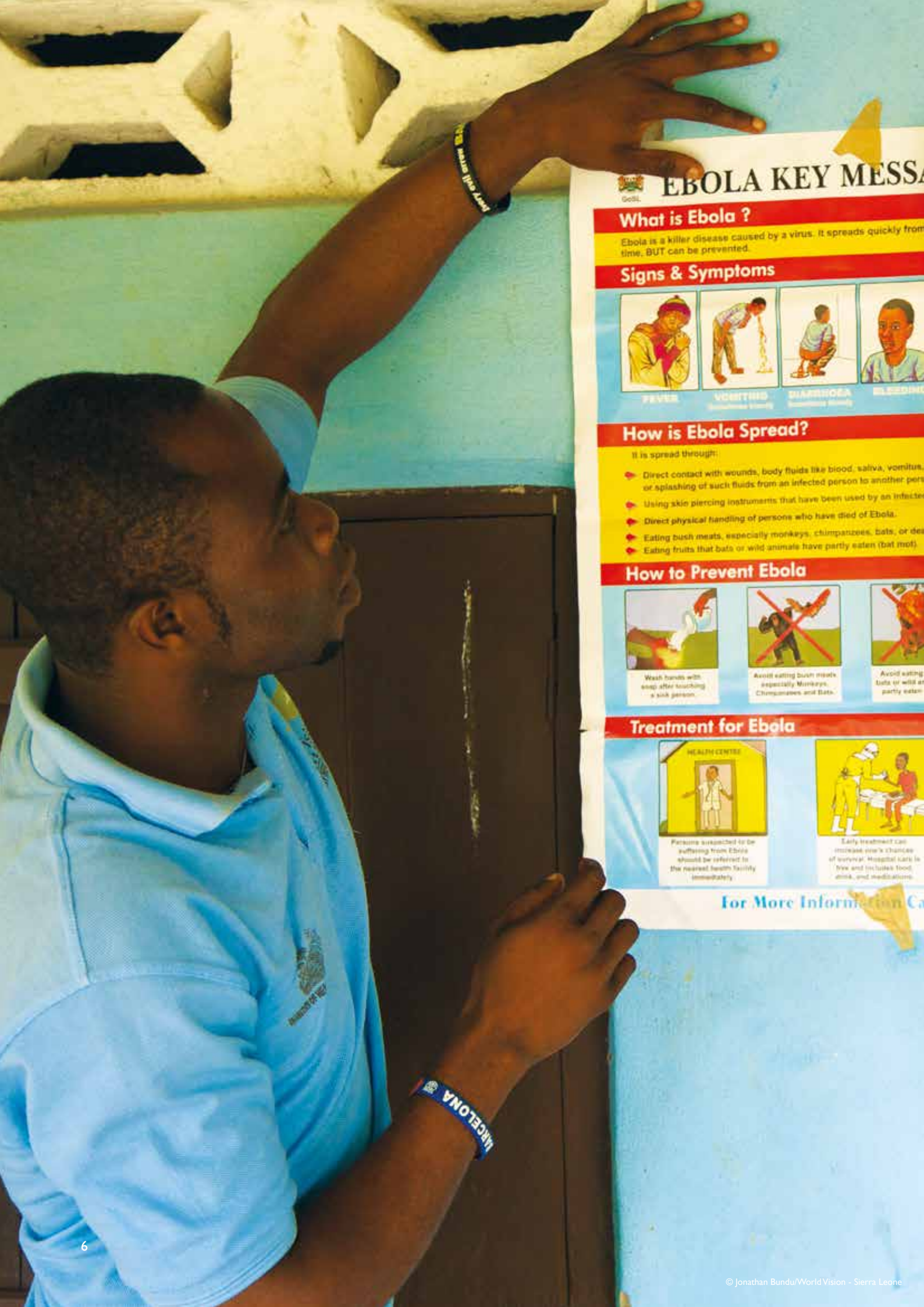
UNICEF – United Nations Children's Fund

USAID – U.S Agency for International Development

WHO – World Health Organisation

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EBOLA KEY MESSAGE

What is Ebola ?

Ebola is a killer disease caused by a virus. It spreads quickly from time. BUT can be prevented.

Signs & Symptoms



How is Ebola Spread?

- It is spread through:
- Direct contact with wounds, body fluids like blood, saliva, vomitus, or splashing of such fluids from an infected person to another person.
 - Using skin piercing instruments that have been used by an infected person.
 - Direct physical handling of persons who have died of Ebola.
 - Eating bush meats, especially monkeys, chimpanzees, bats, or deer.
 - Eating fruits that bats or wild animals have partly eaten (bat fruit).

How to Prevent Ebola



Treatment for Ebola



For More Information Call

Executive Summary

Introduction:

The Ebola Virus Disease (EVD) initially broke out in Guinea in late 2013 before spreading to Liberia and Sierra Leone in early 2014. Each country declared a public health emergency and put measures in place to control the disease. It severely disrupted social life and economic activities, with gruelling effects on household livelihoods and the national economies in general (UNDP, 2015). According to the World Health Organisation (WHO), the total number of confirmed, probable and suspected cases from the outbreak, as of 30 March 2016, was 28,646 with a case fatality rate of 11,323 (39.5 per cent) (WHO 2016).

The United Nations Secretary General convened an international conference on the 10 July 2015. The purpose was to elicit the attention and support of the international donor community to halt the spread of Ebola in Guinea, Liberia and Sierra Leone. As each of these countries shared and discussed their Ebola Recovery Plans at the conference, various donor organisations and governments pledged up to \$3.4 billion in total to the recovery effort. Following the conference, the three countries have developed policies to not only guide their general recovery from the socioeconomic setbacks of Ebola, but to also directly respond to the needs of the survivors and other people affected by Ebola.

Now that the Ebola epidemic has been officially declared over, the situation in these West African countries has fallen from the media spotlight. This study, jointly commissioned by World Vision and Tearfund, evaluates Sierra Leone and Liberia's road to recovery by analysing their post-Ebola policies (particularly those for survivors and affected persons) and how these have been implemented in practice. The purpose of this is not only to make recommendations to aid the full recovery of Sierra Leone and Liberia, but also to record lessons learnt for the recovery period in future health emergencies. This study was made possible with funds from the Disasters Emergency Committee (DEC).

For the purpose of this study Ebola survivors are people who were infected by Ebola and survived and other 'affected persons' are those who did not contract Ebola but were directly affected through being orphaned or widowed, or by losing a close relative, especially the breadwinner, and being quarantined. Although they did not participate in the study, burial teams and healthcare workers are also considered to have been affected by Ebola albeit indirectly.

Research aims:

1. To establish the Ebola recovery policies of Sierra Leone and Liberia, particularly for survivors and those affected by Ebola.
2. To evaluate support received in practice by survivors and others affected.
3. To record lessons learnt for recovery periods in future health emergencies.

Methodology:

The research used a mixed methods approach of quantitative and qualitative data. Qualitative data sources included Key Informant (KI) interviews, and Focus Group Discussions (FGDs), while the quantitative segment was in the form of questionnaires involving a sample of survivors and affected persons. 308 people from Sierra Leone and 77 people from Liberia participated in the questionnaire. Due to the sensitive nature of the subject, the majority of the quotes in the report have been kept anonymous.

Results & Analysis:

The key findings presented below have been drawn together from the KIs, FDGs and questionnaires.¹

Post-Ebola policies

Below are the key policies affecting Ebola survivors and affected persons in Sierra Leone and Liberia (see full report for a more extensive list).

Sierra Leone:

1. The National Ebola Recovery Strategy (ERS) – 2015

This is the central policy developed to guide the first 24 months of the Ebola recovery programme following the end of the epidemic in November 2015. Sierra Leone's ERS has broad national social and developmental aspirations which go beyond addressing the needs of survivors and affected persons. It articulates strategies around the priority areas set by the President to enable Sierra Leone to rebound from the debilitating social and economic effects of Ebola. These priorities relate to health, social protection, education and private sector development (including agriculture), while water, energy and governance were added to the list following the end of the first phase of the recovery programme (in June 2016). It is aligned with the Agenda for Prosperity², the country's third poverty reduction strategy paper.

2. Comprehensive Programme for Ebola Survivors (CPES) - 2015

Developed by the Government, with donor and civil society support, the CPES is an integrated and long-term package of health, psychosocial and welfare measures to provide support for survivors.

3. Clinical Care for Survivors of EVD –2016

This is a customised guide for Sierra Leone from the WHO Survivors Clinical guide.

Liberia:

1. The Republic of Liberia EVD Survivors Care and Support National Policy - May 2016.

The Government of Liberia, in partnership with UNDP and WHO, has developed an all-encompassing policy specifically designed to address the needs of survivors. It spells out priorities relating to clinical care – physical, mental and psychosocial health; it also covers education, social protection, legal protection and fighting stigmatisation, as well as social support for Ebola victims through various stakeholders.

In addition, the policy outlines essential service provision mechanisms. These include ensuring survivors' involvement in decision-making, community engagement, media engagement, data management, coordination and research and documentation.

2. Liberia Ebola survivors Clinical Care Guidelines - 2016

Similar to Sierra Leone, the Liberian Government Ministry of Health produced a customised version of the WHO clinical care guidelines for survivors.

¹ The statistics from the field come from the questionnaires taken and therefore may not be representative of the whole country.

² Sierra Leone's Agenda for Prosperity (AfP) contains plans and strategies to move the country to a middle-income status between 2013 and 2015 (GOSL, 2012). The AfP was abruptly disrupted by the Ebola epidemic just one year after it was launched and the Government wanted to make sure that the ERS fully complements and helps to get the AfP back on track.

Policy approaches

Sierra Leone and Liberia have approached the post-Ebola period somewhat differently in terms of their policies. Sierra Leone's main policy – the National Ebola Recovery Strategy (June 2015-June 2017) – makes passing reference to survivors but the main focus is on broader development objectives, as laid out in the president's priorities. Liberia's main post-Ebola policy on the other hand, is a wide-ranging policy specifically focused on Ebola survivors - The Republic of Liberia EVD Survivors Care and Support National Policy. Instead of including broader development-focused aims it refers back to pre-existing sector policies. Sierra Leone has also produced the Comprehensive Programme for Ebola Survivors (CPES) (2015) and both countries customised the WHO clinical guidelines for Ebola.

Time lag

There has been a notable time lag in developing some of these key policies since the end of the outbreak. For example, Liberia's EVD Survivors Care and Support National Policy was not published until May 2016 and the implementation structure was only recently finalised in November 2016. In Sierra Leone the customised version of the WHO policies were not completed until the end of 2016.

Coordination

The research highlighted mixed reviews of the coordination mechanisms for developing and delivering the policies. For example in Sierra Leone, key informant interviews reported strong coordination and buy-in of the ERS and CPES. With the ERS, the ownership and oversight of the programme through the President's Delivery Team was considered as pivotal to the success of the entire initiative, at the very least enhancing buy-in and cooperation from the various stakeholders.

However interviews also suggested some overlap on the part of organisations providing specific intervention packages, especially in the social sector.

"Every agency came and did what they could do. There was a lot of overlap and confusion sometimes. No proper coordination and collaboration."

Constituency Chairman, Rural West

In Liberia top officials in the Education sector reported that they were neither involved in the formulation nor informed about the Survivors Care and Support Policy.

Registration

An example of the importance of coordination is the issue of registering of survivors and affected persons. Both Sierra Leone and Liberia lack a comprehensive and reliable database of Ebola victims necessary to systematically address the health, social and livelihood needs of survivors and affected people. In Sierra Leone less than a third of the study participants have had their details recorded as part of the Ebola Recovery Strategy.

In Liberia though, an overwhelming majority of the survivors asked, confirmed being registered. The Liberia EVD Survivors Support and Care Policy indicated that only one-third of the approximately 5,000 survivors were listed (as of May 2016), and this was supported by information from KI interviews. This could therefore highlight the fragmented approach to collecting details from beneficiaries for specific intervention packages.

Both countries however have encouraged the formation of an Ebola survivors' association. These groups have been recognised and involved, as key stakeholders, in decision-making and forums regarding the needs of survivors.

Funding

Along with the challenges of registration and coordination, both countries faced resource constraints. This presents a key obstacle to effective delivery of interventions and ensuring the sustainability of such programmes. Both governments are faced with budgetary constraints and reliant on donor support for the bulk of the funds needed to actualise the Ebola recovery programmes. It can take significant time for donor pledges to materialise.

Needs and support for Ebola survivors and affected persons

Inclusion of survivors and affected persons

Although there are specific policies in both Sierra Leone and Liberia for Ebola survivors, other affected people are not directly referred to. It could be argued that the entire populations of Liberia, Sierra Leone and Guinea are affected persons and this issue is certainly complex. However the evidence from the research emphasises how much affected persons (such as widows, orphans and those who lost family members),

have endured alongside survivors, including loss of livelihoods and stigmatisation.

It is clear from this research that the Ebola epidemic affected every facet of life and every segment of the population, down to the household level. For example, one respondent in Sierra Leone said:

“Ebola affected me greatly; my father was unable to do his business transactions. We were quarantined because someone died of the virus in our compound.”

However, much of the attention is being paid to survivors while people who were affected in other ways, such as those quarantined, were less likely to be targeted by initiatives.

Livelihoods

In Sierra Leone, affected people faced very similar situations to survivors. For example, unemployment increased from 1 per cent to 20 per cent for survivors and from 3 per cent to 19 per cent for affected persons. In Liberia, unemployment figures among affected people were actually higher than among survivors (35 per cent and 19 per cent respectively).

Stigmatisation

There has been a significant reduction in stigmatisation in the post-Ebola era compared with during the outbreak. However, a small number of survivors and affected people alike continue to suffer the effects of it.

In Liberia, stigma amongst survivors is still a significant concern as 29 per cent claimed to experience stigmatisation, though it has dropped from 77 per cent during the outbreak. Of survivors in Liberia, 19 per cent moved home since the outbreak, two-thirds of these due to stigmatisation. In some cases, whole neighbourhoods were singled out for marginalisation as a young woman whose street was quarantined three times explained:

“We face isolation as a community. Our street here was even named ‘Ebola Street’ during the outbreak. We couldn’t buy from the market and neither could we take taxis’ to any place. All the people nearby us warned each other to avoid dealing with people from Baby Ma Junction. This kind of scenario forced many people to move to other communities, I thought about moving also, but I do not have the means to move.”

Baby Ma Junction (Voice Of America Community) Monrovia

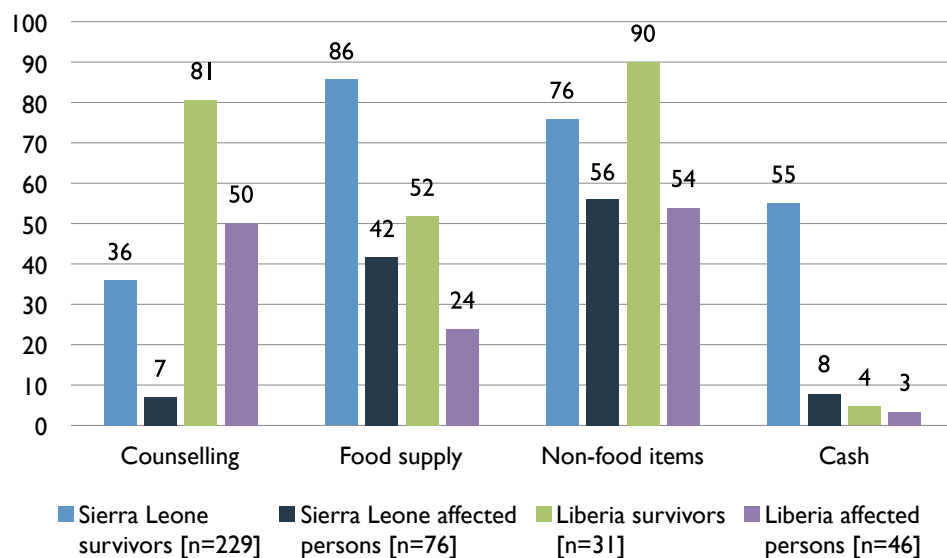
In Sierra Leone the experience of stigma since the end of Ebola has followed a very similar trajectory for both survivors and affected persons, dropping from 55 per cent to 10 per cent for survivors and from 47 per cent to 11 per cent for other affected persons.

Though there has been an appreciable drop there is significant cause for concern that stigmatisation does still take place, especially given the time passed since the outbreak ended. It is also important to consider whether recovery policies and support programmes focusing on survivors only, could increase the risk of stigma against survivors.



Social Protection

As perhaps expected, survivors received more direct support in terms of social protection than other affected persons, particularly with psychosocial support. Given the statistics of affected people suffering stigma (particularly in Sierra Leone) it's worth highlighting the importance of including affected persons in these types of support.



Healthcare challenges

Healthcare is an important focus of the post Ebola policies in both countries. Ebola recovery interventions show the measures being taken to respond to the health and psychosocial needs of survivors, such as providing free healthcare. Challenges remain however, as highlighted by key informants in both countries, especially regarding provision of drugs and qualified health personnel for specialist care and medication. Clarification of key terms in the policies is also a challenge.

Policy ambiguity

In Sierra Leone the policy pronouncement on 'free healthcare' has left a lot of room for ambiguity with no deliberate attempt so far to delineate between this and the traditional free healthcare programme for pregnant women, breastfeeding mothers, and children under-five. The sustainability of such policy pronouncements is also a challenge without strong support in place by donors and institutions.

During the survey, in Sierra Leone, an overwhelming majority of survivors (81 per cent) confirmed that they received free healthcare treatment. However just over half (55 per cent) of survivors have undergone follow-up health checks. The Survivors' clinical guide requires that survivors undertake regular health checks. In Liberia, only a third of the survivors interviewed confirmed benefiting from free healthcare and having a follow-up health check.

Lessons learnt and recommendations for future health outbreaks

- 1. Produce recovery policies in a timely way.**
Both Sierra Leone and Liberia produced recovery policies and implementing structures in late 2016 – months after the outbreak was declared over. A timely, coordinated response is important for clarity and managing expectations.
- 2. Inform communities of their rights.**
A lack of clarity as to what different stakeholders are entitled to – and for how long – can lead to unmet expectations, confusion, tension and people missing out on vital support. It is important to disseminate this key information as soon as practically possible.
- 3. Strong coordination both within and between affected countries is crucial.**
Liberia and Sierra Leone approached the recovery period differently but coordination presented a challenge in both countries, for example with registration. Given how similarly the countries were affected, strengthening cross-country coordination and learning could have improved recovery approaches.
- 4. Have clear and effective registration processes put in place early on.**
The creation of a well-designed and integrated information management system around Ebola infection and outcomes, from the onset of the outbreak to the very end, at district and national levels, could have mitigated later challenges. Registering people early on will ensure a smoother and better coordinated response.
- 5. Consider the needs of affected people alongside survivors.**
Both Sierra Leone and Liberia have target policies for survivors, but the research reveals how affected persons have suffered alongside them, especially with unemployment and stigma. It is important that affected persons are considered alongside survivors. This may also serve to reduce tensions in communities.
- 6. Ensure clarity on key policy terms such as ‘free healthcare’.**
Lack of clarity of the term ‘free healthcare’ has been a challenge in this outbreak. For managing expectations and sustainability of programmes it is important that policies are clear, lacking any ambiguity and include end-dates.
- 7. Do not underestimate the length of time that people will be impacted by stigma.**
Months after the Ebola outbreak was officially declared over, both survivors and affected persons alike continue to face the heartbreaking effects of daily stigma and exclusion. It is important that policies and implementing agencies take this into account.

Conclusion

The devastating impacts of Ebola continue to run deep across the affected region, more than a year since the outbreak was declared over. Effective recovery policies are therefore key. Sierra Leone and Liberia have taken different approaches to the post-Ebola policies, however common challenges remain. These include the fact that affected persons have also suffered considerably as a result of the outbreak in areas such as unemployment and stigma, and yet are not directly addressed in the recovery policies. Stigma is still a significant cause for concern, especially given the time that has passed.

Clarity in policy statements is critical for publicising rights and managing expectations. In this case the statements promoting free healthcare should be made clear, including end-dates. In addition the sustainability of such policies should be taken into consideration. Strong coordination is essential for targeting interventions and avoiding fragmentation and overlap. The example of the setbacks caused by registration challenges highlights this. Finally there was a notable time-lag in producing policies in both Sierra Leone and Liberia. Publishing recovery policies in a timely way following an outbreak is crucial for the recovery for all those whose lives have been severely impacted.

Recommendations for the recovery period:

Below are recommendations for the governments, institutions and NGOs working to support Sierra Leone and Liberia during the Ebola recovery period.

- **Hold institutions accountable for implementation of recovery policies:**
It is important that governments and other institutions responsible for the development and implementation of the post-Ebola recovery policies are held to account for their delivery by civil society and donors.
- **Ensure post-Ebola policies are linked to on-going development policies and agendas:**
It is important for government and donors to establish a synergy between ongoing efforts to respond to the needs of survivors and affected persons and their broader social, economic and health agendas. The aspect of continuity and sustainability at the end of each recovery period should also be carefully considered. For example the Ebola Recovery Strategy in Sierra Leone is due to come to an end in June 2017.
- **Honour pledges made to Ebola recovery:**
Development partners and donor organisations should honour their pledges toward the Ebola Recovery Programme without delay. It is also recommended that they work closely with the two governments to streamline funding support making sure that core government institutions are kept abreast of the flow of funds and appropriately oversee delivery. Resources are particularly needed for the special health needs of survivors, including medical personnel and procurement of drugs.
- **Strengthen coordination:**
Strong coordination is key to efficient distribution of resources and implementation of Ebola policies. Strengthening both in-country and cross-country coordination is recommended.
- **Disseminate key information to Ebola survivors and affected people about their rights:**
Going forward it is important to share the information contained within policies. Those who can benefit should be clear on their rights and be able to act on them. It is also important that relevant parties (health service providers and survivors) are familiar with policies, to ensure that all survivors access and benefit from free healthcare treatment, regular health checks and tests.
- **Support the reduction in stigmatisation:**
Interventions to address stigma are still required to support both survivors and affected persons alike. Engaging with community leaders such as faith leaders should be prioritised to address this.
- **Include affected persons in social protection and mental health interventions:**
Policies and actions on social protection and mental health need to include other affected persons as well as survivors. This will ensure that others affected psychologically by Ebola (for example quarantined families, orphans, burial teams, Ebola front line health workers) receive the health support they need. It will also help to reduce stigmatisation of survivors and potential tension within communities.
- **Support long-term livelihood recovery:**
Livelihood support for survivors and other affected persons must not stop at one-off interventions such as cash transfers. It should also focus on sustainable long-term strategies for socio-economic recovery and advancement.

I. Introduction

The Ebola Virus Disease (EVD) initially broke out in Guinea in late 2013 before spreading to Liberia and Sierra Leone in early 2014. Each country declared a public health emergency and put measures in place to control the disease. It severely disrupted social life and economic activities, with gruelling effects on household livelihoods and the national economies in general (UNDP, 2015). According to the World Health Organisation (WHO), the total number of confirmed, probable and suspected cases from the outbreak, as of 30 March 2016, was 28,646 with a case fatality rate of 11,323 (39.5 per cent) (WHO 2016).

The United Nations Secretary General convened an international conference on the 10 July 2015. The purpose was to elicit the attention and support of the international donor community to halt the spread of Ebola in Guinea, Liberia and Sierra Leone. As each of these countries shared and discussed their Ebola Recovery Plans at the conference, various donor organisations and governments pledged up to \$3.4 billion in total to the recovery effort. Following the conference, the three countries have developed policies to not only guide their general recovery from the socioeconomic setbacks of Ebola, but to also directly respond to the needs of the survivors and other people affected by Ebola.

Now that the Ebola epidemic has been officially declared over, the situation in these West African countries has fallen from the media spotlight. This study, jointly commissioned by World Vision and Tearfund, evaluates Sierra Leone and Liberia's road to recovery

by analysing their post-Ebola policies (particularly those for survivors and affected persons) and how these have been implemented in practice. The purpose of this is not only to make recommendations to aid the full recovery of Sierra Leone and Liberia, but also to record lessons learnt for the recovery period in future health emergencies. This study was made possible with funds from the Disasters Emergency Committee (DEC).

For the purpose of this study Ebola survivors are people who were infected by Ebola and survived and other 'affected persons' are those who did not contract Ebola but were directly affected through being orphaned or widowed, or by losing a close relative, especially the breadwinner, and being quarantined. Although they did not participate in the study, burial teams and healthcare workers are also considered to have been affected by Ebola albeit indirectly.

This report is divided into seven sections. Sections 2 and 3 explain the aims and methodology of the research. Sections 4 and 5 present the findings from Sierra Leone and Liberia respectively on policies and implementation. Key themes from the two countries are then drawn out in Section 6, with conclusions and recommendations made in Section 7.



2. Research Aims

The overall objective of the research was to review the policies and their implementation with respect to the needs of survivors and other persons affected by Ebola. Findings from the research aimed to provide insight into the gains realised from the post-Ebola recovery effort and the gaps and challenges thus far. It was intended that key lessons could be drawn from this for the remaining months of the post-Ebola recovery period and beyond, as well as for future similar emergencies.

The specific aims were:

- To establish the Ebola recovery policies of Sierra Leone and Liberia, particularly for survivors and those affected by Ebola.
- To evaluate support received in practice by survivors and others affected.
- To record lessons learnt for recovery periods in future health emergencies.

3. Methodology

3.1 Data collection and analysis

The research used a mixed methods approach. Qualitative data sources included Key Informant (KI) interviews, and Focus Group Discussions (FGDs), while the quantitative segment was in the form of questionnaires involving a sample of survivors and affected persons.

In Sierra Leone, participants for the key informant interviews were drawn from some of the main agencies involved in post-Ebola response efforts, and individuals with a stake in the situation of Ebola survivors and affected persons. These included senior officials from; Ministry of Finance and Economic Development, the World Health Organization (WHO), UNICEF, International Medical Corps, John Snow Inc (JSI), GOAL, World Vision, as well as District and Chiefdom functionaries and the leadership of the Ebola Survivors Network.

In Liberia, key informants were top officials from the Ministry of Health, Ministry of Education, Ministry of Gender, Children and Social Protection, WHO, UNICEF Liberia Education Section, JSI, Samaritans' Purse International, Association of Evangelicals of Liberia Ebola Response, and representatives of the Ebola Survivors Network. In each country three FGDs were conducted with community members who were not directly affected by Ebola but may be living in the same community as Ebola survivors and affected persons.

In Sierra Leone, the survey targeted 308 respondents. 232 were survivors and 76 were persons affected by Ebola (having been quarantined and not infected, or lost a relative to Ebola). Survivors were drawn from all four regions and, specifically, the following districts: Western Urban and Western Rural, in the Western Region;

Kambia and Tonkolili Districts in the Northern Region; Bo and Moyamba Districts in the Southern Region and Kenema District in the Eastern Region. Participants comprised both urban and rural residents. Ebola survivors were randomly selected using a database available from an earlier study, which was updated and validated with the help of the Sierra Leone Association of Ebola Survivors.

In Liberia, the survey targeted 77 respondents. 31 were survivors and 46 Ebola affected persons randomly selected from the Gbanjor and Caldwell communities in Monsterrado County. These counties were selected as they were particularly affected during the Ebola crisis.

Due to the sensitive nature of the subject, the majority of quotes in the report have been kept anonymous.

3.2 Study limitations

The field research was carried out over a four month period due to delays with the research in Liberia. This was longer than expected, but this report has tried to ensure that the key points contain the most up to date information, especially regarding policy implementation. In Sierra Leone it was not possible to get any official from either the Ministry of Health and Sanitation or Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) to participate in the study as key informants. However, the report from an independent evaluation of the first six to nine months of the recovery programme, which GOSL recently commissioned, has helped to fill in gaps in information (GOSL, 2016a). In Liberia, a smaller sample size was used due to resource constraints and a lack of access to a database of Ebola survivors. This limited the level of comparison that could be drawn between the findings from the two countries.

4. Sierra Leone findings

4.1 Sierra Leone Policies

Below are the key policies affecting Ebola survivors and affected persons in Sierra Leone.

- **The National Ebola Recovery Strategy (ERS) – 2015**

This is the central policy developed to guide the first 24 months of the Ebola recovery programme following the end of the epidemic in November 2015. Sierra Leone's ERS has broad national social and developmental aspirations which go beyond addressing the needs of survivors and affected persons. It articulates strategies around the priority areas set by the President to enable Sierra Leone to rebound from the debilitating social and economic effects of Ebola. These priorities relate to health, social protection, education and private sector development (including agriculture), while water, energy and governance were added to the list following the end of the first phase of the recovery programme (in June 2016). It is aligned with the Agenda for Prosperity³, the country's third poverty reduction strategy paper.

- **Comprehensive Programme for Ebola Survivors (CPES) - 2015**

Developed by the Government, with donor and civil society support, the CPES is an integrated and long-term package of health, psychosocial and welfare measures to provide support for survivors.

- **Clinical Care for Survivors of EVD –2016**

This is a customised guide for Sierra Leone from the WHO Survivors Clinical guide.

Table 1, below, provides a wider list of policies which the Government of Sierra Leone (GOSL) has developed in collaboration with its development partners to underpin the country's post-Ebola recovery efforts.

Table 1: Highlights of Post-Ebola Recovery Policies and Strategies Reviewed on Sierra Leone

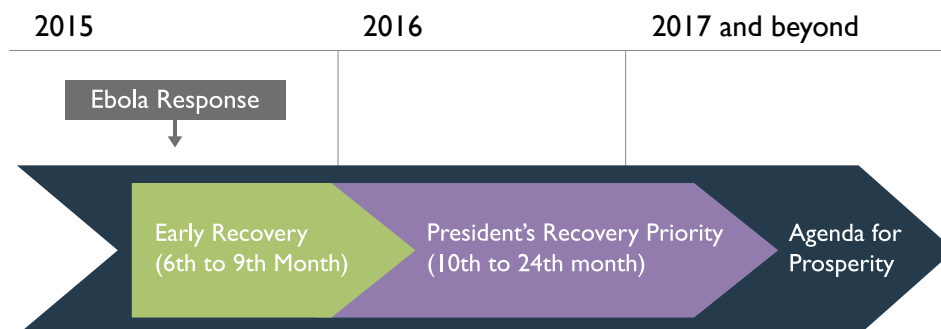
No	Title/Description of Policy/ Strategy	Initiating agency & collaboration	Policy focus and provisions/ pronouncements
1	Clinical Care for Survivors of EVD (2016)	WHO in collaboration with Governments of Sierra Leone, Liberia and Guinea and INGO partners.	Addressing the medical (including mental health) and psychosocial needs of survivors (including mitigating the risk of virus reintroduction).
2	Livelihood skills and monthly stipends for Ebola survivors (2016)	UNDP in collaboration with GOSL (MSWGCA).	The sum of \$1.436 million committed to provide livelihood skills and monthly stipend to survivors for a fixed period, with the aim of mitigating conflict and building resilience.
3	National Ebola Recovery Strategy (2015)	GOSL, is main driver: worked with donors, DFID, UN agencies, NGOs, civil society and private sector representatives to formulate policy.	Policy is generic and holistic. It's designed to guide the country's overall quest to rebound from the social and economic shocks caused by Ebola. Strategic areas of focus include: a) healthcare, b) getting schools functional again, c) social protection d) revitalising private sector and agriculture.

No	Title/Description of Policy/ Strategy	Initiating agency & collaboration	Policy focus and provisions/ pronouncements
4	Comprehensive Program for EVD Survivors (CPES) (2015)	GOSL is main driver: worked with donors, UN agencies, DFID, USAID, NGOs, civil society and private sector representatives to formulate policy	Integrated and targeted long term package of health, psychosocial and welfare measures to provide support for survivors.
5	Statement by President Ernest Bai Koroma to mark the End of the Ebola Outbreak (7 November 2015)	GOSL	A call for continuing preventative practices to maintain resilience and zero Ebola status and against stigmatisation of survivors. Confirmation of social protection through cash transfers for up to 3,000 vulnerable households and payment of tuition fees for school children. Pledge of “a comprehensive package of support for Ebola survivors, including free healthcare and psychosocial support”(p5 Statement).
6	Mental Health and Psychosocial Support Strategy for Sierra Leone (2015 -2018)	GOSL (MSWGCA) is main driver: worked with WHO, UNICEF and other INGOs and the Sierra Leone Coalition for Mental Health	Guidelines for agencies providing mental health and psychosocial support to those Ebola affected persons who need it.
7	Health Systems and Critical Non-Ebola Health Services (2015)	USAID and GOSL	Strategies to restore the effectiveness of essential health service for the population.
8	Governance and Economic Crisis Mitigation (2015)	USAID and GOSL	Strategies toward policy reforms, institutional capacity building, and improved governance in the water and electricity sectors.
9	Social mobilization and protection (2015)	USAID and GOSL	Strategies to organise and initiate community-based action with the purpose of accelerating general recovery from the Ebola epidemic.
10	Food security (2015)	USAID and GOSL	Strategies to respond to acute food insecurity brought on by the Ebola outbreak.
11	Social Mobilisation and Communication Strategy - Back to School; Tuition Waiver and School Feeding Programme (2015)	GOSL (Ministry of Education, Science, and Technology) and UNICEF	Creating an enabling environment (safe, healthy and protective) for children to go back to school.

³ Sierra Leone's Agenda for Prosperity (AfP) contains plans and strategies to move the country to a middle-income status between 2013 and 2015 (GOSL, 2012). The AfP was abruptly disrupted by the Ebola epidemic just one year after it was launched and the Government wanted to make sure that the ERS fully complements and helps to get the AfP back on track.

As Figure 1 illustrates, the Ebola Recovery Strategy (ERS) is aligned with the Agenda for Prosperity (AfP)² and is broken down into two phases. The Early Recovery period spanned from July 2015 to March 2016. The first phase was designated to ensuring that the rate of Ebola infections was brought down to zero cases, while embarking on core segments of the recovery strategy (the Presidential priorities). Implementation of the second and final phase of the President's Recovery Priorities is being implemented from June 2016 to June 2017 (GOSL, 2016).

Figure 1: Timeline of the Sierra Leone Recovery and Agenda for Prosperity



Source: The President's Recovery Priorities 26th July 2016

4.1.1 Inclusion of survivors and affected persons

While the ERS makes mention of survivors, and orphans and their carers, it does not single out any group for specific intervention support. The majority of the policies (6-11 in Table 1) likewise do not single out a specific group. They are designed to complement the ERS and help achieve the key priorities set by the President with the intent to stimulate economic growth.

Ebola survivors and affected people are only referenced under two of the six priority sectors; health and social protection. The CPES (4 in Table 1) and the Clinical Guide (1 in Table 1) cover health and psychosocial needs of Ebola survivors, while the CPES also covers socio-economic and livelihood needs of survivors and affected persons. In addition the Livelihood Skills and Monthly Stipends (2) represents one specific strategy which targets both survivors and some others directly affected by Ebola (for example, burial teams, Ebola orphans and their carers).

4.1.2 Implementation of policies

The Ministry of Health and Sanitation and Ministry of Social Welfare Gender and Children's Affairs (MSWGCA) are the two designated Government institutions jointly leading the effort to address the needs of Ebola survivors and affected persons in Sierra Leone. The Presidential Delivery Team has recently been set up to play an oversight role. The ministries are working in collaboration with the National Commission for Social Action and various NGOs and development partners. The oversight through the President's Delivery Team was considered pivotal to the success of the entire initiative, at the very least improving understanding and cooperation from the various stakeholders. The CPES is the principal policy framework, providing a coordinating mechanism for all agencies addressing the health and psychosocial needs of survivors. DFID is the principal funder.

² Sierra Leone's Agenda for Prosperity (AfP) is the country's third poverty reduction strategy paper, which entails plans and strategies to move the country to a middle-income status between 2013 and 2015 (GOSL, 2012). The AfP was abruptly disrupted by the Ebola epidemic just one year after it was launched and the Government wanted to make sure that the ERS fully complements and helps to get the AfP back on track.

4.1.3 Coordination and Registration

Key informant interviews reported strong collaboration between agencies, and a flexibility which allows for new partners (donors and service providers alike) to join and contribute. However the research highlighted that the response to the social and livelihood needs of survivors and affected persons was less well coordinated.

“Every agency came and did what they could do. There was a lot of overlap and confusion sometimes. No proper coordination and collaboration.”
(Constituency Chairman, Rural West)

The struggle with coordination also extended to the registration of survivors. Having an up-to-date and accurate database of survivors and affected persons is a necessary first step to addressing their needs. Based on the questionnaire, as the results in Table 2 show, very few of the study participants have had their details recorded as part of the Ebola Recovery Strategy and, as expected, the results reveal disparities between survivors and other affected persons. Thus, 31 per cent of the survivors who took part in the study have had their details taken by Government and 21 per cent by NGOs as against 18 per cent and 16 per cent, respectively, for other affected persons.

Table 2a: Recording of Respondents Details by Government

Have your details been taken by Government?	Survivors			Other affected persons		
	Male (%)	Female	Total	Male (%)	Female	Total
Yes	37	27	31	19.4	17.5	18
No	63	73	69	80.6	82.5	82
Total number	[97]	[135]	[232]	[36]	[40]	[76]

Table 2b: Recording of Respondents Details by NGO

Have your details taken by NGO?	Survivors			Other affected persons		
	Male (%)	Female	Total	Male (%)	Female	Total
Yes	24.7	17.8	21	22.2	10.0	16
No	75.3	82.2	79	77.8	90.0	84
Total number	[97]	[135]	[232]	[36]	[40]	[76]

An association of Ebola survivors has been formed, with the aim of involving them more in key decision-making regarding their support. Data from key informant interviews, including with the President of the Sierra Leone Association of Ebola Survivors and NGO representatives, confirmed ongoing efforts on the part of the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) to re-register all survivors. However, some key informants expressed disappointment that the re-registration exercise and an up-to-date database are yet to be completed, causing delays in planned activities.

“The biggest problem, why we have been so slow in supporting the survivors and affected persons, is because the database of survivors is not readily available. And essentially, a lot of the things that we could have been doing for survivors we have been asked to hold on until the registration is completed.”
[NGO representative]

4.2. Sierra Leone: Needs and Support for Ebola Survivors and Affected Persons

4.2.1 Health

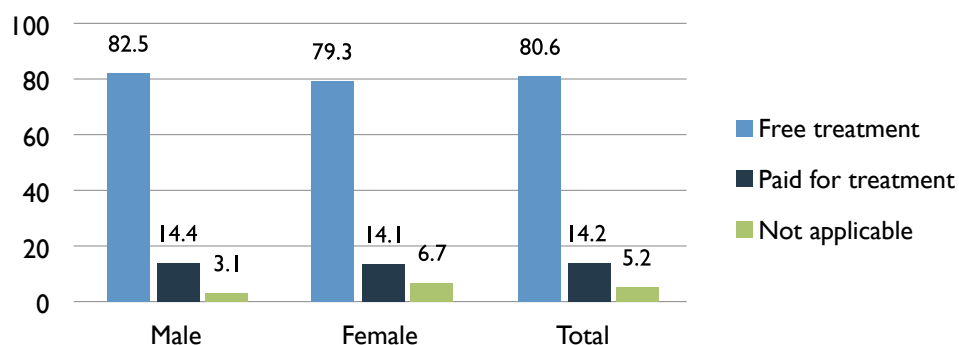
As the results in Table 3 reveal, survivors and other affected persons experience differing degrees of health problems. The proportion of survivors reporting body or joint pain (89 per cent), sight problems (35 per cent) and skin diseases (16 per cent), in particular, is relatively high as compared to other affected persons. On the other hand, while a small proportion of male survivors (8 per cent) reported a problem of impotence, hair loss is a problem more for female survivors (17 per cent) than their male counterparts (6 per cent).

Table 3: Respondents' reporting health problems following Ebola (%)

Have you experienced this health problem?	Survivors			Other affected persons		
	Male	Female	Total	Male	Female	Total
Headache	69	83	77	53	80	67
Body/joint pain	77	89	84	39	40	40
Sight problems	36	35	35	11	8	9
Hearing problems	3	7	5	3	0	1
Skin disease	24	10	16	6	0	3
Loss of hair	6	17	13	0	3	1
Impotence	8	-	4	3	-	1
Total number	[97]	[135]	[232]	[36]	[40]	[76]

Respondents, who had recently sought healthcare treatment, were asked whether treatment was free. As the results in Figure 2 show an overwhelming majority of survivors (81 per cent) confirmed that they had received free healthcare treatment in line with government pledges, with hardly any disparity between male and female.

Fig 2: Whether EVD Survivors have received free healthcare treatment (by gender)



Information from KI interviews reinforces the survey data that survivors have been benefiting from free healthcare treatment nation-wide, even though medicines are sometimes in short supply.

“I think from the partners in all the districts, the survivors have access to free healthcare in the districts. Though there are challenges in terms of accessing medication but the partners will work toward meeting those challenges. And recently in our technical working group meetings, the feedback is that survivors on the whole are requiring less medical attention, are more positive about their future, and also there is this ongoing engagement with survivors at every level!”

Maternal and Child Health Advisor, JSI

The survivors’ clinical guide requires that survivors undertake regular (follow-up) health checks. Results from the survey (Table 4) reveal that just over half (55 per cent) of survivors have undergone follow-up health checks with a slightly higher proportion of female survivors (56 per cent) than male (53 per cent) recording health checks.

Table 4: EVD Survivor receiving follow-up health checks (%)

Have you received any follow-up health checks?	Male	Female
Yes	53	56
No	47	44
Total Number	[97]	[135]

In the survey, out of 72 of the eligible male respondents only 18 (25 per cent) confirmed that they have undergone a semen test. This is significant given that Ebola is spread through bodily fluids and recent clusters have been linked to sexual transmission.

4.2.2 Household welfare

Results on the occupational and employment status of Ebola survivors and other affected persons (Figure 3) reveal some striking features of declining occupational status as a result of the Ebola outbreak. Firstly, the proportion of students dropped from 35 per cent to 29 per cent for survivors following the end of the outbreak whereas for other affected persons the proportion of students remained more or less the same (37 per cent and 36 per cent, respectively). Secondly the proportion of petty traders (for both survivors and other affected persons) dropped significantly, from 31 per cent to 22 per cent for the entire study population. Finally, and most significantly, unemployment increased from 1 per cent to 20 per cent for survivors and from 3 per cent to 19 per cent for other affected persons. This shows the economic impacts of the crisis on households nationwide.

Fig 3: Respondents' occupation status pre-Ebola and post-Ebola (%)

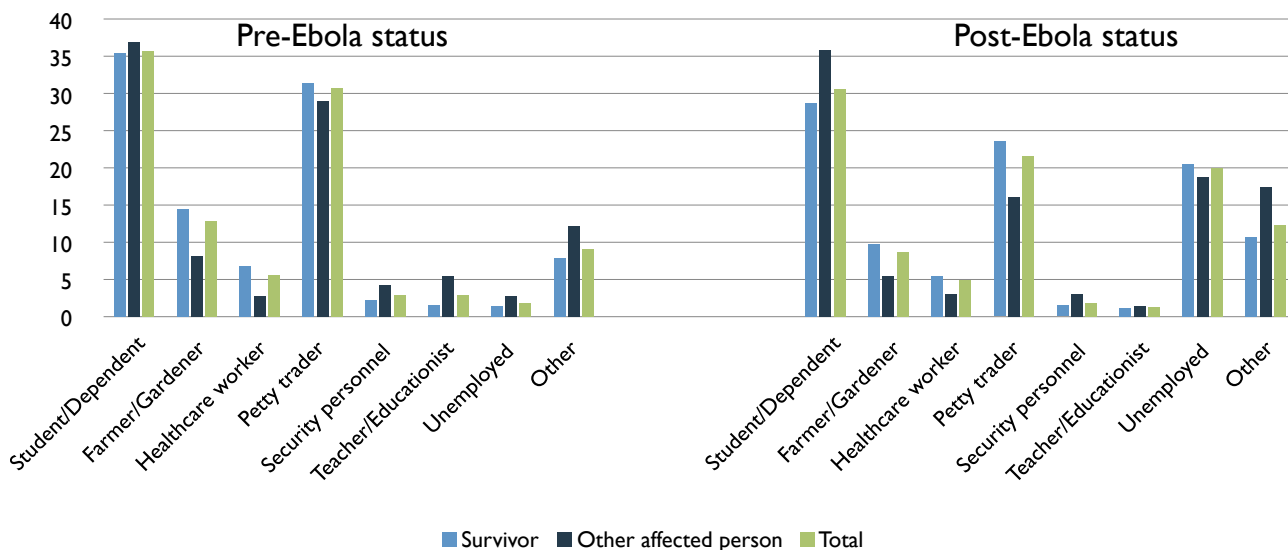


Table 5, below, presents results on social support being offered to survivors and other affected persons following the end of the Ebola outbreak. It is notable that the proportion of survivors who confirmed receiving support varies across the different forms of support: survivors have benefited most from food assistance (86 per cent), followed by non-food items (76 per cent) and cash/funding support (55 per cent).

Table 5: Percentage of Respondents receiving support since the end of Ebola

Type of support	Survivors [n=229]	Other affected persons [n=76]
Food supply	86	42
Non-food items	76	56
Cash	55	8

The results show that the proportion of other affected persons who have received social support in the form of food assistance (42 per cent) and non-food items (56 per cent), is fairly significant, although a smaller percentage than survivors. However cash transfers (8 per cent) for affected persons were significantly lower. This is a concern given that both groups have been equally affected by increased unemployment and reduced household income. A focus on support for survivors, rather than others who have also been affected, could create further problems.

There is a risk that that this kind of skewed focus could lead to tension within countries. (UNDP representative, Sierra Leone)

There is evidence of some livelihood efforts targeting specific non-survivor groups, such as the burial teams. Equally, there are ongoing programmes under the President's Recovery priorities, for example support to the agricultural sector, which should benefit the wider Sierra Leone community

The Government has given out seeds for agriculture/farming including seed rice, improved variety corn, cassava stem and cash as food for work and farming tools. Registered farmers are the main beneficiaries as well as EVD survivors who register for this particular support package.

[Deputy District Council Chairman, District A]

Community members are aware of the different kinds of social assistance which Ebola survivors and affected persons have received from NGOs. However, some key informants have suggested that more could be done in terms of social support, not only for survivors, but for other groups, like Ebola widows and orphans.

Some NGOs have been helping: They pay more attention to the orphan and the affected by giving scholarships. They gave funds to survivors, mostly the women; and trained Community Health Workers (CHW), in order to advise community members

[Community Leader]

It's suitable tackling the community as a whole from a livelihood perspective, but also from the orphans' perspective, from the women – not only health – but also discrimination, reintegration and so on... I think a little bit more support needs to be provided from the social arena... a lack of some of those social aspects of post-Ebola intervention should be tackled more from a social perspective

[Country Director, JSI]

4.2.3 Stigmatisation and trauma

Respondents' experiences of stigma⁴ (Table 6) show an appreciable drop in stigmatisation since the end of Ebola from 55 per cent to 10 per cent and from 47 per cent to 11 per cent, for survivors and other affected persons, respectively.

Table 6: Respondents' experience of stigmatisation (%)

Have you suffered any stigma (discrimination, taunting, snobbery etc.) because of your Ebola status?	Survivors		Other affected persons	
	During Ebola outbreak	Following the end of Ebola	During Ebola Outbreak	Following the end of Ebola
Yes	55	10	47	11
No	45	90	53	90
Total number	[232]	[232]	[76]	[76]

⁴ Stigmatisation is defined as a form of discrimination, respondents described being excluded from social interaction/gatherings, other community members avoiding close/direct contact with them, being ejected by landlord or denied rental accommodation, sacked from their jobs, being taunted for their EVD status, blamed for bringing Ebola to the community, and so on.

Qualitative data reinforces the above results, as more than half of community members who took part in focus group discussions indicated that they have no problem with survivors as they are now convinced that Ebola is over. However as the above data indicates, there is some cause for concern that stigmatisation is still taking place, however small, especially given the time since the end of the outbreak. It can also be noticed that both survivors and other affected persons are experiencing stigma to similar degrees. Continued stigmatisation was further reflected in KI interviews as seen in the following extract:

There is still stigmatisation towards EVD survivors - community members gossip them, they point fingers at them and they also marginalise them. Like during social gatherings people don't sit close to them. People refuse to shake hands with them or even sit close to them; people still fear.

[Deputy District Council Chairman, District A]

In terms of having to move home, the survey results (Table 7) reveal that the majority of respondents still reside in the same place as before Ebola struck, with a greater percentage of female survivors (41 per cent) than male survivors (30 per cent) having moved to a new home either in the same community or a completely different one. The proportion of people moving home - both sexes combined - is higher for survivors (36 per cent) than other affected persons (22 per cent).

Table 7: Moving home by Category of Respondents and Gender (%)

Have you had to move home since affected by Ebola?	Survivors			Other affected persons		
	Male	Female	Total	Male	Female	Total
No (Still live in the same place as before)	70	59	64	78	78	78
Moved home but living in the same community	17	19	18	6	15	11
Moved home into a completely different community	13	22	18	17	8	12

When asked why they relocated (Table 8) the highest proportion of survivors, (one-third), stated that they were evicted by their landlord, while 28 per cent moved to get away from stigmatisation and 29 per cent out of their own free volition. It is worth noting that being ejected by a landlord could also be related to stigmatisation as there has been anecdotal evidence of landlords not wanting to associate with or accommodate survivors. The proportion of other affected persons moving home due to eviction or stigmatisation is less (42 per cent) compared to that of survivors (62 per cent), and yet significant enough to merit attention.

Table 8: Reason for moving home by category of respondents and gender (%)

[If moved] What was the main reason for this?	Survivors			Other affected persons		
	Male	Female	Total	Male	Female	Total
Evicted by Landlord	38	32	34	0	44	24
Due to stigmatisation	25	29	28	38	0	18
Decided to relocate willingly	34	26	29	25	33	29
For some other reason	3	13	10	38	22	29
Total number	[32]	[62]	[94]	[8]	[9]	[17]

Despite experiencing high levels of trauma and stigmatisation the survey results show that only 36 per cent of survivors have received counselling and an even lower percentage (7 per cent) of affected persons. This is a cause for concern as families and communities seek to recover from the Ebola crisis and is an area that should be further addressed in recovery and support policies and programmes.



5 Liberia Results

5.1. Liberia: Ebola recovery policies

The Government of Liberia, has worked in collaboration with international partner organisations, to develop policies, with strategies, to guide its Ebola recovery effort. They've particularly focussed on the needs of survivors and affected persons. There are a couple of main policies:

- **The Republic of Liberia EVD Survivors Care and Support National Policy - May 2016.**
The Government of Liberia, in partnership with UNDP and WHO, has developed an all-encompassing policy specifically designed to address the needs of survivors. It spells out priorities relating to clinical care – physical, mental and psychosocial health; it also covers education, social protection, legal protection and fighting stigmatisation, as well as social support for Ebola victims through various stakeholders.

In addition, the policy outlines essential service provision mechanisms. These include ensuring survivors' involvement in decision-making, community engagement, media engagement, data management, coordination and research and documentation.

- **Liberia Ebola survivors Clinical Care Guidelines - 2016**
Similar to Sierra Leone, the Liberian Government Ministry of Health produced a customised version of the WHO clinical care guidelines for survivors.

Table 9: Overview of policies and provisions for Ebola survivors and affected persons

Title of Policy	Policy source/ drivers	Policy focus and provisions
The Republic of Liberia, EVD Survivors Care and Support National Policy, May 2016	The Government of Liberia, UNDP, WHO	Policy contains strategies to provide health and social support for survivors and other affected persons, including orphans, and caregivers.
Liberia Ebola survivors Clinical Care Guidelines (2016)	Liberian Government Ministry of Health	Policy provides for integrated medical and clinical assistance for survivors' physical, mental and psychosocial health needs. Policy represents an adaptation of the WHO clinical guide for survivors.
Liberia 2015 Human Rights Report, State Department Report	US Government	Report contains human rights policy provisions, including those relating to protection of the rights of survivors.

5.1.1 Implementation of policies

The EVD Survivors Care and Support Policy outlines how support to Ebola survivors will be organised. It stipulates that the clinical care of Ebola survivors and the responses to their mental health and psychosocial needs are to be coordinated by the Ministry of Health. The Ministry of Gender, Children and Social Protection will coordinate social protection (food, nutrition and economic support); the Ministry of Education will coordinate education support, including vocational training, for survivors; and the Ministry of Justice will ensure that survivors are accorded legal protection when needed. At the time of writing (January 2017), the Secretariat and Steering Committee has been set up, chaired by the Ministry of Health, and is charged with principal responsibility for translating policy into action. A strategic plan has been developed and is awaiting sign off from the Minister. The development of a detailed action plan is also underway.

5.1.2 Coordination and registration

However the coordination structure was questioned by top officials in the education sector. They reported that they were not involved in the formulation nor informed about the Survivors Care and Support Policy. Results from the survey of Ebola survivors also highlighted the challenges of coordination and planning linked to registration.

An effective and targeted response will be facilitated by an up to date list of all those who survived Ebola infection and those who were affected. As the results in Table 10 show, an overwhelming majority of survivors confirmed being registered by both Government (81 per cent) and NGO (84 per cent). By contrast, nearly all affected persons (98 per cent) indicated that their details were not recorded by either Government or NGOs.

Table 10: Recording of Respondents' details (%)

	Survivors		Other affected persons	
	Yes	No	Yes	No
Details recorded by Government	81	19	2	98
Details recorded by NGO	84	16	2	98

A Survivors Network has been established and the Ministry of Health has made a large effort to ensure survivors' involvement in the design and implementation of support and recovery programmes. However the EVD Survivors Support and Care Policy indicates that only one-third of the approximately 5,000 survivors were listed (as of May 2016), and this is supported by reports from KI interviews. This information suggests that the results in the table above merely reflect fragmented and one-off attempts, on the part of individual Government agencies and NGOs, to collect details for specific intervention packages, rather than an effort that would result into a holistic national registration exercise.

5.2. Liberia: Needs and Support to Ebola Survivors and other affected persons

5.2.1 Healthcare

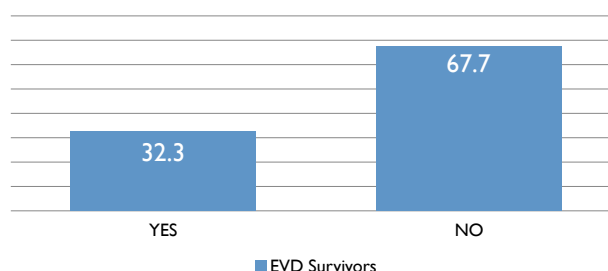
With respect to health complaints emerging after Ebola, severe headaches, and body and joint pain stand out prominently, as recorded by 45 per cent and 42 per cent of survivors respectively (Table 11). A lower, but fairly sizeable, proportion of survivors indicated that they've suffered from depression (16 per cent) and 10 per cent recorded sight loss. The WHO Liberia Representative and the Health Emergency Expert, who were interviewed, confirmed that lots of work has gone into eye care quite early, and it would appear that such effort has paid off.

Table 11: Respondents' reported health problems since the Ebola outbreak

Since the end of Ebola have you suffered from...?	Survivors (%) [n=31]
Severe headache	45
Joint/body pain	42
Depression	16
Loss of sight	10
Loss of hearing	0
Skin infection	0
Hair loss	0
Impotency	0

The Government of Liberia and NGOs have been providing free healthcare treatment especially for survivors. The results in Figure 4 below, show only 32 per cent of the respondents confirmed benefiting from free healthcare at least once from either Government or NGOs. This seems low, but when compared with the numbers that reported serious health problems in Table 11 it would seem that the majority have benefited from free healthcare.

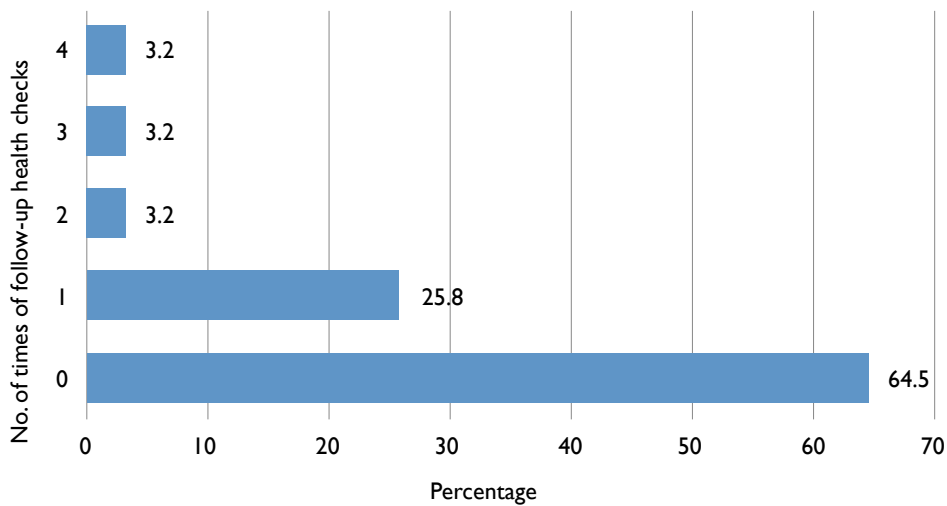
Figure 4: Respondents who have received free healthcare treatment since end of Ebola (%)



In terms of sexual transmission of Ebola, out of 31 adult male survivors, 26 (84 per cent) of them indicated that they were counselled on safe sex before they were discharged from their various treatment centres.

As previously stated, the clinical guide for survivors also requires regular follow-up health checks. This allows their health status to be continuously monitored up to a point when they are considered to be risk-free (both in terms of relapse or deterioration in their health). The results in Figure 5 reveal the frequency of survivors' follow-up health checks. It can be observed that the majority of survivors (65 per cent) among study participants have not attended any health checks. Of the 35 per cent who have done so, most have been seen only once (26 per cent) with about 10 per cent more than once. Further investigation would be needed to know the reasons why people are reluctant to go for check-ups, or if the low numbers are simply due to a lack of awareness of the need for regular health checks and that these are offered for free.

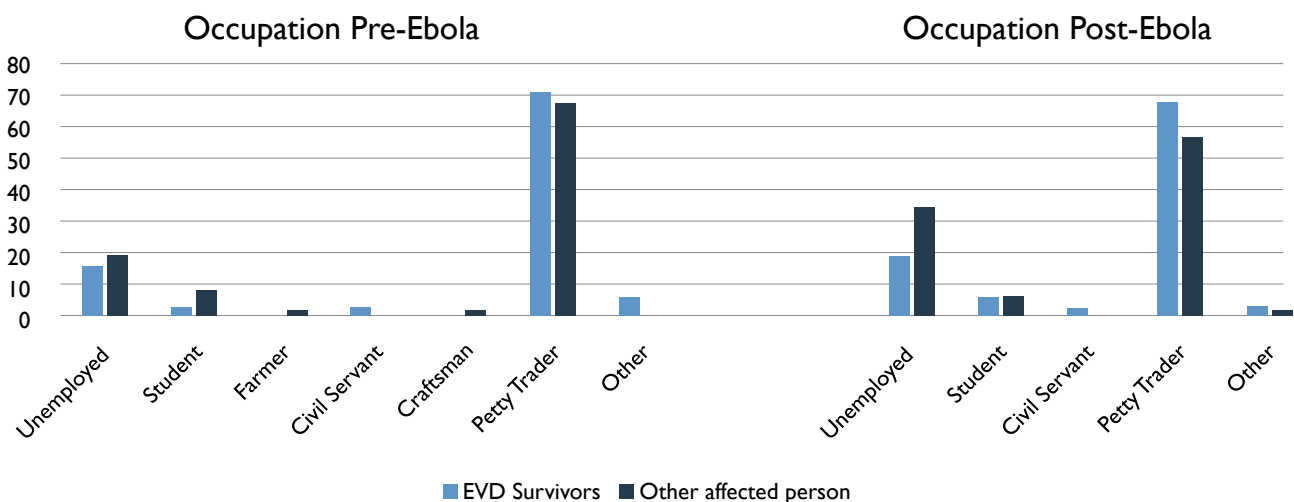
Figure 5: Survivors by number of follow-up health checks (%)



5.2.2 Household welfare

Figure 6 shows the previous and current occupations of all participants in the Liberia study. Most of the respondents engaged in petty trading prior to and following the outbreak of Ebola. There is a slight drop in the proportion of survivors who are petty traders (by 3 per cent) and a noticeable drop in that of affected persons (by 11 per cent). Importantly, unemployment figures among other affected persons increased sharply following the Ebola outbreak (from 20 per cent to 35 per cent) but less significantly among survivors (from 16 per cent to 19 per cent). This is surprising, but makes some sense as survivors have been directly targeted with employment schemes by certain NGOs.

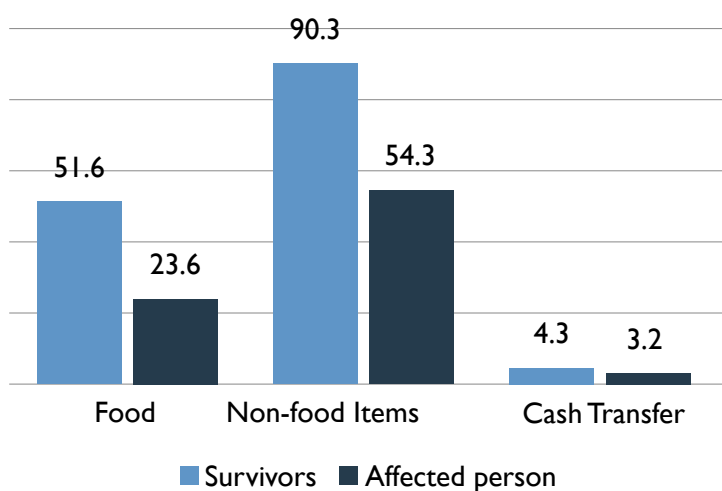
Figure 6: Respondents' occupations pre-Ebola and post-Ebola (%)



Generally, however, the result resonates with the global view that the outbreak disrupted the economic activities and livelihoods of thousands of people within the affected countries. Several days of quarantine, coupled with the declaration of a state of public health emergency meant that livelihood activities were abruptly disrupted and many people lost their occupations. It also appears that many people have not managed to re-engage in productive work since the end of the epidemic.

Figure 7, reveals that both survivors and other affected persons have been receiving social support, but in differing amounts. Among the survivors a good majority (91 per cent) have received non-food items, while more than half (52 per cent) have received food support; but only 4 per cent have received cash support. As expected the proportion of other affected persons who indicated they had received the different kinds of social support is lower by comparison, but still significant for non-food items (54 per cent), moderate for food support (24 per cent) and negligible for cash support (3 per cent).

Figure 7: Respondents receiving support since end of Ebola (%)



Qualitative data reinforces these results as participants in FGDs and KI interviews indicated that food, mattresses and other non-food items were given to children affected by Ebola, especially those who were orphaned as a result of the outbreak. However the support to other affected persons is significantly less than the level of support and attention shown to survivors.

5.2.3 Stigmatisation and trauma

There is evidence that a lot of community sensitisation around reducing stigmatisation and discrimination against Ebola victims has had an effect. As the results in Table 12 show, stigmatisation experienced by survivors who took part in this study dropped considerably, from 77 per cent during the outbreak to 29 per cent post-Ebola, and from 35 per cent to 7 per cent for other affected persons.

Table 12: Respondents' experience of stigmatisation

Have you suffered any stigma (discrimination, taunting, snobbery etc.) because of your Ebola status?	Survivors		Affected persons	
	During Ebola Outbreak	Following the end of Ebola	During Ebola Outbreak	Following the end of Ebola
Yes	77	29	35	7
No	23	71	65	93

While reduced stigmatisation is a good thing it has led to a perception that less action is needed on this issue by some key decision makers. From a key informant interview, it emerged that there is a strong feeling within the Ministry of Health that, "there is no need for a new legislation around stigmatisation given that stigmatisation in the communities has reduced considerably because there is a lot of community sympathy for survivors and those affected by Ebola, and any such attempt at this moment could create new classification of citizens and be counter-productive."

While it is true that the situation is delicate the proportion, especially of survivors, who have experienced stigmatisation recently, should remain a source of concern. For example, in an interview in Nimba, a survivor complained of having to relocate due to being ostracised. Neighbours believed her mother was responsible for the Ebola outbreak in their village as she was one of the first cases. Another key informant in Margibi, also a survivor, explained how her home was seized by community members who held her late mother responsible for bringing Ebola to the community. In addition her late husband's relations rejected her. In some cases, whole neighbourhoods were singled out for marginalisation as a young woman whose street was quarantined three times explained:

"We face isolation as a community. Our street here was even named 'Ebola Street' during the outbreak. We couldn't buy from the market and neither could we take taxis' to any place. All the people nearby us warned each other to avoid dealing with people from Baby Ma Junction. This kind of scenario forced many people to move to other communities, I thought about moving also, but I do not have the means to move."

Baby Ma Junction (Voice Of America Community) Monrovia.

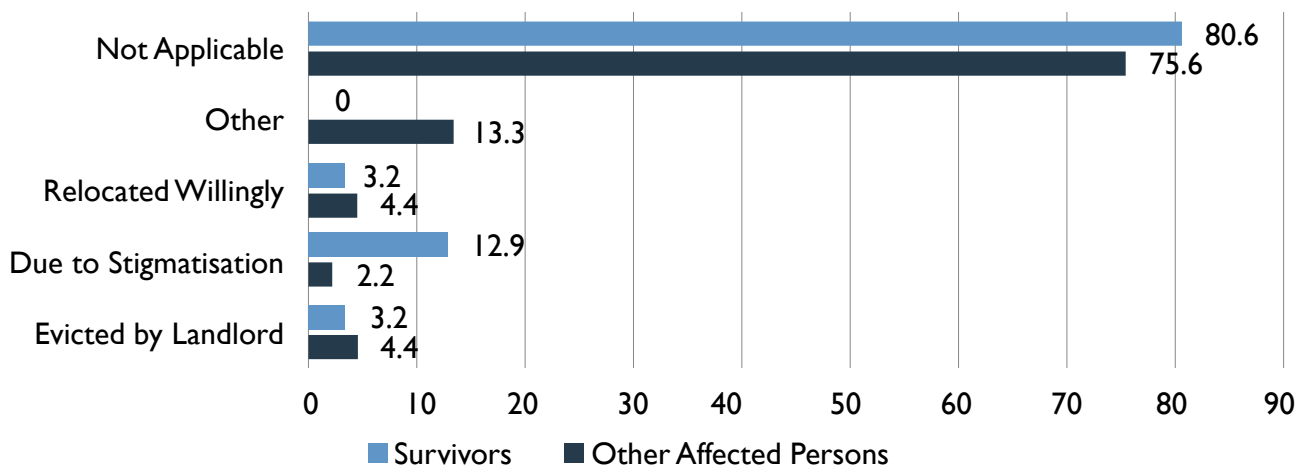
Key informants recognised that some communities rejected survivors, whilst those communities and neighbourhoods that accepted them did so with some reservations. Sometimes marginalisation of survivors even led to them moving away. Although the results in Table 13 show that the number who did move home is relatively low, the testimonies above reveal that each individual case involves deep stigmatisation and lasting trauma.

Table 13: Whether respondents moved home since the Ebola outbreak

Have you had to move home since affected by Ebola?	Survivors (%) [n=31]	Other affected persons (%) [n=46]
No - Still live in the same place as before	81	76
Moved home but living in the same community	6	6
Moved home into a completely different community	13	18

Of those who did move home, the results in Figure 8 reveal that stigmatisation is the most common reason given for relocation by the survivors (two-thirds). A smaller proportion were evicted by a landlord, which may again be linked to stigmatisation and prejudice. On the other hand, among the other affected persons who moved home, the majority did so because of reasons seemingly unrelated to the Ebola crisis, and stigmatisation accounted for less than 10 per cent of those who moved.

Figure 8: Respondents' reasons for changing homes



Encouragingly 81 per cent of Survivors have received counselling to help them overcome their experiences of loss, trauma and stigmatisation. In addition, 50 per cent of other affected people interviewed reported to have received counselling too. However key informants recommended that more attention should be paid to mental health and psychosocial support. In an interview with the two top WHO officials one respondent stated:

“Mental health or psychosocial support at times does not get the attention it deserves. A lot of people are traumatised and a lot of people walk about but are sick and they need these kinds of support.”



6. Analysis

Policy approaches

Sierra Leone and Liberia have approached the post-Ebola period somewhat differently in terms of their policies. Sierra Leone's main policy – the National Ebola Recovery Strategy (June 2015-June 2017) – makes passing reference to survivors but the main focus is on broader development objectives, as laid out in the president's priorities. Liberia's main post-Ebola policy on the other hand, is a wide-ranging policy specifically focused on Ebola survivors - The Republic of Liberia EVD Survivors Care and Support National Policy. Instead of including broader development-focused aims it refers back to pre-existing sector policies. Sierra Leone has also produced the Comprehensive Programme for Ebola Survivors (CPES) (2015) and both countries customised the WHO clinical guidelines for Ebola.

Time lag

There has been a notable time lag in developing some of these key policies since the end of the outbreak. For example, Liberia's EVD Survivors Care and Support National Policy was not published until May 2016 and the implementation structure was only recently finalised in November 2016. In Sierra Leone the customised version of the WHO policies were not completed until the end of 2016.

Coordination

The research highlighted mixed reviews of the coordination mechanisms for developing and delivering the policies. For example in Sierra Leone, key informant interviews reported strong coordination and buy-in of the ERS and CPES. With the ERS, the ownership and oversight of the programme through the President's Delivery Team was considered as pivotal to the success of the entire initiative, at the very least enhancing buy-in and cooperation from the various stakeholders.

However interviews also suggested some overlap on the part of organisations providing specific intervention packages, especially in the social sector.

“Every agency came and did what they could do. There was a lot of overlap and confusion sometimes. No proper coordination and collaboration.”

Constituency Chairman, Rural West

In Liberia top officials in the Education sector reported that they were neither involved in the formulation nor informed about the Survivors Care and Support Policy.

Registration

An example of the importance of coordination is the issue of registering of survivors and affected persons. Both Sierra Leone and Liberia lack a comprehensive and reliable database of Ebola victims necessary to systematically address the health, social and livelihood needs of survivors and affected people. In Sierra Leone less than a third of the study participants have had their details recorded as part of the Ebola Recovery Strategy.

In Liberia though, an overwhelming majority of the survivors asked, confirmed being registered. The Liberia EVD Survivors Support and Care Policy indicated that only one-third of the approximately 5,000 survivors were listed (as of May 2016), and this was supported by information from KI interviews. This could therefore highlight the fragmented approach to collecting details from beneficiaries for specific intervention packages.

Both countries however have encouraged the formation of an Ebola survivors' association. These groups have been recognised and involved, as key stakeholders, in decision-making and forums regarding the needs of survivors.

Funding

Along with the challenges of registration and coordination, both countries faced resource constraints. This presents a key obstacle to effective delivery of interventions and ensuring the sustainability of such programmes. Both governments are faced with budgetary constraints and reliant on donor support for the bulk of the funds needed to actualise the Ebola recovery programmes. It can take significant time for donor pledges to materialise.

Needs and support for Ebola survivors and affected persons

Inclusion of survivors and affected persons

Although there are specific policies in both Sierra Leone and Liberia for Ebola survivors, other affected people are not directly referred to. It could be argued that the entire populations of Liberia, Sierra Leone and Guinea are affected persons and this issue is certainly complex. However the evidence from the research emphasises how much affected persons (such as widows, orphans and those who lost family members), have endured alongside survivors, including loss of livelihoods and stigmatisation.

It is clear from this research that the Ebola epidemic affected every facet of life and every segment of the population, down to the household level. For example, one respondent in Sierra Leone said:

“Ebola affected me greatly; my father was unable to do his business transactions. We were quarantined because someone died of the virus in our compound.”

However, much of the attention is being paid to survivors while people who were affected in other ways, such as those quarantined, were less likely to be targeted by initiatives.

Livelihoods

In Sierra Leone, affected people faced very similar situations to survivors. For example, unemployment increased from 1 per cent to 20 per cent for survivors and from 3 per cent to 19 per cent for affected persons. In Liberia, unemployment figures among affected people were actually higher than among survivors (35 per cent and 19 per cent respectively).

Stigmatisation

There has been a significant reduction in stigmatisation in the post-Ebola era compared with during the outbreak. However, a small number of survivors and affected people alike continue to suffer the effects of it.

In Liberia, stigma amongst survivors is still a significant concern as 29 per cent claimed to experience stigmatisation, though it has dropped from 77 per cent during the outbreak. Of survivors in Liberia, 19 per cent moved home since the outbreak, two-thirds of these due to stigmatisation. There were also cases where entire communities were singled out for marginalisation, not just survivors. In Sierra Leone the experience of stigma since the end of Ebola has followed a very similar trajectory for both survivors and affected persons, dropping from 55 per cent to 10 per cent for survivors and from 47 per cent to 11 per cent for other affected persons.

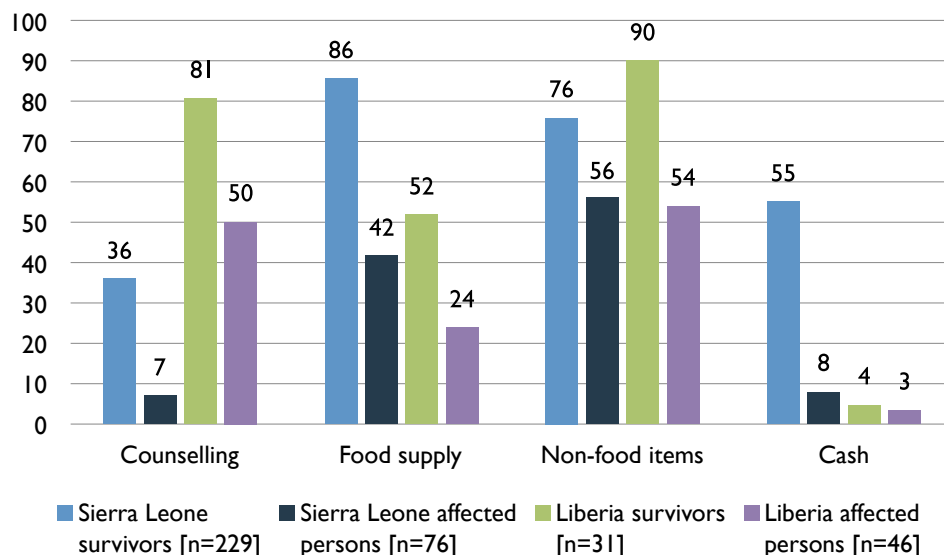
Though there has been an appreciable drop there is significant cause for concern that stigmatisation does still take place, especially given the time passed since the outbreak ended. It is also important to consider whether recovery policies and support programmes focusing on survivors only, could increase the risk of stigma against survivors.



Social Protection

As perhaps expected, survivors received more direct support in terms of social protection than other affected persons, particularly with psychosocial support. Given the statistics of affected people suffering stigma (particularly in Sierra Leone) it's worth highlighting the importance of including affected persons in these types of support.

Figure 9: Support given to respondents (%)



Healthcare challenges

Healthcare is an important focus of the post Ebola policies in both countries. Ebola recovery interventions show the measures being taken to respond to the health and psychosocial needs of survivors, such as providing free healthcare. Challenges remain however, as highlighted by key informants in both countries, especially regarding provision of drugs and qualified health personnel for specialist care and medication. Clarification of key terms in the policies is also a challenge.

Policy ambiguity

In Sierra Leone the policy pronouncement on 'free healthcare' has left a lot of room for ambiguity with no deliberate attempt so far to delineate between this and the traditional free healthcare programme for pregnant women, breastfeeding mothers, and children under-five. The sustainability of such policy pronouncements is also a challenge without strong support in place by donors and institutions.

During the survey, in Sierra Leone, an overwhelming majority of survivors (81 per cent) confirmed that they received free healthcare treatment. However just over half (55 per cent) of survivors have undergone follow-up health checks. The EVD Survivors' clinical guide requires that survivors undertake regular health checks. In Liberia, only a third of the survivors interviewed confirmed benefiting from free healthcare and having a follow-up health check.

Lessons learnt and recommendations for future health outbreaks

- 1. Produce recovery policies in a timely way.**
Both Sierra Leone and Liberia produced recovery policies and implementing structures in late 2016 – months after the outbreak was declared over. A timely, coordinated response is important for clarity and managing expectations.
- 2. Inform communities of their rights.**
A lack of clarity as to what different stakeholders are entitled to – and for how long – can lead to unmet expectations, confusion, tension and people missing out on vital support. It is important to disseminate this key information as soon as practically possible.
- 3. Strong coordination both within and between affected countries is crucial.**
Liberia and Sierra Leone approached the recovery period differently but coordination presented a challenge in both countries, for example with registration. Given how similarly the countries were affected, strengthening cross-country coordination and learning could have improved recovery approaches.
- 4. Have clear and effective registration processes put in place early on.**
The creation of a well-designed and integrated information management system around Ebola infection and outcomes, from the onset of the outbreak to the very end, at district and national levels, could have mitigated later challenges. Registering people early on will ensure a smoother and better coordinated response.
- 5. Consider the needs of affected people alongside survivors.**
Both Sierra Leone and Liberia have target policies for survivors, but the research reveals how affected persons have suffered alongside them, especially with unemployment and stigma. It is important that affected persons are considered alongside survivors. This may also serve to reduce tensions in communities.
- 6. Ensure clarity on key policy terms such as ‘free healthcare’.**
Lack of clarity of the term ‘free healthcare’ has been a challenge in this outbreak. For managing expectations and sustainability of programmes it is important that policies are clear, lacking any ambiguity and include end-dates.
- 7. Do not underestimate the length of time that people will be impacted by stigma.**
Months after the Ebola outbreak was officially declared over, both survivors and affected persons alike continue to face the heartbreaking effects of daily stigma and exclusion. It is important that policies and implementing agencies take this into account.

7. Conclusion and Recommendations



7.1. Conclusion

The devastating impacts of Ebola continue to run deep across the affected region, more than a year since the outbreak was declared over. Effective recovery policies are therefore key. Sierra Leone and Liberia have taken different approaches to the post-Ebola policies, however common challenges remain. These include the fact that affected persons have also suffered considerably as a result of the outbreak in areas such as unemployment and stigma, and yet are not directly addressed in the recovery policies. Stigma is still a significant cause for concern, especially given the time that has passed.

Clarity in policy statements is critical for publicising rights and managing expectations. In this case the statements promoting free healthcare should be made clear, including end-dates. In addition the sustainability of such policies should be taken into consideration. Strong coordination is essential for targeting interventions and avoiding fragmentation and overlap. The example of the setbacks caused by registration challenges highlights this. Finally there was a notable time-lag in producing policies in both Sierra Leone and Liberia. Publishing recovery policies in a timely way following an outbreak is crucial for the recovery for all those whose lives have been severely impacted.

7.2. Recommendations

Recommendations for the recovery period:

Below are recommendations for the governments, institutions and NGOs working to support Sierra Leone and Liberia during the Ebola recovery period.

- **Hold institutions accountable for implementation of the recovery policies:** It is important that governments and other institutions responsible for the development and implementation of the post-Ebola recovery policies are held to account for their delivery by civil society and donors
- **Ensure post Ebola policies are linked to on-going development policies and agendas:** It is important for government and donors to establish a synergy between ongoing efforts to respond to the needs of survivors and affected persons and their broader social, economic and health agendas. The aspect of continuity and sustainability at the end of each recovery period should also be carefully considered. For example the Ebola Recovery Strategy in Sierra Leone is due to come to an end in June 2017.

- **Honour pledges made to Ebola Recovery:** Development partners and donor organisations should honour their pledges toward the Ebola Recovery Programme without delay. It is also recommended that they work closely with the two governments to streamline funding support making sure that core government institutions are kept abreast of the flow of funds and appropriately oversee delivery. Resources are particularly needed for the special health needs of survivors, including medical personnel and procurement of drugs.
- **Strengthen coordination:** Strong coordination is key to efficient distribution of resources and implementation of Ebola policies. Strengthening both in-country and cross-country coordination is recommended.
- **Disseminate key information to Ebola survivors and affected people about their rights:** Going forward it is important to share the information contained within policies. Those who can benefit should be clear on their rights and be able to act on them. It is also important that relevant parties (health service providers and survivors) are familiar with policies, to ensure that all survivors access and benefit from free healthcare treatment, regular health checks and tests.
- **Support the reduction in stigmatisation:** Interventions to address stigma are still required to support both survivors and affected persons alike. Engaging with community leaders such as faith leaders should be prioritised to address this.
- **Include affected persons in social protection and mental health interventions:** Policies and actions on social protection and mental health need to include other affected persons as well as survivors. This will ensure that others affected psychologically by Ebola (for example quarantined families, orphans, burial teams, Ebola front line health workers) receive the health support they need. It will also help to reduce stigmatisation of survivors and potential tension within communities.
- **Support long-term livelihood recovery:** Livelihood support for survivors and other affected persons must not stop at one-off interventions such as cash transfers. It should also focus on sustainable long-term strategies for socio-economic recovery and advancement.



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Annex I:

President's Recovery Priorities, Sierra Leone, 2016

Table I: Funding status as of 25 July 2016

Sector	Results to be delivered	Budget (\$M)	Gap (\$M)	Funding sources
1. Health	Save the lives of 600 women and 5,000 children	108.9	14.4	GoSL, BMZ, DFID, JICA, USAID, World Bank, AfDB, UNICEF, UNFPA, WHO, GAVI, CHAI
	Prevent, detect, respond to epidemics and ensure zero cases of EVD	26.1	16.3	DFID, USAID, CIDA, World Bank, AfDB, UNFPA
2. Social Protection	Ensure continuous care for EVD-affected persons and survivors	6.9	1.7	DFID, Consortium
	Provide income support to 59,000 vulnerable households	16.1		GoSL, World Bank
3. Education	Improve learning outcomes by training at least 40,000 teachers in core subjects and reduce overcrowding in severely affected schools	40.4	14.2	DFID, GPE, World Bank
	Phase in nationwide school feeding for 1.2 million children in all GoSL and GoSL assisted primary schools	9.5	9.4	WFP, CRS
4. Private Sector Development	Create 10,000 agricultural jobs across key value chains	53.7		GoSL, AfDB, IsDB, DFID, EU, SIDA, Japan, USAID, IFAD, FAO, UNDP, World Bank
	Increase growth and competitiveness of 1,000 SMEs across key value chains	28.0	10.7	GoSL, AfDB, IsDB, IFC, Chevron, CORDAID, DFID, GIZ, USAID, UNDP, EIF, World Bank
5. Water	Provide safe, affordable and sustainable water supply services to 600,000 people in Freetown	83.9	8.2	GoSL, AfDB, DFID, MCC
	Provide safe, affordable and sustainable water supply services to 700,000 more people in the districts	42.1	3.0	AfDB, DFID, UNDP
6. Energy	Double the total operational power generation capacity from 75MW to 150MW	555.6	283.6	GoSL, ADB, IDB, DFID, WAPCOS, World Bank, China Private Investors: Abu Dhabi, Sola Era
	Double access to electricity from 125,000 to 250,000 households	248.4	95.4	GoSL, MCC, World Bank, Independent Power Producers
7. Governance	Improved service delivery and efficiency of Government spending for recovery priority sectors	7.8	0.9	DFID, USAID

Table 2: Key Sector and Result Areas

Sector	Results to be delivered
1. Health	Save the lives of 600 women and 5,000 children
	Prevent, detect, respond to epidemics and ensure zero cases of EVD
2. Social Protection	Ensure continuous care for EVD-affected persons and survivors
	Provide income support to 59,000 vulnerable households
3. Education	Improve learning outcomes by training at least 40,000 teachers in core subjects and reduce overcrowding in severely affected schools
	Phase in nationwide school feeding for 1.2 million children in all GoSL and GoSL assisted primary schools
4. Private Sector Development	Create 10,000 agricultural jobs across key value chains
	Increase growth and competitiveness of 1,000 SMEs across key value chains
5. Water	Provide safe, affordable and sustainable water supply services to 600,000 people in Freetown
	Provide safe, affordable and sustainable water supply services to 700,000 more people in the districts
6. Energy	Double the total operational power generation capacity from 75MW to 150MW
	Double access to electricity from 125,000 to 250,000 households
7. Governance	Improved service delivery and efficiency of Government spending for recovery priority sectors

Source: The President's Recovery Priorities 26th July 2016

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