

22 April 2015

Ebola in West Africa

Mapping of Assessments and Identification of Gaps - Sierra Leone and Liberia



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Disclaimer

This document represents a snapshot of assessments as of mid-March 2015. Results will change as more assessments are undertaken.

The assessment registry developed to feed into this analysis has been updated and amended since the drafting of this report. Nevertheless, the core findings of the document remain valid. A final update to the assessment registry will be made in May 2015.

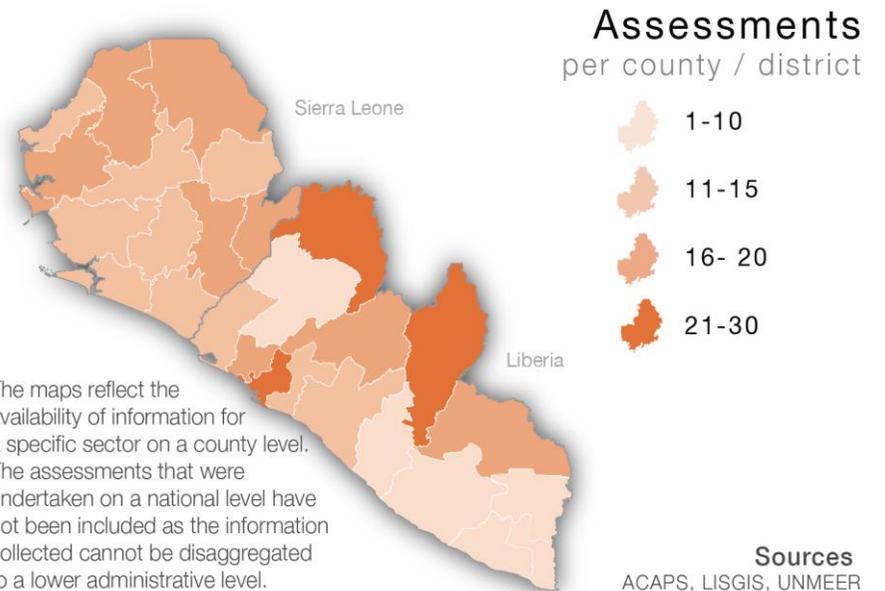
[For an updated version of the assessment registry, please contact ACAPS – analysis@acaps.org](mailto:analysis@acaps.org)

Key findings

- A multitude of needs assessments have been conducted to capture impacts of the Ebola outbreak on affected communities, since March 2014. **This paper reviews all of the assessments on Liberia and Sierra Leone made available to the Ebola Needs Analysis Project (ENAP), between December 2014 and 20 March 2015. Several assessments have been conducted at a regional level. This report focuses only on those conducted on a national level or lower, to allow for disaggregation of results.** The review aims to inform the humanitarian response and future assessments, by identifying what information exists and where information gaps remain.

- Food, education and health are the most commonly covered sectors. Of the 105 assessments reviewed (44 in Liberia and 61 in Sierra Leone), over 80 covered existing needs in these sectors. There are only a limited number of assessments covering nutrition and protection, due to the particular risks, such as transmission through physical contact, and sensitivities of collecting such information during the EVD outbreak.
- To avoid the risks associated with deploying assessment teams to areas with high EVD transmission rates, actors have explored alternative ways of collecting data. A significant number of assessments (35 out of 105) have taken place remotely, using SMS or phone based surveys. Key informant (KI) assessment is the most common approach. This allows a large number of people to be assessed with a relatively small field presence.

Number of assessments
December 2014 - March 2015



- The large majority of assessments are one-time. Only a few have monitored the situation over time, despite the drawn-out nature of the crisis.

- Most assessments cover the whole population. A number are aimed at understanding the needs of particular vulnerable groups such as burial teams and families of deceased EVD patients. The needs of more traditional vulnerable groups such as minorities, youth and female headed households (HHs) have not been specifically targeted.
- Large geographical and sectoral information gaps remain. Several assessments are planned to address existing information gaps.
- The imminent rainy season will hamper data collection (May to October in both countries).
- Joint and coordinated assessments appear more common in Liberia. 65% were undertaken by multiple organisations, compared to 16% in Sierra Leone. One of the main recommendations is to increase harmonisation of assessment activities, starting with increased information sharing and timely dissemination of results. This is particularly true for Liberia, where the government has been criticised for monopolising the process, which has severely delayed the publication and quality of several assessments.

Background to this review

Problem statement and objective

In the nine months following the official declaration of the Ebola outbreak in March 2014, information collection focused primarily on EVD incidence, possible lines of transmission and existing risk factors. Since the end of December 2014, an increasing number of actors have been collecting data on the secondary impacts on, for instance, livelihoods, the health system and education. The increase in data collection has led to a better understanding of the current needs, but coordination of assessments and sharing of findings remains limited.

This report aims at strengthening the use of existing information by outlining all assessments available from December 2014 to March 2015 in the two most affected countries, Liberia and Sierra Leone. This analysis has two objectives. Firstly, the overview of assessments and accompanying assessment registry show response actors what types of information are already available, strengthening the evidence on which response decisions can be based. Secondly, the identification of geographic and sectoral information gaps aims at informing ongoing and planned assessments.

Methodology

ENAP field staff actively sought out data collection initiatives, between December 2014 and March 2015. They captured publicly available assessments and contacted key actors in the respective countries, to obtain unpublished and more informal data collection initiatives. Assessments were categorised, looking at the following characteristics:

- The geographic area, sector and affected group covered
- The assessment methodology
- The frequency of data collection

Limitations of this review

The assessment registry, on which this document is based, is regularly updated to reflect recently planned and published assessments. The analysis and registry are based on the data made available to ACAPS. While efforts were made to include all data collection initiatives, there will be assessments that have not been captured, particularly at the district level.

For an updated version of the assessment registry, or to inform ACAPS of additional assessments please contact ACAPS – analysis@acaps.org

Timeframe: This mapping exercise does not cover all the information available and required for an analysis of the crisis. It focuses on the assessment of humanitarian needs published, ongoing and during a set period: **1 December 2014 to 20 March 2015**. It includes a number of assessments that were planned to commence before May. Several comprehensive assessments were conducted prior to 1 December, and remain relevant and necessary for the comprehension of certain humanitarian challenges.

Quality of the information: This review does not evaluate the validity of the information available, despite major variations in terms of quality and density of information. This decision was made to maintain objectivity. An assessment is treated similarly whether it is representative (e.g. quantitative) or qualitative (e.g. field visit and observation of several hours).

Categorisation: Certain choices were made regarding the classification of evaluations, in order to avoid misleading information, including:

- If an assessment presents information at a higher administrative level, but provides credible evidence that it collected data from a lower administrative level, the assessment was considered to have occurred at the lowest administrative level. However, if the assessment information indicates information was collected at a

lower administrative level, with the express purpose of presenting findings for a higher administrative level, the higher level was recorded.

Example 1 - If there is a national assessment in Liberia which has gathered information for all 15 counties, we consider it to be an assessment of 15 counties.

Example 2 – If an assessment has information on every district in one province in Sierra Leone, but expressly states that its findings are intended to be taken at a provincial level, we recorded it at that level.

- If an assessment provided a wide range of information on a given sector, it was considered it to be covered by the assessment. If an aspect of a sector was either briefly covered, or a limited part of the assessment addressed that sector, it was categorised as partially covered.
- Certain evaluations made no mention of whether quantitative, qualitative or mixed methods were applied and had to be classified according to ACAPS' appraisal of the methodology.

Liberia assessments review

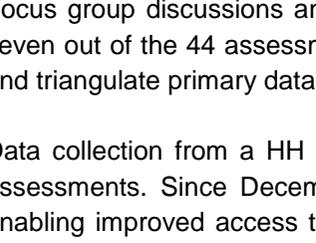
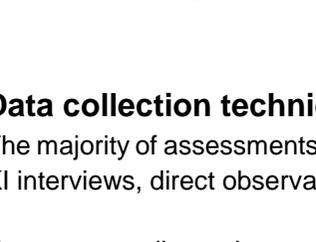
Sectoral and geographic coverage

Most assessments focus on livelihoods, education, followed by health. These three sectors are assumed to be most affected by the Ebola outbreak (see map next page). Only one nutrition assessment has taken place in the period covered by this report. Nutrition assessments traditionally require physical contact, which could expose assessors to EVD transmission (for instance by measuring the mid upper arm circumference).

Montserrado county has been assessed most, with 32 out of the 44 assessments, followed by Lofa and Nimba (both 21 assessments). The five counties in the southeastern region are least covered, with only one assessment covering River Cess.

The southeastern region is the least developed, is difficult to reach, and there is limited presence of development and humanitarian actors.

There are very few assessments that provide a representative overview of the situation in multiple counties. This limits the amount of comparative analysis which can be undertaken.

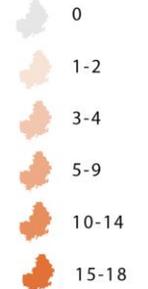


Population Groups Assessed

December 2014 - March 2015

Liberia

Assessments
per county



Sources
ACAPS, UNMEER

Data collection techniques

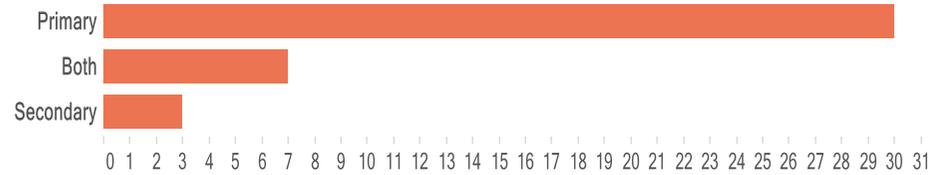
The majority of assessments (65%) used multiple methods of data collection, combining KI interviews, direct observation, focus groups discussions and / or HH level surveys.

Focus group discussions and KI interviews are the most common approaches. Only seven out of the 44 assessments included a review of secondary data to complement and triangulate primary data collection findings.

Data collection from a HH perspective was most common, followed by facility level assessments. Since December, the number of EVD cases has rapidly decreased, enabling improved access to affected locations and the majority of the assessments (22) have been based on field visits instead of done remotely.

Primary vs. Secondary

Information Used

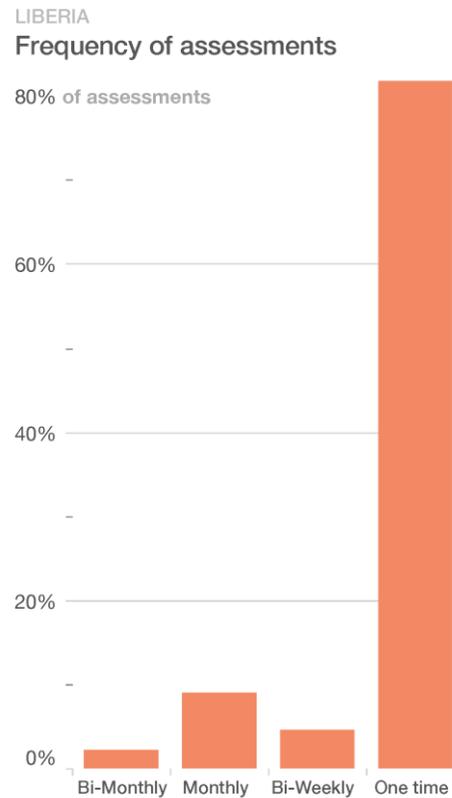


Populations assessed

Most assessments covered all population groups, while a smaller number of assessments focused on groups that are particularly affected such as burial teams and EVD survivors. These assessments focused primarily on geographic areas with a high number of EVD cases.

Frequency of assessments

Most of the assessments (over 80%) were one-time, so capture a snapshot of the situation at particular point in time. To date, there is very limited monitoring, with the notable exception of the monthly surveys on food security, markets and livelihoods which WFP and FEWSNET have conducted in each of the affect countries since September 2014. Several initiatives have recently started to create a more regular information flow, including the monitoring of health services and schools.



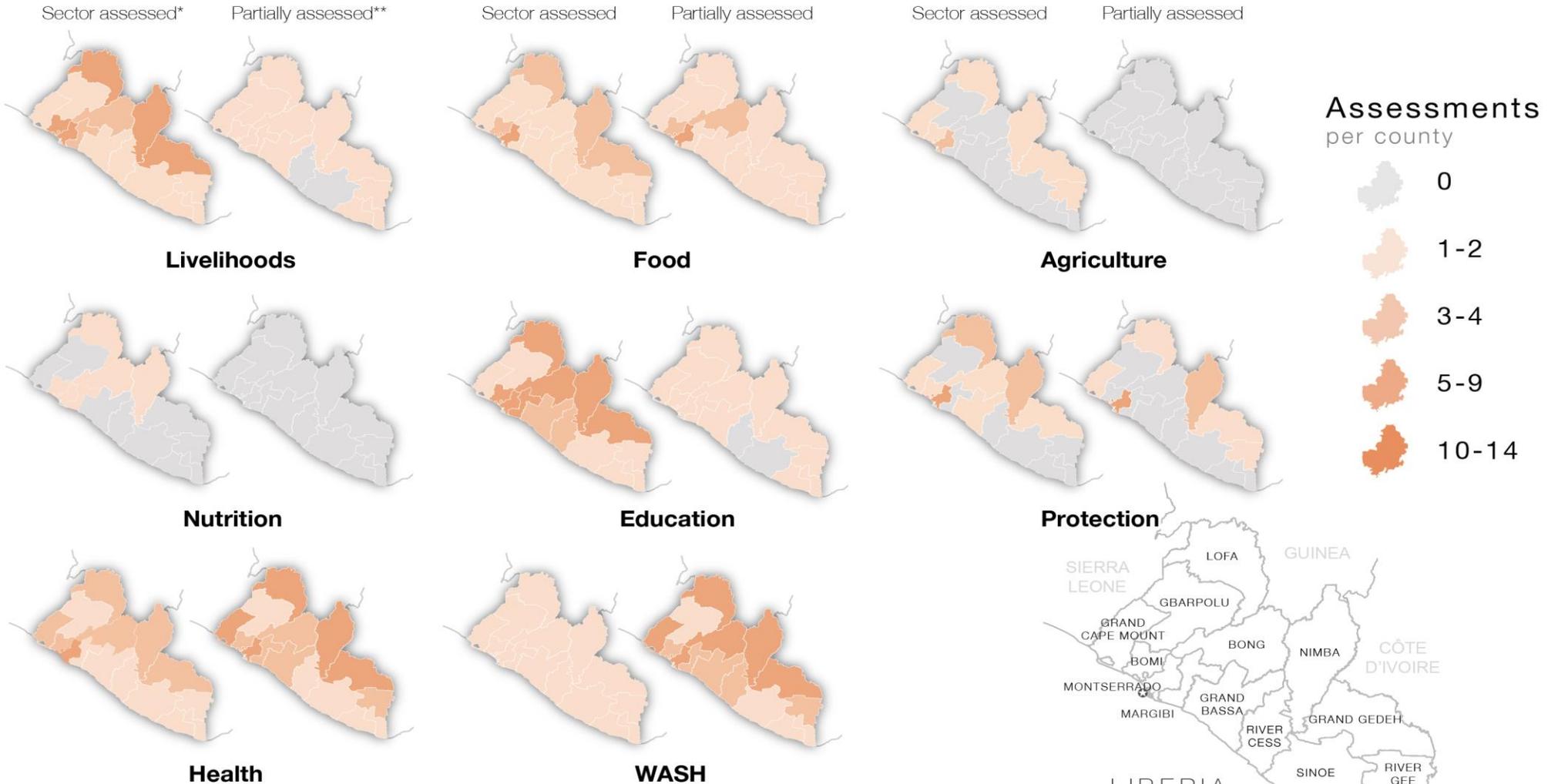


The maps reflect the availability of information for a specific sector on a county level. The 7 assessments that were undertaken on a national level have not been included as the information collected cannot be disaggregated to a lower administrative level.

Sectors Assessed

December 2014 - March 2015

Liberia



Sources ACAPS, LISGIS, UNMEER

* Sector was the focus of the assessment

** Limited information was collected on this sector in the assessment

Sierra Leone assessments review

Sectoral and geographic coverage

Most of the assessments have focused on the capital district, Western Area Urban (20 out of 61 assessments). The districts of Kailahun, Kenema, in the epicentre of the outbreak, and Port Loko, where the second wave of infections occurred are also widely covered. At least ten assessments have taken place in each district.

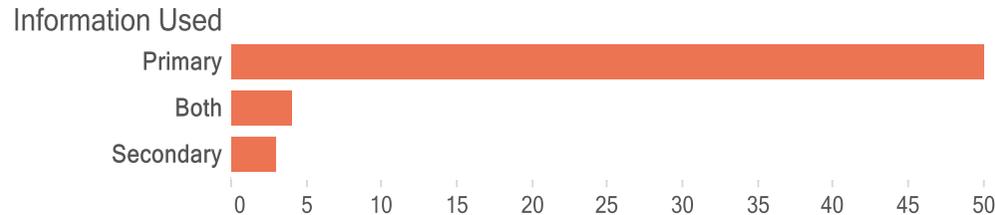
Most assessments in Sierra Leone cover livelihoods, health and / or WASH. Information on the nutrition situation is very limited (see map next page).

Data collection technique

Around 60% of assessments make use of multiple assessment techniques. KI interviews are the most commonly used approach, a component of almost half of the assessments reviewed. Over 50% of the assessment teams conducted face-to-face interviews, despite the risk of transmission hampering field data collection.

Remote data collection remains common, mostly through SMS and phone based surveys. Despite the access constraints hampering primary data collection, the use of secondary data to inform and complement primary data collection initiatives is limited. Only seven assessments (out of 61) included a review of secondary data.

Primary vs. Secondary

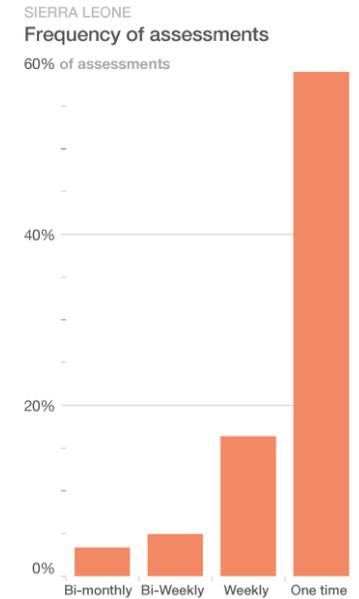


45% of assessments used the HH or individuals as the main unit of analysis, while 21% looked at the situation at a facility level (e.g. health or education facilities).

Only a limited number of assessments can be considered representative of the wider situation, with 12 assessments having a robust and well founded quantitative component. The other initiatives are more qualitative.

Frequency of assessments

70% of assessments were one-time, 30% have taken place more frequently. GroundTruth regularly undertake an SMS and phone call survey to monitor the perspective of the population on the Ebola response. As with Liberia, monthly surveys on food security, markets and livelihoods have been conducted by WFP and FEWSNET since September 2014.

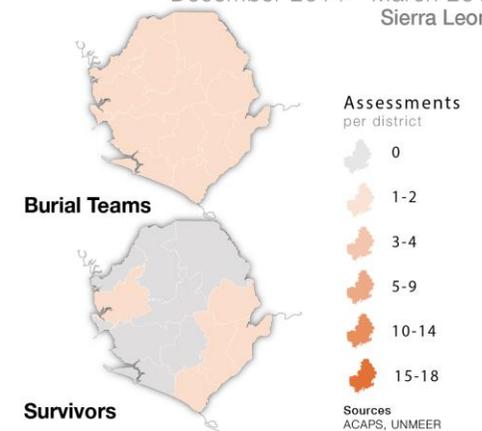


Populations groups assessed

Most assessments do not target a specific population group. All districts have seen at least one assessment targeting burial teams, those in quarantine and families of deceased EVD patients (including orphans).



Population Groups Assessed
December 2014 - March 2015
Sierra Leone



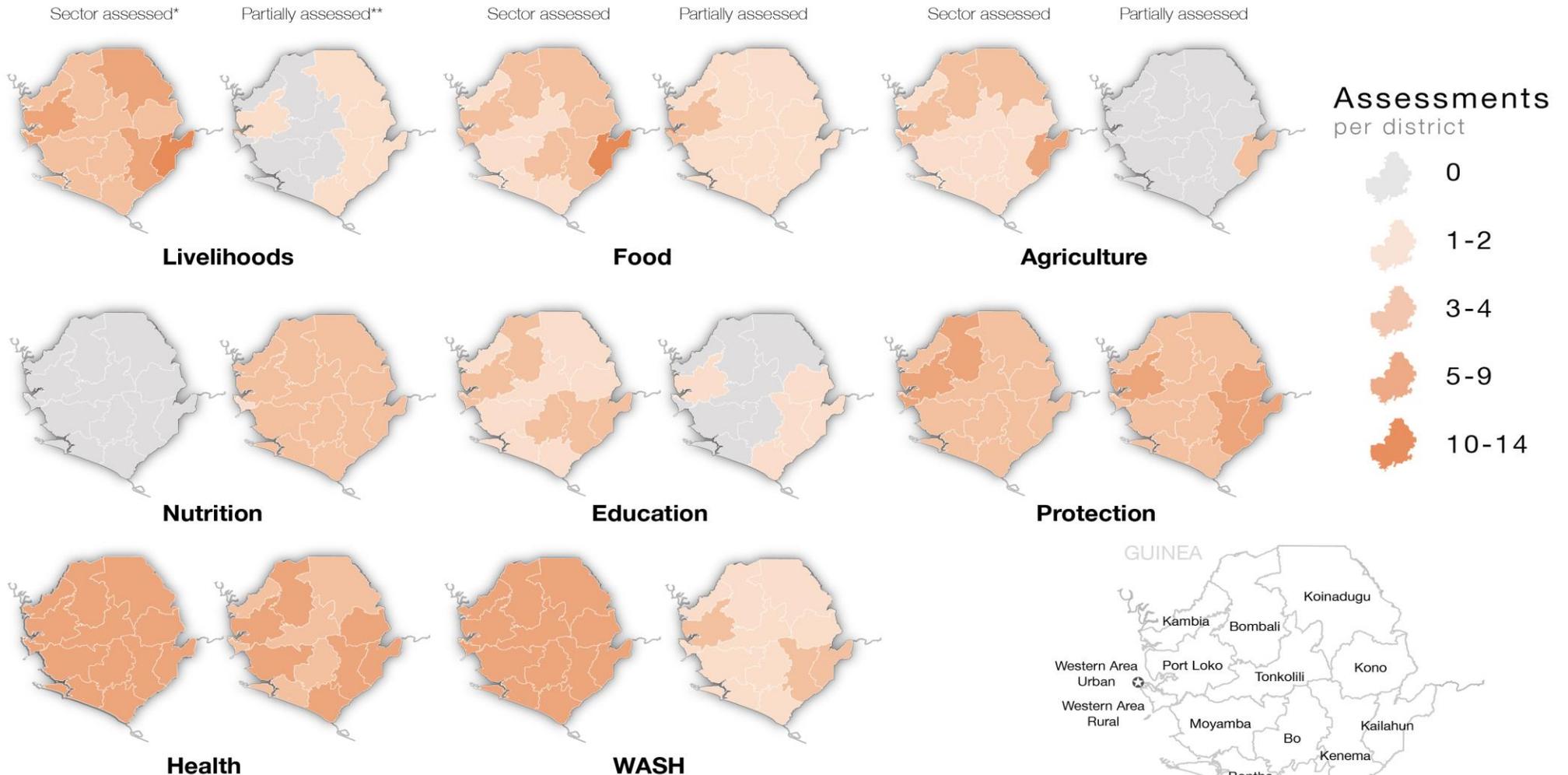


Sectors Assessed

December 2014 - March 2015

Sierra Leone

The maps reflect the availability of information for a specific sector on a county level. The 35 assessments that were undertaken on a national level have not been included as the information collected could not be disaggregated to a lower administrative level.



Sources ACAPS, UNMEER

* Sector was the focus of the assessment

** Limited information was collected on this sector in the assessment



Ongoing and planned assessments – (As of 8 April 2015)

A number of assessments to address the existing information gaps are planned or already underway, including:

Liberia

- A nationwide WASH assessment of all schools is being planned by the WASH Cluster, with support from the Education Cluster.
- The WASH Cluster, in support and collaboration with the Ministry of Public Works and the Ministry of Health and Social Protection has completed a WASH assessment in health facilities and is preparing the report.
- The fifth and final round of the multi-sectoral, HH level World Bank High Frequency Phone Survey is expected to be published in April.
- An IOM health assessment of the border region between Liberia and Sierra Leone has been finalised and the report is currently being compiled.
- The Ministry of Health and Social Welfare has recently shared the data from a series of health facility assessments, to inform their investment plan for a resilient health system. This includes the health cluster service delivery assessment, a pharmacy assessment, and studies of health care workers.
- The Food Security Cluster is preparing a large scale, HH level food security and livelihoods assessment. This will also capture access to education and shelter.
- ACAPS has undertaken a countrywide, multi-sectoral, KI assessment. The assessment report will be published by the end of April.
- Several actors are currently undertaking or planning KAP surveys.

Sierra Leone

- UNICEF is currently conducting an Ebola Care Centres Rapid Water Access Assessment.
- UNICEF has completed an Emergency Radio Education Program Monitoring Survey and a School Needs Assessment. The results have not yet been published.
- ACAPS has undertaken a multi-sectoral needs assessment in Western Area, Port Loko, Kenema, Kailahun, Kono and Pujehun. The assessment report will be published by the end of April.
- Oxfam are undertaking a rapid food security assessment in Northern Province. They are also planning a study on the functioning of markets and market prices.
- WFP is planning a rapid food security assessment in four Ebola free areas, while Save the Children is planning a rapid food security assessment in Western Area.
- Since September, the World Bank has published monthly reports on the socio-economic impacts of the Ebola crisis.
- Handicap International is undertaking a basic needs assessment of vulnerable populations.
- UNICEF and WFP are undertaking a nutrition survey.
- Several actors are undertaking, or are planning to conduct KAP surveys. This includes a KAP survey planned by UNICEF, IFRC, Focus1000 and CRS.
- UNICEF is planning an assessment to measure the level of stigma among affected communities.

Recommendations for future assessments

Coordination of data collection

- **Coordinated assessments:** As much as possible, undertake harmonised or joint assessments to create a shared understanding of the situation, avoid assessment fatigue, and use assessment resources more efficiently. These coordinated assessments can be facilitated through the existing coordination systems, as is currently occurring in Liberia, or initiated by organisations that have similar values and principles.
- **Tracking of assessment initiatives:** A survey of surveys should be maintained and shared widely, to avoid redundancy of assessment activities and identify required future data collection initiatives. The holder of this assessment registry should actively search out assessments undertaken by all actors present in Liberia and Sierra Leone, including surveys by the UN, INGOs, academic institutions and the respective Governments.
- **Harmonisation of terminology and standards:** To ensure the data collected is comparable, the indicators and terminology used in assessments should be harmonised, including the categorisations used to capture source of income, problems faced and administrative divisions. In Liberia, there are currently three types of districts, with the health and education actors using districts that are different from the general administrative districts. All three sets are currently being revised.
- **Data sharing:** Much of the data collected still remains within the institutions that have collected it. Timely collation and sharing of data is required to increase the overall shared situational awareness. If appropriate, reports should be published to existing assessment portals such as HumanitarianResponse.info, ReliefWeb.int, or the cluster website. The underlying datasets should accompany assessment reports, whenever possible.
- **Meta-data:** To ensure the data collected is used and interpreted correctly, all assessments should outline the:
 - Methodology used to obtain the data and its limitations
 - The data collection techniques
 - The source of secondary data used in the report
 - Start and end date of the field data collection
 - List of localities and places visited
 - List of groups assessed

Assessment focus

- Assessments should consider a wider geographic approach. Throughout the crisis, the focus of assessments and the response has been on geographic areas with the highest EVD incidence. However, a large part of the region has been indirectly affected by the secondary impacts of the outbreak, including school closures, decreased functionality of health facilities, decrease in foreign investment, and border closures. There are large information gaps in the southeast of Liberia and central and southern districts of Sierra Leone.
- There have been only limited assessments focusing on the nutrition situation (particularly in Sierra Leone), the impact of the crisis on the protection situation, and HH access to water, sanitation and hygiene. In-depth sectoral assessments are required to address these information gaps. A detailed analysis of the expected impact of the imminent rainy season, on infrastructure and needs, should be prepared as soon as possible.
- Future assessment activities should build on the existing set of information by including a secondary data review, covering not only recent assessments but also baseline data. Examples of key baseline datasets include the 2013 Demographic Health Surveys in Liberia and Sierra Leone and the UNDP Human Development Reports.
- The protracted crisis requires a move away from one-time assessments, to monitor needs over time. This is particularly relevant in Sierra Leone, where the continued outbreak prevents a normalisation of the situation.

Annex

A Dropbox folder containing some of the assessments collected are linked to below.

- **Sierra Leone**
- **Liberia**