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Ebola Outbreak in West Africa

Lessons Learned from Assessments in Sierra Leone and Liberia

Key Recommendations for Needs Assessments

Ebola or Other Infectious Disease Outbreak

- Formal introductions from local authorities as well as central government facilitate access to communities.
- Structured hand-over processes within and between organisations, and consideration of training needs reduce the impact of high international staff turnover, and the deployment of less experienced staff.
- Recruitment of enumerators requires more time and additional incentives, as fear of Ebola means fewer candidates. Training enumerators also requires more time as it must cover infection control procedures.
- The face-to-face data collection budget needs to cover the safety of enumerators. Enumerators need private accommodation and a dedicated private method of transportation to reduce their exposure to the virus.

General Recommendations

- Specific resources should be dedicated to collecting and reviewing secondary data.
- Collection and sharing of baseline data among organisations enables the identification of pre-crisis vulnerabilities, which will likely worsen during the crisis.
- Triangulation of assessment results with the baseline situation, as well as with the findings of other organisations and data collection systems, ensures a multi-sectoral approach and avoids overemphasis on one factor.

- Knowledge of prevailing communications network coverage and use enables more appropriate assessment design, particularly in countries where network coverage, phone ownership and electricity supply are not universal.
- Telephone interviews must be planned: call more than the total number of interviews, to be sure of reaching your target; schedule two calls, one introduction that arranges for the second call, which is the actual survey.
- Rapid compensation to respondents encourages participation.
- An additional survey targeting potentially vulnerable groups is necessary, as general Key Informants questioned in the main survey may not have a full understanding of their needs.
- Local enumerators can facilitate access to communities.
- Appropriate terminology, testing the questionnaire and hiring local enumerators can ensure the questionnaire does not offend cultural sensitivities. Sensitive questions are better left for the end of the interview, when trust has been established.
- Enumerators must agree on glossaries covering the translation of words, concepts, and phrases used in the questionnaire so there is consistency, regardless of the different local languages used for the interviews.
- Complex questions are better broken down into several parts. Limit possible answer choices, particularly when the interviewer must translate between written English and the spoken local language.
- Collaboration with other agencies or organisations to share information reduces duplication and assessment fatigue. A shared platform set up at the beginning of the crisis can facilitate this process, although national capacity may need to be built to ensure it is effectively used.
- Check whether a local organisation is able to implement data collection, as it can significantly speed up the assessment process.

Many of the issues covered here are addressed, along with others, in [Humanitarian Needs Assessment: The Good Enough Guide](#) and the ACAPS [Technical Brief on Coordinated Assessments in Emergencies. What We Know Now: Key Lessons from Field Experience](#), which are both available from the resources section of www.acaps.org

Purpose of this Document

In the complex environment of an epidemic, capacity to identify humanitarian needs is essential to inform and guide operations. Such capacity was challenged in the three countries most affected by the Ebola crisis, due mainly to problems of access and fear of the disease.

This report gathers lessons identified from assessments of the humanitarian situation in West Africa during the later stages of the Ebola crisis, between November 2014 and April 2015. It is based on conversations with individuals from different organisations who conducted

assessments, as well as on ACAPS experiences of assessments conducted in Sierra Leone and Liberia during the Ebola Needs Analysis Project (ENAP).

The document provides a starting-point for organisations planning an assessment in this Ebola outbreak or in similar future situations. More general lessons, which have been covered in other publications, are repeated here because experience has indicated they need reinforcing. When considering these lessons, it is important to keep in mind that Liberia and Sierra Leone are developing countries whose public health systems were already weak pre-crisis.

Lessons Learned and Recommendations

Assessments during an Ebola or other infectious disease outbreak

Topic	Recommendation	Examples within the Ebola crisis context
Access	Formal introductions from local authorities as well as central government facilitate access to communities.	<p>Particularly at the height of the crisis, fear of Ebola made the process of data collection more difficult. Government approval from the capital was not sufficient to gain access to communities. Even if national-level approval has been secured, it is unlikely that this will reach the right person on a lower administrative level.</p> <p>Involvement of the chief and community leaders helped enable enumerators to go back to the community the next day to start data collection. Local leaders can also help select the most appropriate members of the community to interview and can organise workshops. In Sierra Leone, upon first contact, it was quite common to give the chief some money (between 10,000L and 20,00L, approx. USD 120–240). This money is often given along with kola nuts, which has many socio-cultural connections and is traditionally given to guests and visitors in Sierra Leone.</p>
Deployed Staff	Structured hand-over processes within and between organisations, and consideration of training needs reduce the impact of high international staff turnover, and the deployment of less experienced staff.	Organisations lacked prior experience with a large Ebola epidemic. In addition, fear of Ebola, the stressful working environment, and high staff turnover frequently led to the deployment of less experienced staff. As a result, acknowledged good assessment practice was not always implemented, national staff had to dedicate a lot of time to briefing or training new arrivals, and vital institutional memory was lost.
Enumerators	<p>Recruitment of enumerators requires more time and additional incentives, as fear of Ebola means fewer candidates. Training enumerators also requires more time as it must cover infection control procedures.</p> <p>The face-to-face data collection budget needs to cover the safety of enumerators. Enumerators need private accommodation and a dedicated private method of transportation to reduce their exposure to the virus</p>	<p>Higher levels of compensation are needed to recruit people in the context of Ebola. Enumerators need training in protocols to safeguard them from infection and guidance on how to safely organise group work.</p> <p>During an Ebola outbreak, physical contact must be avoided, and infection risk reduced. Separate accommodation is necessary, as is a dedicated driver, in contrast to the usual practices of staying within the community and travelling by motorbikes and taxis with multiple drivers.</p>

General lessons on assessment

Topic	Recommendation	Examples within the Ebola crisis context
Baseline and secondary data	<p>Specific resources should be dedicated to collecting and reviewing secondary data.</p> <p>Collection and sharing of baseline data among organisations enables the identification of pre-crisis vulnerabilities, which will likely worsen during the crisis.</p> <p>Triangulation of assessment results with the baseline situation, as well as with the findings of other organisations and data collection systems, ensures a multi-sectoral approach and avoids overemphasis on one factor.</p>	<p>Lack of baseline and secondary data can make it difficult to measure the impact of the crisis. For example, there was concern that teenage pregnancies would rise during the Ebola crisis, as schools were closed. However, an absence of data on the nature and extent of teenage pregnancy before the Ebola crisis meant that the protection sector struggled to measure the impact of Ebola.</p> <p>It was difficult for interviews with Key Informants to separate the impacts of Ebola from pre-existing issues. The dire situation of the WASH sector in all three affected countries, for example, was in fact mostly due to pre-crisis vulnerabilities.</p> <p>During a public health crisis, other sectors are also likely to be impacted. The initial response to the Ebola crisis focused on health and not the associated humanitarian needs of the rest of the population. Time and resources were only made available to other humanitarian sectors when the Ebola outbreak came under control and responders began to think about recovery.</p> <p>Individual sector assessments can lead to bias in analysis. In Liberia, the Education Cluster assessed schools to identify which ones were suitable for reopening, based on availability of teachers and resources. The WASH sector also carried out an assessment of schools, focusing on the availability of water and sanitation facilities. Joint analysis of these assessments would have provided a more complete picture and allowed a more accurate prioritisation of which schools to support.</p>
Topic	Recommendation	Examples within the Ebola crisis context
Telephone interviews	<p>Knowledge of prevailing communications network coverage and use enables more appropriate assessment design, particularly in countries where network coverage, phone ownership and electricity supply are not universal.</p> <p>Telephone interviews must be planned: call more than the total number of interviews, to be</p>	<p>In the Ebola context, remote methods of data collection were safer and avoided movement restrictions. However, there were limitations:</p> <ul style="list-style-type: none"> • SMS surveys in Liberia had a very low response rate, partly due to high levels of illiteracy and to the high level of spamming of mobile phone owners. Response rates were higher among young people, but SMS is not commonly used to communicate in Liberia and does not produce good response rates. • Access to phones is also limited. Some areas have low phone coverage because electricity is not available everywhere. This problem is worse during the rainy season. The most vulnerable people are unlikely to be phone owners,

sure of reaching your target; schedule two calls, one introduction that arranges for the second call, which is the actual survey.

so telephone interviews are unlikely to reach them.

Rapid compensation to respondents encourages participation.

In Liberia, it was common to provide USD 1 in phone credit for participating in an assessment survey

Vulnerable groups

An additional survey targeting potentially vulnerable groups is necessary, as general Key Informants questioned in the main survey may not have a full understanding of their needs.

Key Informants' own biases can be reflected in assessments when vulnerable groups are not directly represented. During the Ebola crisis, the stigmatisation of survivors, health workers, burial teams, and people under quarantine was a particular issue. This was raised by responders from these groups as a serious issue, but other Key Informants were not aware of the impact such stigmatisation had on these populations and did not mention it.

Cultural acceptability and questionnaire design

Local enumerators can facilitate access to communities.

Distrust of outsiders, especially those who are not familiar with the local culture and language, can hamper data collection. In Sierra Leone for example, communities are reluctant to trust foreigners who do not know their language.

Appropriate terminology, testing the questionnaire and hiring local enumerators can ensure the questionnaire does not offend cultural sensitivities. Sensitive questions are better left for the end of the interview, when trust has been established.

Some topics, such as teenage pregnancy or religious practices, are sensitive and may not reveal accurate answers if they are not treated carefully. Anthropologists or other experts with local knowledge can help rephrase or formulate the questions in a culturally sensitive way. By leaving sensitive questions until the end of the interview, trust between the enumerator and the interviewee has been established, increasing the chance of honest answers.

Topic	Recommendation	Examples within the Ebola crisis context
	<p>Enumerators must agree on glossaries covering the translation of words, concepts, and phrases used in the questionnaire so there is consistency, regardless of the different local languages used for the interviews.</p>	<p>Conducting an assessment in local languages is challenging, particularly in defining and translating terms. In Sierra Leone, Mende enumerators needed to agree on one term among three possible ways to refer to 'shoes'.</p>
	<p>Complex questions are better broken down into several parts. Limit possible answer choices, particularly when the interviewer must translate between written English and the spoken local language.</p>	<p>When testing of the questionnaire in Sierra Leone, Key Informants were asked to identify as many issues as they wanted and then to rank them. Ranking large numbers of issues proved confusing, particularly when enumerators were translating from written English. During the actual survey, Key Informants were therefore asked to identify and rank just three issues for each sector. This was a</p>

more straightforward exercise and produced clearer results.

Coordination

Collaboration with other agencies or organisations to share information reduces duplication and assessment fatigue. A shared platform set up at the beginning of the crisis can facilitate this process, although national capacity may need to be built to ensure it is effectively used.

During the Ebola crisis, UNMEER was set up mainly to coordinate the health response. There was no overall coordination structure to integrate the protection, education and food problems that were also occurring as a result of Ebola. In Sierra Leone, no central authority had an overview of assessments carried out by clusters in 2014. In the slums of Freetown, different organisations conducted multiple assessments to identify the same needs in the same geographical areas. The duplication of resources was an unnecessary burden on affected communities.

The absence of a platform for sharing information contributes to poor coordination, duplication of activities and a lack of a common overview and understanding of the situation. Systems for sharing information between ministries existed, but were not used.

National capacity needed to be built around use of the new shared information platform, to ensure it was used effectively.

Check whether a local organisation is able to implement data collection, as it can significantly speed up the assessment process.

In Sierra Leone, there is no registry of consultancies and sector-specialist organisations who can conduct surveys. Many international organisations therefore chose to work with international, remotely-based partners. This slowed the assessment process and meant those planning and carrying out the assessments had limited knowledge of the local context. There were organisations in Sierra Leone that, with some additional training, could have done this work. Spending more time trying to identify these organisations and train their staff would have accelerated the assessment process overall, made use of local knowledge and built long lasting-capacity in-country.