EBOLA VIRUS DISEASE OUTBREAK:
A Community-based Strategy for Prevention and Containment

A Community gathering on Ebola prevention and containment ©2014 PADDYSf.Org

PADDYS FAMILY ORGANIZATION
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ABOUT PADDYS FAMILY ORGANIZATION

PADDYS Family is an association of friends, brothers, sisters and relatives drawn together from a broad spectrum of the society within Bo City, Southern Sierra Leone. Founded in 2003 by twenty five (25) neighbourhood teenagers (friends) from New Site, with a strong focus on maintaining solidarity amongst young people and building peace within the community as its ethnic and political diversities became exposed during the 1997 AFRC military coup and interregnum, the family has grown rapidly with a membership of 250 young men and women in Bo City, Freetown, United Kingdom, Sweden and United State of America. The current membership comprises teachers, lawyers, doctors, nurses, an academic, a banker, mechanics, engineers, traders, business men and women, university students, commercial motorbike riders and school drop-outs.

As an organization we operate as humanitarian agents: mobilizing financial and human resources to promote human welfare and foster social change in the society. The centre of our work is the community. We believe it is at the level of the community that quotidian plights of the masses are common or for instance situations of youth marginalization and exclusion and poverty are calamitous. In the past three years the attention has been on the growing youth gang sub-culture within New Site and Kakua chiefdom. We are also, in the same community, vehemently involved in campaigns against teenage pregnancy (targeting boys) and we promote girl child education.

As a first act of response to the outbreak of the Ebola virus disease and the national call to action, we have embarked on raising awareness about the outbreak and some precautionary measures within the New Site community (Our base) and other neighbourhoods. Using a model of neighbourhood street watchers to take stock of movements (activities) within the community we have been able to police the community preventing attempts by suspected infected persons to hide out in communities.

Building on the present successes in New Site, our focus has shifted to spreading this model to neighbouring communities and beyond with mass sensitization and social mobilization. In this way we will build a strong wall of prevention against the spread of the virus and contain infected persons.

Our PADDYS Family Ebola Committee, comprising six (6) members drawn from various fields (social research, public health, social work and community development), leads our efforts in the fight against the Ebola outbreak. It has

successfully held debriefing sessions on the constituency level campaign against the Ebola Virus Disease (EVD) outbreak with the Member of Parliament of the constituency, councillors and other stakeholders. It has also organised Ebola Talk-shops within the constituency: raising awareness levels in the communities and maintaining solidarity. While the committee remains severely constrained by a meagre budget (collections from PADDYS Family members and kind donations) and the growing challenge to deal with the issues of denial, fear and lack of community cooperation spurring present escalations in other parts of the country, we are endeavouring to scale up with social mobilization and spread out to other areas within the constituency and city.

Following, we offer some technical suggestions on the Ebola virus disease outbreak and the community campaign to fight it (how we see and judge it), and we also propose a community-based model that rely on social mobilization and sensitization for effective prevention and containment.

Ebola Virus Disease Outbreak: Sierra Leone

Sierra Leone, like Guinea and Liberia, is currently experiencing the most severe national crisis since the end of the civil war that claimed over 50, 000 lives and millions of dollars in wanton destruction. The outbreak and its widespread have huge potentials for destructions far beyond human loss. In the absence of properly coordinated national/regional strategies towards a comprehensive understanding of the transmission patterns for robust containment programmes and nationwide participation in prevention, the outbreak is set to destroy the entire social fabric of the sub-region including the impressive post-war economic gains it recently enjoyed.

While the national campaign against the outbreak has produced a rare united national front of all political parties: with especially the two main political parties, the Sierra Leone Peoples Party (SLPP) and the All Peoples Congress (APC) showing quite a remarkable bipartisanship that is infrequent with the party politics of the country, infection and transmission rates as well as fatality figures have continued to steadily rise with the disease spreading to the capital, Freetown and throughout the country. Whereas some of the factors responsible for this situation could be the lack of necessary infrastructures in handling such a crisis and the fact that existing health service delivery mechanisms may have become severely overburden by the disaster, a key factor (as we see and judge it) could also be the

fear and panic created by the undue biological (scientific) imaginations: That it is a deadly active agent out on the attack that is transmissible through contact and with no treatment available until a vaccine or other cure is discovered – otherwise everyone infected dies.

These depictions of the Ebola Virus Disease, at the onset of the outbreak, coupled with local political conspiracy rumours have formed the popular imaginations of many people; creating denial, fear and panic. In some communities it has bred distrust in the campaign to fight the outbreak and a slack in cooperation. Cultural practices such as 'pepper doctoring' (treating the sick at home or consulting herbalists), washing the dead, attending funeral ceremonies, and eating bush meats have continued unabated.

Nevertheless, with the outbreak spreading like wildfire in Sierra Leone from the start of June, and the World Health Organisation (WHO) identifying dangerous practices relating to contact with victims, socio-cultural activities involving burial of dead victims and treatment of sick patients, and crowding as major contributory factors for the spread, the need for a social understanding and approach that tackles the denial, panic and fear becomes more urgent to contain transmission and break the chain in the spread.

As a local humanitarian organization, we believe that as a nation we shall overcome. With the national solidarity shown in the campaign against the Ebola Virus Disease, if the social aspects are taken into cognizance to break the chain of transmission the tide will be turned in our favour.

Some Technical Suggestions

Drawing from feedbacks in communities we are working, where impacts from the outbreak now constitute the bulk of daily experiences, we offer some technical suggestions towards a robust containment of cases and efficient prevention.

- Since the on-going regional Ebola campaign, through specific district taskforces, has been quite instrumental in coordinating the official program of actions and keeping the rate of transmission low, we think that the structures and processes, centralized and bureaucratic: with limited participation from within communities, inimical to the emergency response which the campaign requires. The concentration of resources to the District

Health Medical Team (DHMT) and centralization of activities to the taskforce, for instance, makes the programmes very top-down and putatively ineffective in drawing the cooperation of communities. Forward and backward linkages, created within the various stages of the programmes, will afford community based organizations or groups spaces to participate and take ownership of the campaign. Also it will draw a lot more attention and cooperation of communities. This should also involve devolution of resources and delegation of responsibilities. We think it will enhance community cooperation and maximize participation.

- Also, we acknowledge that at this extraordinary time, extraordinary measures are required, and the declaration of an emergency - placement of the Armed Forces on high alert - is of good reasoning by the President of the Republic. However, we think that much of the panic and fear creating situations wherein suspects hide or infected cases are not reported are caused by over-securitization which have come to describe the outlook of the campaign. The involvement of the armed forces in the campaign is vital to maintaining law and order throughout the duration of the outbreak. But excessive force or a display of such, on the back of our recent past, aids the spread of fear within communities. Placing social and health workers at the front of the frontline of the campaign could do much more in maintaining solidarity and peace within communities. Otherwise, a likely damage of the outbreak will be a total loss of confidence in the health service mechanism in the country.

- In the same vein, isolation and control measures are said to be creating panic and fear within some communities; endangering community solidarity and quiet. In many communities with cases of infection and quarantined suspected cases, we have discovered contours of erosion in solidarities and neighbourliness. Some released quarantined suspects lament the difficulty of reintegrating into the society just after the excitement of being free. Families with infected cases are even deeply affected by this situation. Many move out or run away. A more inclusive and participatory approach that will control both infection and breakdown in community solidarities would hold communities firm together to curb the outbreak.

- We think that with all the sensitization that is done much more could be achieved with mass social mobilization of communities on prevention and

early standardized responses to cases within communities. A properly strategized street-by-street or house-to-house outreach programme with community people will achieve more than just the current 'casual' publicity and funfair which has come to overwhelm the 'awareness' campaign. With massive community mobilization and sensitization, huge walls of defence could be built around communities to control the spread of the virus.

Our Proposed Community Strategy

From what the evidence show of the outcome of the Ebola virus disease, it is locally devastating with huge impacts in communities: it requires more sustained engagement of the communities and measures to deal with its endemic character.
Local people living in disease-affected areas are often depicted as unaware, involved in imprudent tradition and dangerous cultural practices. There is indeed danger in some of these practices, such as remaining close to a sick family member to nurse him/her; touching the dead at funerals; and applying traditional healers' treatments.

In Sierra Leone, where these have been part of the lives of communities for ages, the national campaign have lamented community cultures that encourage misguided traditions. The World Health Organization believes that most of these cultural practices are a major factor in the spread. However, we think that there are also beneficial practices in the local culture and context: local populations have the knowledge, cultural logic and practices that arguably can and should be integrated into responses.

As a frontline community-based organization, our grassroot strategy – embedded in our flagship programme, SAVE THE COMMUNITY – dwells on mass sensitization and social mobilization; neighbourhoods watch; and social support to survivors for reintegration. Using local community-based models, the strategy promotes community solidarities and foster progressive dynamisms in the wake of the EVD outbreak. The neighbourhoods watch component, for instance, a model which has so far recorded tremendous success in the New Site community, take stock of activities within the community and have aided in identifying the sick or contacts of an infected person. Thus, expanding the programme to other areas within the city and mobilizing the youths to take stock of movements in their communities and carry out social work – train them to build the confidence of

people and maintain solidarity – will not only guarantee mass sensitization within communities but also co-opt compliance and collaboration from the communities.

The strategy also involves identifying and developing (together with community stakeholders) community health measures (health system) as first lines of response to cases of infection or other reported illness. We believe that with mass community mobilizations on prevention and control going in tandem a lot of confidence will be restored in the response mechanisms set up at the district level and communities will take ownership of the campaign with no panic and fear.

In Northern Uganda, the anthropologists Barry S. Hewlett and Bonnie L. Hewlett's work (2007) on the disease outbreak show that the Acholi people developed social protocols for prevention and control that included isolating the patient in a house at least 100 metres from other houses; having a survivor of the epidemic feed and care for the patient; identifying houses with ill patients with two long poles of elephant grass; limiting general movement, advising people to stay within their household and not move between villages; and, finally, keeping patients who no longer have symptoms in isolation for one full lunar cycle before allowing them to move about freely in the village.

Top-down responses and control measures have sometimes proved to be unsustainable and faced resistance from local populations. With recent incidences of confrontation in Bo, Freetown and Kono seemingly emanating from a growing dissatisfaction with the slack in response, the approach may further provoke local fears or feelings of injustice if people are rigidly restricted from moving or if they cannot bury their dead according to custom.

Our proposed strategy, with the necessary support, is geared towards building inclusive, participatory approaches that not only combine local and scientific knowledge, but places the people and community at the epicenter of the campaign to prevent and contain the outbreak in Sierra Leone. With a force of 50 volunteers – 30 well trained and experienced in community sensitization work – we are in a position to expand to other communities; mobilizing young people and building networks with existing groups and organizations to contain the outbreak.

Below is a progress report of our flagship programme, SAVE THE COMMUNITY, towards the fight against the Ebola Virus Disease Outbreak in the Southern Region.

SAVE THE COMMUNITY

'Save the Community' is an initiative developed out of the collective desire to protect communities and the solidarities within them from the potential destruction set to be caused by the Ebola virus disease outbreak in Sierra Leone. It draws attention from both current breakdowns in communities stung by the outbreak and previous examples in countries that have borne the brunt of the EVD outbreak.

The programme aims to promote community solidarity and foster progressive change in the wake of the outbreak. Already in its fifth month, it has spread to four communities (New Site, Kindia Town, Moriba Town and Samamie Sections) in Bo City. It utilizes community based models; mobilizing youths and recruiting them as social workers and neighbourhood monitors within their communities. The programme comprises three components - sensitization and social mobilization; reintegration; and neighbourhoods watch.

The sensitization and social mobilization component focuses on spreading education on Ebola with skits (drama), community gathering (talk-shop) on imprudent cultural practices, and chlorination and hygiene. Targeting mostly social spots frequented by youths within communities, it aims to increase awareness on the outbreak and allay fears and panic created by initial messages which depicted the disease as deadly and with no chance of survival. With debriefing sessions and talk-shops with traditional and cultural leaders, in the three communities, approaches to curtailing imprudent practices like washing corpses or 'pepper doctoring' have been developed with members of the community.

The neighbourhoods watch aspect recruits street-by-street observers to monitor activities within the community and help to identify strangers or the sick. This component also engages community elders to develop first lines of response within communities in cases of infection and death.

The reintegration component, so far, has provided bare social support to survivors and released households to reintegrate into the community as normal persons. It also draws on survivors' experiences and stories as powerful tools in spreading messages of hope and trust in the health service system and the fight to end the spread of the disease. With the absence of official psycho-social programmes to support them, the programme focuses on providing social environment for survivors to integrate into the community. We organize visits to survivors by community leaders and assistance with shopping and basic domestic chores like fetching water.

In the coming months, our plan is to spread to more communities and expand on the services that we provide. For example, we have realized that the chlorination and hygiene programme which involves the placement of chlorine buckets at intersections, market entrances and social spots within communities – providing passersby with chlorinated water and soap to wash their hands - is promoting good hygiene in communities. Some households have even adopted the initiative and placed their own chlorine buckets before their houses, ensuring that visitors and neighbours wash their hands as they go in and out or pass-by. Our target now is to reach out to other areas where we have not been able to not only provide chlorine buckets, but spread messages of prevention and control.

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