

***RESPONDING TO THE EBOLA VIRAL DISEASE
OUTBREAK IN SIERRA LEONE:
UNDERSTANDING THE ROLE AND CAPACITIES
OF THE DISTRICTS***

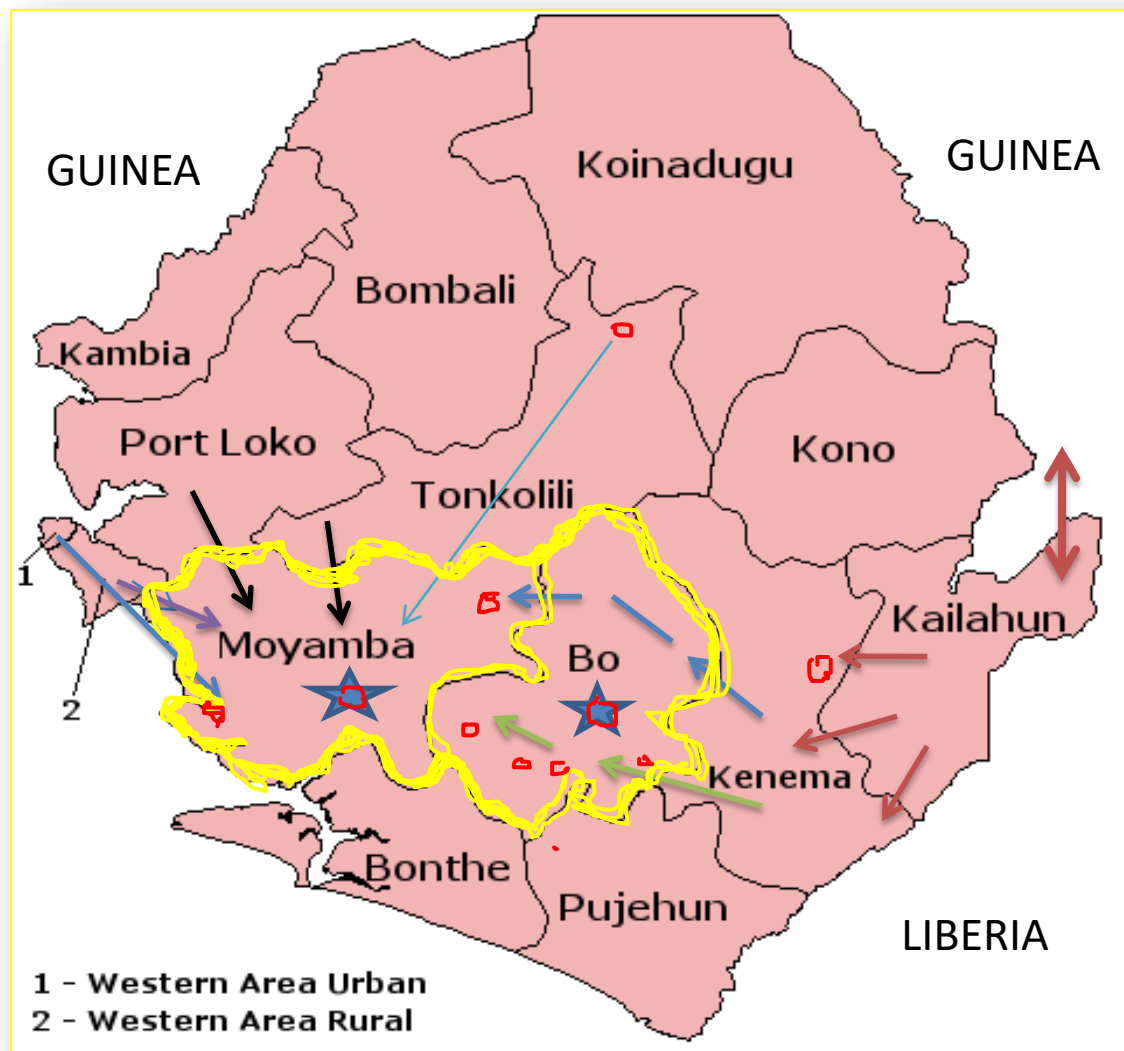
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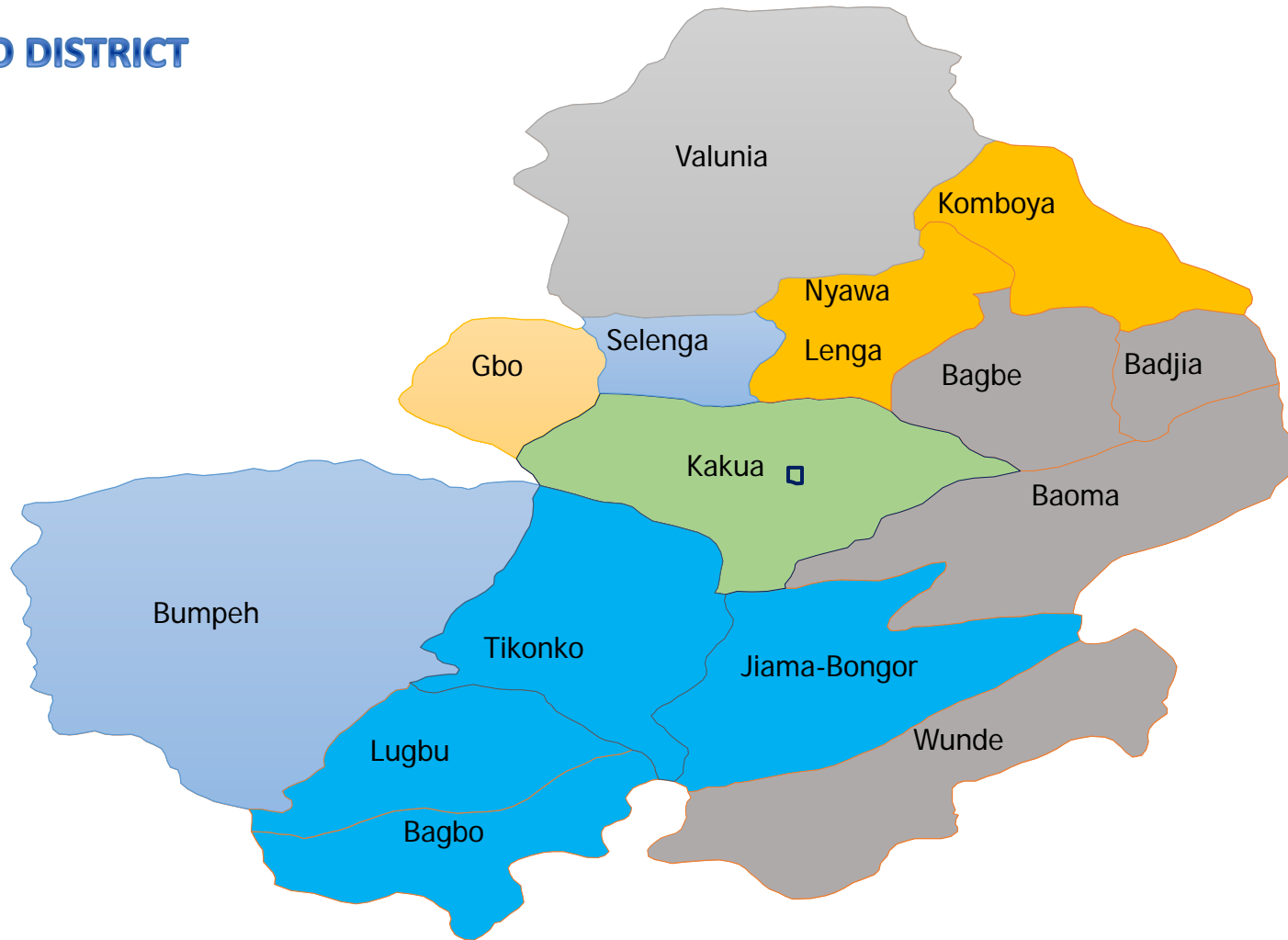
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WHY BO AND MOYAMBA DISTRICTS

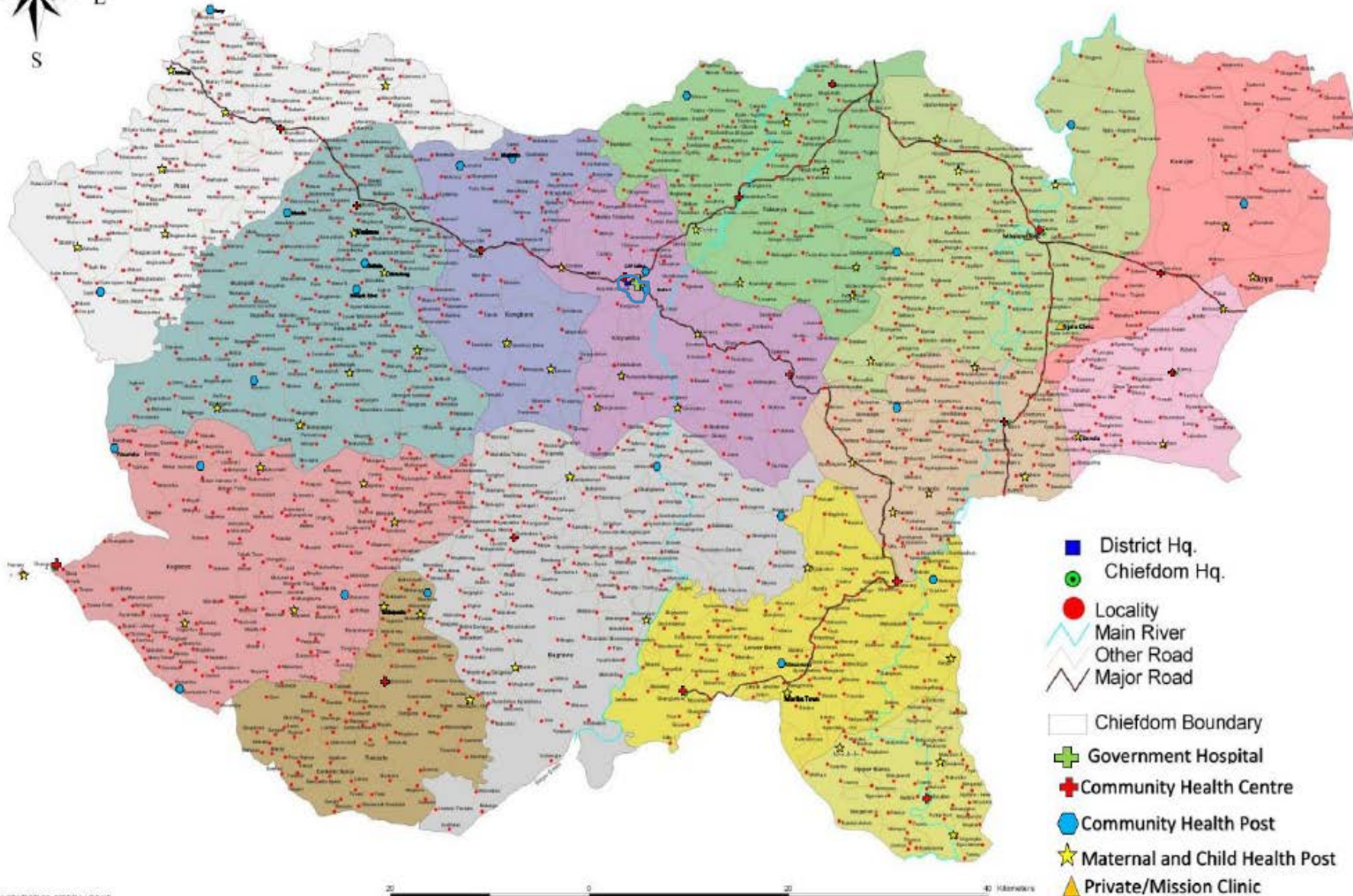
- The two districts have a common boundary and are geographically located in the same region (southern province).
- Like two other districts, they do not share any international borders with the neighbouring countries (**Not with Liberia- Not with Guinea**).
- The two districts had similar threats at the beginning of the epidemic.

BO DISTRICT



MOYAMBA DISTRICT

SHOWING THE DISTRIBUTION OF LOCALITIES



Objectives

- To analyse the barriers and facilitators to effective response by contrasting two districts and identify the underlying determinants of these responses. (according to the experience of managers at district levels)
- To identify recommendations for alternative scenarios that can better inform the health system



METHODS

The study involved a narrative review of the experience with district centred responses to the outbreak.

- Engaging stakeholders and community members
- Talking to groups of people
- Got in touch with District Health Management Teams (DHMTs) and Local Government Administrations (LGAs)

(ALL were targeted and key informants selected from these sectors).

PREPAREDNESS

BO

- **PREPAREDNESS BEFORE EBOLA:** None- no resources- but there was already very good relationships between stakeholders in the district.
- **PREPAREDNESS DURING EBOLA:** Never waited for the resources to start coming from out side.
- *'We organized our towns and we started internally generating funds, requesting people for voluntary donations' before cases were detected.*
'we collected about two hundred million Leones in this district and that was the money we were using you know..... to control the outbreak'

MOYAMBA

- **PREPAREDNESS BEFORE EBOLA:** None- There were management meetings with DHMT, Educational sector, etc. to keep abreast with what was happening in the district.
"I mean that had been functioning over the years since the devolution took place"
- **PREPAREDNESS DURING EBOLA:** Donation from the community came in only when there were now cases in the Moyamba town. This was to prepare the holding centre in Moyamba town.

Cont.

BO DISTRICT

- Following the declaration of the health emergency, chair person took up leadership.

'EOC was established which involved local partners and even our international partners and I became the chairman'

MOYAMBA DISTRICT

- Council was not fully involved when they had what was called the Ebola Operation Centre (EOC).

LEADERSHIP IN THE DISTRICT OPERATION

BO

- Chairman continued with the leadership role.
‘As chairman of the council in the district, I am the people’s leader’.

‘So as a leader, I don’t think you are going to ask’what do I need to do?’. So that is how I became in the beginning the chairman of the EOC’

MOYAMBA

- Chairman never led the operation .
‘I wasn’t like featured in the structure. Then when DERC came it was even worse. DMO and the DERC coordinator were like the co-managers’

Community Involvement actions in controlling transmission according to the views of ministry of health authorities (DHMT)

BO

The by-laws

- The chieftom authorities (ie paramount chiefs and the traditional leaders) came together and passed the by - laws on the safe burials and social movement etc.

'That assisted greatly in the fight against Ebola because that was why in fact the traditional leaders' approach became very effective than any other approaches ever implemented for the fight against Ebola. People listened to their traditional leaders and when they made the by- laws, it was enforced, people abided by those by-laws'

MOYAMBA

The by-laws

- Problems in abiding by the by-laws that were put in place by chieftom authorities.

'We had difficulties with a lot of people, especially in the Ribbi area. We had a lot of difficulties with the community people'

'They were still doing burials without approval and that made it very difficult to actually stop the Ebola in that area'.

District actor co-ordination

BO

- There was a committee that brought all other stakeholders together... paramount chiefs and whatever, all major stakeholders.

Again that was where the council was in-charge of the District Coordinating Committee (DCC)... bringing every player on board, coordinating issues, planning and executing programmes.

- Even the members of the command centre(including the military) had to attend the bigger umbrella meeting (DCC) in the district.

MOYAMBA

- The command structures (e.g. the previous Health Committee in the district council) had no function or was not recognized by any International Organizations (IOs)in the district.

(the reason why the incoming and the outgoing of most of the actors cannot be remembered). E.g. No better information on the Norwegian health workers)

- The council was not fully involved in most of the activities. No actor in the district directly reported to the council. The council as a body only attended the coordinating meetings organized by the DERC.

OUT COME

- **BO DISTRICT ADAPTED EASILY AND QUICKLY BY PUTTING IN PLACE MEASURES TO FIGHT THE EPIDEMIC.**

- Transmission within the Bo district came under control in a very short time

- **MOYAMBA DISTRICT TOOK SOME TIME TO PUT MEASURES IN PLACE TO FIGHT THE EPIDEMIC.**

- The district took more time to control transmission of the infection

Conclusions

Before the arrival of international actors, local involvements at district and community levels could be of great help in initial epidemic interventions [Bo district]

- The local governments still rely on the central government for the implementation of health services as devolution is completely missing.
- That the district health system is not only fragile but never prepared for a lot of life threatening emergencies.
- More efforts needed, especially in the training of middle-level health care workers that will be ready to recognise and investigate eminent disease outbreaks at the lower levels of the health system. *An evidence showing that gaps in the impact of decentralization needs to be addressed.*

Some overarching conclusions

- The system did not collapse ...
 - New alliances and connections were formed
 - Responsibilities for health care and prevention moved beyond formal health systems

The health system adapted to them ... **'did it transform'**



YES

New cadre of community based health workers on the ground

BUT

Work to be done on rebuilding trust in the formal health system

Sub-theme: 3 & 4 of the 2018 HSR

★ *Leaving no one behind; health systems that delivers for all.*

★ *Community health systems where community needs are located but often the invisible level of health system.*

Thank you

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