

FIELD HEARINGS FOR EBOBA SURVIVORS IN SIERRA LEONE**Africa Initiative for Universal Development Organization (AIUD) – Sierra Leone**

The Field Hearings were conducted by Olagai Simon, Co-founder of *Africa Initiative for Universal Development Organization* (AIUD) in Sierra Leone, together with two volunteers. The questions were developed by Mr. Olagai, along with a committee of experts within Initiative for Equality, including Deborah S. Rogers, PhD (US; Global Coordinator of Field Hearings Project), Samuel E. Akale Clifford (Cameroon; recently with UNMEER in Liberia), Aliou Barry (Guinea; evaluating Ebola for the UN Economic Commission for Africa), and Zhiyuan Song, PhD (China; Ebola researcher at Stanford University).

Two Field Hearings were conducted. The first one was at Kailahun District in the eastern region where the first Ebola Virus case was reported, and the second at Port-Loko District in the northern region, with the highest number of survivors and where the outbreak was finally contained.

The first Field Hearing was conducted in Jawei Chiefdom, Kailahun District (Eastern region) with approximately 16 Survivors (10 Female, 6 Male). A majority of them are farmers and petty traders. Other members who attended included curious community members, the Section and Town Chief of Jawei Chiefdom, respectively.

The second Field Hearing was conducted in Masimera Chiefdom, Port-Loko District-Northern region) with approximately 28 survivors (17 Female, 11 Male).

Confidentiality

Some of the members interviewed and pictured requested their identity to remain unanimous (names, age and sex) others were ok with their names and personal stories to be published.

PRESENTATION OF THE FINDINGS FROM THE FIELD HEARING

HEALTH-RELATED QUESTIONS:

- *Do they still suffer from health problems caused by the infection as well as the destroyed medical care system?*
- *Are they receiving follow-up care regarding (a) physical health and (b) mental health after-effects of the treatment from the ETU (Ebola Treatment Unit)?*

Survivors of Ebola Virus Disease (EVD) are distressed and are still facing significant life changes, having lost their caregivers, relatives and friends to the disease. This is compounded by loss of livelihoods and fractured social networks in an environment already characterized by high levels of poverty and food insecurity. Almost all the survivors interviewed reported that they still face or suffer from one or a combination of the following medical complications.

a) Physical health:

Eye problems, headaches, constipation, muscle weakness/stiffness, hearing loss and reduced libido among others.

b) Mental health:

Depression and stress, lack of sleep, somatization, guilt of having infected others

c) Socio-Economic:

Loss of main source of livelihood activities (business, household properties, farm produce or head of family member/bread-winner)

ECONOMIC WELL-BEING:

- *What is the current livelihood strength of the person in terms of hand-outs from donors?*
- *How many dependents and extended family are affected in terms of lack of basic needs as a result of the outbreak?*
- *Have they lost family members and friends, or labor and income sources?*

Many local and international organizations are providing support especially during the on-going outbreak in form of food and non-food items to improve the medical and economic well-being of the survivors. However, at the time of the Field Hearing very few of them are still providing specific assistance to the survivors, part of the reason most of these agencies/organizations were operating with specific lifespan. The survivors urgently need a comprehensive care package in terms of access to health care, nutrition and other associated livelihoods activities.



The story of Foday Koroma pictured below gives a snap-shot of the current challenges facing the survivors.

Foday Koroma is 26 year, Ebola survivor from Jawei Chiefdom, Kailahun district; he lost a wife and a child. "I am very lucky to have survived Ebola. I am learning to live a new life in the home without my wife and my child". The most important thing for me now is regain my life. I used to ride a motor bike (Okada) to support my family but because of my current health condition I am not strong enough to ride

again. I want to learn welding or carpentry so that I will open my own workshop. Sometimes when I sit alone in the house there is so much emptiness at least this would keep me busy. Initially we survivors used to receive support from the Ministry of Social Welfare and other NGOs but this has stopped now.

The recovery process for many survivors after Ebola is long and stressful both mentally and physically. Many of the survivors interviewed are still faced with physical, economic and social barriers to rebuild their lives and also to fully reintegrate into their communities. Swift interventions are required to address both the mental and socio-economic needs of survivors.

SOCIAL AND CULTURAL CHANGES:

- ***How their lives have been changed after the outbreak?***
- ***To what extent is stigmatization affecting the integration of the survivor in the immediate community?***

Stigma is still a major challenge some of the survivors interviewed revealed that some community members view them as suspects who either brought Ebola virus to the community or are the ones who infected their loved ones. Others still find it difficult to interact closely or freely with the survivors. As a result, some of the survivors have decided to migrate to villages/towns where their status is not known.

THE FUTURE:

- **What is most needed? What are the top priorities?**

Survivors of Ebola Virus Disease are distressed and facing significant life changes, having lost their caregivers, relatives and friends to the disease. This is compounded by loss of livelihoods and fractured social networks in an environment already characterized by high levels of poverty and food insecurity. Addressing the stigma, shame and Socio-economic needs associated with Ebola Virus Disease is critical for survivors to fully regain their dignity and livelihoods. For example, providing continued psychosocial support to survivors is an important element of supporting resilience and rebuilding their lives. Psychosocial support will assist in identifying any serious mental health issues for the survivors who require specialized medical care this should work in conjunction with a referral system.

There is also need to strengthen district and chiefdom Ebola Survivors Committees to advocate and lobby for specific needs of survivors right from community to national level.

The discussions during this Field Hearing revealed that survivors are faced with numerous economic and health challenges. Below are some of the key priorities that were revealed during the Field Hearing discussions;

a) Health

- There is need for specialized medical care and training and continued follow up for Survivors with multiple medical complications like hypertension, HIV, malnutrition to understand their clinical progression so that they can be easily

identified and if possible referrals can be made for the people who require specialized care.

- Effective Counselling services especially for the survivors who have been abandoned by family members, friends or those who witnessed the loss of loved ones or those who feel guilty to have infected others.
- There is need to set up Survivor Health Advocates or social workers who take care of survivors supported by medical officers in addition to continued medical assistance and psycho-social support especially those who lost their loved ones.

b) Economic priorities

- Most of the survivors with medical admission cannot pay for their medical bills especially those with acute inflammatory conditions.
- Those who live in remote or far from hospitals cannot afford to pay for their transportation to the hospitals to seek further medical attention or advice.
- Nutritional support is the key therefore, support is required to engage them into agricultural production, this can inform of provision of seeds and farm tools, food for work, seed capital among others, those who lost their businesses due to outbreak/sickness need assistance to reactivate their income generating activities so as to regain sense of control
- Carry out thorough needs assessment to help the survivors to prioritize and address their most urgent needs, it could also help in identifying additional supports within the community (friends or family).
- Vulnerable groups such as Young children and people with disabilities are at a higher risk since they cannot meet their needs
- Girls are at higher risk of sexual violence and exploitation and can be more exposed to early pregnancies and marriages.

▪ *What can the survivor do on their own, without direct assistance from local government or from international partners?*

Further assessment needs to be done at community level to fully understand the potential and abilities of each survivor in terms of business skills or agricultural production. However, some of the survivors interviewed want to regain what they lost in terms of business, farming/food crops.

▪ *How can other people help?*

Other people help in various ways;

- Through donating or fundraising to raise funds to address the above challenges.
- Sponsoring a child or children who have orphaned and want to continue with their education.
- Mobilize resources to support the activities to improve the livelihoods of survivors.

▪ *How can others raise awareness of the situation faced by the survivor within their community?*

- Partner/network with organizations working with survivors
- Use of media such as Facebook, Twitter or support the production of documentaries for the survivors to be aired in TV, Radios, etc.

CONCLUSION

As mentioned earlier, the recovery process for many survivors after Ebola is long and stressful, both mentally and physically. Although the government through the Ministry of Health has developed a Comprehensive Care Package for survivors. Many of the survivors interviewed are still faced with physical, economic and social barriers to rebuild their lives and also to fully reintegrate into their communities. Swift interventions are still required to address both the mental and socio-economic needs of survivors.

Immediately after the outbreak, different organizations and government offered assistance in form of food and non-food items to survivors. A lot of promises seem to have been made to improve and care for the needs of the survivors during that period.

Survivors associations was formed right from national, regional, district to chiefdom level and committees were made. This seems to have raised the expectations and hopes of the survivors for the better. To-date most of these promises have not been fulfilled, hence increasing stress among survivors. Many questions still remain answered; for example:

- Patients with medical admission – who will pay for their medical bills?
- Survivors with acute inflammatory conditions – what medical support is available for them?
- Survivors who live far in villages – who will pay for their transportation to the health centers?

For more information, contact:

Mr. Simon Olagai

AIUD

Freetown, Sierra Leone

olagai.simon@gmail.com

Dr. Deborah S. Rogers

IfE

Rapid City, SD, U.S.

deborah.rogers@initiativeforequality.org