INTERVIEWS ON EBOLA RESPONSE, BO, 15-17th December 2014

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Acknowledgements
We thank ESRC grant # ES/J017620/1 and UKAid Ebola response funding to the Social Mobilization and Action Consortium for financial support

January 2015

Introduction

The following set of interviews with 12 people was undertaken in mid-December 2014 in and around Bo to assess local understanding of Ebola and Ebola prevention activities. Interviewees were young or middle aged adults (five women, seven men). Four sessions were held with front-line health workers, including a contact tracer and a senior manager of the safe burial program. Three traders (one a Guinean migrant), a carpenter, a driver and a school teacher were also interviewed. The set also includes conversations with two Ebola survivors (sisters from the same household). The responses reveal a broad range of agreement on key topics. There is wide understanding, despite mixed messaging about sources of infection and the survivability of the disease, that body contact and funerals are major infection pathways. But there is also agreement that the Ebola response has been disorganized, and has contributed to the spread of infection. Burial teams come in for much criticism, due to delayed response, and lack of sympathy for the deceased apparent in their rushed activities when they arrive. Delay causes families to prepare bodies for burial, exposing themselves to biohazard, and rush shows disrespect for the dead. A senior manager of the safe burial program confirms the organizational problems, but expresses a hope that things will now improve, due to a new command structure, and better transport provision. It is worth noting his comment that none of his teams has been infected with Ebola. A contact tracer notes that quarantined households need to be supplied with firewood as well as food, otherwise they are forced to break quarantine in order to find the means to cook. There is wide agreement that the location of an Ebola holding unit at Bo Government Hospital is a major problem, and has discouraged attendance for other diseases, due to the lack of separation of Ebola cases. Stigmatization of medical staff, recovered patients, and families where cases have occurred is also a recurrent theme. Finally, authoritarian responses to Ebola come in for criticism. The statement of a woman trader speaks eloquently of the alienating effects on victims:

Moreover, they have come with guns to threaten us, and when you are diagnosed to have Ebola, they arrest you. That alone makes you to be depressed, and not for the disease but of the forces surrounding the patient. The entire family [is] looked at negatively.

The text is a lightly edited transcript of the interviews [as translated from Krio by SBJ.

1. Community Health Assistant, f., age not given, Kandeh Town, Bo

Survivors: the bad part...tradition allows them because they own their wives and in the event forcefully have intercourse, well, many cases and [unclear] remain to re-infect their loved ones...The government should make sure they are educated and to be monitored by the local authorities in a robust manner. I am afraid to go to the government hospital simply because of the construction of Ebola wards among the normal in-patients, and this made a lot of people not to go to the referral health center. The center for Ebola patients is not properly constructed and not fortified against dreadful cases like Ebola. It would have been proper if government had constructed it separately to win the confidence of the nurses and medical officers/health personnel.... A lot of our colleagues are unemployed and are working in the ministry as volunteer health workers... The burial teams report very late in response to call to deaths in the chiefdoms. Most communities without [cell-phone] coverage are hard to trace, and these are the areas corpses take 2 or more days before the burial team arrives. [To improve] let the villagers be trained enough to handle corpses in the communities.

2. Nurse, f., age Tikonko CHC, age 30, Bo District

Disease is contracted through the mucus lining of the eye, mouth, nose, penis and vagina from an infected partner. My neighbor, Mr. K. [a surgeon] contracted it in Freetown during an operation. He traveled to Bo with his temperature tested at the check points, and was always OK. That is the bad side of the infrared thermometer. In my view, the reading is not proper at [the] clinic, [and] products vary. When [Mr. K] got to Bo [we?] observed he was very weak. His wife washed him, and he was brought to the hospital, blood tested, and true [positive] result. He was conveyed to the holding center and in two days he was gone [died]. The holding center is not ideal, making patients to ignore to visit the hospital or take patients there. [This is] not ideal because the concept is that the virus is not curable and there are other non-infectious cases around - people stigmatized us [the medical staff] because of this - we contact them [the victims] first. This is the main reason we are stigmatized by the okada [bike taxi] riders. Nurses in uniform are mocked at *luk ebola de kam* ("see here comes Ebola"). We have adopted no uniform system to our respective posting centers... The bad thing of the burial teams is that they go late in response to calls, with bad terrain and most areas lacking telephone/mobile coverage, and those areas not motorable. Government should endeavor to provide more vehicles to meet the rough roads, and to do prompt payment to all medical staff. Survivors should be used as social counselors to avoid being stigmatized, and government should impose bye-laws toward those stigmatizing them... They should possess discharge certificates after 3-6 months [ultimatum?].

3. Carpenter, m., age 45, Bo II section

The only thing I know about Ebola is that we are told not to touch. If we shake hands Ebola can be caught. I am a traditional man and upkeep it; I have been

shaking hands and now we should not touch. Why? The bad point of touching is that you can hardly tell who is infected, unlike the rebel war, [where] you may hear the gun shot or see rebels. Also they said we should not wash dead bodies when in fact some quarters people call 117 with no or little response, and by the time they arrive the body *don* [has gone] bad. And for some people they are big, honored people in their communities, and deserve honor. Sometimes, the teams, on arrival, do not show honor or respect to the deceased; many times they handle with [unclear] and [this] does not go well with us. They just wrap [the corpses] and throw them in the ground. To improve, let the burial teams show regards, respect and give dignified burial. Let them train people and educate the burial team at village level to ease the problem. I do not go to the hospital simply because of the Ebola ward constructed of tarpaulin. How do you expect people to go to hospital when [an] Ebola patient stays together with the normal cases. I support the MSF Ebola camp constructed on a neutral ground. I also suggest that the government should construct special quarters for the burial teams, rather than them all living in the same community, in houses. The good part of it is that they have sacrificed their lives for us and we respect them - but they should be isolated.

4. Secondary School Teacher, m., age 32, Bo II section

Presently jobless as a result of the Ebola pandemic. [I know] that Ebola is a viral infection that has no cure and is transmitted by bats, monkeys and wild animals, and from person to person. It can be more dangerous when we wash dead bodies. I have also learnt that Ebola is man-made. I am confused; today one thing, tomorrow another thing is heard. People are refusing to attend clinic because they [nurses and medics] are contracting the disease and are dying, e.g. >100 nurses dead and >14 doctors likewise. The erection of an "epicentre" [this word is local coinage for an ETU] among normal patients at the Bo Government Hospital is not ideal, for fear of being infected by the victims. They [ambulance workers] also place suspected and positive cases in the same vehicles. [Necessary action includes] to separate the victims - those positive and negative apart; do not take victims to the [general] hospital. Supply food and supplementary food to pregnant and lactating mothers to attract patients back to the health centers. The burial teams are doing great work and have sacrificed themselves for Sierra Leone [but] should be placed in a quarter and not allowed to go around like that. [Also] they respond too late to calls and most of the time they do not respect the dead... This is responsible for [causing] the community members to touch them [and] wash corpses before they come, and many have contracted the disease [this way]. Please [let] government and donors provide enough vans for local roads, and for areas off coverage lines, [and] educate and train the community members on what [is] to be done before the arrival of the team.

5. Ebola survivor, f., age 30, Airfield, Simbaru II, Bo

I know Ebola is a dreadful disease because it has claimed the lives of my mother and [my] son (aged 7 years). Ebola is caused by *tombu* [an entity which buries inside the body] which cannot be seen with the eyes. We can contact by contact with dead bodies, urine, faces, sweat, blood, and through the eyes, cuts, and sperm from sexual intercourse. My own, we contacted it from direct contact with my late mother who became ill a few days from return from a burial of one of our family members. She did not disclose how she contracted it until her death [this probably means this was a secret revealed on the mother's death-bed]. We were isolated when her result came in later, of Ebola. We were confused, stressed and isolated from the rest of our neighbors with whom we stay. We were quarantined with minimal food, [and with] police officers around with guns, which made us more depressed. Few days later we started complaining of a light fever, as contact tracing workers revealed. Later samples of blood [were taken], and the result from the holding center was positive. I refused eating as the three of us were taken to the treatment center at Bandajuma MSF camp. A few days later, we lost my 7 year old boy - stressfulness added. But by the grace of God our response and courage sum[moned?] up with hope. It was a miracle we were discharged and we are at home and feeling better, only that people in the neighborhood do not visit us, even though we are all declared Ebola free... The food is not sufficient, and we have lost all our properties [presumably clothes, bedding, furniture] because of Ebola - they were burnt. The good part is that we are free from any further outbreak for now, but the bad part is how can we recover our lost glory. I recommend that the government use all the victims on social interaction and health talk, to people who are in doubt of Ebola.

6. Contact tracing officer attached to SLRCS, m., age 21, Bo

There is hope for now compared to before, when they said [Ebola] has no cure. This is why people are not going to the clinics/hospitals in the country. But now people are saying there is a cure. [This has] made the people to completely doubt the medical team [due to mixed messages]. Let them use the [surviving] victims [to] talk to people; many are afraid. What is going wrong in the quarantined home is that food is not sufficient and some go around in the bushes to seek for wood [firewood] and condiments. People can accept survivors if they possess discharge certificates and can be observed for another 21 days. The reason Ebola is still in the country is that people wash dead bodies before the arrival of the burial teams, and they [the teams] do not give dignified handling of the corpse as well as burial. With regards to the Ebola structures constructed at the government hospital, compared to that of MSF at Bandajuma village, there is a vast difference, and I support the one constructed by MSF for the following reasons: people fear to enter the hospital (even pregnant women), doctors [are] stigmatized [by] the patient before consultation [see below], some are left with no alternative, rather prefer to die than to be taken to the hospital, patients are observed for 3-4 days, + swabs taken, + result, with fear of infection. [To improve} remove the Ebola patients from the government hospital. It is true that

members of the burial team are stigmatized as well as doctors and nurses. People are washing dead bodies, and [there is still] mass movement in and out of the villages and cities.

7. Trader, m., age 50, Airfield, Simbaru, Bo

I only know that we get Ebola through sweat, urine, blood and semen, with signs of vomiting, frequent stool, weakness and fever. Eating bat and bush meat are contributing factors to get Ebola. Most people still adopt washing of dead bodies before the 117 burial team [arrives]. Because they delay to arrive is responsible for the family to [come in] contact with [the body of] the deceased. During this period it is likely [that family members] contract it [Ebola]. When [there are] many contacts you transmit the infection. I suggest the government [should] eradicate washing of dead body as tradition. [Another reason] to eradicate the tradition is because if a very important person in the family dies, the societal bodies - say Bondo, Poro, Wonde [a Kpa Mende male association], Gbangbani [a sodality especially associated with Limba males] and Hunting [a society popular among men in urban areas, introduced from the Nigerian Yoruba people in the 19th century], etc., demand very high death rites from the family [the speaker means the money to pay for such rites] while they [the society people] hold on to the corpse [until the fees are paid]. By this time they might have manhandled it [and this] is another transmission [route] of Ebola through [body] fluid. We have also stopped to go to hospital with fear of contracting the disease from doctors infected with the virus. The Ebola ward should not have been erected amongst the rest of the other normal [buildings for] patients. One of the pregnant women was referred to Bo hospital, and the child died though the woman survived [the speaker implies the woman caught Ebola, infected the child, but herself survived]. One of our neighbors died of Ebola. I do not want to die of Ebola because it is stressful [because] it makes people to isolate you. Even like now we have restricted our usual contact. Before this time our children and the N. family [infected by Ebola] played together, but from the time their family [became sick] I have advised my children to minimize visits. When you have Ebola, you restrict movement even withdrawal syndrome is felt within you, to avoid people's pointing finger - stigmatization with [of] yourself. The bad part [of being a survivor] outweighs the good part, like you will no longer get infected with Ebola, [and] even though to be confirmed with a discharge certificate. [To improve the plight of the stigmatized survivors] let the government help them. The community should [also] donate; we do it in kind or cash. Send request for them. After they have completed the time, we should help them with food, [unclear]. Gradually we will incorporate them as before. [Furthermore] I will suggest more burial vans be provided for burial teams. Let there be two or more organizations for safe and dignified burial. Let the Ebola cases be set aside rather than use the referral center for Ebola. Let the burial team respond in time. Avoid traditional burials. Increase support for health workers and provide quarters to avoid stigmatization of nurses.

8. Trader (Guinean), m., age 42 years, Simbaru II, Bo Town

Ebola is not a new thing in Sierra Leone, and I know enough on how it is transmitted from the bad things God [unclear] to do. We have deviated, and [are] doing bad; sexual immorality, wickedness and doing what we are not supposed to. And when we defile God's law - [this] is what has caused such calamities. If we listen to the authorities, like avoiding of corpses and the wrong done by the burials. There are a lot of bad things people working with the [unclear] are doing, for example: when you call them they arrive [in] two to three days, during this time the family members could have washed the dead, when they arrive, the manner of approach and way they handle the dead in the presence of the rest of the members of the community, like the Muslims, contravene the love and grief of the bereaved. During the burial, in the grave, there is no [unclear] and respect. By the time the person is almost at the base they just leave [body] to drop. They have no time to lay the body carefully, as custom demands ...The ambulance drivers create unnecessary noise and panic. The way of dressing and pass around [?] all was bad. Some of the burial team members do not want to Ebola to cease, [so] some take bribes to allow people to wash their dead, and are biased, and are getting direct benefit. The Ebola ward at the Government Hospital should, must be relocated. [To improve] promote dignified burial for all the dead. The burial team should be advised that they are to handle corpses gently, and with dignity. Provide more separate burial teams - I commend SLRCS and World Vision. These [various] teams should be given mandate and areas allotted to them. Make the clinic attractive by providing food to [the] sick. Provide health workers incentives on time, and provide them with quarters. Provide buses or pick ups for health personnel. Discharged victims should be reintegrated, and a scheme provided and supported. Stop announcing the stipend of workers. Provide more "epicenters" and RP centers.

9. Survivor, schoolgirl, f., age 20 years, Simbaru, Bo

I lost my mother. She died of Ebola [after] a few days, as confirmed by lab results. Myself and two others (my older sister and brother aged 7) were taken to the holding center with symptoms. I developed fever, with loss of appetite, vomiting and frequent stool. I thought of Ebola, because our mother died of it. At the treatment center I summoned up courage and accepted conservative treatment. The good thing about the center was that any food requested was provided. [After] a few days our brother died, which made us discouraged. I had sleepless nights, although I continued with the fluids, drinks, drugs taken, until miraculously I recovered. One day we were told Ebola has been conquered in our bodies, and we are to be discharged... The good thing of the treatment center is that they encourage us - that is, the health personnel, and drugs and food were provided. [There were] counselors around. Bad things - we should have been provided with music and spiritual support. After discharge they should encourage the community we are living in for acceptance; continue to educate the communities of affected victims to pay visits to them and not to isolate them. They should use us on social counseling of affected victims. The government

must provide us with [a] development grant to rebuild our economic, social spiritual and educational domain.

10. Driver, m., age 26 years, Kenema

I know all about the signs and symptoms of Ebola, and how to prevent it. I am a driver, and proud to tell you that all of us know the [infection] routes through the nose, eyes, mouth and others. We can stop the spread if we listen to medical advice - don't touch all, including dead bodies. The government should avoid or restrict movement of people, gatherings, and lay special bye-laws just to contain the disease. I do not support the construction of an "epicenter" in the government hospital - it is bad. I, for one, will not go to the hospital, and I suggest it should be isolated from the rest of the normal cases. The burial teams arrive late to collect corpses, especially in Kenema, because of limited resources. Lots of health workers died in Kenema because all cases were not seen at the same hospital. Corpses were displayed for lack of incentives to burial teams [and this] accounts for the increase [in] Ebola incidence. The burial teams were engaged in throwing [the] dead, instead of giving respect. Most health workers initially gave the impression that Ebola cannot be cured, [but now] there is a change of attitude. Improvements: as for me, we should ensure the following - prompt payment of health workers, identify hot spots in the country and do thorough house-to-house searches for cases, use Ebola victims to counsel those in the treatment centers, provide food enough [for] discharged victims, even after Ebola, use family members to take part in [safe] burials, let community neighbors visit [the infected] after they have [become] safe, provide enough vans.

11. Reaction of a SLRCS society senior manager.

It is true there are areas we cannot get to easily because of bad terrain and no coverage for mobile phones. We were overstretched with few personnel in the burial teams, and very bad vehicles/burial vans. Command was scattered and difficult to locate who and when. However it could be better these days [improvements are coming] with all fractions on Ebola with a command center and coordinator. More vans have been provided. The work load has been divided. Now we have World Vision doing some burial, and areas of operation have been allotted, with more burial teams [deployed?] [Thus] the response i better these days compared to before. [But we need to] restrict movement to ease Ebola. With regards to cooperation and collaboration much improvement is ahead. Stigmatization: all I know [is that] my boys are stigmatized. Some say they are doing better this time. I also recommend that people change their perceptions of the burial teams as they are at risk, but none of them has been affected with Ebola. I recommend in the future to build quarters to accommodate them.

12. Trader, f., age 30 years, Kandeh Town, Bo

I only hear all around that Ebola is a killer disease. If you are ([un]lucky all the family will die, just like the "disease of the fowls". Ebola is bad and people will isolate you - if not, it could be transmitted. It can be transmitted by direct contact with an Ebola patient, as you touch dead body. If you get it, it can make you have fever, weakness, vomiting, cough, and they will say it is Ebola. It can be prevented - do not eat meat, like bats and rats, and don't touch - no sex. Ebola can destroy money in the country. A lot of money has gone in the fight. No flights, people are restricted to [one] place, no social activities. No school - our children are not going to school. Our girl children - a lot of them have been impregnated by boys. Some are engaged in odd jobs. NGOs have locked down, and workers [are] redundant. Homes are separated with no flow of money. [There is a] lot of food, but no cash flow, and times are hard with Ebola; a lot of cases ignore hospital and clinic, because initially the impression was that Ebola cannot be cured. Moreover, they have come with guns to threaten us, and when you are diagnosed to have Ebola, they arrest you. That alone makes you to be depressed, and not for the disease but of the forces surrounding the patient. The entire family [is] looked at negatively. What can be improved is simply to provide prompt response and avoid delay. Respect the dead and [there will be?] speedy conclusion of the disease. Make bye-laws and shut down [temporarily?] the whole country after the completion of the treatment centers. Respond to payment of ambulances on time. Provide for the victims and [their] families.