Effectiveness of Community-Based EVD Prevention & Management in Bo District, Sierra Leone

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Webex

Gagik Karapetyan, STA Infectious Diseases, WVUS
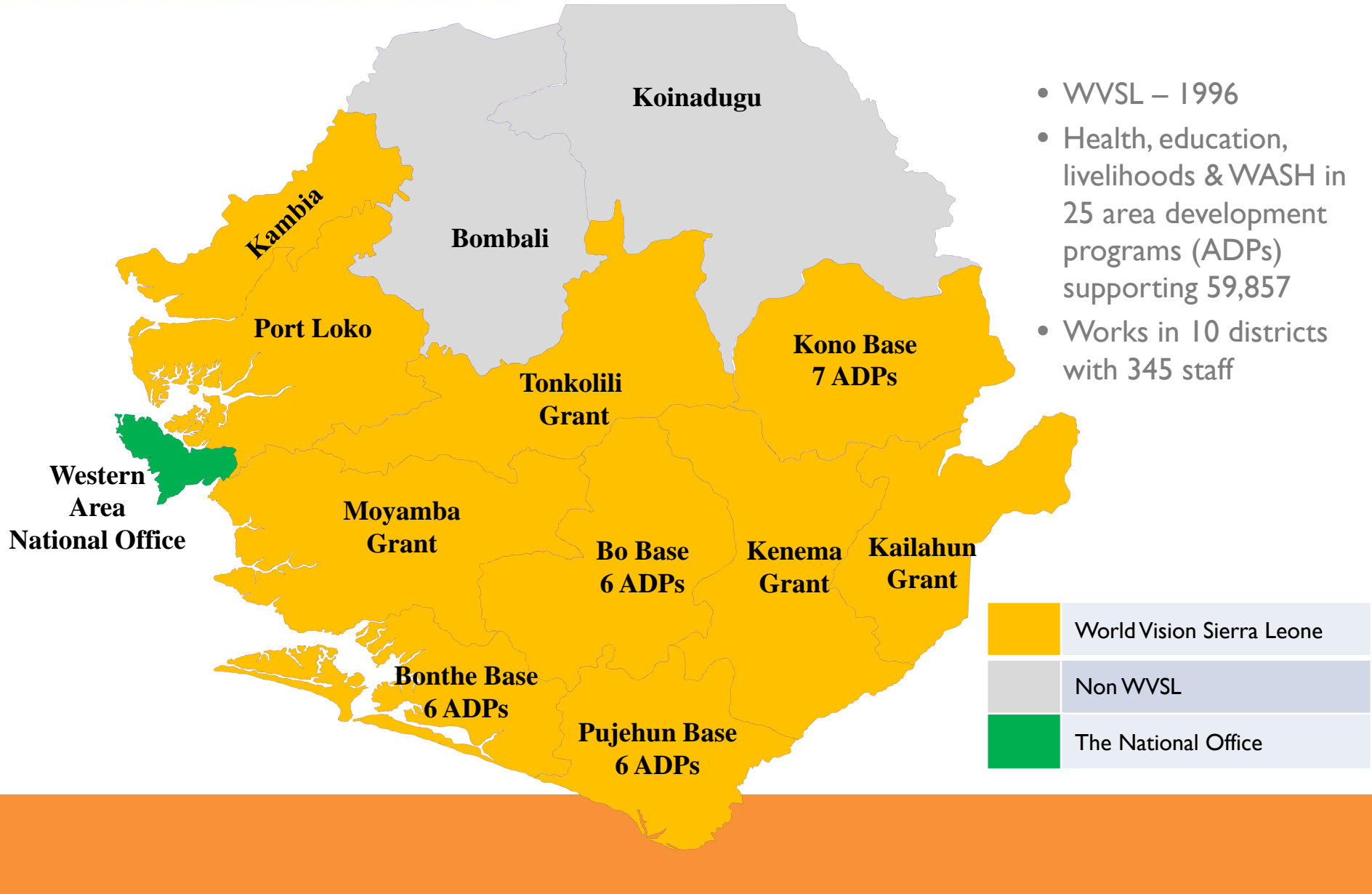Dennis Cherian, Senior Director, Health, WVUS

Purpose of the Study

This study aimed to:

- fill a critical knowledge-to-practice gap

- provide an in depth analysis of the community's perspective of the health system during the Ebola crisis in Sierra Leone

- focus on the factors (facilitating and impeding) that impact behavior change
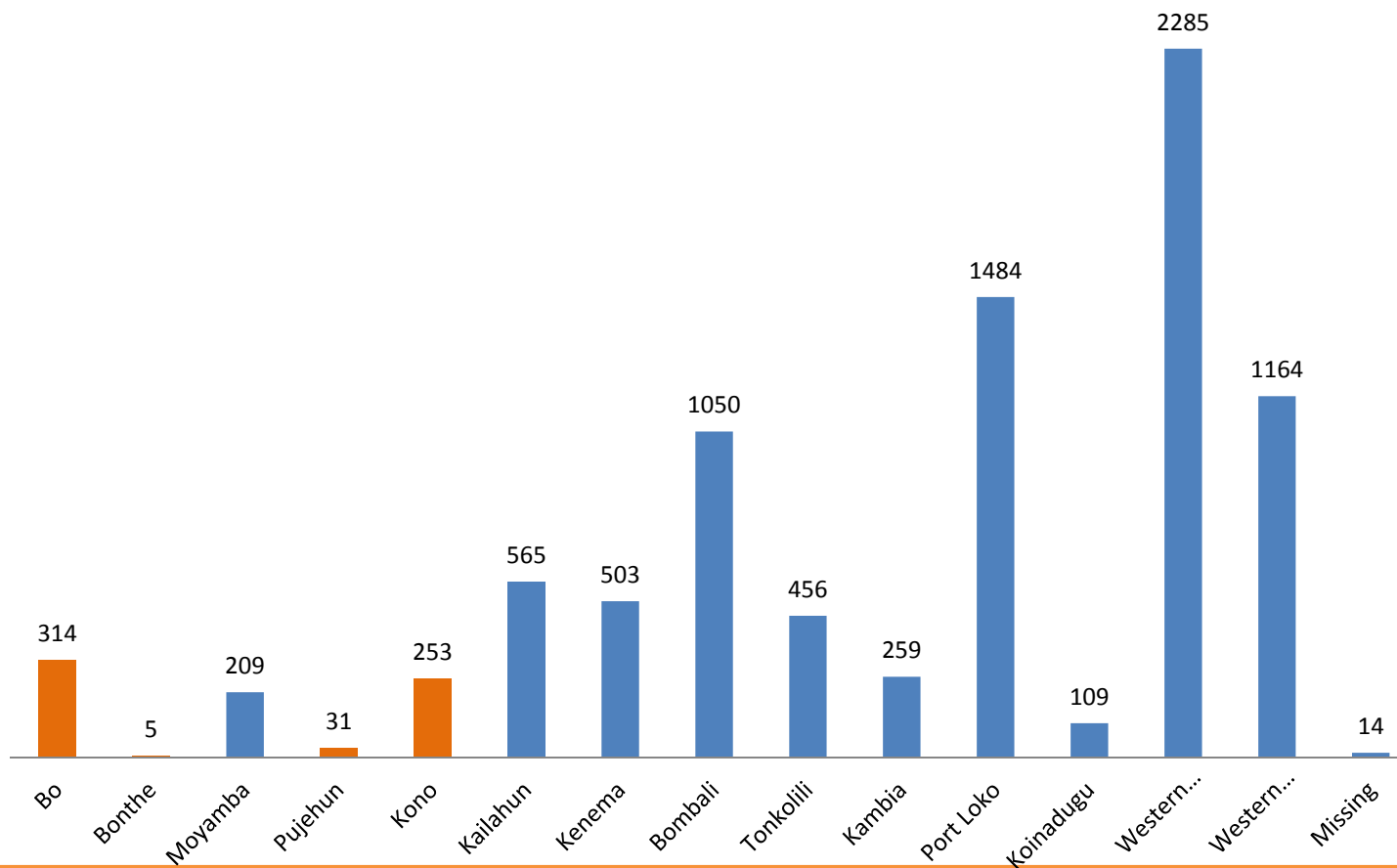
Background

World Vision
sustainable health

- WVSL – 1996
- Health, education, livelihoods & WASH in 25 area development programs (ADPs) supporting 59,857
- Works in 10 districts with 345 staff

Koinadugu

Kambia

Bombali

Port Loko

Kono Base
7 ADPs

Tonkolili
Grant

Western
Area
National Office

Moyamba
Grant

Bo Base
6 ADPs

Kenema
Grant

Kailahun
Grant

Bonthe Base
6 ADPs

Pujehun Base
6 ADPs

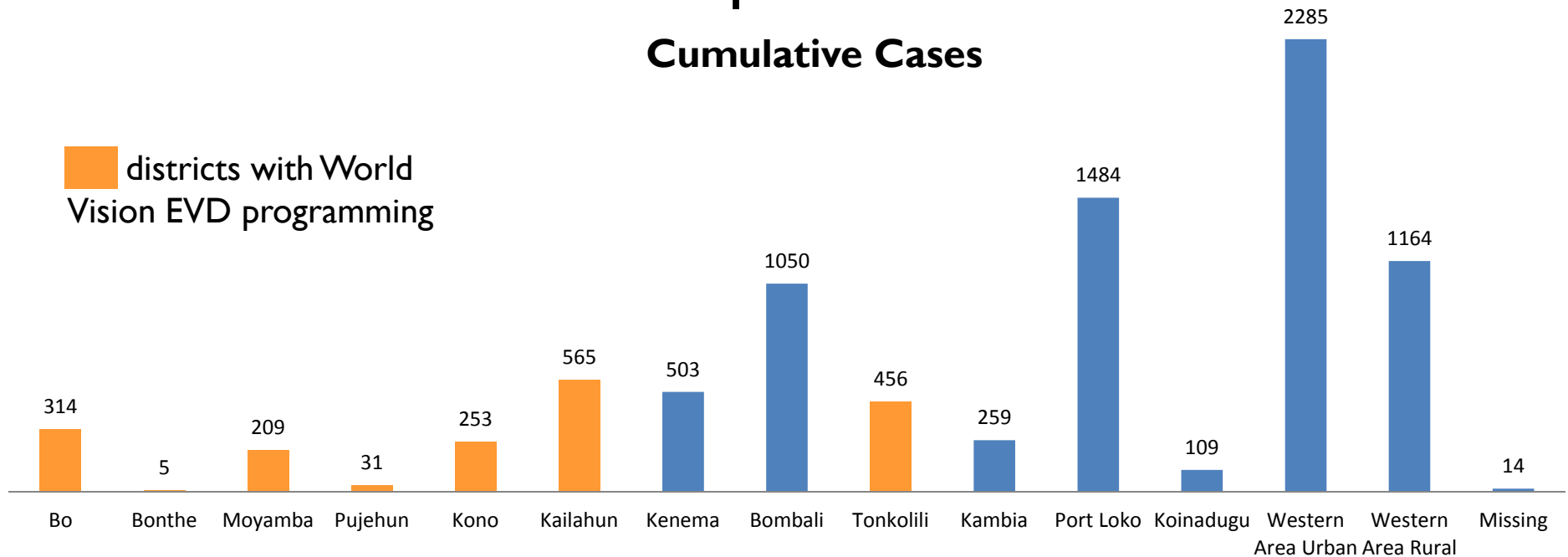|	World Vision Sierra Leone
	Non WVSL
	The National Office

Background

EVD Cumulative Cases

World Vision implemented prevention activities and case management in 25 of its ADPs. In Bo, Bonthe, Pujehun, and Kono, Channels of Hope was conducted with religious leaders.

Background

World Vision Ebola Response

Cumulative Cases

World Vision sustainable health

- 🟧 districts with World Vision EVD programming

District	Cases
Bo	314
Bonthe	5
Moyamba	209
Pujehun	31
Kono	253
Kailahun	565
Kenema	503
Bombali	1050
Tonkolili	456
Kambia	259
Port Loko	1484
Koinadugu	109
Western Area Urban	2285
Western Area Rural	1164
Missing	14

WVSL supported:
1. Safe and Dignified Burials
2. Fleet Management
3. Equipped the Command & Control Centers
5. Psychosocial support
6. Food Distribution
7. Vaccine Trial
8. Community Mobilization
9. Personal Protective Equipment
10. Communications
11. Emergency Radio Teaching Program

Study Design

- Data was collected over a period of four months (March-June 2016) by local researchers trained by faculty from the Johns Hopkins Bloomberg School of Public Health (JHSPH)

- Data collectors utilized standardized data collection forms developed by JHSPH researchers and organized according to the study's core evaluation elements:

    a) EVD knowledge, prevention, and treatment

    b) care-seeking behaviors

    c) perceptions of community engagement interventions

Study Design

- Qualitative study (i.e. key informant interviews; in depth interviews)

- Quantitative methods- specifically a survey of heads of households identified via case-control sampling (i.e. based on the outcome)

- Case-control strategy was used to calculate sample size and identify households for inclusion.

- Total of 133 HHs in Bumpe ADP of Bo District were included in the study, 26 HHs had a documented case of Ebola. This area had the highest number of recorded cases and deaths in the area.

Key Strategies

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Community Engagement & Social Mobilization

- Make **frequent visits at the community level:** The encounters with World Vision staff and CHWs was instrumental in accessing critical information and service utilization for suspected Ebola cases, and subsequent psychosocial and developmental support.

- Invest in **trusted local community members** (CHWs, religious, and village leaders) to build community engagement and trust.

- Design effective strategies for **early authentic communication** to provide key messages, mitigate false assumptions, and provide key actions to be undertaken at the household and community level.

- Explore and build capacity of **existing community resources** to establish context specific community systems to address emergencies.

Key Strategies

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Community Engagement & Social Mobilization

- Create effective user friendly **community-based monitoring systems** for surveillance, ensuring equity and quality.

- Ensure **integration of services** (health, education, food security and livelihoods) to ensure effective community participation.

- Capacity building, learning and organizational strengthening must be included as an **ongoing process for health systems** in order to ensure they are prepared to respond to future emergencies.

- Implementing an **effective response from the onset** of an outbreak is critical to gaining citizens' trust and ensuring their continued engagement with and use of the health system.

Key Findings

- Codes of Conduct (by-laws) vital to controlling the outbreak

- Survivors key in rebuilding trust in the health system

- Interaction with patients impacted knowledge of transmission mechanisms

- Zero Ebola-related fatalities documented among the 59,000 sponsored children and family members

Key Findings

- Awareness and trust of World Vision staff is widespread

- Sponsorship and trainings helpful in enabling access to EVD awareness-raising activities and other trainings (e.g., savings groups, women's groups, the Citizen Voice and Action program)

- Appropriately tailored messaging required from the onset

- "Bottom-Up" approach effective, including the engagement of community leaders from the start

Thank You !

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