

EBOLA RESPONSE IN LIBERIA

COMMUNITY HEALTH
VOLUNTEERS

OXFAM NOVIB CASE MAY 2015



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SUMMARY

HALTING EBOLA BY WINNING COMMUNITIES' TRUST

When Ebola hit Liberia in 2014, an atmosphere of fear and confusion contributed to the spread of the virus by making people unwilling to come forward for testing and treatment. Oxfam trained and equipped community health volunteers to go door-to-door, giving information and advice, encouraging anyone showing symptoms to go for tests, and keeping their family members informed about the progress of their treatment. The approach won the trust of communities and helped to slow the spread of the disease.

CASE DESCRIPTION

AIM OF THE PROJECT

The principal objective of Oxfam's emergency response to the outbreak of Ebola which began in 2014 was to contribute to effectively preventing, containing and treating the epidemic in affected and neighbouring countries. Liberia was one of the countries, most affected, and Oxfam's focus was on working towards freeing the country of Ebola and restoring access to essential services.

CONTEXT

In March 2014, a rapidly evolving epidemic of Ebola haemorrhagic fever started in Guinea. The outbreak subsequently spread massively to Sierra Leone and Liberia. On August 8th, the World Health Organisation declared the outbreak a Public Health Emergency of International Concern (PHEIC). It was the most severe outbreak since the discovery of Ebola in 1976, and cases from this single outbreak far exceeded the sum of all previously identified cases. Governments across the world, UN agencies, INGOs and other stakeholders agree that it turned into an unprecedented global public health emergency.

The peripheral impacts of the outbreak were also significant. Access to education and general health care were cut off for many months and the economy suffered a major shock, with huge losses and disruption to livelihoods and food security.

THE INTERVENTION

As part of our Ebola response, Oxfam pioneered active case finding on a mass scale in three townships in Monserrado County which were hotspots for the disease: Clara town, New Kru town and West Point. Oxfam scaled up the government's Community Health Volunteer (CHV) programme and – in collaboration with community Ebola Task Forces – supported volunteers going door to door to identify people with symptoms and encourage them to come forward for testing and treatment. In addition, the volunteers raise awareness, share messages on prevention, and talk with the households about safe burials. Oxfam trained the CHVs and provided them with materials and equipment, in collaboration with the Ministry of Health, UNICEF and WHO.

When they identify a sick person, CHVs help the individual to get an ambulance and give family members details of the Ebola Treatment Unit (ETU) and a contact person so they can keep track of their loved one's progress. Oxfam aimed to create an environment of visibility and trust in which people would come forward off their own initiative for referral to an ETU. When the number of cases reduced, CHVs continued to encourage communities to remain vigilant in identifying sick people and maintaining preventative action.

RESULTS

The work filled critical gaps in identifying new cases. In Montserrado, 100 per cent of the target population – around 350,000 people, across the three townships – had access to information regarding Ebola and prevention methods. Referrals of suspected cases increased and the number of cases reduced.

Communities endorsed the approach by Oxfam and the CHVs. They especially appreciated that Oxfam helped them to keep track of their sick family members once they went into an ETU, as previously the fear of being left in the dark was a big barrier preventing families from bringing forward sick people for treatment. Community members started to come to CHVs for help to be referred to an ETU for testing. It was through continuous presence in the communities, building relationships, and the synergy between the awareness raising and case finding that Oxfam won the trust and confidence of the communities.

READ ON

Ebola is Still Here: Voices from Liberia and Sierra Leone on response and recovery (background paper)

<http://policy-practice.oxfam.org.uk/publications/ebola-is-still-here-voices-from-liberia-and-sierra-leone-on-response-and-recovery-345644>

Active case finding as a key part of the Ebola response (blog)

<http://policy-practice.oxfam.org.uk/blog/2015/03/active-case-finding-ebola>

WASH in schools: Liberia's first step to recovery from Ebola (technical brief)

<http://policy-practice.oxfam.org.uk/publications/wash-in-schools-liberias-first-step-to-recovery-from-ebola-345841>

HUMAN INTEREST

OXFAM EBOLA RESPONSE, MONROVIA THE GADDEH FAMILY – NEARLY KILLED BY AN UNREAL DISEASE



Transmission of the Ebola virus was first recognised in Doe community, Garworlohn, in October 2014. At this time, Patrick Gaddeh struggled to comprehend Ebola and did not consider it to be real. When one of Patrick's neighbours died unexpectedly, he visited the affected family and assisted with the burial.

Patrick Gaddeh and his wife Evelyn outside their home in the Doe Community, Garworlohn, Monrovia. January 2015

This is thought to be the moment when Patrick was infected by the Ebola virus.

When Patrick started to feel sick, he suffered from shock and denial. He feared he “may be killed” if he went for treatment, so he decided to stay at home. Before he became severely ill, Patrick was visited by Oxfam volunteers who encouraged him to have a check up in the ETU (Ebola Treatment Unit). As the sickness got worse, he agreed to let an Oxfam volunteer call an ambulance.

Patrick was admitted to the ETU at ELWA 3 in Monrovia the same day. Oxfam's community health volunteers followed up with Patrick's family, and when his wife and brother showed Ebola related symptoms, they too were referred to ELWA 3. All three family members were soon confirmed to be Ebola positive. After 11 days at ELWA 3, Patrick tested twice negative for Ebola and was discharged. Within two weeks, his brother and wife were also back at home, having survived the ordeal. It cannot be proved, but it is probable, that the family members survived due to early referral to treatment.

“I would have been dead by now, but thankfully the Oxfam team encouraged my family to seek early Ebola treatment”

Sadly, the story is not all positive. The office where Patrick worked told him to not come in for three months, during which they would not pay him. The livelihoods of Patrick's wife and brother likewise came to a halt. On top of the financial setback, the Gaddeh family now suffers from community stigma, to the extent that they have had no visitors since returning from the ETU. However, Patrick remains positive, and is glad of the knowledge he now has to protect his other family members.

“I thank God and the organizations for the knowledge, particularly in hygiene, they are giving us. We are now constantly washing our hands, keeping our environment clean, cooking our food properly and avoiding contact with sick people”



Beneficiaries in targeted slum communities in Monrovia, Liberia, wash their hands to prevent the spread of Ebola following provision of resources and awareness raising by Oxfam

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This document was written by Nienke Hiemstra.

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Oxfam Novib
P.O. Box 30919
2500 GX The Hague
The Netherlands
T +31 (0) 70 3421621
info@oxfamnovib.nl
www.oxfamnovib.nl