

# Reconfiguring Humanitarian Responses to strengthen community resilience to shocks

Susannah Mayhew, Lawrence Babawo,  
Ahmed Vandi, Ebola Gbalo team

Rethinking Humanitarian Responses Workshop  
Accra 5<sup>th</sup> October 2022

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



Examine local, national and international responses to the Ebola outbreak in Sierra Leone to determine lessons for improving future responses and sustaining resilience to shocks.

Purpose of this workshop is to:

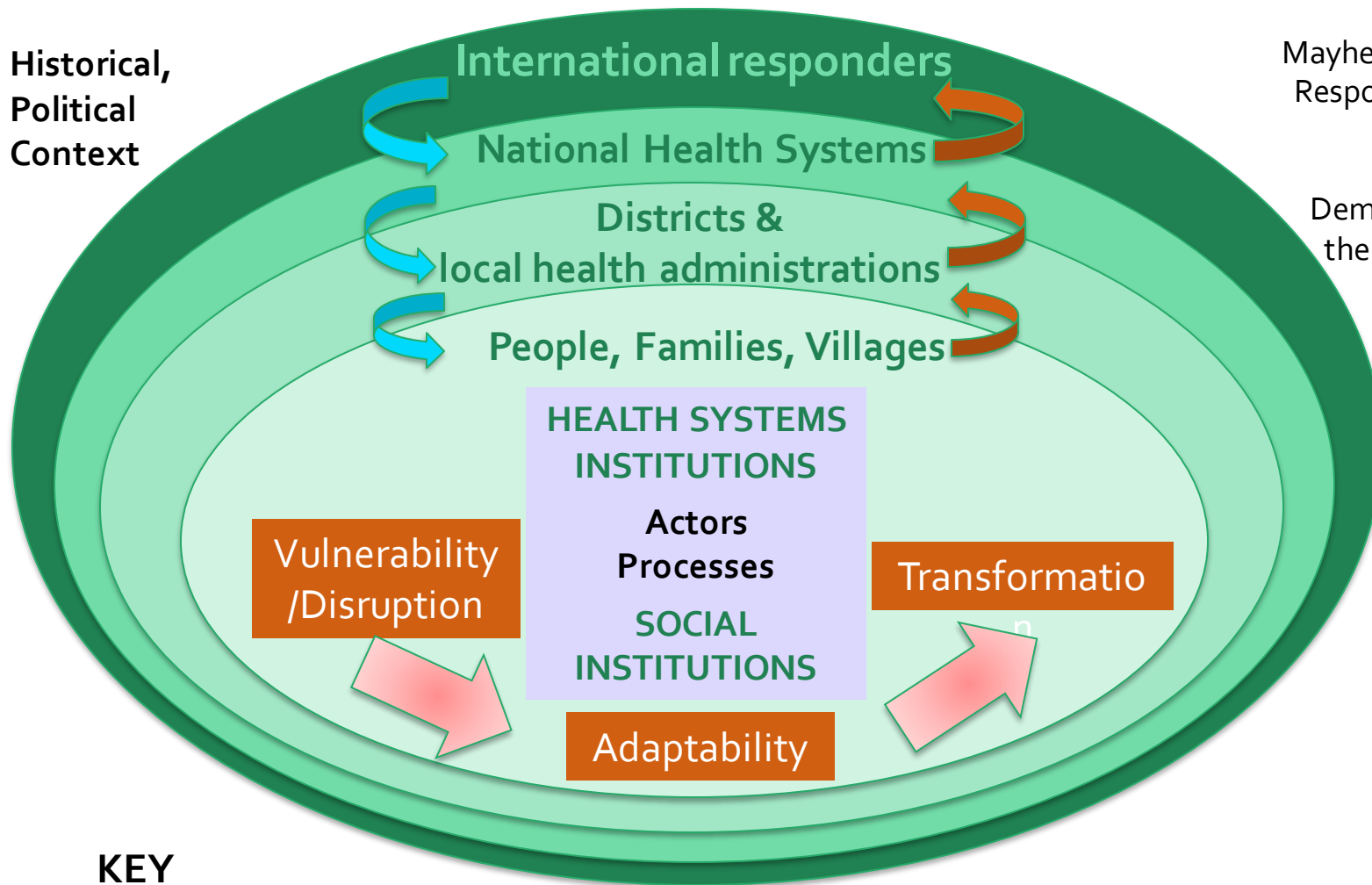
- 1) Share the finding, insights and stories of first-responses in Sierra Leone's outbreak;
- 2) Debate and reach consensus on how current humanitarian practice regarding commiuniity engagement (and guidance) can be improved.

# Transforming health systems response to pandemics




Source:

Mayhew S.H. et al. (2021)  
Responding to the 2018-  
2020 Ebola Virus  
Outbreak in the  
Democratic Republic of  
the Congo: Rethinking  
Humanitarian  
Approaches. *Risk  
Management and  
Healthcare  
Policy* 14, 1731-1747



## KEY

 Usual interaction hierarchy (power based); communities seen as reactive

 Transformed interaction hierarchy (trust based); communities acknowledged as proactive

## **Rapidly identify local leaders and trusted interlocutors with authority**

Where trusted interlocutors were involved in developing and implementing mutually acceptable response actions, community members were more likely to comply with outbreak response actions and work with health systems officials.

**Action:** rapidly engage with a variety of local leaders and involve them in co-design and communication of the responses from the early stages.

## **Learn from frontline responders**

Frontline HWs treated early cases realised bleeding was rare and the sick presented like malaria. Bo district changed its guidance on routine HW protection as a result but it took 9m for official guidance to change.

**Action:** frontline HWs should be listened to and involved as early as possible in developing messages on symptoms, infection spread and control, development of standard operating procedures etc.

## Engage with social norms to enable mutual agreement of acceptable actions

Understanding, respecting and acting on complex socio-cultural norms, such as burial procedures, was critical to avoid undermining effective outbreak response. Initial 'safe burial' practices were rejected; chiefs set up their own burial teams; eventually agreement was reached and official guidelines changed.

**Action:** : through trusted interlocuters, identify, monitor then act on social norms of relevance to outbreak response practices. Enable flexible decision making to develop mutually acceptable response actions, which may involve negotiated compromises (e.g. on care protocols, burial procedures, siting and functioning of facilities)



## **Establish inclusive, flexible decision-making structures at sub-national (District) level**

Involvement of Paramount Chiefs and other trusted interlocutors in decision making including on location of treatment facilities, messaging, quarantine rules and support, contact-tracing procedures, dignified handling and burial of the dead, homecare etc. were critical in establishing and maintaining trust as the outbreak spread.

DERCs often undermined local structures and initiatives.

**Action:** Decision making structures should build on existing structures to coordinate and support strong local initiatives rather than displace them. They should be flexible enough to enable change and compromise (eg on siting of treatment facilities)





## Rapidly decentralise disbursement & allocation of resources to frontline responders

frontline health workers and community responders rapidly established effective operating procedures, but were hampered by lack of equipment and resources, improvising their own where they could.

**Action:** Rapidly deploy (through district health systems and/or district councils/local government structures) resources to frontline affected districts, facilities and communities to support locally appropriate and acceptable solutions.



## **Contributions to building resilience into the future**

Many international responders left taking all their equipment and infrastructure with them. Where resources were left they were repurposed. CHWs and community based surveillance officers have been retained though payment is an issue.

**Action:** Equipment and resources should be left as much as possible. Donor nations need long term commitments to strengthening health sectors (to the same degree that the military was strengthened by the UK Government in Sierra Leone) and retain trained staff.



# Ebola Local Leaders: short film

This film represents the research conducted as part of the  
“Ebola Galo” study and the “Rethinking Humanitarian Approaches” project.

This research was conducted by:

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



NJALA UNIVERSITY  
Sierra Leone

and made possible with the support of:



Medical  
Research  
Council