

How to eat an elephant: psychosocial support during an Ebola outbreak in Sierra Leone

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This field report summarises some of the problems, challenges and psychosocial issues facing Sierra Leone Red Cross National Society staff and volunteers, related to the Ebola Virus Disease outbreak, as well as local responses at a time when the rest of the world was just becoming aware of the disease as a real threat. The author provides a brief outline of what was, and is, needed and what she managed to plan and implement to help support the overall Ebola operation in Sierra Leone, as well as improve staff and volunteer support and the training of trainers.

Keywords: contact tracing, dead body management, Ebola Virus Disease, psychosocial support, social mobilisation and awareness training, staff, training of trainers, volunteers

Introduction

Crises are normally conceived as something that results from sudden, external events over which we have little or no control. This can include natural disasters, war and epidemics. Yet, Ebola is somehow different. In West Africa, the disease has regularly come up, but the spread was limited and slow, and then it disappeared for a while. This meant there was little emphasis on developing drugs against the disease, nor adequately preparing a response if the spread of the disease spiralled out of control. It was not until individuals residing in Europe and America came under threat that the developed countries began to take aggressive countermeasures.

At the same time, conditions in West Africa have changed in recent years and decades,

due to increased populations and population density, improved transportation and more and better transport to other countries.

Had the authorities reacted quicker when the Red Cross, Médecins Sans Frontières (MSF) and others came forward with warnings of the spread of the disease and initiated adequate planning and infection prevention, we would probably not have lost as many lives and still be under threat. Hopefully, we have all learned something from this experience and will respond better and faster to this epidemic the next time it breaks out, because it is not going away.

I had the opportunity to work in Sierra Leone the summer of 2014 for the Federation of Red Cross and Red Crescent (IFRC) as a Field Assessment and Coordination Team (FACT) Psychosocial Support Coordinator in the IFRC Ebola epidemic response. Due to security concerns and foreseeable difficulties on arriving back in Iceland, as the Icelandic authorities were not at that time ready nor equipped to respond to Ebola Virus Disease (EVD), the Icelandic Red Cross (IRC) instructed me to remain in Freetown. While there, I would support the community based, Psychosocial Support Intervention Plan of Action (PSS POA) activities in the Kailahun district, from Freetown. I also would support Sierra Leone Red Cross National Society (SLRCNS) in developing psychosocial support (PSS) structures in all branches and with national staff (NS). This was to increase the SLRCs' headquarter (HQ) and branches PSS capacity regarding Ebola responses, outbreak and prevention. Therefore, this field

report highlights the importance of supporting staff and volunteers during crisis response, of good and qualified PSS, and how that can be increased and applied in Ebola responses in Sierra Leone.

Staff and volunteer support

As can be imagined, the Red Cross staff and volunteers were, and remain, under a lot of pressure in situations such as those we now face in Sierra Leone. Many of them come from communities that have been hit hard or are at risk, and where people are very scared of becoming infected without knowing how the disease is transmitted from person to person.

Some volunteers have lost family members and friends of their own. Schools and workplaces have been shut down, making it very difficult for the whole population to fend for themselves. Putting ourselves in their shoes, it is easy to imagine how difficult it must be to watch their families, and indeed their nation, suffer. These volunteers have also been met with high levels of negativity, with people literally afraid of them. For example, some volunteers have been stoned and driven away from their homes and villages. In Africa, such isolation from family and relatives is very difficult. Added to this is the uncertainty. Uncertainty about their own fate and uncertainty about what will happen when the epidemic subsides.

All SLRCNS staff and volunteers need training in how to provide PSS, how to conduct awareness training and contact tracing. The staff and volunteers also need support themselves in very difficult and demanding situations. The need in that regard is huge, as well as necessary to ensure follow-up of what has been done in order to continue essential support, ensure good quality of PSS and to be better prepared for the future. It was crucial to attend to these SLRC volunteers and staff, and it became my role in Freetown to be responsible for the PSS training of trainers (ToT)

and to support the SLRCNS efforts to develop a PSS structure.

Training of trainers in psychosocial support

In collaboration with SLRCNS and the FACT Team Leader (TL), I planned and provided psychosocial support training of trainers (PSS ToT) for all branches, headquarters (HQ) and the Regional Disaster Response Team (RDRT). Staff from the Ministry of Health was invited as well. Many obstacles needed to be overcome before the training was realised, but in the end, a three day PSS ToT training took place in Freetown. Participants came from all 14 branches and 35 individuals from the SLRC HQ.

The purpose of this PSS ToT was to increase the branches' PSS capacity to train their own staff and volunteers in PSS, to support the volunteers on how to provide the PSS activities with varying approaches and activities, in the context of the Ebola outbreak, responses and prevention. PSS should be included in four project categories: social mobilisation (including awareness training), where volunteers went out into the community to provide information about how to prevent and respond to EVD; contact tracing, where volunteers were looking for reported Ebola cases or potential Ebola cases; case management (including the management of dead bodies) and PSS. PSS was to be provided to people who had lost their relatives, those recovering from EVD, and those believed to be infected, but later confirmed not to be infected. All of these groups needed support to re-adapt to the community, while people in their communities needed information about their condition, and assurance that they were not contagious. Furthermore, it was decided that additional support should go to the volunteers themselves. In this difficult and demanding situation, the understanding of support needed for staff and volunteers was important. Finally, the aim was to

support PSS development structures in the branches and among NS for the future.

At the end of the training, participants made a plan of action (PoA) for their PSS activities and approaches in the branches. Most PSS PoA focused on how to stop the outbreak of Ebola and prevent further spread. Depending on the situation in the districts, some of the branches' primary focus was on social mobilisation, awareness raising and providing information about how to prevent EVD and to respond if cases were discovered, as well as contact tracing. All of PoA included both issues, but had a different focus as described above. These activities would be done through a psychosocial approach, meaning showing respect and understanding, and listening to people while also providing important information. Even if the primary focus was on contact tracing and social mobilisation/awareness raising, PSS activities for grieving families, children and individuals recovering from Ebola re-adapting to the community, and orphans would also be implemented. These people were often isolated because community members were afraid they might infect them. Information needs to be provided to both the community members, as well as to the recovering themselves. The aim should be to increase understanding with regard to EVD and the need of those recovering for compassion, food and shelter within the community. The volunteers taking care of dead body management needed extra PSS support. They should be given information about stress management, common stress symptoms, how to support each other and should receive PSS from staff, PSS trainers, or other professionals, if possible.

In addition, PSS sessions/introductions were given to 40 staff members of branches who had come to Freetown for financial training. It was vital for all staff of the SLRC branches to be aware of how a difficult situation can affect all people involved, both in the

community, as well as staff and volunteers responding to the Ebola outbreak. They became more aware of how they could and should support themselves and others.

About 20 emergency response unit (ERU) delegates from the Spanish Red Cross and Norwegian Red Cross were also given information on stress and stress management before they went to Kenema to set up an ERU hospital, within very demanding circumstances and location.

Concluding personal comments

This mission, as indeed all missions that I have done, was very memorable and leaves me more mature and with more understanding of the complexity of this world we inhabit. We all share a common future and common challenges. Last, but not least, it leaves me with an awareness of the all good work that the Red Cross and Red Crescent is doing all around the world. I am proud of being able to do my small part to benefit the world and hopefully make it a little bit better today than it was yesterday. Yet, I wonder sometimes at the end of missions, when I sit down to write my End of Mission report, if I have been useful. The big question that haunts me is more often than not; *'how can one IFRC delegate in a distant place, and in difficult circumstances, change the world?'* There is no simple answer to this question, but my hope is, that it can be done by helping one person at a time to overcome the crisis that he is facing and empower him to assist others. It is pretty much like eating an elephant – it takes one bite at a time.

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