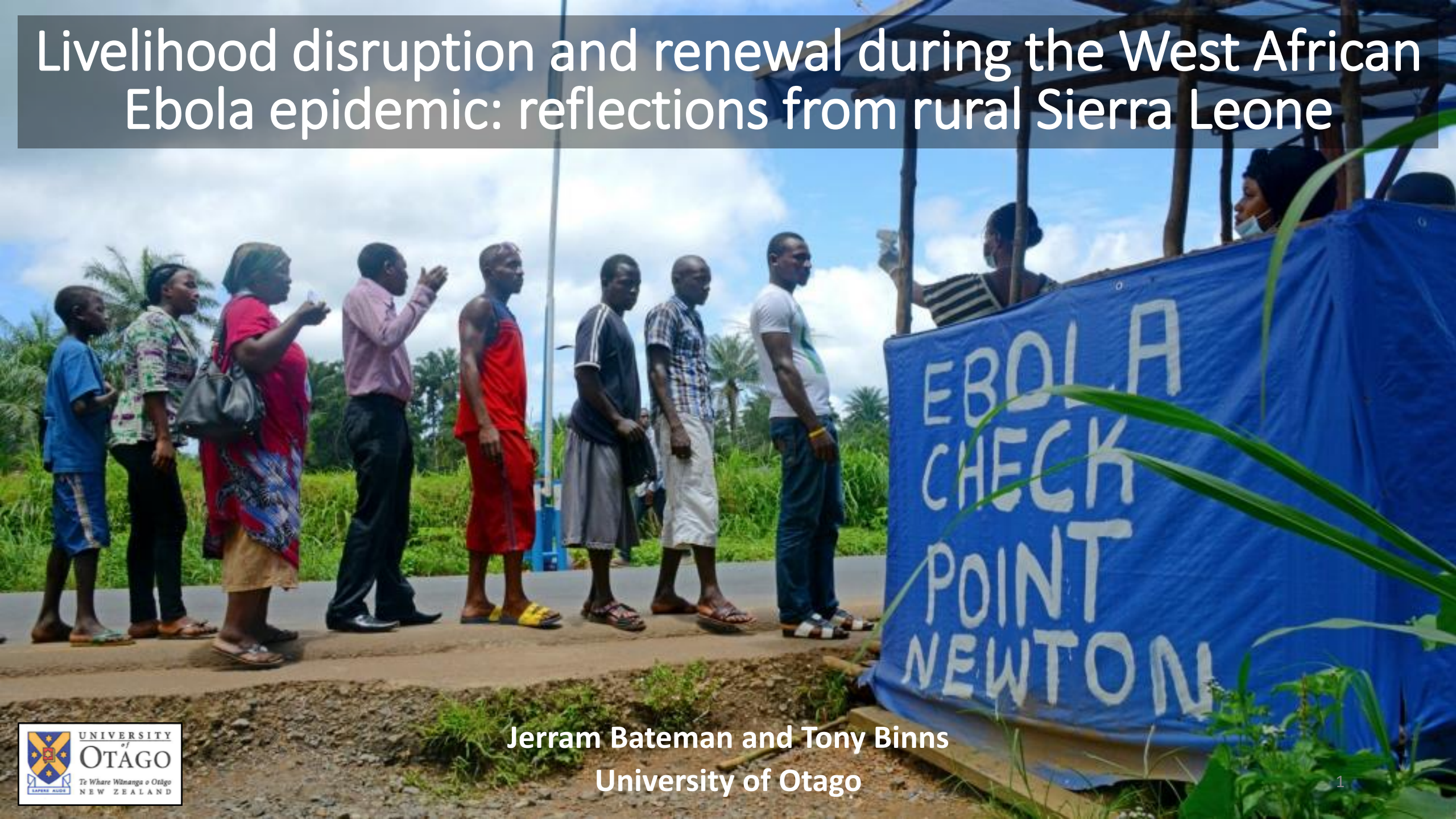
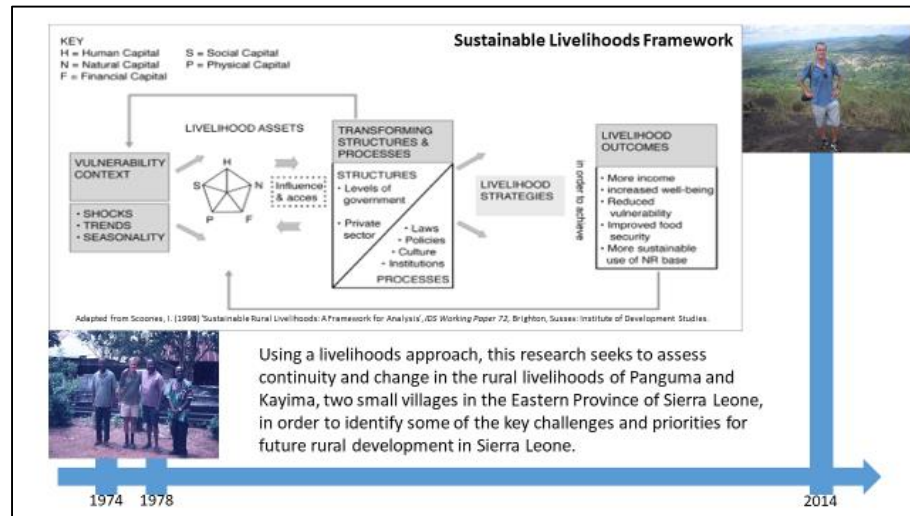


Livelihood disruption and renewal during the West African Ebola epidemic: reflections from rural Sierra Leone

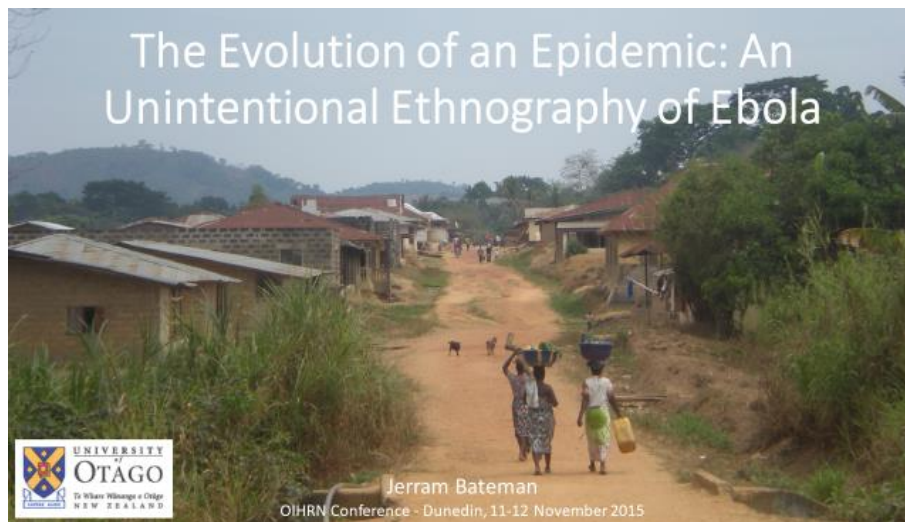


Jerram Bateman and Tony Binns
University of Otago

Background: An unintentional ethnography of Ebola...



- PhD exploring continuity and change in livelihoods in Panguma and Kayima over forty years.
- 7 month fieldwork programme in 2014 (January-July) coincided with the emergence of Ebola in West Africa.
- Enabled me to make a number of observations:
 - Limited capacity in Sierra Leone to disseminate public health messages to rural areas.
 - Risk not taken seriously in rural communities (or urban areas for that matter).
 - Extremely slow response of international community and media.
- A wide-ranging literature on Ebola has since emerged, but very little has been written on its impact on rural livelihoods.
- PhD data provides a baseline for me to be able to do precisely that...



Research Questions

- 1) What impact did Ebola have on rural livelihood systems during the outbreak?
- 2) Have there been any ongoing implications for rural livelihoods since the outbreak ended?
- 3) What lessons have been learned about Ebola (and the outbreak of disease in a more general sense) at the local level?

Methodology

- Used 2014 PhD data as a baseline for comparison with data collected in January and October 2017, and January 2018.
- In 2017/2018, re-surveyed the agricultural households surveyed in 2014 (50 in each community), with the addition of a section of questions specifically related to the Ebola outbreak.
- Interviewed key community stakeholders, health-care workers, and people engaged in non-agricultural livelihoods.



Livelihoods in Panguma and Kayima

“A livelihood comprises the assets (natural, physical, human, financial and social capital), the activities, and the access to these (mediated by institutions and social relations) that together determine the living gained by the Individual or household” (Ellis, 2000).

- Subsistence agriculture

- Rice and cassava
- Other vegetables
- Animal husbandry

- Cash crops

- Coffee, cocoa, kola nut, groundnut, pineapple, banana, citrus fruit

- Livelihood diversification

- Artisanal mining
- Small business/trade
- Services
- Remittances



Ebola in Sierra Leone: Facts and Figures

- First suspected case of Ebola in Sierra Leone in March 2014, first death recorded on 26 May 2014.
- Sierra Leone declared Ebola-free on 17 March 2016.
- 14,124 (of a total of 28,616) suspected, probable and confirmed cases of Ebola.
- 3,956 (of a total of 14,124) deaths from Ebola.
- No Ebola deaths in either Panguma or Kayima, but a number of suspected and probable cases in both communities, and 1 confirmed case in Panguma, and 2 confirmed cases in Kayima.
- 8 out of 20 Households surveyed in Panguma, but none of 20 Households in Kayima, reported losing at least one family member (living outside of the community) to Ebola.

What impact did Ebola have on rural livelihood systems during the outbreak?

- Restricted mobility.
- Reduced trading.
- Restricted social contact.
- Disrupted education.
- Loss of employment.
- Reduced remittances.
- Cultural implications.
- Heightened sense of fear and suspicion.
- Increased scope for violence and corruption.
- Further entrenched dependence on aid.

Have there been any ongoing implications for rural livelihoods since the outbreak ended?

- Agricultural livelihood outcomes have largely bounced back to pre-Ebola levels, re-affirming the importance of resilience to livelihood systems in rural Sierra Leone.
- Mobility restrictions removed – though not always for the better!
- Schools have re-opened – though education remains fragmented.
- Restrictions on social/physical contact removed – though reticence to touch still exists, impacting on traditional cultural practices.
- Some trading restrictions remain – though many people simply trade from their homes.
- Suspicion/stigma attached to health care workers remains in Kayima.

What lessons have been learned at the local scale?



Red Cross/MOHS: Signs of Lassa Fever are fever, swollen face, tired muscles, runny eyes, nose bleed. Go to a clinic quick if you have these

10:30 AM



- Public health messages now much more visible in both Panguma and Kayima.
- More sophisticated and wide-reaching mechanisms for disseminating public health messages.
- Improved hygiene practices.
- But very different attitudes towards Ebola detected between each of the two communities...

“They told us we should not eat bush meat. That same day I ate monkey. I sent my son into the bush to shoot a monkey, gave it to my woman to roast up, and we ate it that same day. They say that we should not eat monkey, but that monkey was in the bush, moving about from tree to tree. If Ebola was real, that monkey would have been dead. I ate the monkey and here I am, still alive. That is why I don’t believe in Ebola”

Local Farmer, Kayima, 23 January 2017

“Ebola is a chemical disease, introduced by the Americans to control the population of Africa”

Local Farmer, Kayima, 25 January 2017

“I am praying we don’t have another epidemic, because if we do, there will be massive deaths. We have not learned from Ebola”

Community Health Worker, Kayima, 23 January 2017

Kayima





Panguma

- Chiefdom initiated a local taskforce to manage the response to Ebola.
- Engaged local youth to help disseminate information, and enforce national Ebola prevention measures.
- Implemented and enforced a set of bylaws to complement the national Ebola prevention measures.
- Community largely supported the work of the taskforce, and adhered to the restrictions placed upon them.

Why was the response so different?



- The role of place.
- Historical exposure to medical professionals and ideas because of Panguma Hospital (nationally renowned institution) – greater acceptance, less fear and suspicion, of western medical practices.
- A more progressive chieftaincy with a track record of recognising its own limitations Vs. a chieftaincy entrenched in traditional hierarchical structures.

Conclusion

- Ebola clearly had a dramatic impact on livelihoods in both Panguma and Kayima during the outbreak.
- But it also reaffirmed the resilience of rural communities in Sierra Leone, highlighting their ability to bounce back from large-scale shocks reasonably quickly.
- The Ebola outbreak has resulted in some improved practices around the dissemination of public health messages in rural Sierra Leone, and improved hygiene, but stark attitudinal differences to Ebola were detected between Panguma and Kayima.
- The way Panguma responded perhaps provides a blueprint for local responses to future health threats in rural Sierra Leone...
- A more holistic approach, considering the 'downstream' impacts, is needed at the national scale, in any case.