

Ebola Survivors: using a stepwise re-integration process to establish social contracts between survivors and their home communities

Intervention concept note: Ebola Response Anthropology Platform 11/12/2014

Intervention overview

We propose that the point of discharge of someone who has survived Ebola virus disease (EVD) should become a **staged transition back into the community, linked to a social contract that ties targeted support to adherence to infection control practices**. This offers important **benefits to how people perceive the infectious risk of survivors, improved social cohesion through collectively agreed stages of re-integration, and a mechanism for directing psychosocial and material support to those who most need it**.

Problem

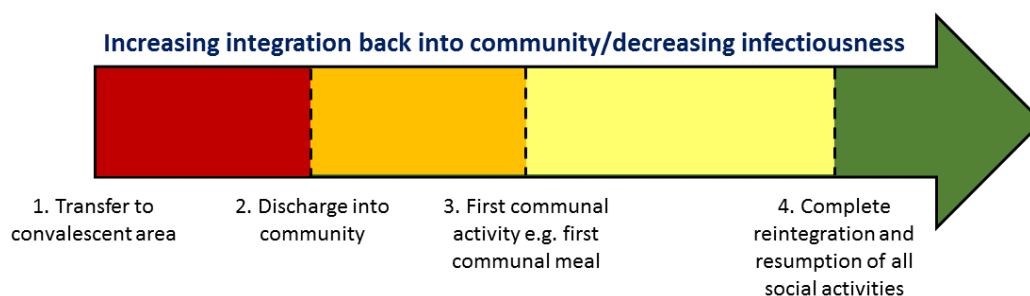
Ebola survivors face a number of physical, economic and social barriers to rebuilding their lives and returning to their home communities. Currently, the ability of survivors to re-integrate back into their communities are often hindered by a number of stigmatising social processes that lead to them being shunned, isolated, excluded or directly ill-treated, including:

- People being uncertain about whether survivors are still infectious due to differing social transmission mechanisms at different stages of illness and convalescence.
- Negative physical, material and economic consequences of EVD faced by survivors

Currently, Ebola health facilities typically present survivors with a certificate and limited material support at the point of discharge. Portraying someone's transition to a non-infectious status as taking place at a single point in time rather than a process can create ambiguity over when and in what ways they can safely re-join all communal activities.

Solution: transform survivor discharge into a four-stage process to visibly link decreasing infectious risk to increasing financial, material and psychosocial support

We propose that survivors are instead given a unique ID card that has four areas to be hole-punched/stamped as they progress through each stage of re-integration. Each stage marks a key point in either reducing transmission risk or in re-joining communal social activities.

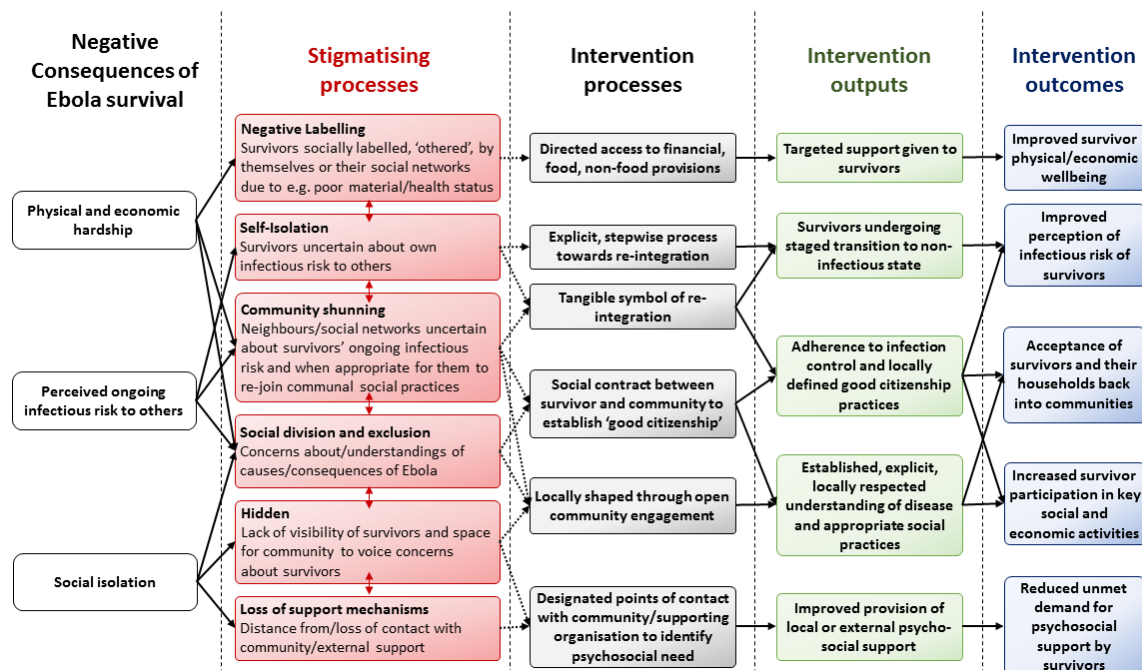


We suggest that the first two stages start when the patient moves into their health facility's convalescent area, and at the point when the patient has tested negative for Ebola virus and is ready for discharge. **The last two stages should be at points that are important to the community themselves** rather than from an infection control perspective, agreed locally through appropriate community mechanisms. **Importantly, the end of each stage should be marked both materially and symbolically, through marking the card and engaging in a key communal social practice.**

Each stage should involve a commitment by:

- The survivor** to adhere to a code of practice that is considered locally to be appropriate behaviour for someone at that stage of their recovery from Ebola
- Their home community** to provide support, welcome the survivor back and participate with the survivor in communal social activities, e.g. sharing communal meals.
- The supporting organisation** to provide targeted financial and material 'compensation' or 'solidarity' kit to survivors for loss of property/earnings due to isolation or infection control.

Expected Mechanisms of Action



Risk Management

Re-integration cards were first used in Sierra Leone for Disarmament, Demobilisation and Re-Integration programmes for ex-combatants. They became highly valued by their holders, however the implementation of this programme highlights a number of important considerations:

- **Robust systems needed to identify recipients:** to prevent fraudulent claiming or selling of ID cards, ideally using biometric ID badges as used in recent national election in Sierra Leone.
- **Robust, transparent systems needed for distributing material and financial support packages:** using mobile money transfer systems or cash and voucher models would enable cash to be transferred directly to the recipient in a way that stimulates local economies and is amenable to community accountability, avoiding the potential for diversion of funds or accusations of corruption. The provision of a mobile phone plus charger will be an important component of the reintegration package to enable communication while under isolation.
- **Compensation package should be valued by survivors and reflect actual losses incurred by their adherence to infection control procedures.** What is considered appropriate contents of the compensation package should be established locally and, where possible, adapted to the particular needs of each survivor.
- **The wider community should benefit.** To avoid jealousy, survivor compensation packages should be designed to benefit local economies and implemented alongside broader community development programmes.

For more info and to discuss how to develop, monitor and evaluate this intervention, please email frederick.martineau@lshtm.ac.uk (co-ordinator, Ebola Response Anthropology Platform)