



Human Rights Commission of Sierra Leone

Report On The Three Days Sit At Home Ebola Sensitisation Campaign

'OSE TO OSE EBOLA TOK'



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Produced by: HRCSL

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1.0: Executive Summary

This report presents a descriptive picture of a monitoring exercise conducted by the Human Rights Commission of Sierra Leone during the three day sit-at-home period instituted by the government from the 19th to 21st September in a bid to conduct a nationwide sensitisation on the Ebola virus. The report gives a background into the activity and the rationale for embarking on such an exercise.

The report also discusses the methods employed in the process and includes an outline of locations visited/monitored and a schedule of media engagements during this period.

Also in this report, are photographs illustrating engagements of HRCSL monitors in selected locations visited during the exercise.

The report further presents findings/observations, challenges, lessons learnt and recommendations for future implementation.

HRCSL recognizes the incredible contribution made by all media outlets particularly IRN during the three day sit. Health information aired were timely and usefully in influencing behavioral change which was significant to the fight

The Commission remains committed to take further steps that will contribute to the reverse trend of the spread of the virus with emphasis on the recognition and realization of basic non-derogable human rights

2.0: Background

The Ebola virus has had a devastating effect on every facets of the country and has claimed the lives of many Sierra Leoneans. Most of government's efforts and resources have been devoted to the fight to combat this virus. In response to support government's efforts, the Human Rights Commission of Sierra Leone (HRCSL) has focused its activities to eradicate this disease using a human right based approach.

In a bid to fulfill its monitoring functions as mandated by HRCSL Act No. 9 2004, the Commission deemed it necessary to embark on a nationwide monitoring exercise ON Ebola epidemic during the three day sit-at-home period in order to assess the level of compliance and the observance of human rights principles by key state actors.

The monitoring exercise was preceded by a press release issued by the Commission on the 17th September 2014. This formed the primary basis for the monitoring exercise. In the release a number of issues were highlighted and directed for the attention of key state actors. Among issues raised include:

- The wellbeing of frontline health workers and persons living within quarantined areas
- The observances of right based approach by the security forces in executing their duties
- The provision of safe drinking water particularly in areas where availability is limited or non-existence.

3.0: Justification

The Human Rights Commission of Sierra Leone (HRCSL) has an important role to play during this period to ensure the promotion and protection of human rights of those directly and indirectly affected by this outbreak; in doing so the HRCSL will be assisting to prevent conflict, civil unrest and further instability of the nation.

As the independent, national body with a specific mandate to promote and protect human rights, the Human Rights Commission of Sierra Leone can advocate for the inclusion of a strong human rights component in the National Ebola Response Plan, including various specific rights-based programmatic strategies. HRCSL can assist rights holders—such as people living within quarantined areas to claim their rights to food and other essential commodities and those infected to non-discrimination. It can also assist efforts to monitor progress made towards the fight to eradicate the virus.

The HRCSL can also closely monitor areas/groups of particular concern such as frontline health workers, prisoners, disabled persons, the aged and quarantined areas. The HRCSL will use information gathered from monitoring and from direct complaints received in order to address reoccurring issues through advocating to decision-makers at the highest levels and also engaging implementers on the ground (for example the police and military manning quarantined areas).

The HRCSL will also make use of the media for outreach in relation to the importance of adhering to human rights during the crisis, in particular to avoid public unrest and conflict. Due to the restrictions placed on people's movement the HRCSL will ensure that members of the public can contact the Commission with complaints via telephone and where possible the HRCSL will endeavor to set up physical meetings.

The HRCSL will work with existing structures throughout the country such as its Regional Offices and District Human Rights Committees, in order to receive and investigate complaints from victims of human rights abuses as a result of the outbreak – for example related to police brutality, the right to health, the right to food, the right to work and the right to freedom from arbitrary detention.

4.0: Objectives

The objectives of the exercise was to observe the compliance with basic human rights principles by all key actors involved, but more specifically to ;

- Monitor the general conduct of the three day sit at home in some locations in the country;
- work with relevant authorities to achieve the set goal of the exercise;
- obtain factual information for HRCSL 2014 state of the human rights report

5.0: Methodology

The following methods were used in the conduct of the monitoring exercise.

- Media engagement - was used to update the public on the progress of the exercise.
- Field visits- to assess the actual situation that obtained in some facilities formed substantial part of the monitoring strategy.
- Strategic engagements: Commissioners engaged stakeholders on emerging issues which was a direct support to the overall coordination of the exercise

5.1: Media engagement



Commissioner Brima A. Sheriff on public education at Radio Democracy

The Commission issued a press release which was published in the Newspapers and read in various radio stations.

The chairperson of the Commission and the Director of Monitoring and Research were hosted as studio guests to various media outlets.



Director Joseph Kamara granting interview from Journalist at Star Radio



HRCSL Acting Public Relations Officer, Mr. Ishmael Bayoh on air at Radio Maria

The table below shows the schedules of media activities;

i) Press release

Media House	Date of Publication	Page Published
Premier Newspaper	18th September	page 7
New Vision Newspaper		page 9
Awoko Newspaper		page 13
Independent Observer Newspaper		page 5
Specimen Newspaper		page 10

ii) Newspapers Stories

Media House	Story headline	page published	Date of Publication
the Nationalist Newspaper	<i>HRCSL's gears up for lockdown</i>	page 3	18th September
New Vision Newspaper	HRCSL's gears up for lock down	page 2	
Premier Newspaper	Human Rights Commission to	Front Page	

	Monitor Violation During Ose to Ose Ebola Talk		
Independent Observer Newspaper	HRCSL's Gears Up for Lockdown	page 2	
Concord Times Newspaper	HRCSL to monitor 3-day lockdown	page 3	

iii) Radio and Television Programmes

Radio Station	Program	Studio Guest	Date
98.1 radio democracy	Good Morning Salone: 7:30 am -9am-	Comm. Brima Sheriff	18 th Sept.
Star Radio 103.5	Star Breakfast Show- 8:00-9: 00am		
SLBC TV	Good Morning Salone 8:00-10:00 am	Dir. Joseph Kamara	19th Sept.
SLBC TV	The Podium 11:00 am - 1:00 pm	Comm. Brima Sheriff	
Independent Radio Network (IRN)	Situation Room 12-30: pm -1:45pm	Comm. Brima Sheriff	
SLBC TV	Screening of Monitoring Visits to Lakka, Kerry town and Connaught 7:30-9pm	SLBC Journalist	20th Sept.
Independent Radio Network (IRN)	Situation Room 1:30-2:15pm	Comm. Brima Sheriff	21st Sept.
Star Radio	Recorded Interview 3:00 pm	Dir. Joseph Kamara	21st Sept.

5.2: Scope of Monitoring

The monitoring exercise was conducted nationwide. It targeted quarantine homes, medical facilities and vulnerable communities.

The table below gives an indication of the locations visited.

Region	Area	Institution Visited
Western Urban	Brookfields Wilberforce Central Freetown Kissy –Willington	<ul style="list-style-type: none"> • Kissy Approved School • Kissy Psychiatric Hospital • Macaulay St. Government Hospital • Quarantined Home • School for the Blind • School for Deaf
Western Rural	Hasting Waterloo	<ul style="list-style-type: none"> • Hasting Ebola Treatment Centre • Kerry Town Ebola Treatment Centre Construction Sit
South	Bo District	<ul style="list-style-type: none"> • Central Bo City Area • Bo Extension • Nyadehun • Bo Government Hospital • Wanjama Village- MSF Ebola Treatment Centre
	Moyamba District	<ul style="list-style-type: none"> • Taiama Town • Moyamba Junction • Moyamba Government Hospital
North	Port Loko District	<ul style="list-style-type: none"> • Lunsar Town • Kamasondo • Mange Bureh • Bonrup • Forod Lokomasama • Komrabai • Targrin • Socktar
	Bombali District	<ul style="list-style-type: none"> • Makeni City

	Kambia District	<ul style="list-style-type: none"> • Gbalamuya • Kambia Town
East	Kailahun District	<ul style="list-style-type: none"> • Kailahun Town- Ebola Management Centre • Pendebu Town • Mobai Village • Daru Town • Segbwema
	Kono District	<ul style="list-style-type: none"> • Koidu City
	Kenema District	<ul style="list-style-type: none"> • Kenema City • Blama Town

5.3: Composition of the Monitoring Team

The monitoring team comprised fourteen personnel of the Commission, eight officers in the Western Area and two each from the regions. The team collaborated with District Human Rights Committee (DHRCs) which supported the work of the regional officers in hard to reach areas.



To meet the monitoring goal, a central management unit was established at headquarters which was headed by the chairman of the Commission. This unit was directly responsible for external communications while in the regions the senior human rights officers were responsible for media engagement.

Cross Section of the Monitoring team at the Kerry Town Construction Site

6.0: Field Monitoring Exercise

6.1 Visit to vulnerable Communities

The Commission recognized the role of MSWGCA, EOC and other humanitarian organizations such as Goal Ireland, CAP ANA MUR, and Sierra Leone Society for the Welfare of the Aged that provided services for vulnerable groups and communities.

The Commission visited the following centres that housed vulnerable inmates in the Western Area;

- Approved School at Wellington,
- Sierra Leone Psychiatric and Metal Hospital
- Freetown King Tom Remand Home
- King George IV Memorial Home for the Aged at Grafton a
- Home for Disabled Home at Pademba Road.

During the visitation, the Commission did not find any Ebola case and observed that they were following the basic Ebola precautionary measures.

Occupants of the disabled home at Pademba Road reported that they received food supply from Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and other humanitarian organizations.

The Commission facilitated the supply of food items and other materials to the King George IV Memorial Home for the Aged through MSWGCA.

In Bo, the MSWGCA coordinated a feeding Programme which was facilitated by members of the Psycho Social Pillar of the EOC for 200 less privileged children and the distribution of food items to 187 disabled Persons.

6.2 Visit to Ebola Medical Facilities

Some major Ebola service centres were visited and monitored in Freetown and in the regions to assess the treatment facilities available.

In the western area, the Commission made an on-the-spot visit to Connaught Hospitals and some satellite clinics within the Freetown municipality namely; Macauley Street,

King Harman Road, and Rokupa. Lakka Isolation Centre and the Hasting Treatment Centre were also visited. These centres were observed to be fully operational.

However these centres were noted to be overwhelmed with challenges with respect to the daily increase in the number of new infections and the limited number of staff available for duty.

Although the Commission could not independently verify, all centres visited reported that they have adequate drugs and equipment to administer treatments to patients.

At the Hasting Treatment Centre, the team was informed that the centre has a holding capacity of 120 beds. As at time of visit there were 34 patients admitted. The medical coordinator of the facility, Dr. Bash Taqi mentioned that there was problem to communicate internally between and amongst the administrative department, treatment unit, burial team and ambulance services. This was observed as a serious challenge in responding to emergency issues.



Monitoring Team in discussion with workers at the ongoing Construction Site in Kerry Town

The monitoring team visited the construction site of the Ebola Treatment Centre at Kerry Town to assess progress made in the construction work. The Commission was impressed with work done so far.

In the Northern Region, the holding centre at the Port Loko Government Hospital had 40 patients at the time of visit. The location of the holding facility

in the main government hospital was raised as a concern by the community for fear that non-Ebola patients and visitors who

accessed the facility would be infected.

The temporal holding centre at Targrin, in the Kafu Bullom Chiefdom, had seven suspected Ebola patients awaiting further medical.

In the Southern Region, the Ebola holding centre at the Bo Government Hospital was operational and in full preparedness to response to additional cases.

The team also visited the MSF Ebola Treatment Centre at Wanjama village, where as at the time of visit had six new cases. However, the capacity of the centre was observed to be inadequate. Meanwhile, the construction of a new holding facility which will admit 30 patients at a time was in progress.

In Moyamba, the holding facility at the Government Hospital had nine new cases as at the time of visit. The process of collecting blood samples for tests from different locations in the District was observed by the team.

In the Eastern Region, the team in collaboration with CSOs visited the Kailahun Ebola Treatment Centre. HRCSL Regional Officer intervened in resolving the impasse between volunteer workers and the management of the facility. The team recorded the death of three patients who died apparently as a result of the strike action.



SHRO Hassan Yarjah addressing striking health workers at the MSF Ebola treatment centre in Kailahun

The number of Ebola laboratories in the country to test blood samples of suspected cases was noted to be inadequate. There was only one test laboratory facility operating at the Lakka Isolation Centre in the Western Area

which at same time services the northern region. The undue delay in issuing out test results

was observed to be a major challenge which in many instances raised tensions and public resentment against health workers, the burial team and the 117 call centre.



6.3 Medical care for non-Ebola cases

Some of the medical facilities visited were observed to be attending to non-Ebola patients. However, the restriction of movement during the period posed a challenge in accessing medical service by non-Ebola patients particularly children and pregnant women. At Fourah Bay Road in Freetown, a two year old boy who fell sick could not access medical care at the Ola During Childrens' Hospital and the Commission had to take him elsewhere for treatment.

The Commission also took a lactating mother who was bleeding to the Aberdeen Well Woman Clinic for medical care.

6.4 Visit to Quarantined Homes

The Commission visited a number of quarantined homes in different parts of the country. In Freetown the team visited a quarantined home at Fudia Terrance in Spur Loop and which was holding 37 inmates. There were no major complaints made in relation to their wellbeing despite initial challenges in receiving food items. They were free to move within the isolation area demarcated by the security personnel.

In the South the team monitored eight quarantined houses in Bo city, two compounds at Moyamba Junction and the village of Kalia which was still under isolation.

In the north, five quarantined homes were visited in Lokomasama, Port Loko District. Inmates of these houses complained that there was a delay in the supply of food and challenges in accessing safe drinking water. This was brought to the attention of the District Health Management Team.

In the East, the team visited residences at Aruna Street in Kenema City that had been in isolation for 42 days following the death of 28 people as a result of Ebola. The survivors requested to be provided with mattresses and other bedding supplies. This concern was conveyed to the District Taskforce and the District Health Management Team.

The team was informed that there was no provision made for special diet for babies in the quarantined homes. Also the lack of maternal care for pregnant women in many of these homes was noted as a concern. The Commission engaged the Minister of Health and Sanitation and highlighted these concerns.

6.5 Frontline Health Workers

The Commission observed that health workers in various centres visited across the country were in high morale in dispensing their duties. Each centre had a medical team which comprised of a doctor and nurses assigned to handle Ebola related cases. However, the Commission noted the limited number of personnel in the various centres resulting in many of them working beyond their schedules.

Personal Protective Equipments (PPEs) for health workers were reported to be in abundant supply in all the holding and treatment centres visited.

HRCSL acknowledges the cooperation of health workers and the efforts made by



government to provide special incentives for frontline health workers. Nonetheless, the payment of allowances to nurses at the Bo Government Hospital was a major challenge; some nurses claimed to have their names on the payroll voucher but were not paid, whilst others alleged that they had been working but their names were deleted because they did not have pin codes.

Transportation of health workers to and from their respective places of

work during this period was noted as a constraint. In Freetown, the number of government buses assigned to facilitate the movement of health workers was noted to be inadequate as some health workers were seen moving to and from their places of work on foot. This situation was also observed in the provinces.

6.6 Emergency Response

The commission noted with concern the slow pace of the emergency response during the period in particular the delays on the part of the surveillance and burial to respond promptly to calls. The limited number of ambulances and the inordinate delay to confirm laboratory test results was noted nationwide

In the northern region, the monitoring team received complaints that patients were not given proper care and were abandoned in the isolation centres. A patient at the Port Loko holding centre jumped over the perimeter fence in protest against lack of food and water while awaiting test result. This was brought to the attention of the District Medical Officer who denied the allegation.

6.7 Burial Team

During the 3-day period, the caseload of the burial teams nationwide increased as a result of the government's policy on burial rites which calls on the general public to report all death cases. Although, the number of burial teams in the Western Area was increased from ten to fourteen, there were still challenges in handling the caseload.

There were reported cases of dead bodies abandoned in some communities which were brought to the attention of the Commission. At Jui Junction in Freetown, the team found a corpse along the Freetown-Waterloo Highway. The Commission informed the burial team and the corpse was later collected for burial.

6.8 Sensitisation Team



A member of the EOC sensitization Team demonstrating the six steps involved in hand washing at Approved School, Wellington

The commission observed the participation of youth volunteers on the house to house sensitisation exercise nationwide. The EOC volunteers were noted to be in attendance in all of the areas monitored during the 3-day 'ose to ose Ebola Talk'. The volunteers comprised a blend of health and non health practitioners. Youth volunteers under the leadership of the presidential Youth Aide, CSOs and NGOs were also observed taking part in the sensitisation campaign. The Commission noted with concern the lack of coordination between EOC

volunteers and those of the Presidential Youth Aide which led to initial tension. The matter was however resolved after a concluded discussion at management level.

There was a delay in the delivery of logistical items to volunteers to start work on time in many parts of the country resulting to some of them having to commence work on second day. Added to this, the lack of mobility to facilitate the movement of logistics and volunteers to distance location was also a major setback.

There was an allegation that at John Kelly Street - Tankoro in the Kono District, some volunteers came under dog attacks orchestrated by some unscrupulous residents. The matter was reported to the Tankoro Police Station for further investigation.

The Commission observed that some volunteers had limited knowledge on the campaign messages, particularly with regards to demonstrating the steps required for hand washing and use of soap.

6.9 Public Response

The general public compliance to the three-day sit at home was noted to be high across the country. However, there were a few isolated incidences in Brookfields, Kissy Bye Pass Road and Pademba Road in Freetown whereby the security forces had to enforce the law against civilians in breach of the restriction order.

In Wanjama village in the Bo District, members of the sensitisation team reported that some residents refused to accept the soap alleging that it was government strategy to infect them with the Ebola virus.

In Sandor Chiefdom, Kono District residents deserted their homes for fear that their blood sample will be taken for an unknown purpose.

In Kailahun, residents of the District expressed concern about the influx of people from Liberia and Guinea visiting the township and surroundings. This concern was also raised by the Chairman of the Kailahun District Council who appealed to government and other stakeholders to ensure that security measures are put in place to protect the borders.

6.10 Security Sector

The Commission recognizes the role of the security sector particularly Sierra Leone Police (SLP), the Republic of Sierra Leone Armed Forces (RSLAF) during the three-day exercise. Personnel of the SLP and RSLAF were deployed at holding and treatment centres, quarantined homes and isolation communities visited. They also provided security to the burial and sample swab collection teams.

Some military personnel interviewed complained that they had been on duty, deployed to quarantined homes, for over two to three months without being replaced. The Commission viewed this as human rights concern.

The commission observed that security personnel manning quarantined homes were at high risk of being infected as they interacted with quarantined inmates. At the Waterloo Prison Training Centre, a female prison officer contracted the virus and died during the three day exercise while her male counterpart was also tested positive. The Commission is concerned that other officers in the prison training centre may be at risk of contracting the virus.

7.0: Findings/observations

The general observations of the monitoring team were as follows:

7.1 Frontline Health Workers

- Frontline health workers were observed to be in high spirit during the exercise. This was attributed to the availability of adequate personal protective equipment/gears and other facilities to carry out their work.
- There was a shortage of vehicles to move materials and medical personnel to operational areas.
- There were few health workers willing to work at the Ebola centres

7.2 Quarantined Homes/communities

- There were delays in providing food and other logistical supports to quarantined

homes/communities
- Lack of special needs to support suckling children and pregnant women in quarantined homes/communities

7.3 Vulnerable groups/communities

Food items were provided to vulnerable communities by the MSWGCA and other humanitarian organisations

7.4 Emergency Response

- Undue delays in responding to emergency calls in particular the 117, burial and surveillance teams
- Inadequate number of ambulances and Test Laboratories.
- Limited Holding and Treatment facilities nationwide.

7.5 Security personnel

- Morale amongst security personnel was high;
- Prolonged deployment of Security personnel particularly RSLAF;
- High risk among security personnel at quarantined homes

7.6 Medical care for non-Ebola cases

Access to health care facilities by non-Ebola patients was limited

7.7 The media

The contribution of the media greatly supported the entire process

7.8 Sensitisation Teams

- There was full participation of volunteer groups throughout the process;
- Poor coordination among volunteer groups was a cause for concern;
- Limited knowledge on campaign messages and hand washing steps;
- Delay in the delivery of logistical items;
 - v) Lack of vehicles to facilitate movements of volunteers and logistics.

9.0: Challenges

- The Commission was unable to deploy field monitors in every part of the country due to the lack of resources;
- Lack of protective gears served as key obstacle to monitor the operations of isolation and treatment centres.
- Lack of training to deal with epidemics of this nature
- Long distances covered with rugged terrains

10.0: Recommendations

10.1 Frontline Health Workers

- i)** Ministry of Health and Sanitation should ensure that health personnel are properly trained on the management of Ebola cases and their personal safety and protection.
- ii)** Government should continue to improve on the conditions of service for health workers
- iii)** Ministry of Health and Sanitation should introduce a life insurance scheme for all health personnel

- iv) Government should provide temporary shelters for frontline health workers in order to protect them from discrimination and stigmatisation

10.2 Quarantined persons/areas

- i) Government should continue to isolate and quarantine identified Ebola hotspot areas with mediate effect as a preventative measure to stop the spread of the virus

- ii) HRCSL should engage WHO and Government on the provision of support to quarantined homes and other affected people.

10.3 Emergency Response

- i) Ministry of Health and Sanitation and the EOC should establish additional holding and treatment centers in every district so as to ensure speedy access to health care services ;
- ii) MoHS and EOC should strengthen their response mechanism and increase the number of burial team
- iii) MoHS should ensure that burial teams are placed in strategic locations nationwide
- iv) Government should establish additional test laboratory and procure more ambulances

10.4 Public Responses

Government should take the necessary steps to restrict the movement of people along the borders with Guinea and Liberia

10.5 Security personnel

The management of both the SLP and the RSLAF should ensure that personnel deployed at quarantined homes are provided with the required logistical support for their protection and wellbeing

10.6 Medical care for non-Ebola cases

Ministry of Health and Sanitation should ensure the reopening of health care facilities for the treatment of non-Ebola cases.

10.7 Sensitisation teams

i) EOC, MoHS and other development partners should ensure that volunteers are properly trained to carryout public education and sensitisation messages

ii) EOC, MoHS and other development partners should ensure that there is proper coordination and communication of efforts