

# USPG DISEASE PANDEMIC AND INNOVATION IN CARE

1. What happened? Context and Story
2. What were the needs of the people?
3. How did the church and community respond?
4. How did society respond?
5. What did the church learn about holistic care - Spiritual , material pastoral
6. How experience of the pandemic is informing the response to Covid 19?

## 1. INTRODUCTION

Sierra Leone is located on the West Coast of Africa. It is bordered on the North and Northeast by Guinea, South and Southeast by Liberia and on the West by the Atlantic Ocean.

It is believed that the First case was that of an 18 month old boy from Guinea infected by bats. One of the next infected was a guest to the family of the First case.

She travelled home to Sierra Leone from Guinea Carrying the Ebola virus unknowingly. She died shortly after her return. Her death was not investigated nor reported until 2 other members of her family died.

The virus spread rapidly after the death of a traditional healer who lived in Sierra Leone but was treating patients across the border in Guinea.

Unfortunately certain factors prevailed thus leading to the rapid spread of the disease in Sierra Leone. These included:

- i. Delay in sending out the correct and proper education / sensitization messages on EVD.

- ii. The entry point messages about Ebola were inaccurate resulting in people avoiding the limited available medical facilities. They preferred to go into the bushes where most of them perished.
- iii. Government did not handle the crisis with the seriousness required and failed to summon /convene a national consultative conference of stakeholders. It appeared to the populace as a political game with the people becoming confused as to whom to trust.
- iv. Absolute denial and non-acceptance of the disease as the signs and symptoms of EVD are similar to some tropical common illnesses such as malaria, diarrhoea, cholera etc.
- v. Inadequate availability of the required equipment and logistics for health workers etc.

2. The Dioceses in Sierra Leone, Liberia and Guinea were directly/indirectly involved in an emergency response to the EVD.

The Anglican Diocese of Freetown used a 3 – pronged approach in its response to the threat of the EVD namely Prayer, Prevention and Care.

- PRAYER :

- The Clergy engaged their congregations in special prayer meetings with prayers & sermons on the EVD.
- Specific days of prayers and fasting organized at the Cathedral and other churches nationwide
- Led by the Bishop, the Clergy of the diocese joined with other religious leaders in organizing national prayer meetings over the electronic media.

- PREVENTION

- The Diocese distributed hygienic kits – dispensing (Veronica) buckets and bowls and soap in a bid to encouraging “the washing of hands”.

- Clergy participated in workshops organised by the Religious Leaders Task Force on Ebola.
  
- MODE of worshipping modified:
  - Avoiding sharing of peace – no shaking of hands
  - Promoting the ABC call – Avoid Body Contact
  - Administering the Holy Communion by “ intinction”
  - Avoiding unnecessary gathering
  - Clergy in sensitization teams of CCSL to rural and schools.
  
- CARE
  - Lifting up special collection to add to government efforts
  - Participating in post trauma counselling sessions organised by the Religious Leaders Task Force.
  - Distribution of rice and other food items to households within the various parishes.
  - Willingly ceding to the government of Sierra Leone a portion of the Bishop’s Court (the residence of the Bishop) to build an isolation unit for the only National Children’s referral Hospital.

### 3. CONCLUSION

With the 3 pronged approach the church was able to address effectively the issue of holistic care – spiritual, material and pastoral.

Accordingly the congregation was effectively encouraged to intensify their faith and trust in God.

One of our senior priests – Rev. Canon Jenner G. B. Buck lost his wife a medical practitioner to Ebola. After the initial shock, Rev. Canon Buck and the surviving members of the family were all declared unaffected. They served as living witnesses to the goodness of God.

Collaborating with the external partners who came in handy with providing physical help in funds and equipment and spiritual consideration lifting us in prayers and the ADF played a pivotal role in combatting the spread of the EVD .

#### 4. LESSONS LEARNT

- EARLY RESPONSE WITH ACCURATE MESSAGES AND HIGH DEGREE OF PREPAREDNESS EFFECTIVELY CONTROLS THE SPREAD OF AN ENDEMIC /PANDEMIC.
- THE CHURCH CAN PLAY A PIVOTAL ROLE IN ADDRESSING ISSUES ARISING FROM ENDEMICS /PANDEMICS.
- THE CHURCH MUST PROVE TO BE A BEACON OF HOPE AND TRUST.

PROTECT YOURSELF

PROTECT YOUR FAMILY







PROTECT YOUR COMMUNITY

From the **Ebola** VIRUS

 **DO**

-  Always wash your hands with soap and water
-  Always cook your food properly
-  Go to health facility anytime you have head ache, fever, pain, diarrhea, red eyes rash and vomiting or call 117 for help or information
-  Tell everyone you meet about Ebola so they can be informed
-  Welcome Survivors, Our Heroes-free from the virus

 **DO NOT**

-  Do not touch people with signs of Ebola or have died of Ebola
-  Do not touch clothes & bedcloths of people who have died of Ebola
-  Do not touch vomit, saliva, urine, blood and poo-poo of people who have signs and symptoms of Ebola
-  Do not play with monkeys and baboons
-  Do not eat bush meat or any fruits that have been eaten by bats
-  **NO SEX WITHOUT CONDOMS** Survivors no sexual intercourse for 90 days

Let's stop the spread of Ebola together



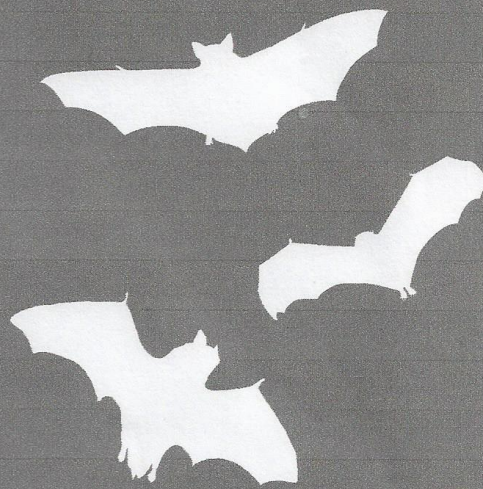
Diocese of Freetown

# WEST AFRICA

# Ebola Outbreak



The 2014 Ebola epidemic is the largest in history and is affecting multiple countries.



Likely host = bats

# 1 in 2

people who get Ebola in this outbreak have died.