

## PARES Case Study of Engagement & Involvement for Resilience

**Case Study Title/ID:** Sierra Leone – Traditional-Biomedicine Tensions – Knowledge Alignment

**Country/location:** Sierra Leone, Kailahun District, Jawei Chiefdom

**Crisis/challenge type:** Traditional/biomedicine treatment tensions

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### PARES Domain illustrated by this case study

**Social Relations and Structures** working with community stakeholders, community members and Ministry of Health

### Recommended Actions

**For Communities:** Interact with – and attend trainings offered by – health sector practitioners to better understand their roles

**For Government:** Encourage and train both TBAs and herbalists to be better aligned with the health system.

Reinforce Ministry of Health and Sanitation (MoHS) policy of herbalists being added to the health system in Sierra Leone.

Provide technical and educational support through MoHS & Ministry of Agriculture district structures (e.g. DHMTs) e.g. community sensitization on maintaining herbal gardens; training local health workers on herbal knowledge.

Ensure wide community discussion on learning from local knowledge and past experiences (e.g. of disease outbreaks) e.g. by free calls on radio discussions

**For NGOs & health program implementors:** Facilitate networking between biomedical and traditional health systems e.g. through training workshops for communities, herbalists, health personnel and TBAs in their local communities.

**For Funders:** Visit sites & support local media discussions to sustain better understanding of herbal and modern medication.

### Data for this case analysis

Primary data from observations (participant and non-participant), interviews, community gatherings and discussions and FGDs. Monitoring radio programmes; survey of relevant literature.

## Key Message

Inclusive approaches that enable traditional healing skills and biomedicine to mutually complement each other lead to greater trust in all types of healthcare providers and improves confidence of people to seek care.

## Case Study Summary

When the Ebola crisis ended health professionals drew some lessons. To exclude village stakeholders, herbalists, and TBAs was a mistake. A more inclusive approach for Covid-19 eased tensions and enabled collaborative work. Information flowed more easily through cooperation between health workers and communities. Freedom to choose and respect for these choices also brought more reliability and trust. This eradicated fear, and increased confidence in diagnosis. Locally, there is now a hybrid health system based on improved collaboration and cooperation between some traditional practitioners (traditional birth attendants (TBAs), herbalists and bonesetters) and biomedical practitioners in government health facilities. In the study villages this has reduced fear, secret treatments, and misinformation. Growth of mutual respect in rural Community Health Centres (CHC) and Peripheral Health Units (PHU) brought stronger synergy between the two distinct health systems and eventually enabled them to work together. For example, midwives now call on TBAs as advisors since they are seen as more “positive”; TBAs also refer pregnant women to health centres as soon as pregnancies depart from normal. Herbalists will also refer patients to health workers for tests, for example if they suspect malaria.

## Detailed Explanation of engagement mechanisms

### **Context that provides the conditions in which the observed actions work**

Tension in the health systems created gaps between the two health systems especially during the Ebola crisis because both systems saw each other as rival. Nurses were thinking that herbalists are not educated, that their medicines are not standard and not effective, while herbalists also thought that nurses are not treating people well but based on personal connection and how much money a patient had. In terms of the relationship between the pregnant women and nurses in the community, the pregnant women preferred a TBA to help her in delivering her baby rather a trained nurse/midwife because it was felt that TBAs do more positive deliveries and have greater experience than (young) nurses.

Nurses thought TBAs are not trained professionally and therefore should not give pregnant women any of their herbal treatments. There was also a complete separation of modern and herbal medicine, due to modern medicine being a recent introduction and a complete ban on traditional practice during the Ebola outbreak 2014-15. N G was one of the worst affected villages in Sierra Leone (90 cases and 69 deaths in a village of about 400 people). This also created great tension. The government ban meant TBAs did not do deliveries and also created tension and causing TBAs to hold back. But slowly they began to be called upon to advise on difficult cases or they are called upon to do deliveries when midwives were off duty or away on courses.

### **The actions (mechanisms) that were observed to lead to resilience outcomes**

Tension was minimized during the time of Covid-19 outbreak. Both health systems were engaged in the eradication of Covid-19 and it worked well.

Communities will only accept nurses who are members of the women's society, Bondo. Bondo members give great respect to the society women with knowledge and experience of the birthing process. Although all births must be supervised by a birth-midwife, the midwives invite the TBAs into the delivery room and listen to their advice. TBAs also respect the specialist knowledge of the nurse midwives. This cordial, respectful relationship based on shared membership of Bundu is the first part of the mechanism. This led to collaboration through knowledge sharing during deliveries.

Herbalists say that they cooperate with the nurses in the clinic 'because of modern times'; thus they have learnt about how biomedical healthcare providers diagnose sickness. They know that the health centre can run a malaria test, so sometimes they first suggest the patient goes to the clinic for testing. But often drugs for treatment are expensive or not available. Patients then return to the herbalist for the best local alternative. Nurses also sometimes make recommendation to patients or their relatives to try herbal medicines when modern medicines are not available. This spread of shared and mutual knowledge is the second part of the mechanism.

### **Observed outcomes**

**Intermediary:** Reduced tension, fear, and misinformation facilitated increased collaboration between the two health systems and community members.

Communication channels were opened by community stakeholders attached to the PHU. Transparent communication channels were established through radio programmes on local channels in how herbal medicines should be sold and used. Involvement of community people in disseminating health messages reflected community concerns and improved health through community awareness and successful vaccination campaigns.

**Health-related outcomes:** There is now more collaboration between the two systems. The willingness of local people to go to the hospital for diagnosis, and (in some cases) free treatment has increased choice of treatment and facilitated hybridisation of the two systems.

**System-level outcomes:** By the time of the fieldwork (2024-5) there was considerable integration of the two health systems – e.g. Traditional Birth Attendants were in attendance in most deliveries and facilitated difficult deliveries with their herbal knowledge. Herbalists referred patients to the Health Centre for diagnosis, e.g. to rule out malaria before furthering treatment of their own, or when there were stockouts of clinic medications. Although integration is now government policy, nurses and the District Health Management Team had not yet received briefing on the policy at the time of research. So, the integration observed has other, local causes (as explained).

## Case Evidence

Vignette #1 in Sierra Leone – Traditional-Biomedicine tensions – Supporting Evidence document

## Related case studies

Sierra Leone – Traditional-Biomedicine tensions – Social learning

## Other relevant case studies

### Sierra Leone

Sierra Leone – Malaria-CHWs – Trusted leaders

Sierra Leone – Malaria-CHWs – Social Capital

Sierra Leone – Lassa – Trusted Leaders

Sierra Leone – Lassa – Knowledge Systems Alignment

Sierra Leone – Lassa – Communication & Information Systems

Sierra Leone – Lassa – Institutional Learning

Sierra Leone – Lassa – Social Learning

Sierra Leone – Water Insecurity – Social Learning

Sierra Leone – Water Insecurity – Universities as enablers