

**CDC Ebola Response Oral History Project**

The Reminiscences of

Jatin Hiranandani

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Jatin Hiranandani

Interviewed by Samuel Robson

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Freetown, Sierra Leone

Interview 1 of 1

CDC Ebola Response Oral History Project

Q: This is Sam Robson here with Mr. Jatin Hiranandani. It is March 26<sup>th</sup>, 2017, and we're sitting here as part of our CDC Ebola Response Oral History Project, meeting at the Radisson [Blu Mammy Yoko] Hotel in Freetown, Sierra Leone. Jatin, thank you so much for joining me for this.

Hiranandani: Thank you very much. I appreciate being here and I appreciate Kali-Ahset [Amen] recommending me.

Q: Absolutely, as do I. Would you mind just saying "my name is" and then pronouncing your full name?

Hiranandani: My name is Jatin Hiranandani.

Q: Perfect. What is your current occupation?

Hiranandani: I'm currently working with eHealth Africa as a consultant, as a partnership advisor, basically helping them with funding, a liaison with the government and donor agencies.

Q: Thank you. If you were to describe to someone in just a couple of sentences what your role was during the Ebola response, what would you say?

Hiranandani: During the Ebola response, I volunteered with the International Medical Corps, helping them with—well, my official title was logistics and operations advisor. Basically, making sure that the operations went smoothly, setting up their Ebola treatment centers, and liaising with the government and security agencies.

Q: Was that also with eHealth, or was that purely with the International Medical Corps?

Hiranandani: Purely with International Medical Corps, but some aspects did apply to eHealth as well.

Q: Thank you. Backing up, would you mind just telling me when and where you were born?

Hiranandani: I was born and raised in Freetown, Sierra Leone, on the 16<sup>th</sup> of April, 1973.

Q: Tell me about what it's like being raised in Freetown.

Hiranandani: Amazing experience. Quite a mix of culture. I'm originally Indian. Being born in Sierra Leone, in Africa, made a very good experience for a major part of it.

Q: Were you raised by your parents, or—

Hiranandani: Yes, I was. I was raised by my parents. I was born in Freetown but raised in the interiors of Sierra Leone.

Q: Where is that? What does that mean?

Hiranandani: My father worked with a chain of supermarkets, so he got posted in different parts of the country. Basically, I've been everywhere.

Q: Wow. [laughter] What kinds of things caught your interest when you were growing up?

Hiranandani: Friendly people. As I said before, the mix of cultures and being raised in different communities, both expats [expatriates] and nationals.

Q: Does that mean that you also went to school in various places?

Hiranandani: Yes, I did. I went to school in different parts of the country, but most of it in Freetown.

Q: Did you go through secondary school here in Freetown?

Hiranandani: Primary school and secondary school in Freetown, and part of university as well.

Q: When you were leaving secondary school and entering university, did you have an idea then about what you wanted to do with your life?

Hiranandani: Actually, because of being raised Indian and the Indian community in Sierra Leone is—everyone is basically into business. That's what I saw myself doing as well, until things changed a bit.

Q: Tell me a bit about university, then.

Hiranandani: I went to the Institute of Public Administration [and Management] in Sierra Leone and studied business administration and computer science.

Q: Were there particular aspects of that study that really interested you?

Hiranandani: The computer science part of it did interest me. At that time, in 1992-93, the future was in computers. I did find it very interesting.

Q: What year did you graduate from there?

Hiranandani: I actually studied in the Institute of Public Administration and Management for a year, and then I decided to have a change in education. I met some people with the Sierra Leone Ministry of Mines [and Mineral Resources], and they were looking for qualified people to value diamonds on behalf of government. I decided to take some time off. I went to Mumbai in India and went and studied geology, gemology, and diamond grading and assortment. I studied that until 1996, came back to Sierra Leone, applied for the job at the government gold and diamond office. While that was being processed, I was working with a commercial diamond company in Freetown just to get work experience. That was going on until about May 1997, when the military coup took place. That messed things up in terms of working with government, because it was a military coup, and everything basically shut down. We had a rebel war in Sierra Leone from 1991. At that time, then the rebels, their aim was to invade the capital city, which they had the opportunity to do in 1997. If you were going to work in the diamond industry, it would mean working with the rebel forces because they were in control of the diamond mines, which I refused to do. My father had a family business, but that was destroyed during that event because where my father's store was, was in the same building where the ruling party at that time had their political offices. Rebels invaded the capital city, wanted to bring the building down, fired RPGs [rocket-propelled grenades] into my father's store. That was all destroyed, but the building remained standing.

Q: Was your father injured? Was he in the store?

Hiranandani: No, he wasn't. Luckily, when that event happened, it was on a weekend, it was a Sunday. Freetown, the capital city, was a war zone at that time, so everything shut down.

Q: And you were here in Freetown during this?

Hiranandani: Yes, I was, and as evacuations were taking place, the Americans, the British, the French, the Indians, managed to get my family out. But I decided to stay on. Because it's home, and I wasn't going to run away.

Q: Wow. What happened when you stayed?

Hiranandani: Just kept my head very low. Kept a low profile just to see how the situation plays itself out. We were under the control of the joint rebel forces, and the military that overthrew the government at that time. Once that was happening, the West African peacekeeping forces were planning to come into Sierra Leone, but they did have a component of it based at the Lungi International Airport, so they were just waiting for reinforcements and logistics. When they finally were ready, they came in in 1998. While they were coming in, we fought the rebel forces out, and that's when I got involved as well just in a small capacity. Volunteered, saw what I could do with the internally-displaced people. During that time, the US State Department contractor called Pacific Architects and Engineers came in, and they were providing all the logistics support for ECOMOG [Economic Community of West African States Monitoring Group], which

was the West African peacekeeping force. They were looking for people with local knowledge. The project manager interviewed me for a job and asked me when I was willing to start. I said, “Right now,” so I started working with them. [laughter] I provided all the logistics support for ECOMOG, and when the UN [United Nations] peacekeeping mission came into Sierra Leone, they incorporated the existing ECOMOG force within the UN system. So we started providing logistics support for the UN as well.

Q: Is that over a period of a few years?

Hiranandani: I worked with PAE in Sierra Leone from 1999 to about 2000 in various capacities, and when the war was declared over, PAE asked me if I was willing to go work in the Sudan, which I agreed. I went into Khartoum and worked with a mission called the Joint Military Commission and Joint Monitoring Mission. We were based in the Nuba Mountains, which was halfway between North and South Sudan. Worked over there until about 2003, and went to set up the African Union mission in Darfur, which was in 2003, 2004. Worked over there on and off till about 2007. Came back to Sierra Leone in between 2004/2007, worked with PAE on the Ivory Coast and Liberia missions, based in Freetown, setting up all the logistics and operations. From there, I took a career break for a few months and joined another organization called RA International in late 2007. I started working with them in South Sudan, also in support of the UN peacekeeping mission there, and doing some work for the South Sudanese government. Between 2007 and 2014, I was working with RA International between South Sudan; the Sudan; Chad; Mogadishu, Somalia; Freetown, Sierra Leone.



Q: Can I ask, when you look back at those years that you were working in Sudan, I know this is a large span of time to ask this, but are there certain memories that really stay with you?

Hiranandani: Just the suffering of people: women, children, men. It was devastating to see all that. It also did feel good that there were some people who were willing to go there and make a difference, and I was proud and honored to be asked to do that.

Q: So I suppose we got up to 2014. 2014 comes around.

Hiranandani: Yeah, 2014, I was in Sierra Leone. I came to do some for RA International, and when I was about to leave, the Ebola outbreak had just started. I finished my work in Sierra Leone and was heading back to Nairobi, where I was based at that time. I fell a bit sick in Freetown. I thought it was just something that was just passing. So I took the flight and went to Nairobi. I landed at Jomo Kenyatta [International] Airport. At that time, Ebola checks had already started, and of course you got medical personnel checking temperature and filling out the necessary medical forms. I did mention on the form that I was a bit sick, and they did check my temperature. It was a bit high, so they quarantined me at the airport for about six hours or so until my temperature went down. I gave them an address and a phone number where they could locate me just in case. I think they wanted to monitor and check on a regular basis. During those six hours, I made a quick decision to take a sabbatical from my original job to come back home to Sierra Leone and

volunteer in whatever capacity that I could. Those six hours got me thinking about what my country must be going through at this time, and it would be good to go volunteer, just as I did during the war. So I got out of the airport, called the CEO [chief executive officer] of RA International, and informed her that I wanted to take a break. I tried to get the next flight to Sierra Leone. I had a return ticket to come back with Kenya Airways, but Kenya Airways had stopped operations at that time. So I had to buy another ticket and go to Dubai. From Dubai to Morocco, Morocco to Sierra Leone.

Q: Air Maroc?

Hiranandani: Exactly, Royal Air Maroc, which was one of the airlines that continued to fly.

Q: I'm really interested in those six hours that you spent in quarantine in Kenya. What was going through your head? Were you frightened?

Hiranandani: I was a bit scared. I didn't really think it was Ebola, but I was just more frightened for the country itself. We'd never had something like this before. We didn't know how to deal with it. That prompted me to make a quick decision and come home. I really didn't know what I was going to do. I had no idea what I was going to do, I just said okay, let me go back home and see how I can fit in, and that was it.

Q: What happens then?

Hiranandani: I came back to Sierra Leone and met various people to see how I could help out. Unofficially, I was helping out International Medical Corps. At that time, they had already sent in a team to come and set up the emergency response team for Ebola. I knew the vice president for international operations of IMC [International Medical Corps], he was a good friend of mine. I dropped him an email, I said, “I’m in-country, I would like to help out, but it has to be pro bono and voluntary.” I wasn’t looking to make any money. Their human resources person got in touch with me, interviewed me over the phone, and that was it. I started working with IMC in September of 2014.

Q: What did that volunteer position entail you doing?

Hiranandani: Because I had local knowledge, it entailed coordinating with the Ministry of Health [and Sanitation], coordinating with the National Emergency Response Center, meeting with the paramount chiefs. I’d advised IMC that if you’re tasked to set up an emergency response team and running an Ebola treatment center in the community, it’s always good to meet with the paramount chief, meet with the community leaders, the elders, introduce ourselves, and let them know that we will be operating there. It just makes things very smooth, and you pay the necessary respect. I did that, engaged with the community, engaged with the police and the military personnel as well.

IMC was then tasked to set up the first Ebola treatment center in the north of Sierra Leone. There was no Ebola treatment center there at that time, and anybody coming in

from the north had to be driven all the way to the south, which I think Bo had a treatment center run by MSF [Médecins Sans Frontières]. Noticed that you would send an ambulance, but you'd have Ebola-affected patients or suspected patients that would pass away in transit. We were tasked to build an Ebola treatment center in the north, and there was a lot of political pressure on us because of the timeframe. We hired a construction company and we started working two shifts, day shift and night shift, just to get the treatment center up and running. It was also the rainy season, so yeah, we were under a lot of pressure.

Q: I want to return to this very soon, but just backing up a second, I'm interested in that engagement that you did with the community members, with the police, with the military, with the paramount chiefs. When you look back, are there times you were interacting with these communities that really stand out to you in your mind?

Hiranandani: Yes. The first location we set up a treatment center was Lunsar, and I met with the paramount chief, Koblo Queen [II], and you could see the despair in their eyes. You could see the sadness because they had people dying in the community. There was a lot of education going on by government and the international community not to touch anybody with Ebola, and Sierra Leone societies are such that you have your child that is sick—I think it generally goes for all societies. Anybody sick in your family, you do tend to touch and care for them. To suddenly tell somebody, no, you can't touch your child, or you can't touch your grandmother, your grandfather, your husband or your wife, you could see the despair. Speaking with the paramount chief, when he found out we were

coming to set up a treatment center there, you could see the hope and the happiness that at least there would be a treatment center in the community and that region and people would not have to travel so far away. Even when you do travel far away, they'll only take the patient. The family members are not allowed to get onto the ambulance. They wouldn't know when they were going to see their family member next. And you'd see health workers dressed up in PPE [personal protective equipment] with masks. You'd never seen that happen in Sierra Leone before, so people did get afraid. They welcomed us very well. They did welcome us.

Q: Was that always the case?

Hiranandani: That's always been the case. Nobody put up any resistance at all. They saw it was a collective fight. The paramount chief and the section chiefs gladly provided the land where we could build an Ebola treatment center, and there was no hindrance at all.

Q: Earlier, when you were working with engaging the police, what did that work involve?

Hiranandani: There's always going to be some—I won't say "discontent," but there's some people who are not always happy with the situation in the country. You do need to get the security agencies—I won't say "involved," but to let them know that we are coming to the community. In case there is an emergency, we do need their protection, and that went for the army as well. Because of my previous work during the war, I did build

up good relationships with armed personnel and continued to maintain them. So basically, a meet-and-greet.

Q: I'm sorry, back to the Ebola treatment center in the north. How long did you have to build this thing?

Hiranandani: We were given a time period of a month and a half. We're looking at quarantine areas, looking at the suspected areas, where you put suspected patients; you're looking at the recovery areas, you're looking at toilet facilities, kitchen facilities, warehousing for all the equipment and materials; you're looking at tents or areas where health workers can operate from. It did take a long time. A normal construction like that would take a few months, but we had to compress it and work two shifts. That was in Lunsar. The second treatment center we were tasked to do was in Makeni, and that was being supported by the British government. They had the Royal Engineers from the British Army that were building that facility, but in conjunction with IMC. We were providing them with the layouts, and they were doing the construction work. I was between Makeni and Lunsar trying to get things done.

Q: What was your experience like being that intermediary between IMC and the British military?

Hiranandani: It was good. It was really good. I'm not a construction specialist, but I have done that in previous jobs, so it was good to share experiences and share ideas of the best

layouts of the Ebola treatment center. We did get a lot of technical advice from MSF on how their layouts were, and the World Health Organization as well.

Q: Do you remember some problems that came up when you were planning these layouts and this construction that you were able to tackle?

Hiranandani: One was the flat land. It was rainy season, and we had to have a slope so when water does run through, it goes right past and it doesn't actually enter the Ebola treatment center. We had to come up with ideas on how drainage should be because you couldn't have water entering the Ebola treatment centers with the virus right there. It did involve a lot of—we had to get heavy equipment and do a lot of cutting and leveling of the ground. That did take some of the time as well.

Q: Up to this point, who were some of the people in IMC who you were working closely with?

Hiranandani: I was working with Hussien Ibrahim, who was the country director. I was working with Samuel Grindley, the deputy country director. I worked with Hassan Kamara [note: unconfirmed spelling], who was the logistics coordinator. I worked with a gentleman called Yogi Mahendra, who was a logistics coordinator as well. And Tara Lyon [note: unconfirmed spelling], who came in from the Washington office, she was there from the start to help us set up operations as well. Those are the people I was

working very closely with, and with retired Colonel SET Marah, who was the security manager for IMC.

Q: Could you maybe pick a couple of those individuals and describe a memory that you have of them?

Hiranandani: I would say Hussien Ibrahim, the country director for that operation, he led from the front. He was from the onset when we were setting up the Ebola treatment center in Lunsar. He was right there with a hammer in his hands, nailing stuff together, putting up framework for tents, helping to dig ditches. Tara Lyon, very intelligent, very strong personality, she was great. Right there with us first shift, second shift, middle of the night, same thing, walking around in dirty jeans, boots, because it was raining. Everybody helping out. It was really good.

Q: Working those two shifts—I mean, I know that you had worked in some very difficult areas beforehand of course. In what ways was this similar and what ways was this different?

Hiranandani: It was similar because of the emergency. This is the first time I was working in a medical emergency as compared to a war zone, but everybody did take it seriously, just as we would in a war zone, and I really did take it seriously. You could see the urgency, and you could see the need of getting things done and starting operations on



time, and if not matching the deadline given to us, but beating the deadline. That was really good.

Q: How was your mental and physical health during this time?

Hiranandani: It was surprisingly good. Apart from that flight to Nairobi, when I came back, didn't fall sick once. Mentally, it does affect you in a way because after the war, this was the only time we had had an emergency in our country. It does sort of affect you more than it probably would if you were working in another country. But it was okay. I could handle all the pressure.

Q: Did it bring back some memories of what it was like back in the war?

Hiranandani: Yes it did. It did bring back memories, mainly because of the suffering that we were going through. We did suffer a lot during the war, but that was an enemy that you could physically see. With Ebola, it's a virus, you can't really see it unless it manifests itself in a patient. Then you can see the physical symptoms, but you really didn't know who was infected in the initial stages. That was a bit scary. But it still didn't stop us from doing our jobs.

Q: So, there was the first Ebola treatment center built in Lunsar—

Hiranandani: In Lunsar—

Q: —and then down in Makeni—

Hiranandani: —and then Makeni, that was the second Ebola treatment center. Then we were asked to take over another Ebola center in Kambia. It was initially being run by Partners in Health, but they were pulling out, I'm not sure what the reason was. I think it was the US government through OFDA [Office of US Foreign Disaster Assistance] that was supporting that facility. Because IMC was doing a good job in Lunsar and Makeni, they also said we had the capacity to take over the treatment in Kambia. I went there for the site visit along with a lady called Audrey Rangel, and we said yeah, we could handle it. But we needed some time to refurbish the facility and to put better safety protocols in place, so we did close down for a couple of weeks just to get it up to the standard that IMC was used to operating in.

Q: Can you describe some of those changes you had to make?

Hiranandani: Basically, making sure that—for example, the roofing, there were leaks in some places, had to repair those. Better lighting in place and better passageways. And make sure that there is no interaction between affected Ebola patients and people in quarantine or suspected.

Q: Do I understand it right that your involvement, or that IMC's involvement, went beyond just constructing these facilities and continued with operations?

Hiranandani: Exactly. It was constructing the facilities and also operations. They had a very dedicated team of doctors and nurses that worked on a shift basis and actually provided treatment to Ebola patients.

Q: So sorry, I like to bring us—

Hiranandani: It's fine.

Q: —let's see. What month was it, do you remember, that Kambia was—

Hiranandani: Kambia, I think it was in January of 2015.

Q: And the previous ones were—

Hiranandani: The previous ones were—Lunsar was around October of 2014, and Makeni was in November of 2014.

Q: So during this time, the epidemic is changing, evolving. How did that affect your work?

Hiranandani: Me personally or as the organization?

Q: I actually mean as the organization.

Hiranandani: As the organization, we just hunkered down and carried on. Because we were expanding, we hired a lot more people to come in, and we had dedicated teams in Makeni, Lunsar, and in Kambia. All separate teams. We had doctors, nurses, other support—clinicians, pharmacists, logisticians, because we had warehouses that needed to be operated on and security personnel of course. Drivers to drive the ambulances and other support vehicles, kitchen staff to provide nutritious meals for patients. Laundry personnel. It was a whole support operation right there. We had dedicated people, dedicated people working on this, both the Sierra Leoneans and internationals. It was really nice to see Sierra Leoneans standing up and taking leadership positions and leadership roles.

Q: When you look back, is there one of them who stands out?

Hiranandani: There's a lady called Sarata Sillah. She's Sierra Leonean, but based in the UK [United Kingdom]. She was in Sierra Leone at that time, working with an organization called Rainbo Center that provides support to women who have been raped. She was in-country at that time, and she started as a volunteer initially, and then she was employed and hired by IMC. She was a nurse and she took a lead role.

Q: Are you still volunteering for this entire time?

Hiranandani: Yes.<sup>1</sup> [laughter]

Q: Are you also able to see the effect that these facilities that you're creating and operating are having on—

Hiranandani: On the community or on the response itself?

Q: Both.

Hiranandani: Oh yeah, for sure. One, we did save a lot of lives, we did provide all the necessary treatment. Of course, we did lose patients that were too far gone, mainly because it wasn't reported on time. Yeah, we did see a good impact. Especially within the community, because now they knew they didn't have too far to go to come and visit. We had a section which was outside the treatment center, it was covered and with a fence in between where family members could come and talk to the patients who were suspected or actually had Ebola. So there was some interaction. It was not like the patient taken from the north, driven to the south, probably never seen again. They could come on a daily basis to come and talk to their family members, which did help because apart from the physical effects that the virus has on you, the mental part of it is very important too. When you know you can see your family member, maybe talk to them through the fence, it makes you fight harder.

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<sup>1</sup> Note from J. Hiranandani, September 2018: I was offered a paid position with IMC, which I did take on. I used to donate my salary towards the Ebola fund (Ebola orphans, nutrition food boxes, medication), so considered this to be volunteering as well.

Q: Were those plans that must've been inherent in the layout of the facility to allow family members and patients to interact, were those part of the design from Lunsar on?

Hiranandani: It was from Lunsar on. We had a very good psychosocial team, and I think it was their suggestion as well that we find some way for family members to be able to talk to families who were sick. That was the best solution, to create some sort of a boundary fence where we made it comfortable for them with shade from the sun or the rain. A few lawn chairs there so they could sit down and wait until the patient was ready to come outside and talk to them. We did make sure that they could talk to each other, but with a safe distance.

Q: That brings up the fact that you must've been consulting with a wide variety of experts in the decision of how to lay these things out, from infection prevention to psychosocial to—

Hiranandani: Of course. Yeah, we did. I think MSF are known as the experts in Ebola because they've been working on it since the outbreak first started in the [Democratic Republic of] Congo. They were the experts. Even before we set up the Ebola treatment centers, we got our team to come into Sierra Leone, and we put them with the MSF team in Bo so they could go through some training. We used the layout that MSF had for their treatment center and just improved on them slightly. Of course, there were experts from

MSF, experts from the World Health Organization, even from the government side of it as well, the government of Sierra Leone.

Q: Were you able to take some lessons learned from Lunsar and from Makeni as you continued?

Hiranandani: Yeah, of course. Drainage, as we said, was an issue in those areas. What we learned in Lunsar in the lay of the land, we applied that in Makeni, and quarantine areas, layouts of passageways, which we learned in Lunsar and Makeni, we implemented those in Kambia. We did learn. We did learn as we went along. Donning and doffing of PPE, mixture of chlorine, spraying down and hosing of personnel, ambulances, everything. Yeah, we did learn a lot. We did learn as we went along.

Q: Did you have any healthcare worker infections at these sites?

Hiranandani: We did not have any infections, but we did have a suspected case where one of our international staff accidentally punctured her glove with a sharp, and she was put in quarantine and medevacked out of Sierra Leone. Luckily, she was not infected with Ebola.

Q: So I guess we're about to January of 2015 now, with the structure in Kambia?

Hiranandani: I'd say between January and February of 2015. I set all that up along with the IMC team. Basically, they were running everything, and I was just doing the rounds, maintaining the relationships, traveling between Freetown, Lunsar, Kambia, Makeni, meeting with the paramount chiefs, the military, the police, community workers on a regular basis, and helping the logistics team in Freetown as well.

Q: What happens then?

Hiranandani: Because we had started operations, everything was running smoothly, so I was really not needed on a daily basis. Since we hired more logisticians, we hired more operational personnel and made sure not everything was controlled out of Freetown. Each location had their own logistics manager, operations team, so they could support those individual projects rather than everything coming in from Freetown. And made sure that we had warehouses that were stocked all the time with all the PPE, chlorine, everything necessary to continue operations.

Q: It sounds like you're saying you kind of worked yourself out of a position.

Hiranandani: You could say that, yes. [laughter] But I'd prefer that. I don't have issues with that at all, as long as the operations are going on well. That's what I was doing for most of 2015. My plan was when the country was declared Ebola-free, I would go back to my original position and continue with working on peacekeeping missions. But then January of 2016, I got approached by the country director of eHealth Africa, her name is



Michelle Rose. She was country director at that time, and she worked with IMC for a while. And eHealth Africa was managing the 1-1-7 Ebola call center. They were having—I won't say any issues, but they needed to build better relationships in the country, and because I know a lot of people, Michelle asked me if I would come and help them out with that. So I started with eHealth Africa in January of 2016 until today.

Q: What does that mean? What kinds of troubleshooting are you—

Hiranandani: Basically, maintaining good relationships with the National Ebola Response Center at that time, Ministry of Health, the District Health Medical Teams in all the districts, the district medical officers, paramount chiefs—basically, similar things to what I did with IMC, but apart from the logistics part of it.

Q: Had there been some sort of breakdown in communication somewhere that you had to—

Hiranandani: At that time in January of 2016, WHO had declared Sierra Leone almost Ebola-free, and so there was a transition between the National Emergency Response Center to the Ministry of Health. So, eHealth Africa was working mostly with the NERC, and they needed to develop relationships with the Ministry of Health and the Office of National Security because they were then tasked for emergency management. So I was doing that for them. At that time, CDC was supporting eHealth Africa with the 1-1-7 operations, but funding was coming to an end, so they were looking for funding as well. I

introduced eHealth Africa to DfID [UK Department for International Development] and they asked eHealth to do a proposal for continued operations of the 1-1-7 Ebola call center under their Resilient Zero operations. I helped with the development of the proposal, submitted it to DfID, and they gave eHealth Africa about two million pounds to continue Ebola treatment, Ebola operations.

Q: Was that enough to sustain them?

Hiranandani: It was enough to sustain until—I think it will come to an end in June of 2017, this year, so very soon.

Q: Who are some people you worked most closely with within eHealth Africa?

Hiranandani: eHealth Africa at that time was Michelle Rose. There was a gentleman, Olu Olutola. There was Mariam Diop. She was actually the project manager for the 1-1-7 operations, and since I was focusing mainly on that, she and I worked very well together.

Q: Can you tell me a bit about her?

Hiranandani: She is part Sierra Leonean, part Senegalese. She has a health background as well. She was working with eHealth before I got there. When I came in, she and I worked very closely to develop all the proposals and do the submissions to DfID, along with a lady called Faye [Simmonds].

Q: You mentioned that CDC had earlier, before DfID, been funding—had you worked with CDC people much or at all?

Hiranandani: Not with eHealth, but there were some CDC personnel that were working with IMC. I did not work directly with many of them, but I think the initial team of CDC personnel that did come in had requested Hussien Ibrahim, the country director, to take them around on some site visits. I was part of that delegation that went on site visits. But I did not interact much with the CDC personnel. I left that for the country director to deal with. I like being more behind the scenes. [laughter]

Q: I guess that almost brings us up to the present, then.

Hiranandani: Exactly. Currently working with eHealth Africa. The operations manager resigned recently, so the current country director of eHealth Africa, Evelyn Castle, she asked me if I would fill in that role. So I'm doing the operations manager position and the senior partnership advisor as well. I signed on for about another three months, so we'll see how things go. But I'm more of an emergency worker. I like working emergencies, and that thankfully has come to an end in Sierra Leone, so I would like to probably go back to my previous job and back into war zones because that's the kind of work I like doing.

Q: Where are you thinking?

Hiranandani: I'm not sure yet. I have to talk to RA International and see if they're willing to take me back. I stopped working with them in 2014. It was a good position. I went up to senior program manager, regional program manager, traveling to all their projects, helping their country directors out. If they're willing to have me back, I'm not too sure, we'll have to wait and see. [laughter] I think 2014 to now, 2017, three years' sabbatical, I'm not too sure. A lot of things change.

Q: Doing important work though.

Hiranandani: I have no regrets at all. I have no regrets. Always good to come back home and volunteer in whatever capacity I can.

Q: This has been such an informative interview for me, Jatin. Thank you so much.

Hiranandani: Thank you.

Q: Before we end the interview, are there any other memories of this time during Ebola that you'd like to share?

Hiranandani: Yeah. The celebration. When we were declared Ebola-free, you could see the country, everybody celebrating, everybody happy. The [Sierra Leonean] president visited our Ebola treatment centers, you could see the relief on his face, his team's face. It

was a touching moment when WHO declared the country free of Ebola. We were there at the conference when they did that. The people of Sierra Leone joining hands and putting up a strong fight. Yeah, it was good to see. It was good to see. People of different backgrounds, different cultures, different nationalities, having a common fight. It was good to see.

Q: Thank you so much, Jatin.

Hiranandani: Well thank you, too.

Q: This has been fabulous.

Hiranandani: It's a pleasure. I really appreciate this.

Q: What's it like talking about it, actually?

Hiranandani: This is the first time that I've actually talked about it. I do meet with friends and some people that we worked together with, but the thing is, we went through it together so we all know our experiences; there's not really much need of talking about it. I did travel since then. I took a short break. People—I think it's now out of the news. When you say, "We heard you were working in the Ebola outbreak," I said "Yeah, we did," and that was it. Really don't talk about it much. So this is the first time. Thank you very much for the opportunity.

Q: Thank you very much for being here.

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