

RESTLESS DEVELOPMENT SIERRA LEONE - EBOLA RESPONSE MID-TERM REVIEW

27th February 2015



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Front Page Pictures: Restless Development Staff and Community Mobilisers.

1. Introduction

Social Mobilisation is a central getting to zero within the context of the current Ebola outbreak in Sierra Leone. It underpins all other initiatives through behaviour change and in creating demand for services targeted at reducing Ebola transmission.

Social Mobilisation is more than providing health messaging and one-way communication. It is about deep community engagement whereby communities are supported to identify and act on the main challenges to stopping Ebola transmission in their communities. Central to working with communities is trust and working closely with local authorities and communities leaders to facilitate the implementation of community initiatives.

Restless Development has been active in the national Ebola response since the first week of the outbreak, when a curriculum was developed for training 120 Volunteer Peer Educators (VPEs) to promote Ebola-safe behaviour in 20 communities across 9 districts through June and July 2014. Restless Development has continued to implement its traditional VPE programme, with 168 VPEs living and working in 13 districts across Sierra Leone throughout the Ebola crisis. Although VPEs have continued to make considerable contributions to keeping their communities Ebola-safe, this Review focused on the emergency response only.

Since June 2014, our Ebola response has focused on social mobilisation and behaviour change in rural communities. The Restless Development response draws on a decade-long volunteer programme that has trained 2,000 young Sierra Leoneans to act as volunteers and social mobilisers in rural communities across all 14 Districts. Many of these ex-volunteers have been mobilised as part of the response.

Central to our role in the Ebola response is our membership of the UK aid-funded Social Mobilisation Action Consortium (SMAC). Together as partners SMAC – BBC Media Action, Centres for Disease Control, FOCUS 1000, GOAL and Restless Development – are working with communities, across the airwaves and with religious leaders to address Ebola with a comprehensive Social Mobilisation approach that works from the community up.

Working with other partners including UNICEF, Age International and Comic Relief, Restless Development expanded SMAC Community Mobilisation in high-risk areas, developed tools for reporting children affected by Ebola, ensured the inclusion of vulnerable groups and undertook large-scale household engagement in Freetown's slum communities.

On the 27th May 2015 Restless Development held an Ebola Response Mid-term Review in Freetown. The aim was to highlight best practices, innovations, challenges and solutions based on Restless' social mobilisation response since June 2014. The review covered the following programmes, which are operational in every district nationally:

- Curriculum development and training of 120 volunteers in 60 communities nationally, June – July 2014 (UNFPA);
- Curriculum development, training and support of 200 Ebola outreach interns in 4 districts Sep – Nov 2014 (Vitol Foundation);
- Training and support of 200 community mobilisers in Freetown, Dec 2014 (E-Africa and CDC Foundation);

- Training and support of 50 community mobilisers and 12 REFLECT facilitators in Freetown slum communities, June 14 – Feb 15 (Comic Relief and Y Care International);
- SMAC Community Mobilisers trained and facilitated in 11 districts, Nov 14 – April 15 (UK aid/SMAC);
- CLEA training and SMAC support of 202 Community Mobilisers in 3 districts, Nov 14 – Feb 15 (UNICEF);
- CLEA training and SMAC support of 230 Community Mobilisers in 4 districts, Jan 14 – April 15 (Age International).

Attendees to the workshop included:

- Senior Management from Restless Development Sierra Leone and International;
- Implementing Restless staff from both rural and urban programming;
- GOAL staff member from Kenema;
- Paramount Chief of Moyamba Junction and his son (a Community Champion);
- Survivor representative (SMAC Community Mobiliser);
- Representatives of DFID, UNICEF and the National Ebola Response Centre (NERC).



SMAC AND THE COMMUNITY-LED EBOLA ACTION (CLEA) APPROACH

There are regular references in this Review Report to the Community-led Ebola Action approach. CLEA is the approach designed and implemented by SMAC partners to engage communities. CLEA is a Participatory Rural Appraisal approach that supports communities to conduct their own analysis and take their own action to prevent Ebola transmission. It is a combination of the Restless Development VPE methodology and Community-led Total Sanitation (CLTS). It consists of a series of PRA tools and a structure for supporting and monitoring Community Mobilisers over a large number of communities for an extended period of time.

CLEA focuses on triggering collective action by inspiring communities to understand the urgency of the situation and the steps they can take to protect themselves. This is generated through a consultative process led by Mobilisers from within and outside the community. Unlike previous mobilisation efforts, which have mainly used health education and one-way communication to raise awareness among individuals, CLEA focuses on the community as a whole and on its collective benefits. Social solidarity, cooperation, and mutual support are vital elements of community life in Sierra Leone, which can and already do contribute positively to Ebola response efforts. As in any society, Sierra Leonean communities will modify norms, beliefs and behaviours in response to the conditions around them. CLEA mobilisers simply ignite and support communities to take these necessary steps.

HOW 'CLEA' WORKS FOR RESTLESS DEVELOPMENT

- SMAC social mobilisers—Restless Development ex-volunteers, community health workers and community/youth leaders—are trained in the CLEA methodology, safety and security, M&E and social mobilisation techniques.
- Coordination and consultation occurs with community and district leadership in preparation for engagement.
- Social mobilisers are paired and then connected to 12 communities.
- Each pair of social mobilisers visit each community and undertake a 'triggering' session, igniting action against Ebola. Within one or two visits an action plan is developed and champions are identified.
- Every 1–3 weeks, social mobiliser pairs visit each community once, 4 communities a week.
- Mobilisers become a reliable constant for communities, assisting with referrals, alerting burial teams and providing advice.
- Every Monday the mobilisers meet with staff, submit monitoring reports, share information and prepare for the week.
- Mobilisers are monitored through field visits, phone, local authorities and communities.

2. Structure of the Report

This report provides a summary of a large number of issues identified and discussed within the context of the Mid-term Review. Given the large number of opportunities, challenges, emerging issues and recommendations made by the team, it was agreed that these would be reduced to those issues identified as the highest priority. This report reflects the outcomes of the workshop and the priorities identified.

Staff were initially asked to consider:

- Programmatic best practices and challenges/suggested solutions;
- Operational best practices and challenges/suggested solutions.

Section 3 and 4 of this report summarise the feedback from staff across all 14 Districts.

Section 5 is the result of discussions on issues emerging from within SMAC/Restless Development communities.

Restless Development and SMAC staff are playing coordinating role within the Social Mobilisation Pillar across all districts. Section 6 describes the recommendations Restless Development/SMAC staff feel should be prioritised in the next Phase of the response and into the recovery.

All Districts were asked to present on their work over the first months of the Ebola response. They developed gallery presentations that were displayed for colleagues and partners to review, discuss and questions. Each of the District teams were asked to answer the following questions:

- What are 3 things that have worked well in the response so far?
- What are 3 things that have not worked so well so far?
- How have you collaborated with other partners within social mobilisation to support prevention activities?
- How have you integrated with other Pillars to improve their Ebola-related services?
- How has the team adapted the CLEA approach?

Section 7 provides a district-by-district summary that summarises the answers to these question, with a strong focus on highlighting innovations across all areas.



3. Programmatic Assessment

Participating staff were asked to participate in an activity to identify the best practices and challenges/solutions related to technical programming. A large number of issues were identified, and from these priority issues were selected and are included here.

3.1 Best practices

Community Mobilisers facilitating alerts.

- Outreach into 50% of communities nationally, linked with regular visits, weekly meetings, Community Champions and a Closed User Group of free phones calls for all Mobilisers and staff, have resulted in a significant capacity for facilitating community alerts.
- In Kono, SMAC has placed an 'Alerts Intern' so as to link 'demand and supply' of services, working closely with the safe burial teams and coordinates joint supervision visits to the SMAC selected communities.
- In Koinadugu, among the numerous partners traditionally known for reporting on surveillance (alerts), SMAC has been publicly recognised for our contribution into the alert system. In a recent WHO and Surveillance Pillar report on alerts starting February, 2015, SMAC mobilisers contributed to 29% of the total alerts. The Surveillance Pillar contributed 28%, PHU contributed 13% and communities contributed 30%. The DERC coordinator and other partners commended SMAC for the active contribution. In 2 of the other chiefdoms that SMAC are not working, there has not been alerts coming from these chiefdoms and this has become a concern for DERC. DERC has strongly requested Restless Development to highly consider these other 2 chiefdoms.

Roving Social Mobilisation/Surge Response.

- The teams in Kono and Bombali created a 'roving Social Mobilisation structure' for hot spot areas. This team is ready to react promptly to the surges of Ebola by travelling to the communities that become newly infected to provide immediate support, sensitisation, and helping to avoid the spread of the virus amongst their members. Key to this response are the following:
 - Maintaining best practice in deep community engagement – two-way communication, no speaking through megaphones, gaining trust and not being accusatory.
 - Coordinating and working closely with other pillars to ensure only agreed representatives from each attend and have clearly defined responsibilities.
 - Ensuring Social Mobilisers are from the community or communities nearby, maintaining best practice of Mobilisers needing to be trusted before being effective.

Community-led Ebola Action's scope and innovations.

- CLEA is a well-defined approach where activities, timing and roles are defined strategically. In Tonkolili District, the CLEA awareness sessions have been conducted for all social mobilisation teams including radio stations staff and key stakeholders, resulting in the better understanding, use and visibility of the CLEA and its community-focused techniques.
- CLEA has enabled communities and Mobilisers to give their opinion of how the programme can improve through ensuring a two-way mechanism. Structures built to support CLEA (across 8,800 communities) have enabled community feedback and alerts to be taken directly to the DERC. For example, burial teams have been dismissed based on feedback from communities on unethical behaviour relayed by SMAC Community Mobilisers to the DERC.
- Additionally our field staff has taken the initiative to closely work with Community Champions in each community, which is helping to sustain our programme's impact. Community Champions are primary points of contact for pairs of SMAC Community Mobilisers and often maintain responsibility for reporting on the progress of Community Action Plans. Some Restless Development Field Officers have started organising Community Champion meetings for sharing of progress in their communities and this is proving to have a great impact within their own communities in providing motivation and new ways of protecting against Ebola.
- As the programme has evolved with the context, our activities have organically integrated the presence and support of Ebola survivors. Our Mobilisers now work directly with survivors who live in SMAC and they are strong role models demonstrating that Ebola can be beaten and providing first hand accounts of what happens in the treatment centres.
- Road communication and transport challenges have resulted in further adaptations: CLEA has been reinterpreted by our field staff to household-level, whereby Community Action Plans are discussed during house-to-house outreach. This has proven an effective method in hot spot areas and where Mobilisers have limited transport options due to quarantines.

Engaging on the reopening of schools.

- The reopening of schools is creating a wave of new concerns in communities. GOAL Community Mobilisers in Kenema have come up with 'child-to-child discussions' and weekly update meetings in 'child forums' to inform on schools reopening news and Ebola messages related to this.

Empowering local structures and response decentralisation.

- Local leadership through the DERCs and their coordination effort at District Level is being very successful. In the Districts where the DERC is most active and capable (i.e. Bombali and Port Loko) our Assistant

Programme Coordinators have been relocated from our SMAC office to the DERC office to support district coordination.

- Our teams have contributed to improved management of the district secretariat (manned by our staff in these district) and started building the local structure's capacity by training their DERC and DHMT colleagues in CLEA approach and other skills. DERCs are now creating their own update newsletters to inform partners.

3.2 Challenges and solutions

Managing relationships with communities.

Challenges:

- Communities have increased their expectations of us providing them with material and facilities, as well as other incentives for champions. Perceived competition between NGOs in the same communities and with Community Champions/survivors whereby some implementing agencies provide money to communities without clear guidelines, increasing demand from our communities.
- Some communities at times not being truthful in regards to the implementation of their Action Plans (i.e. in the north still unsafe burials are taking place).
- Communities are not receptive to our messages when Standard Operating Procedures (SOP) are not followed or are inefficient (i.e. the burial teams arriving late make communities grow impatient and bury corpses by themselves, organisations giving out gloves to communities to handle their dead, dead bodies being moved between districts...etc.) .
- Conducting joint social mobilisation activities for Community Champions in District headquarter towns means that Champions have to pay their own way.

Solutions:

- Restless Development should be realistic and clear on our approach, which has not changed during the Ebola response. We don't provide the same services beyond payment to Mobilisers; this means we do not pay community sitting fees, money for community members not directly 'employed' as volunteers nor commodities for communities such as buckets. With staff and Mobilisers, we maintain that best practice social mobilisation provides incentive itself and should not be complimented by monetary incentives. Where possible, we should link communities to partners who render those services Restless Development does not. Another solution is to assist communities with transport and communications to develop their action plans, which is already being put in place in some districts.

- In terms of implementation of Action Plans, the solution is to do more frequent monitoring and follow up visits in at-risk communities. This may require additional resources to enable Community Mobilisers to travel more frequently.
- The solution would be to enforce the SOPs for everybody equally, including influential people who have been using this influence to avoid the SOPs. Our DLOs will be able to advocate in the district and national appropriate for a. It was also suggested that involving secret society heads in the burial teams or during the burial process may overcome some of the continued resistance in communities.
- Staff recommended that conducting Community Champion meetings in Chiefdom-headquarter towns will bring the meetings closer to them and reduce the cost of transport.

Coordination and leadership from the DERC and DHMT.

Challenges:

- In most districts, there is some confusion between the DHMT and the DERC in terms of their roles and responsibilities in certain aspects related to emerging issues, especially in relation to the transition to a recovery period. There is often limited coordination and competing meetings, which take up a lot of time for implementing agencies attending both.
- Late response to alert calls.

Solutions:

- An active effort should be made to clarify to in clarifying roles and responsibilities between both structures, especially as there starts to be a transition from the DERC. Monthly review meetings for all social mobilisation partners can provide consistency across coordinating mechanisms.
- SMAC District Liaison Officer, located in the DERC, should be charged with following up on late alert responses and ensure that communities are kept informed.

Expanding CLEA.

Challenge:

- CLEA is focused on a whole-of-community approach inclusive and does not target specific groups (other than requesting that they attend triggering sessions). As we move into the next Phase of the response and recovery we need to be targeting specific groups.

Solution:

- The solution may be to expand the recently developed training on vulnerable groups (in partnership with Age International) to all Social Mobilisers and ensure that this is made available to other partners that wish to implement CLEA, including training of DHMT.

Monitoring and Evaluation systems challenges.

Challenges:

- M&E systems and data entry are a big challenge; there is a large bulk of daily reports being received from the field and insufficient computers for all staff.
- Delay in capacity building for rolling out the Monitoring and Evaluation Tools. Some tools were not applicable in some Districts.

Solutions:

- The new SMAC smartphone data collection system pioneered by Bill and Melinda Gates Foundation-funded project will reduce amount of paper M&E work and facilitate the data entry and monitoring systems. Also, hiring of interns for data entry and sourcing additional computers will increase the timeliness for monitoring in those districts where smartphones are not being utilised.
- The solution is to involve the District teams more in the development of the tools and also develop accompanying technical guidance notes for them to have application tips during rollout.



4. Operational Assessment

Staff were also asked to participate in an activity to identify the best practices and challenges/solutions related to operational issues related to the response, such as logistics and financial management. Again, a large number of issues were identified, and from these priority issues were selected and are included here.

4.1 Best practices – what has worked well.

Facilitating communications.

- All staff and Mobilisers have had their phones registered with the Restless Development Closed User Group (CUG) enabling unlimited free calls and texts amongst staff and Mobilisers within our organisation and avoiding top up transfer and other cash issues. This has been especially effective in providing a mechanism for alerts, as it is the only comprehensive network of unrestricted communication in most districts.

Innovating and decentralising finance.

- Financial support to the regions is strong– Restless Development provide continuous support to the regional finance team and Assistant Finance and Admin Coordinators (AFACs). We have found solutions to payment problems, initially through the selection of SPLASH as service provider to pay Community Mobilisers. However, this proved challenging for diverse reasons (i.e. Mobilisers losing/changing SIM cards, not receiving payment codes etc.). Hence we innovated by paying Mobilisers' stipend though 'splashing' APC's the Mobiliser monthly stipend, and therefore reducing the risk and ensuring communication with one focal point per District.

Monitoring and Evaluation-oriented activities.

- Our activities are designed to be results oriented in terms of reporting– there is strong support and feedback amongst the team. Ensuring we collect daily information from communities enables tracking of their progress and making sure their concerns are heard at DERC and NERC level.

Efficient human resource processes.

- A recruitment process took place to hire District Liaison Officers. Internal recruitment was allowed together with external recruitment. Many of our APCs were already successfully creating the DLO network and liaising with partners, hence it was a successful process.

Flexibility in regards to transport.

- Mobilisers doing deep community engagement in the own towns when transport is limited
- The SMAC Restless Development Team has been coordinating with the Social Mobilisation Pillar to facilitate joint field visits with the DHMT

- The team is in many cases using their private bikes/vehicles and requesting for fuel from Restless Development.

4.2 Challenges and solutions

Strict finance procedures.

Challenges:

- Organisational policies and procedures sometimes seem to be too rigid. Although tight controls need to be respected in emergency contexts, this can result in the delay of payments and funds transfer due timely request and bank processes.
- Field staff have to spend considerable time requesting, acquitting and travelling on a weekly basis for their financial resources.

Solutions:

- The solution is facilitating monthly requests for Regional Managers, monthly transfer of funds and early communication if there are delays.
- Field Officers should also be able to request monthly, but acquit weekly. This would be far more efficient and enable more time to be spent on programmatic priorities.

Logistics delays.

Challenge:

- Quite often logistics support to the Districts (procurement of material, arrival of vehicles, and delivery of support) is delayed because of internal processes or procedures or external reasons.

Solution:

- Involve relevant staff in logistical mapping on a regular and coordinated basis. This might consist of regularly scheduled meetings and keeping continuous communication on the implementation of plans. Also, better logistics support might include hiring more staff to support.

Insufficient resources.

Challenges:

- Insufficient laptops for reporting.
- SMAC is understaffed: Field Officers cannot cope with so all upcoming duties including visits and meetings, as well as the overseeing of an average of 30 Mobilisers. The suggestion is to increase the number of staff and bikes available for their movement.

Solutions:

- The solution is to request and purchase more laptops in the forthcoming projects/ project extensions, and reducing M&E processes through the integration of smartphone reporting.

5. Emerging Issues and challenges in communities

Ebola Survivors.

- The increasing discussion at District-level in regards to risks of survivors infecting their spouses is becoming a major issue. Survivors need to be engaged from within the Psychosocial Support and Social Mobilisation Pillars to encourage them to stay safe 90 days. There is hearsay evidence to suggest that survivor infection of sexual partners is occurring, however this has not been confirmed medically. All Social Mobilisation partners require clear guidance on messages related to this issue and support from District-level leadership in implementation. Restless Development affirms that dealing with this issue should be led by community engagement and not punitive measures against survivors.
- Post-Ebola symptoms have been observed (i.e. eye sight problems). In Kenema there is Survivor clinic, helping them with these effects confidentially. The opportunities are fully integrating the Survivors in the hot spot area responses.

Burials.

- Priority needs to be given to the area of burials – some communities are still managing dead bodies; SOPs need to be reinforced and standardised to all Sierra Leoneans, including those that are influential and in leadership positions.
- Burial teams might include secret societal heads to be inclusive and integrated. There are some questions however as to what specific role societal heads would be playing, i.e. they might try to integrate washing ritual in the safe practices would not be allowed. The community have to provide their solution to this. In a practical example, in Bombali some societal heads are already integrated. Women also need to be involved in the teams for female dead bodies.

Ebola secondary effects.

- The livelihood status of the communities is worrying– farmers have reduced activities and inputs have perished (seedlings). The country has reduced its agricultural output by 30% (according to President Speech, 3 March 2015).
- Increased teenage pregnancy is worrying– how best to support these girls to reintegrate in schools. Prepare proposals for peer advice sessions to support girls to go back to schools.

Dangerous relaxation of safety and security measures.

- The public transport ban removal has resulted an increased transmission rate. Communities are frightened of the people who come from hot spot areas and are often putting measures in place themselves. However, a more consistent coming from political leadership on this issue would make a more conducive environment for continued social mobilisation.
- Complacency concerning safety measures is occurring as many people believe Ebola is over.
- Security of quarantine homes is insufficient as people are moving in and out considering they have many needs (i.e. water, top up, charcoal...etc.).

Coordination Challenges.

- At District-level structures, the changes from DHMT to Task Force to DERC has impacted on the efficiency of the response.

6. Recommendations

Improving integration across pillars and our support to the NERC, DERC, DHMT.

- Restless Development, along with SMAC partners, is implementing and leading Social Mobilisation whilst not losing track of our purpose, we have inadvertently supported the PSS, Case Management and Surveillance Pillars and therefore now is time to formalise this link. There is a gap in the terms of coordination and communication between burial teams, Community Care Centres (CCCs) and communities, hence Restless Development can see this as an opportunity to support these actors by identifying the gaps and offering our know how and staff in the field to facilitate their communication.
- Restless Development is organising training of the CLEA Approach for national stakeholders such as the DHMTs in order to achieve '0' new cases. However, SMAC needs to maintain that CLEA requires a minimum 4-day training the necessary structures to support it.
- Aiming at sharing information, Restless Development weekly Community Mobilisers team meetings can extend the invitation to members of the NERC and DERC
- Burial teams in Port Loko and care services are setting example by now communicating with communities when a family member is taken to a care centre, for testing or to the hospital. Generally there is a communication gap when a community member is Ebola positive- no feedback is given back to communities on their health status, or on whether the person is actually still alive or being buried.

Communicating the role of Social Mobilisation.

Social Engagement:

- SMAC needs to continue to engage partners at District and National level; and keep engaging communities, in spite of the apparent reduction of cases. We need to highlight that the key to ending Ebola is changing behaviour in communities- the core work of social mobilisation. Behavioural change is slow and difficult but social mobilisation is engaging communities in the long term to ensure health and safe behaviours are integrated. Impacts have to be sustainable, and we can corroborate through the follow up visits. This needs to be advocated to decision-makers nationally and internationally.

Communication of Real Cases:

- Developing and sharing cases studies on a regular basis (already happening) and using life stories as Mobilisers, Champions and Survivors. These cases can also be shared with donors and beneficiaries through documentaries in different dialects showing our impact. The results of our work also need to be communicated in Chiefdom meetings to keep engaging local leaders.

SMAC Participating in emerging issues.

Building our capacity to integrate new approaches:

- If SMAC allocates resources into new approaches such as rapid response or surges, potentially with other partners, capacity building needs to be planned to understand the new methods and activities of the response. A team should be trained and prepared on surge response

Enhancing synergies with partners:

- SMAC can map out partners with funds working in the areas where new approaches are being implemented and we can partner and/or learn from them.
- Sanitation is a big issue in quarantines areas- new partners need to be involved to address WASH issues.

Welcoming pro/reactiveness:

- We have to be proactive in responding to emerging issues, e.g the Rosanda experience has put forward a new model where Community Mobilisers are paired with Contact Tracers and Surveillance Officers, where coordination work has moved to a tent. Funds and material should be made available for innovating working methods on the go based on the challenges of the context.

Priorities for achieving the last mile and achieving zero.

Enforcing laws/by-laws:

- By-laws have to be respected/adhered in communities. A flat policy on burial is required- i.e. burial SOPs are respected in towns, but some 'personality' deaths are still being celebrated, hence conflicting SOP and giving a bad example.
- Laws should encourage attitude and behaviour change- being honest, not hiding Ebola corpses, doing secret burials, hiding the sick or survivors.
- Integration across pillars.
- The CLEA approach needs to be maintained and social mobilisation integrated with contact tracers because SM mobilisers are doing contact tracing.
- Social mobilisation should support active surveillance as tracing sick people will avoid virus spread and death.
- Strengthen security for quarantine areas to avoid people from escaping and security teams and contact tracers should inquire quarantined people individually on their health and on their observations and have a thermometer.
- Continuing and enhancing social mobilisation activities.

- Strengthen social mobilisation activities in every district and continue engaging survivors in abstinence during 90 days.
- School reopening: study clubs may need to be covered by SM activities and ensure that good practices are implemented.
- Creating a social mobilisation border strategies to address people crossing to/from bordering countries.



7. District-by-District Assessment of the Restless Development Ebola Response.

During the first session of the Review, teams from each district provided an update on their work in the form of a gallery presentation in the workshop space. The Restless Development team, along with visitors from DFID, UNICEF and the NERC, spent time discussing challenges and opportunities in each district. Prior to the Review, teams were asked to answer the following questions:

- What are 3 things that have worked well during the response?
- What are 3 things that have not worked well?
- How have you collaborated with other partners?
- How have you integrated with other pillars?
- How have you adapted the CLEA approach?

The summaries of feedback from the teams in each District are included here in alphabetical order and provide a snapshot of the response from a District-level perspective.



Pictures: Triggering in Port Loko District.

7.1 BO DISTRICT

- Chiefdoms: Kakua, Tikonko, Bagbo, Selenga, Wonde, Bumpeh, Baoma Valunia, Komboya, Badjia, Niawalenga, Bagbwe, Jiama Bongor and Gbo.
- 84 sections.
- 1,008 communities and Community Champions.
- 8 programme staff.
- 168 Community Mobilisers.
- Partnerships: the Bo team has been working and coordinating with DHMT, UNICEF, UNMEER, PICOT, World Vision, SERVE SL, Red Cross and WAVES.
- Funding partners: UK aid/SMAC, UNICEF.

Summary.

Bo is a cosmopolitan District that is hosting people from different cultural backgrounds and is the District hosting the second capital city of the republic of Sierra Leone. In Bo, Restless Development/SMAC have established the Social Mobilisation Desk at the District Command Centre and developed the Monitoring and Evaluation template for all Social Mobilisation members. Presently, SMAC Community Mobilisers are used as focal persons in all hub towns by other Social Mobilisation actors. Assistant Programme Coordinators and Programme Coordinators have been actively involved in routine house-to-house sensitisation in hot spot areas and conducted joint field engagement visits with DHMT, DERC and Social Mobilisation Partners.

Things that have worked well.

1. Partnership with DERC, DHMT, UNICEF and World Vision during joint field visits to communities with concerns has really worked well.
2. Community engagement on emerging issues like managing deaths, caring for the sick at home, creating an opportunity for community members to discuss their concerns which has yielded positive change with regards community finding answers to their own problems.
3. Recruitment of community members as Mobilisers has indeed added more value to our social mobilisation work at community level.

Things that have not worked so well.

1. The late response of Burial Teams in riverine and hard-to-reach communities has been a very big challenge delivering the CLEA approach in Bo district.
2. High expectations of stakeholders in communities has been affecting the effective delivery of the project in various communities.

Collaboration with other partners within SM to support prevention activities.

1. Engaging community stakeholders to enforce the by-laws and say 'no' to complacency through joint field visits with DERC to re-established temperature check point has been so successful.
2. The development and recording of coordinated prevention messages and submitted to all media houses as jingles and public notices to be aired has also worked well.

Integration with other pillars to improve their Ebola-related services.

1. Inter-pillar meetings with psychosocial and protection pillar with MSWGCA to work on shared action plans.
2. Routine submission of child protection register to child protection desk at the Command Centre.
3. Timely reporting of deaths and sick cases to the alerts desk at the Command Centre. In addition, adapting the role of contact tracers into social mobilisation and continued house to house sensitisation in hot spot areas will improve integration amongst partners in the district.



Picture: Community Triggering in Bo District.

7.2 BOMBALI DISTRICT

Summary.

- Chiefdoms of Operation: Bombali Shebora, Makari Gbanti, Paki Masabong, Sanda Loko, Safroko Limba, Sella Limba, Gbendembu Ngowahun, Libisgahun and Sanda Tenderen.
- 83 sections.
- 990 communities and Community Champions
- 11 programme staff, 4 interns.
- 165 Community Mobilisers.
- Funding Partners: UK aid/SMAC, UNICEF.

Bombali District is currently having hot spots, however these are controllable. The Restless Development team, through SMAC, are very much strategic in the Social Mobilisation pillar within the DERC response with strong representation at Chiefdoms, Section and Community level. This has well positioned the District to respond to issues from one unified communication channel. Our effort to break the Ebola chain has reached over 10,000 people across the District. Presently, 11 programme Staff including 4 Interns.

The CLEA approach so far in Bombali.

The Mobilisers most times do a pre-engagement with communities before their triggering process. It is during the pre-engagement that Mobilisers select the time and number of participants for the triggering session so as to prevent overcrowding and promote participation. This has promoted the smooth running of the process throughout the cycle. The tools used by the Mobilisers depend on the Ebola situation in the community. But, in most communities we see the body mapping, Ebola-spread and survivals stories highly used. Increased community participation and involvement. Strengthened community ownership. The process gave an added value to community structures. Promote the identification of community champions at village level. Speedily send alerts and follow up the outcome through the Field Officers and APCs. The Mobiliser's presence in the community has given the community a strong sense of trust in the health centre and the Ebola process, promoted staying safe while wait, strengthen community engagement and address community misconceptions and rumour.

Things that have worked well.

1. Partnership with the DERC and DHMT: Since the commencement of SMAC in Bombali, there has been a stable partnership with the DERC and DHMT. Currently we are charged with the task of presenting on behalf of the Pillar at the DERC Briefing and at the Secretariat. The DHMT happens to be the co-lead for the Social Mobilisation Pillar, it gives us the opportunity to plan and conduct activities together.
2. Community Mobiliser Management: We have 165 mobilisers at present, they were managed by 3 Field Officers and 3 Support Interns which is a very huge task for them, but with recommendations we have now

got 1 more Field Officer and Support Intern to support this. They have been effectively managed so far and there has been no negative complaint on their conduct since there been in the communities. Health related problems are quickly addressed to ensure no causality.

3. Community Empowerment: The CLEA approached made provision for strong community engagement and integration at all level. 50% of the SMAC Mobilisers are recruited from the different communities in which we operate in the district. Working with them for this period will have earned them a lot in terms of capacity building at community level. The actions and the monitoring are led by the community people themselves with little coming from the Mobilisers.

Things that have not worked so well.

1. Community engagement has been very much successful, but the communities are not being honest in implementing the actions agreed during the triggering process lately. E.g. the current hotspot in Bombali is as a result of the community's deception.
2. DHMT leadership in the pillar has not been very active, there interest have been more on partners who are giving them money to implement rather than support. This has affected us to some extent.
3. Timely support to carryout outreach activities have not been consistent. This has a demotivating effect on the work of the mobilisers in the community. The mobilisers has no other means to go to these communities except public transport of hiring. But the support to get this done has not been forth coming due to cash flow related problems from central office.

Collaboration with other partners within SM to support prevention activities.

1. Joint supervision: As part of SMAC Contribution to the fight against Ebola in Bombali, the team makes provision in for fuel and DSAs for joint supervision at District level. This has however helped in addressing health-related gaps at community-level smoothly with other partners' presence and through the community structures.
2. Establishment of a common Reporting Network: Joining the Social Mobilisation team, we found out that the reporting network was poor. We decided on a reporting template and agreed for all partners to be sending their updates for onward compilation for briefing and discussion purposes at the DERC, Taskforce etc.
3. Pillar Update Meetings: This meeting creates the enabling environment for partners to sit and share updates on success, gaps and challenges. This forum address the issue of duplication of effort at District Level and it ensures strong partnership especially at Chiefdoms and community level.

Integration with other pillars to improve their Ebola -related services.

1. Formation of an inter pillar subcommittee at SM Pillar Level: In order to ease the flow of response at inter pillar level. The SMAC representative, in collaboration with the CDC person at the Pillar, developed the Pillar sub-committees of which the inter-pillar committee facilitate the supply side of the response.

2. Shared action plans: Actions of the other pillar that needs social mobilisation attention is shared and collectively intervened on through the pillar's rapid response team in the district. Challenges related to other pillars are presented at the briefings for onward action by the partner in question.
3. Joint Pillar Supervision: The pillar's intervention to hotspot areas are normally done in team with other pillar members to ensure that our interventions are coordinated. Social Mob does the Behaviour Change Communication aspect, surveillance handles the attitude, and case management handles the supply part of the chain and psychosocial works in close collaboration with social mobilisation team.
4. Lead the development of a district media engagement plan that attracts funding from UNICEF for a period of time.
5. Set up an email address for the pillar that feeds all partners with updates on daily basis. This is manned by the SMAC representative at the secretariat. (bombalisocmob@gmail.com).
6. Restless Development Bombali team has support the development of a newsletter for the DERC and its operations. This is now used as a document that informs other stakeholders on the activities of the DERC in Bombali district. This has also serve as a means of popularising DERC's achievement worldwide through the Bombali Facebook Page (www.facebook.com/bombalidistrictebolaresponse) and group that informs others on the social media. All these are banked on the SMAC representatives' expertise.

How has the team adapted the CLEA approach?

1. Considering the 3 week break for the follow-up cycle of the CLEA approach, we initiated that the Mobilisers conducting deep community engagement house-to-house triggering and follow up as a means of spurring up Ebola actions at household level.
2. In order to get a unify model amongst partners at district, the Restless SMAC Team has rolled out a training on the CLEA Model for Social Mobilisation partners across the Pillar.
3. Working with Survivors to promote the concept of seeking medical attention when sick especially at Isolation Centres and hotspot areas in the district. This as a model has helped a lot in promoting behavioural change among people in Ebola related conditions. The Bombali team is also leading the coordinated intervention in our only hotspot area in Bombali. Already 4 Mobilisers are intensifying social mobilisation activities in those areas on a daily basis.



7.3 BONTHE DISTRICT

Summary

- Chiefdoms of Operation: Benducha, Bonte Municipal, Bum, Kong, Kpanda Kemo, Nongor Babullum, Sittia, Sogbini, Yawbeko.
- 56 sections.
- 584 communities and Community Champions
- 5 programme staff, 4 interns.
- 118 Community Mobilisers.
- Funding partners: UK aid/SMAC, Age International.

Bonthe is strategically located at the southern part of the country sharing boundaries with Moyamba, Pujehun and Bo. Bonthe district head quarter town is located on the island. Out of the 11 chiefdoms, 6 chiefdoms are in the riverine area and require river crossings for Community Mobilisers. It has two councils (Municipal and District councils) and the DERC office is located at the District Council. All 11 chiefdoms and the Municipality has 61 Sections, and 696 communities.

Things that have worked well.

1. Program delivery: The identification, training and placement of Community Mobilisers into the communities and the adoption of the CLEA approach by the community members has really been successful. Mobilisers were able to complete targeted triggering exercises over the period.
2. Partnership: Establishment and recognition of SMAC at DERC level has worked well. As SMAC is always involved and recognised in all social mobilisation plans and activities in Bonthe District.
3. Community Involvement: The involvement of community members in the triggering exercises at community level has clearly demonstrated ownership of the programme. Community members were seen willingly volunteering to provide support as Community Champions in various communities.

Things that have not worked so well.

1. Alerts and child protection responses: Mobilisers have not been consistently providing daily alert on death and sick to the DERC due to network limitations in certain communities. The identification and linking of children in need of psycho-social support has been inefficient because of the lack of clarity on responsibilities of responsible agencies.
2. Structural issues: The transformation from the EOC to DERC was not properly done which has created ineffectiveness of the operation of the Command Centre. There is no task force established since the inception of DERC operation hence no task force meetings. DERC does not follow usual daily meeting protocols. They call up meetings on weekly basis.

3. Community engagement in some areas: Communities are exhibiting complacency especially due to the low cases and number of zero days. They have started unusual market gathering and unsafe burial in Sobgini chiefdom.

Collaboration with other partners within SM to support prevention activities.

1. Through weekly meetings we have been able to identify and map out partners involved in social mobilisation activities, approach used, target groups and areas of coverage.
2. SMAC has been frequently participating in radio panel discussion with other partners and key stakeholders to discuss initiatives on eradicating Ebola.
3. At Pillar-level, we have developed district Social Mobilisation strategic plan which has provided opportunity for partners to present proposals for funding and expansion of scope

Integration with other pillars To improve their Ebola-related services.

1. We have mapped out all partners engaged in Social Mobilisation activities in the district specifying activities, where, how, when and who are targeted.
2. Joint activity implementation by inviting partners to participate in trainings, meetings such as UNICEF, WVSL and DHMT, conduct collaborative field visit and sensitisation activities.
3. Consultative meetings with pillar heads to identify gaps and develop district action point.

How has the team adapted the CLEA approach?

1. The involvement of the community members in the triggering process makes the approach adaptable.
2. Community members had exhibited ownership of the action points by putting the action points at the strategic locations within the community.
3. Identification and working with Community Champions that are energetic and innovative which will pave a way for sustainability

Additionally, community authorities had acknowledged the programmatic approach of the SMAC programme. ***“ I am so happy because this the first organization that has reached us with this format of approach. We promise to work with you even after the Ebola crisis”*** said by Abdulai Bangura- youth leader, Njagbema, Landigere section, Jong Chiefdom.

7.4 KAMBIA DISTRICT

Summary

- Chiefdoms of Operation: Bramaia, Gbinleh Dixon, Magbema, Mambolo, Masungbala, Tonko Limba.
- 36 sections.
- 432 communities and Community Champions
- 6 programme staff, 2 interns.
- 72 Community Mobilisers.
- Funding partners: UK aid/SMAC, Age International

Things that have worked well.

1. With the effective implementation of the CLEA Approach, people are now practicing the SOP, hence preventing body contact especially with dead bodies.
2. Reporting suspected cases and deaths to the Command Centre taking immediate action.
3. Community cooperation and commitment, understanding between responders and communities (using of both local and international languages as Kambia is a border District).
4. Developing temporary community isolation timely referral to CCCs to prevent Ebola transmission.

Things that have not worked so well.

1. Late arrival of Mobilisers into outreach communities (Started in Dec 2014) did pose some huge challenge in the implementation of the CLEA approach.
2. No frequent visit to communities due to weekly Field Officer report writing and limited funds.
3. Community denial, with regards burials did posed some challenges over the period, as some community people are still engage in secret burials.

Collaboration with other partners within SM to support prevention activities.

1. We have worked with other partners such UNICEF, DFID, DHMT, WHO and other SMAC partners in order to strengthen the district Social Mobilisation Pillar.
2. With support from UNICEF, SMAC is leading social mobilisation INGO within the District.
3. We have conducted Interpersonal Communication training for 6 different organisations working on social mobilisation in Kambia.

Integration with other pillars to improve their Ebola -related services.

1. We support the DERC to have a well-structured social mobilisation information sharing platform and conduct training for capacity gaps identified by other implementing partners.
2. Work with the DERC to carry out strategic planning and implementation of social mobilisation activities. Support and work with DERC in giving information (such as alerts/contact tracing) and joint visit to hotspot communities within and outside our area of operation (active case search ACS District surge).
3. Team up with the DERC in reaching District stakeholders (including Paramount Chiefs) in providing weekly updates about the Ebola situation within their various chiefdoms and feedback of our Mobiliser's activities in their chiefdom.

How has the team adapted the CLEA approach?

1. Having pre-engagement visits with communities that refuse to be triggered at first visit.
2. Use the FGD and the CLEA approach for easy adaptation of communities.
3. Reach out three additional communities with 3 community mobilisers for two 2 months in Samu with our CLEA approach although it was not among our targeted chiefdom and secure extra found or support from DFID through DHMT. (Kampdee soriya, Rokel, Mapontolor).



Picture: Kambia Coordinator Meeting with DERC representatives.

7.5 KAILAHUN DISTRICT

Summary

- Chiefdoms of Operation: Luawa, Kissi Kama, Kissi Teng, Kissi Tongi, Upper Bambara, Mandu, Dea, Jawei, Njaluahun, Peje Bongre, Peje West and Malema.
- 54 sections.
- 600 communities and Community Champions
- 5 programme staff, 2 interns.
- 100 Community Mobilisers.
- Funding partners: UK aid/SMAC.

Things that have worked well.

1. Capacity building of Community Mobilisers so that they were able to trigger and follow-up in our targeted 600 communities.
2. Our Mobilisers were able to identify and link more than 60 Ebola Orphans with the Child Protection/Psychosocial pillar in the MSWGCA and also successfully link some Ebola survivors with MSWGCA for Ebola survivors' compensation.
3. Due to the CLEA approach, isolation corners have now been erected for sick persons at some health facilities which has led to the drastic reduction of Ebola cases in Kailahun District.

Things that have not worked so well.

1. There is leadership struggle between DHMT and DERC of who is to lead in the district.
2. Delay by the Burial Team in responding to burials in hard-to-reach communities.
3. PHUs, CHCs, and burial team giving out gloves to community people to conduct burials.

Collaboration with other partners within SM to support prevention activities.

1. Involved in cross boarder meetings with WHO at the Yenga crossing point with Guinea and Baidu crossing point with Liberia.
2. We have developed a strong working relationship with BBC Media Action one of the SMAC partners in the district, they usually involve Restless Development in their outreach activities, radio programs, jingle development, etc.
3. A good working relationship with District Ebola Response Centre in relation to the fight against Ebola e.g. raising prompt death alerts, strengthening community bye-laws, advocacy for prompt service delivery, etc.

Integration with other pillars to improve their Ebola-related services.

1. We are linking Ebola orphans with the Child Protection/Psychosocial pillar with MSWGCA for reunification.
2. We are now working as liaison between the burial team at DERC and District Surveillance Officer for burial collection, owing to the fact that we are the only organisation in the district with the highest number of community mobilisers (100) and 600 Community Champions.
3. Establish a Social Mobilisation Secretariat to increase interface between the different actors in Social Mobilisation. Frequent field visit with other partners to ascertain positive community behavioural change towards Ebola.
4. Our Mobilisers are sometimes used as contacts for social mobilisation activities in our targeted communities by other partners to avoid duplication.
5. We have created a WhatsApp group titled “Kailahun Response Team” admin by Restless Development involving partners working on the response in the district. This mechanism is used as a platform for knowledge and information exchange amongst response partners.

How has the team adapted the CLEA approach?

1. House-to-house engagement with household heads and focus group discussions with households which has helped community people to willingly report sicknesses and deaths to our Mobilisers; our Mobilisers in turn forward these cases to the appropriate authorities.
2. Our team has been linking with the chiefdom taskforce to get Chlorine from DHMT for effective hand washing practice in their communities and also working with surveillance to line list all contacts of an Ebola suspected case.
3. Once we receive information from the community we report it to the relevant pillar in DERC and later call the community to know whether action was taken. This system has enabled us to reports more than 35 deaths alerts and this has helped in the promotion of Safe and Dignified Burial Practices hence reducing new Ebola infection from unsafe burial practices.



7.6 KENEMA DISTRICT



Summary

- Implemented by SMAC partner, GOAL.
- Chiefdoms of Operation: Malegohun, Nongowa, Lower Bambara, Gaura, Tunkia, Dama, Small Bo, Wandor, Gorama Mende, Niawa, Kandu Leppiama.
- 600 communities and Community Champions
- 5 programme staff.
- 100 Community Mobilisers.
- Target groups: Community Committees, CHW's, Community Stakeholders, Children, Health Facility Staff, HDC's, Community Champions, Chiefdom and Community Taskforce, Ebola Survivors, Vulnerable Children.
- Partners: Kenema DHMT, Ministry of Social Welfare Gender and Children Affairs, Health Facility Staff, Community Stakeholders.
- UK aid/SMAC.

Things that have worked well.

1. Use of the CLEA triggering tools (body mapping, danger discussion and survivor stories).
2. Community involvement and participation – communities have taken ownership of their own Ebola prevention activities.
3. Coordination between catchment PHUs, stakeholders and SMAC Community Mobilisers.

Things that have not worked so well.

1. Attempting to use all of the CLEA triggering tools in one session.
2. Follow-up timing with some communities – they prefer late evening than morning hours.
3. Late response to alerts from District Burial Teams.

Collaboration with other partners within SM to support prevention activities.

1. Attending and providing regular updates to all Pillar meetings in Kenema.
2. Joint monitoring with DHMT, partners and sharing of activity plans at Social Mobilisation Pillar meetings.
3. Inter-agency meetings with partners that involve Social Mobilisation.

Integration with other pillars to improve their Ebola-related services.

1. Providing Psychosocial counselling during SMAC activities across communities.
2. Calling on the alert lone for Burial Teams to conduct SOP burials within SMAC communities.

3. Inform the PHU or the Case Management Pillar about potential contacts and probable cases in communities.

How Has the Team Adapted the CLEA Approach?

1. Conducting cross-community visits between SMAC communities to provide support from strong communities to those that have had more challenges with the implementation of their action plans.
2. Child-to-Child discussion forums with both in-school and out-of-schools children, discussing Ebola protection and the potential re-opening of schools.
3. Community stakeholder monthly meetings to review Community Mobiliser activities and suggest solutions and challenges.
4. Some SMAC communities are cascading the CLEA approach to non-targeted neighbouring communities.



Picture: Joint Monitoring Visit in Koinadugu District.

7.7 KOINADUGU DISTRICT

Summary

- Chiefdoms of Operation: Sulima, Dembelia Sinkunia, Kasunko, Folosamba Dembelia, Warawara Yagala Wara wara Bafodia, Nieni, Sengbeh.
- 36 Sections.
- 432 communities and 419 Community Champions working to eradicate Ebola in there communities.
- 5 programme staff.
- 72 Community Mobilisers.
- Key stakeholders: Paramount Chiefs, DMO–DHMT, DERC Coordinator, Chiefdom Taskforce, UN Agencies, MSWGCA, Red Cross, CDC.
- Funding partners: UK aid/SMAC

Things that have worked well.

1. Partnership with the DERC and DHMT: Since the commencement of SMAC in Koinadugu District, there has been a stable partnership with the DERC, DHMT/Social Mobilisation Pillar, UNICEF, CDC and WHO. Currently we are closely with these partners to strengthen all social mobilisation activities and partners in the District.
2. Providing regular alert to the DERC alert desk- *‘Thanks to SMAC now we are getting death and sick alerts from Kadsondo’*- Dr F Samura, DERC Coordinator.
3. Community acceptance of safe and dignified burial was difficult before, however with the intervention of SMAC Community Mobilisers in these communities this has changed for the moment.

Things that have not worked so well.

1. Politics within the DERC has given us some problems in doing Social Mobilisation activities in Koinadugu.
2. Community expectations toward the programme often extend beyond our mandate.

Collaboration with other partners within SM to support prevention activities.

1. Establishment of a common Reporting Network: upon joining the Social Mobilisation Pillar, we found out that the reporting mechanism was poor. We facilitated the development of a reporting template and coordinated all partners for sending their updates for onward compilation for briefing and discussion purposes at DERC and Taskforce etc.)
2. We have developed a strong working relationship among SMAC partners in the District, for example BBC Media Action, CDC and Focus 1000. Restless Development usually organises a weekly SMAC radio show.
3. A good working relationship with District Ebola Response Centre in relation to the fight against Ebola e.g. providing the highest number of alerts on prompt death and sick alerts. SMAC and DHMT/Social Mobilisation

Pillar. WHO, UNICEF and CDC work together to strengthen community bye laws and advocate for prompt service delivery.

4. Joint monitoring and supervision of member activities that are related to Social Mobilisation. Our mobilisers are sometimes used as contacts for social mobilisation activities in our targeted communities by other partners to avoid duplication. SMAC staff alert Social Mobilisation partners following joint field visits to ensure feedback is implemented.

Integration with other pillars to improve their Ebola -related services.

1. SMAC Community Mobilisers are the only Mobilisers in the district that are providing regular updates to the DERC alert desk on sick and death cases. SMAC/Restless Development is the only agency working in some of the hard to reach areas and support Community-based Mobilisers in these communities.
2. SMAC, DHMT/Social Mobilisation Pillar, UNICEF, CDC and WHO work together to arrange cross-border coordination meetings to curb cross-border Ebola transmission.
3. SMAC and DHMT/Social Mobilisation Pillar, UNICEF, CDC, and WHO Community Engagement coordinate to facilitate dialogue in hard-to-reach areas/communities.
4. All Mobilisers have DERC contacts and therefore directly link community to DERC on feedback especially regarding Safe & Dignified Burials. Mobilisers also give feedback to SMAC staff who then follow up with DERC for implementation of feedback.
5. Linking the chiefdom taskforces and communities to organisations that can provide access to materials such as Chlorine, Veronica buckets and soap.
6. Ebola IEC materials source from DHMT and distributed to taskforces in the community

How Has the Team Adapted the CLEA Approach?

1. Considering the time that sometimes passes between the triggering and follow-up cycle of the CLEA approach, we initiated plan for the Mobilisers to be conducting house-to-house engagement and follow-up as a means of spurring up Ebola actions at household level. Community engagement, house-to-house engagement with household heads and focus group discussions with households has resulted in community people being more willing to report sickness and death to our Mobilisers.
2. In order to get a more unified model amongst partners at district level, the SMAC/Restless Development Team has carried out a briefing on the CLEA Model for social mobilisation partners from within the Pillar.
3. Lead the development of a district media engagement plan that attracted funding from UNICEF.

7.8 KONO DISTRICT

Summary

- Chiefdoms of Operation: Kamara, Toli, Soa, Lei, Mafindor, Gbaneh, Gbaneh Kandhor, Gbense, Tankoro, Nimiya, Nimokoro, Sandor, Faima and Goroma.
- 62 Sections.
- 744 communities and Community Champions
- 16 programme staff.
- 130 Community Mobilisers (SMAC and Age International)
- 100 Community Mobilisers for the surge (SMAC)
- Partnerships: UNICEF, WHO, DHMT, DERC, ONS, Handicap international, Red Cross, World Vision, IRC, NMJD, Street Child, Oxfam, District Councils and MSWGCA, Paramount Chiefs, and Sections Chiefs.
- Funding partners: UK aid/SMAC, UNICEF, Age International.

The CLEA approach adds value to the community structures in the response as communities take ownership of their problems and find solutions. The Assistant Programme Coordinator has been undertaking joint operations with other Pillars to ensure the right messages were conveyed through CLEA to hotspot communities reached. During the one month Kono surge operation, SMAC supported in training elements of the CLEA approach to other partners such as IRC, World Vision, Red Cross, DHMT and Handicap international.

Things that have worked well.

1. Encouraging communities to come up with action plans that help them to prevent the rapid spread of Ebola and also taking action towards ensuring community ownership of the CLEA approach.
2. Partnership and coordination is excellent amongst strategic partners in the response such as DERC, DHMT, World Vision, IRC, Red Cross, UNICEF, WHO and Community Stakeholders to take prompt and joint action in the fight against response.
3. Integrating surveillance into social mobilisation in which Mobilisers, Community Champions and stakeholders make alert (sick and death) calls to SMAC help lines at the DERC, allowing SMAC to fast track quick responses and support feedback to the community.

Things that have not worked so well.

1. Community people expecting refreshments and allowances after the triggering, also during follow up they often expecting Veronica buckets, chlorine and other materials for implementing their actions.
2. Community Champions expecting allowances and other incentives for their work in the community

Collaboration with other partners within SM to support prevention activities.

1. SMAC has placed a desk in the surveillance office leading on the daily alert system fed by Mobilisers, Community Champions and community people and pass the alert to the necessary team to process and also given feedback to the community on the process. From January 12 to present (February 27th) we have received 148 alerts included sick, death and other complication from the community.
2. Additionally the Assistant Programme Coordinator (APC) has been processing alerts received from the Community Champions, Mobilisers and other stakeholders to the Command Centre structure to respond to the alert and give feedback to the communities.
3. SMAC led in the development of the District mapping of social mobilisation partners and district plan for Kono.
4. We also work with Oxfam to support water and sanitation issues with quarantine homes in Puduru in Goroma Kono Chiefdom, by providing latrine and water for the homes in the community.
5. Another example of efficient coordination is during the implementation of the Kono Surge; DERC provided a vehicle for the SMAC roving team in order to support their daily outreach to boarding communities and hot spot.
6. Provide training on social mobilisation for contact tracer and surveillance officer supported by World Vision.

How has the team adapted the CLEA Approach?

1. In other to reach more houses and family with the CLEA we institute the house-to-house triggering and follow up in the communities and in Koidu for the surge.



Picture: SMAC Community Mobiliser manning the alerts desk in Kono.

7.9 MOYAMBA DISTRICT

Summary

- Chiefdoms of Operation: Timdale, Kaiyamba, Kongbora, Bumpeh, Fakunya and Kori.
- 62 Sections
- 600 communities and Community Champions
- 6 programme staff
- 100 Community Mobilisers
- UK aid/SMAC

Moyamba district is located in the south-western part of Sierra Leone and is the largest district in the Southern Province (6,902 square km). The district is bordered by the Atlantic Ocean in the west; Port Loko and Tonkolili Districts in the North; Bo and Bonthe districts in the east and south respectively.

Things that have worked well.

1. Community acceptance of the CLEA methodology and active involvement into the process at sectional level, including initiating hand washing stations and reinforcing community by-laws.
2. Innovation of surge activities for Community Mobilisers at strategic locations within the section and chiefdom headquarter town.
3. Recognition and positioning of SMAC at DERC and Command Centre.

Things that have not worked so well.

1. Higher demand from DERC, Social Mobilisation and UN agencies for scaling up of SMAC activities from low-risk areas to high-risk chiefdoms (such as Ribbi) with our CLEA Methodology.
2. Late transfer of funds to regions for programme implementations and limited logistics to support Mobilisers to carry out activities with specifics to soap, sanitisers, life jackets for riverine communities including rain gear.
3. Limited administrative support during sub-office setup.

Collaboration with other partners within SM to support prevention activities.

1. Joint outreach activities and inter-pillar meetings.
2. District mapping and strategic positioning of activities at community base level.
3. Involvements of community stakeholders to lead their own initiatives and monitored by Mobilizers using the CLEA methodology.
4. Radio discussions with SMAC Partners (BBC Media Action and Focus 1000).

Integration with other pillars to improve their Ebola -related services.

1. Integrated Pillar activities on surge and outreaches (Rapid Response Team) on emergencies.
2. Integrated pillar activities on surge (Rapid Response Team) on Emergencies and transformation of Contact Tracers into Social Mobilisation.
3. DERC and alert meetings.

How has the team adapted the CLEA Approach?

1. Allowing communities to be at the forefront of their own problems to effects behaviour change practices and enhance sustainable impacts.
2. Innovation of Community Mobilisers on weekly basis targeting strategic locations within the sectional and chiefdom headquarter towns mounting massive behavioural change practices and reinforcing unlawful health emergency social functions.
3. Capacity building on how to utilise local materials to erect hand washing stations using one gallon
4. Mobilisers communicate with Staff on daily basis and this information is share with DERC and Command Centre for the necessary action.



Picture: Triggering Session in Moyamba District.

7.10 PORT LOKO DISTRICT

Summary

- Chiefdoms of Operation: Marampa, Koya, Buya Romende, Marforki, Kafu Bullom, Lokomasama, TMS and Debia
- 112 Sections
- 1,148 communities and Community Champions
- 7 programme staff and 4 interns.
- 223 Community Mobilisers
- Partnerships: DERC Coordinator, SDO, MoHS and DHMT, DMO, AIG, Council Chairman, Social Mob Coordinator, Chief of Staff Command Centre, UNICEF, WHO and UNMEER.
- Funding partners: UK aid/SMAC, UNICEF, Age International.

Things that have worked well.

1. The engagement of communities to come up with their own actions in relation to the development of their communities has helped them in cutting down the Ebola chain of transmission.
2. The involvement of Community Mobilisers and Community Champions demonstrate community ownership and acceptability which is keen in enhancing sustainability.
3. The existence of a data base of Community Mobilisers and champions helped us in coordination with other partners like Oxfam who also have volunteers on the ground.

Things that have not worked so well.

1. The non-provision of top-up cards for Mobilisers in reaching Community Champions to ensure daily update from communities that they are operating in.
2. Community expectation was high as they were requesting refreshment during triggering and follow-up sessions, demand for hand washing buckets, chlorine and soap.
3. Incentives for Community Champions and some stakeholders highly involved in sustaining our programme.

Collaboration with other partners within SM to support prevention activities.

1. In Port Loko district partnership has been key to all of our activities; we engage stakeholders, consortium partners and all other partners within the Social Mobilisation Pillar in the district in the daily and weekly meetings to update them on daily activities in the field and shared best practices.
2. A one-on-one discussion with the Coordinator for Oxfam on the issue of Mobiliser data sharing helped in addressing the issue of duplication.

3. Joint field visit with DHMT social mobilisation team and other partners to areas of interest and as well inviting partners to our weekly SMAC Community Mobiliser meeting.
4. Linking quarantined homes with inadequate social facilities like latrines to Oxfam who is supporting in these areas within Port Loko.

Integration with other pillars to improve their Ebola -related services.

1. SMAC contributed to a workshop for the Surveillance Team organised by GOAL on Interpersonal Communication and Life Skills in delivering Ebola positive results as feedback to family members.
2. Linking vulnerable children affected by Ebola to the Protection Desk Office of the Ministry of Social Welfare and Children's Affairs.

How has the team adapted the CLEA Approach?

In most of our communities Champions facilitate safe burial in all death case reported to the Command Centre. For example, in Marampa chiefdom the Community Champion on the ground alerted the Command Centre and later informed the Mobilisers on a death case. Based on the follow up made by the SMAC Field Officer, the team responded and the burial was conducted accordingly and the community people were happy for the timely intervention of the response team.

In addition, SMAC has greatly help communities through the CLEA approach to collectively come up with actions that has helped them in ending Ebola in their communities as listed below:

- Formation of check points;
- Provision of hand washing facilities;
- Calling of the district emergency lines;
- House to house daily roll calls;
- Formation of community task forces.



Picture: Community Mobiliser Training in Port Loko.

7.11 PUJEHUN DISTRICT

Summary

- Chiefdoms of Operation: Barri, Galliness Perri, Kpanga Krim, Makpele, Malen, Pejeh, Sorogbema, Sowa.
- 64 Sections
- 768 communities and Community Champions
- 6 programme staff
- 128 Community Mobilisers
- Funding partners: UK aid/SMAC, Age International.

Pujehun is bordering 3 districts and one country; Bo District, Bonthe District and Kenema and Liberia. Pujehun is the first district to be declared Ebola free and is still maintaining zero new case to date.

Things that have worked well.

1. Successful engagement of community stakeholders on community sensitisation and an overview of Restless Development and the implementation of the SMAC Project and successful training of 128 Community Mobilisers.
2. Providing full time secretariat support to Social Mobilisation Pillar and our contribution at DERC daily update meetings has been so great.
3. Submission of alert cases (death and sick) to Command Centre and making sure that prompt actions are taking and on time ensuring Safe and Dignified Burials.

Things that have not worked so well.

1. The high political division between DERC and Taskforce. We want to see how we can support these two bodies working as one.
2. The frequent movement of staff from the District makes our programme difficult to be felt and high security risk for all staff.
3. Logistical expectations for joint social mobilisation activities and support from partners at community and district level.

Collaboration with other partners within SM to support prevention activities.

1. Conduct joint sectional and chiefdom sensitisation with other partners within social mobilisation in the district.
2. Collaborate with other pillar members in schedule Radio discussions on emerge issues.

3. Collaborate with Mobilisation pillar in developing district action plan and activities.

Integration with other pillars to improve their Ebola-related services.

1. We are part of the five-person committee that is selected at DERC level to look at Pillar budgets and give best advice with regards their proposals presented to DERC.
2. Help other Pillar members in planning relevant activities for implementation.
3. Plans to join with social welfare in forming district survivors network which.

How has the team adapted the CLEA Approach?

1. Our Community Mobilisers are working relentlessly to ensure that the CLEA approach is applicable with the use of: body mapping, Ebola spread, danger discussion amongst other tools.
2. Mobilisers have engaged section authorities and communities as extra interventions at chiefdom level using the CLEA approach.
3. Developed a database of all Mobilisers and Community Champions and shared with all stakeholders, partners and all pillar heads within DERC.
4. Sharing experience with other partners on the best use CLEA approach at coordination meeting, radio discussions programme and other levels.



7.12 TONKOLILI DISTRICT

Summary

- Chiefdoms of Operation: Gbonkolenken, Kafe Simira, Kallansogoia, Kholifa Mabang, Kholifa Rowalla, Kunike, Malal Mara, Sambaia, Sambaia Bendugu, Tane, Yoni.
- 50 Sections
- 600 communities and Community Champions
- 8 programme staff
- 100 Community Mobilisers
- Partners: DHMT, DERC, UNICEF, WHO, REWAP, Red Cross, District Office.
- Funding partners: UK aid/SMAC

Tonkolili is one of the largest district in Sierra Leone and in the heart of the country. The district share borders with seven other Districts in the country with many hard to reach areas. It has eleven chiefdoms, Eighty Six (86) Sections, Twenty Eight (28) Wards and 1200 Communities. In Tonkolili, SMAC is working in all the 11 Chiefdoms, 50 Sections and 600 communities. That makes it two thirds of the sections and 50% of the villages in the district that were triggered, supported and monitored to lead a community fight against Ebola. Presently, SMAC is the only partner that is working in Sambaia Bendugu Chiefdom, specifically Hereko and Kolifaga Sections.

Things that have worked well.

1. Community Engagement: Mobilisers triggered communities and supported communities to identify problems and as a result developed Action Plans. With these Action Plans communities instituted community neighbourhood watch activities and increased safe behavioural practices.
2. District Coordination: SMAC is the head of Social Mobilisation Secretariat in Tonkolili and Co-Chair supporting the holding of meetings, collecting weekly updates, minutes, activity plans and shared with other partners and DHMT/DERC for national reporting. We supported partners with capacity building training; provided chiefdom level coordination, joint supervision visit and DERC Updates and action planning.
3. Local Leadership Coordination: Key Stakeholders (Paramount Chiefs, Section Chiefs and Ward Councillors) Problem Solving Forum in which actions are agreed and implemented.

Things that have not worked so well.

1. Taskforce Coordination: rigid taskforce framework, limited or no meetings in some chiefdoms, working in isolation and work of some partners into the chiefdoms without the consent of the Task Force.

2. Psychosocial Support and Counselling: slow response to effect change on identified problems after linkage to appropriate partners.
3. Inter-Pillar Coordination: Lack of inter-pillar framework or strategies.

Collaboration with other partners within SM to support prevention activities.

1. Joint Supervision Visit and Activities: Social mobilisation coordination and implementation of activities with other partners at chiefdom level. A lead partner in every chiefdom is coordinating the social mobilisation activities of all partners and updates the Social Mobilisation Secretariat for daily DERC updates.
2. Capacity Building Training: SMAC/UNICEF hot spot sensitisation training and activities was conducted for social mobilisers in the district in order to get a unified messaging while under taken activities. SMAC/DHMT organized a Social Mobilisation Partnership training for the unification of activities and the integration of Chiefdom/Ward level coordination.
3. Trained and developed a district media plan which allows radio stations who are not part of BBC Media Action's SMAC activities (Radio Numbara and Gbonkolenken) to integrate to go to the field and covered live social mobilisation activities and mainstream Ebola content into their existing content and programs. The media plan also allow journalist to collect daily updates at the Social Mobilisation Secretariat for broadcasting.
4. Social mobilisation weekly updates meeting: once in every week social mobilisation partners meet to share updates and activity plan. Challenges are highlighted, action point are agreed, responsibilities are shared and support are provided.

Integration with other pillars to improve their Ebola-related services.

1. Shared Identified problems and concerns at pillar level (Surveillance and Psychosocial pillar) and engage other partners (UNICEF, Red Cross, HFAC, REWAP and FHM) to intervene when issues arise.
2. Support Training of other partners and integrated some elements of CLEA in to their activities (REWAP and Help – SL)
3. Link burial teams by supporting the WHO ASAP alert program and making alert calls. The ASAP alert program support Mobilisers to encourage communities to make more alert on sick/suspected alerts and encourage death alert going.

How has the team adapted the CLEA Approach?

1. Engagement of heads of household to lead triggering session at household level. The head of the household conducts triggering sessions in the house and assist to develop action plan with the family to compliment village action planning and implementation.

2. Moreover, the CLEA Approach training was done in group work with hands on triggering practice in selected communities before sending them to their various placement. With support from DHMT we included a Survivor who gave live testimonies and which aided one of the CLEA tools (Survivor's Story).
3. Also Community Champions lead action planning implementation and head of household lead triggering session in the house which allow community ownership and monitoring. Heart-to-Heart Dialogue and community direct engagement which allow us to understand problems and issues affecting community and agreed on actions that should be taken.

7.13 WESTERN AREA URBAN

- Areas of Operation:
 - Pull Slum Pan Pipul, funded by Comic Relief – 5 slum communities (Colbot, Funkia, Cockle Bay, Kolleh Town and Marbella), 9 wards and 5 constituencies.
 - E-Africa/CDC project (Nov – Dec 14) – 33 communities (Krootown Rd, Kroo Bay, Brook Street, Sanders Street, Adelaide Street, Saint John, Savage Street, Syke Street, Ascension Town, Kington Bridge, Chin Chin Community, Elizabeth Street, Lumley, Caningo, Malama, Juba Hill, Dilly Road, Grass Field, Kissy, Cassell Farm, Mango Brown Shell, Dockyard, Berry Street, Calaba Town, Wellington, Tree Planting, Circular Rd, Macauley Street, Mountain Cut, Regent Road, Goderich, Portee and Congo Water).
- 15 programme staff
- 312 Community Mobilisers
- Target beneficiaries: Tribal Heads, Councilors, Local Organization (FERDURP), Chiefs, District Management Team (DHMT), CDC, Ehealth Africa, PSPP Partners (CODOHSAPA, YDM, YMCA, BRAC).
- Funding partners: Comic Relief, Y Care International, E-Africa.

What approaches were used for Restless Development programming in Freetown?

The Urban Programmes team does not use CLEA approach directly, however it uses elements designed specifically for urban communities. This includes.

- Community Stakeholders engagement (Weekly Update Sessions).
- Formation of Ebola Task Force Structure in 5 slums.
- Inter–generational Dialogue (young people, adolescent, adult and old).
- Community sensitization (Door to Door, and mass sensitization at religious houses, market places male and female hangouts).
- Focus group discussion with young people.
- Case identification and reporting to alerts desks/117.
- Radio messaging through participation and presentation of programmes (including community radio vox pop).

Mobiliser role and community feedback.

- Mobilisers use the Ebola messages guide to respond to questions, concerns and rumours.
- Community Mobilisers only respond to rumours where they are 100% sure of the answers. Mobilisers inform community people that they will get on to them on issues that they are not sure.

- Restless Development invited the Social Mobilisation Coordinator during training to respond to concerns and question of community people and Mobiliser feedback to the community.

Things that have worked well.

1. Community Ebola Survivors Testimony events in the community. These have built confidence in both the survivors and community people to welcome and accept survivors in the community.
2. Formation of Community Ebola Task Force. It has helped with the development and implementation of Community Ebola by-laws and weekly update sessions with young people and stakeholders.
3. Due to the large-scale sensitisation undertaken by the Mobilisers, we have seen behaviour change including frequent hand washing, making use of 117 and refer sick people to the hospital.

Things that have not worked so well.

1. Ineffective coordination amongst partners at community level.
2. Community Ebola Task Force Members were expecting to get incentive or allowances for the weekly update session in their various community.
3. For the Ebola response more broadly, community demand is not matched by adequate availability and distribution of preventive materials such as Veronica buckets and soap.

Collaboration with other partners within SM to support prevention activities.

1. DHMT and UNICEF trained Restless Development and other partners on Ebola messages.
2. Sharing reports, case studies, rumour and concerns from the community and best practice to partners and DERC.
3. Coordination and planning meetings among the PSPP Ebola response partners (BRAC, YDM, CODHSAPA, YMCA), the DERC and SMAC to come up with prevention activities and coordination for Western Area Urban and Rural.
4. Trained 60 mobilisers of Youth Advocacy Network on Ebola messages and social mobilisation.



Picture: Household engagement and Community Consultation in Western Area.

THANK YOU TO OUR PARTNERS FOR THEIR SUPPORT.



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