At a Glance...

Donor: DfID

Consortium Agencies:
GOAL (lead agency); CDC; Restless Development; BBC Media Action; FOCUS 1000

Affiliated Entities:
MoHS; UNICEF

Project Title:
Community-based Action Against Ebola

Project Duration: 6 months

Location: All districts in Sierra Leone

Impact:
Contribute to achieving zero new cases of Ebola Virus Disease (EVD) in Sierra Leone

Outcomes:
- Population practices safe, dignified medical burials
- Households with suspected EVD patient(s) practice safe home-based support while waiting for medical help
- Prompt medical help is sought for suspected EVD patients
- EVD Survivors are socially accepted

Outputs:
- National Social Mobilisation Pillar and District Social Mobilisation Committees have strengthened capacity and coordination mechanisms
- Population has access to and ability to engage with multiple sources of relevant EVD information
- Existing local community structures lead social mobilisation efforts and role-model EVD prevention behaviours within their communities

Background

SMAC is a group of five agencies working within the MoHS National Social Mobilisation Pillar to achieve the National Social Mobilisation Strategy and contribute to achieving zero new cases of Ebola Virus Disease (EVD) in Sierra Leone. Combined, SMAC agencies have expertise across viral pathogens, outbreak control, mass media, social mobilisation, community engagement, and behaviour change, and over 33 years on-the-ground experience in Sierra Leone.

Why Social Mobilisation?

EVD is spreading faster than treatment centres can be built. Awareness raising via one-directional messaging is not enough. Social Mobilisation which engages individuals and results in real behaviour change is critical to: reduce new infections; ensure there is demand for services; help improve services. Districts, wards, chiefdoms, and most importantly, **COMMUNITIES**, have to be engaged and empowered to lead the Ebola response.

Community-based Action Against Ebola

The Community-based Action Against Ebola project supports the MoHS at the national and district level and:

- is offering technical and secretariat services to the National Social Mobilisation Pillar and District Social Mobilisation Committees;
- is establishing a training platform and a toolbox of innovative, open source behaviour change materials which can be used by all those doing social mobilisation activities;
- will provide critical information and a coordinated, integrated package of social mobilisation activities to every district in the country, via the SMAC network:
  - **Radio Stations** (36 nationally)
  - **Religious Leaders** (2000 nationally)
  - **On-the-ground Community Mobilisers** (at least 100 per district and 2003 nationally)
  - **Ebola Survivors**

Radio stations

85% of the population would like to get information on EVD via the radio (EVD KAP, 2014). **BBC Media Action** are producing radio programmes that create conversations between audiences, Ebola experts, survivors, and national leaders. BBC Media Action broadcasts its content on most radio stations, including African Independent Radio (Africell), CTN, STAR, African Young Voices, and Sierra Leone Broadcasting Corporation (SLBC). At district level, BBC Media Action are training 36 local radio stations across the country to produce and broadcast accurate, locally relevant EVD-related content that is relevant to their local area. BBC Media Action will mentor local production teams and provide continued editorial advice and advice technical production, handling guests on discussion shows, and unpacking complex and sensitive topics emerging from the EVD

crisis. Partner stations will be supported to produce district-specific versions of weekly EVD-focussed programmes and mainstream EVD reporting across existing news and other health programming. Local production teams will make use of district linkages with other SMAC partners to ensure that local health experts, opinion-leaders, religious leaders, Community Mobilisers and members are used across partners' radio programming

Religious Leaders

Religious Leaders have a critical role to play in helping people to marry their religious beliefs and spiritual needs with the need to practice EVD prevention behaviours to stay safe. **FOCUS 1000** have revitalised and are in the process of training the Islamic Action Group (ISLAG) and Christian Action Group (CHRISTAG) - established in the 1980s to successfully promote the Universal Immunization Campaign - to reach widespread traditional and faith-based audiences with accurate and contextualized information regarding EVD prevention and medical care seeking behaviours. This involves working directly with ISLAG and CHRISTAG to identify relevant biblical scriptures and Qur'anic verses that support key messages on EVD prevention and medical care seeking practices. FOCUS 1000 will support the provision of a faith-based framework to deliver the tailored EVD messages to religious audiences via sermons and kutbas, using mosques and churches as the channel for engagement and dissemination.

Community Mobilisation

Too often communities and their traditional practices are seen as the problem rather than as part of the solution. For effective social mobilisation we have to work WITH the communities not against them. With the right information and engagement, communities themselves have the power and the agency to halt the spread of EVD, and their collective actions are the heart of an effective EVD response. The new National Social Mobilisation Strategy calls for "evidence based, dialogical and participatory social mobilisation and communication responses". To deliver on this strategy, SMAC has developed and is trialling a robust and effective approach that puts power into the hands of communities so that they can become EVD-free.

GOAL (Western Area Urban and Rural, and Kenema) and **Restless Development** (all other districts) have worked closely with the relevant district structures (District Medical Officer (DMO), District Health Management Team (DHMT), Command and Control Centres, and other active Non-Governmental Organisations) to identify *at least* 100 respected, trusted Community Mobilisers in each district. These Community Mobilisers will be enrolled in a five-day training; equipped with a package of tools and materials (including smart phones and audio-visual resources); paid a monthly stipend of Le375,000 a month; and given strict supervision and support in order to be able to implement the **Community-Led Ebola Action (CLEA)** approach.

What is the CLEA approach?

CLEA draws on successful examples of community participation and the use of Participatory Rural Appraisal (PRA) in HIV and other health programming. In particular, CLEA builds on the lessons and experience of Community-Led Total Sanitation (CLTS), a participatory approach to sanitation improvement that has gone to scale in Sierra Leone and is already institutionalised within the MoHS national approach.

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

CLEA starts with 'triggering' people to do their own appraisal and analysis of the Ebola outbreak; its current effects; and the likely future impacts if no action is taken. This helps to create a sense of urgency and a desire to develop a community action plan. Communities themselves can decide how they will protect families, ensure safe and dignified burials, utilise available health services, and create a supportive stigma-free environment for survivors, and vulnerable groups affected by the disease. This shift in approach requires a significant change in mindsets and attitudes of front-line mobilisers, institutions and response efforts.

CLEA Community Mobilisers will operate in pairs. Each pair will be responsible for between four to twelve communities, and for gaining permission to visit each community; conducting a triggering visit; and then providing

continuous follow-up and support. After each triggering visit, whether the community is ignited to take action immediately or not, Community Mobilisers will aim to form strong links with the natural leaders that emerge ('Community Champions') so that they can keep in close contact with each community by phone and in person for the next five months. The identification of Community Champions will further expand the SMAC network and its ability to rapidly channel information (and potentially supplies – i.e. ORS) to those most in need.

Ebola Survivors

The SMAC network is engaging Ebola Survivors wherever possible. The power of personal stories and experiences of Ebola Survivors cannot be underestimated, and is being harnessed within training workshops; the development of behaviour change materials; and most importantly, by engaging Survivors to speak directly to target communities via radio broadcasts, religious activities, and community visits. As well as involving Ebola Survivors in this way, CLEA Community Mobilisers, already familiar with community stakeholders and communities, can play a key role in facilitating the reintegration of Survivors in their hometowns across the country.

Monitoring, Evaluation, Research and Learning

Monitoring, evaluation, research and learning is integral to the SMAC project. Informed by the ongoing **National Knowledge, Attitudes and Practices Surveys**, SMAC is also supporting a research team to undertake **deep ethnographic research**, as well as conducting **rapid data-collection and action-learning**. All these will enable the SMAC team to build an ethnography of the EVD outbreak in Sierra Leone, and rapidly assess what is working and what is not, so that approaches can be adjusted accordingly.

Deep Ethnographic Research - Research to better understand rural attitudes to EVD risks in Sierra Leone is being undertaken in the form of a rapid study using Focus-Group Discussion (FGD) techniques. A group of experienced Research Assistants (RA), trained by and working for the DFID Economic and Social Research Council (ESRC) have been recruited. RAs are being led in the field by one Wageningen University Researcher, and two Njala University Researchers, all working under the direction of Professor Paul Richards, Anthropologist and Director of Junior Faculty Research Programmes at Njala University.

Rapid data-collection and action learning – All SMAC partners will be collecting data which can be used to shape the SMAC activities, as well as inform the broader response. Paper-based systems are in place and a Mobile Application and Mobile-Responsive Website prototype has been developed and is currently being tested. Eventually the application and website will be used by all SMAC partners to rapidly report in real-time, activities being undertaken by field staff in the respective districts, chiefdoms, and communities. Once an activity is submitted through the mobile app or website, and verified, it will then be posted on an interactive map. SMAC partners and other approved parties can sign up to receive real-time notifications (via Email or SMS) once a flagged activity is undertaken in a flagged district. The activities data will then be imported into a dashboard that shows a clear visualization of key performance metrics for each SMAC partner agency.

Coordination

National - SMAC will work under the National Social Mobilisation strategy and link to and support the Social Mobilisation Pillar at national and district levels. SMAC will ensure representation at the weekly meetings for each of the four social mobilisation subworking groups - Coordination and M&E; Capacity-Building; Messaging and Dissemination; and Special Needs. Through these meetings SMAC are able to give technical expertise and guidance; ensure all SMAC activities are known and have approval; work closely with other NGOs to ensure coordinated, complimentary activities, and share learning with all stakeholders. Additionally, SMAC will second two full-time staff to the Social Mobilisation Pillar to provide secretariat services.

District - SMAC activities will be brought to the District Health Management Team (DHMT) Ebola Taskforce Leadership by SMAC Senior Management staff so that the DHMT can approve and shape their implementation (including selection of Mobilisers, geographical prioritisation, and reporting of weekly data). SMAC personnel in that district will attend all Ebola Taskforce Meetings and attend and co-chair (if requested) the District Social Mobilisation Committee meetings. SMAC can also provide secretariat services if needed. This engagement will provide support to the overstretched District Social Mobilisation Committee Coordinators, and ensure that SMAC activities are well-tailored to the specific priority needs and stakeholder landscape in any given district.

SMAC is funded by the British Government. For more information please contact:
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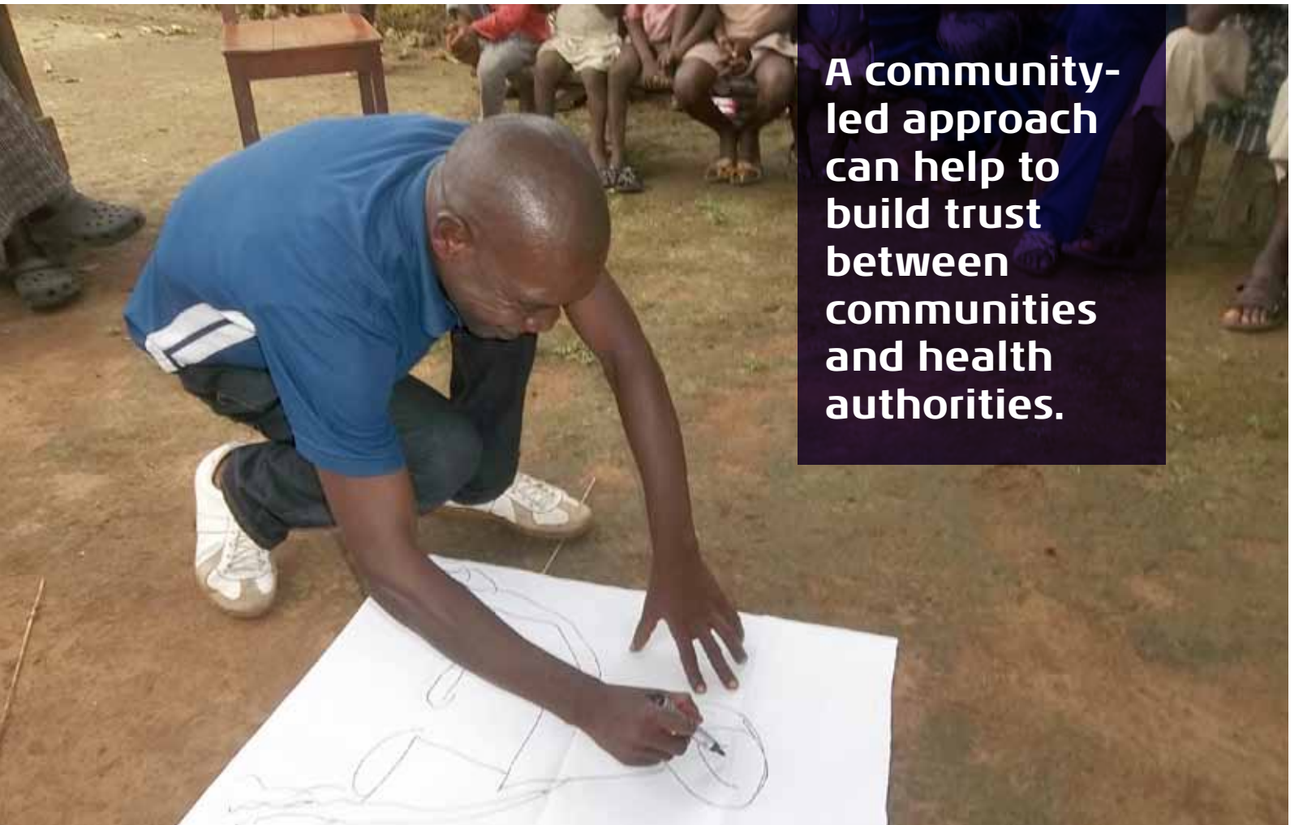
UKaid from the British people

1.3
Key Principles

CLEA recognises that a more bottom-up, community-led approach can help to build trust between communities and health authorities. For example, by listening to community concerns and considering the social and cultural meanings and practices associated with funerals and burials, the CLEA approach can help ensure that communities have more voice in how burial teams operate. At the same time, CLEA can help ensure strong community ownership of specific actions they can take right now to protect themselves, without having to wait for external resources. When CLEA works well, it should:

- Be based on **collective community decision-making and action by all;**
- Be driven by a sense of **collective achievement and motivations** that are internal to communities, not by coercive pressure or external payments;
- Engage women, men, youth and children in **time-bound specific activities** that will result in Ebola-free communities;
- Lead to emergence of new **Community Champions** and/or new commitment of existing leaders;
- Generate **diverse local actions and innovations** that support protection of communities, safe and dignified medical burials, utilization of health services, and stigma-free environments;
- Build on **traditional social practices of community cooperation** and create new local examples that can be shared with other communities;
- Focus on and celebrate **community-wide outcomes**, such as number of safe burials; number of early-reported cases; and Ebola Action Plans and community committees in place
- **Gain momentum and scales up** to Ebola-free sections, chiefdoms and districts as communities gain confidence and other pillars of the Ebola Response improve;
- Recognise the **rights of communities** to proper, appropriate, free services as outlined by the Government of Sierra Leone;
- Rely on clear, accurate **two-way information flow** that builds trust and positive feedback-loops between communities and health authorities.

The CLEA principles and approach are not entirely new to Sierra Leone. In fact, CLEA draws on successful examples of community participation and the use of Participatory Rural Appraisal (PRA) in HIV and AIDS and other health programming. In particular, CLEA builds on the lessons and experience of over six years of Community-Led Total Sanitation (CLTS), a participatory approach to sanitation improvement that has gone to scale in Sierra Leone, and is already institutionalised within the MoHS national approach.



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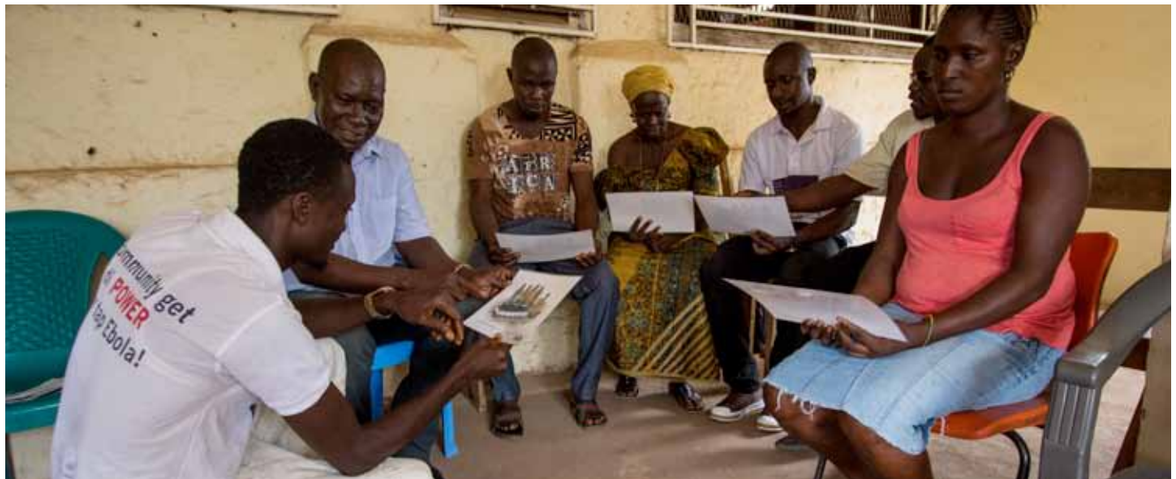
Attitudes and Behaviours

As a Community Mobiliser, your attitude and behaviours are among the most essential ingredients for effective community mobilisation of any kind. Communities in Sierra Leone are currently experiencing the fear, confusion, panic and grief associated with exposure to a new, highly contagious and deadly epidemic disease. Too often, communities' mistrust of the government, health authorities, and outsiders has been reinforced by poor communication, conflicting messages, and disconnects between the realities they face and the messages and services they receive.

You must be ready to face communities with a calm, honest, empathetic approach. You must be hands-off, not teaching or lecturing to simply deliver health messages, but rather actively listening and facilitating to enable people to confront incredibly difficult realities on their own terms. You can build trust and encourage progress and hope. You can actively listen and let communities know that you respect their local knowledge and capabilities. **Much more than any tools or methods, it is your attitude and style when interacting with communities that will determine success.**

TABLE 2: KEY ATTITUDES AND BEHAVIOURS

DO	DO NOT
Listen attentively; observe body language and what is not said	Interrupt, talk all the time, impose your ideas
Facilitate their own appraisal and analysis	Educate, lecture or tell people what to do
Trigger self-mobilisation; let people come up with their own actions and activities	Push for, or demand action; prescribe what to do
Stand back, leave it to local leaders; stand or sit at the same level as people	Be in charge; physically dominate people
Be hands-off, stay neutral, allow heated discussions between insiders	Interrupt when the discussion becomes charged; discourage community members from disagreeing with each other
Always encourage women and vulnerable members of the community to participate	Overlook women, children, and others who often get left out; allow one person to dominate
Offer health information and let people know about the services available	Insist on or impose your viewpoint
Be honest, admit if you do not know something, be humble and respectful	Make up answers, defend, doubt people
Be creative and flexible; improvise and adapt	Be rigid, stick to a 'script'
Let go, always let the community do it (draw, map, discuss, prioritize)	Try to control the process or the outcome, be disappointed when things don't go according to your plan
Be patient	Rush



Annex D: Ebola Survivor Posters