EXPERIENCE OF OUR INTERVENTION WITH OUR LOCAL PARNER CARITAS FREE TOWN ON EBOLA DETENTION AND ELIMINATION PROGRAM.

The outbreak of Ebola Virus Disease (EVD) in Sierra Leone and neighbouring countries (Liberia and Guinea) has claimed and continues to claim so many lives. Over 5,000 people have been infected in Sierra Leone with over 1,100 deaths recorded by early November, 2014 as per updates provided by the Ministry of Health and Sanitation. The dreadful nature of the EVD and its infectious mode requires a holistic intervention to ensure preventive measures are adhered to by especially vulnerable and less privileged sections of the Sierra Leone society. That is why UNDP is engaging a range of community established structures to provide support to remote and under-serviced communities across the country. In addition, the effects of the EVD are now being felt with a growing number of orphans, widows and survivors being marginalized and ostracized by their families and/or the community. This support is aimed at reaching remote and isolated communities across the country through door-to-door focus group discussion sessions with people within the family context with preventive and responsive measures to the EVD, supporting survivors, orphans and widows. The support is also aimed at delivering the message to households in a different way to encourage communities to report cases earlier and most essentially interfacing with local and community stakeholders to ensure the practice of customs and traditions do not hamper the fight against the EVD. The support would also extended to detention and correction centres with the initiative aimed at decongesting these places to ensure the respect of human rights and the right to access justice during these exceptional circumstances.

Objectives:

- Sierra Leone contains the EVD outbreak and begins the recovery process
- EVD transmission cycles are disrupted in key 'hot spot' affected and at-risk communities in SL through awareness raising activities and early referral (Partners)
- EVD transmission cycles are disrupted in key 'hot spot' affected and at-risk communities through provision of Personal Protective Equipment (PPE) to health facilities and training in infection control.
- Improved wellbeing of affected families and vulnerable populations, in particular Orphans and Vulnerable Children (OVC) (Partners).

Objectives Indicators:

1. 80% of population in the selected districts have comprehensive knowledge about EVD

2. 80% of population in the selected districts report behaviour change; avoiding contact with people suspected of having EVD

3. 10% reduction in average number of new EVD cases reported for the first 2-3 months in selected intervention districts and 20% for the months after.

Outputs

Individuals, families and communities have knowledge and practice behaviours to break transmission of EVD.

Methods (Activities)

1. Train 100 CHWs (Community Health Workers) per district in Ebola key messages
2. CHWs conduct house-to-house sensitization in their coverage area (350 / 1050)
3. CHWs disseminate puppet films on Ebola key messages and psychosocial support / recovery / healing.

Output Indicators

1. 100% of CHWs trained in social mobilization and behaviour change key messages
2. 90% of households reached with EVD door-to-door sensitization by CHWs
3. 1 million (60-70% of population in the four intervention districts) view educational films through community sessions
4. We worked with Public Health Initiative: Improved wellbeing of affected families and vulnerable populations, in particular Orphans and Vulnerable Children (OVC).
5. We worked with Catholic social service institutions, we were providing discharge packages to patients who have recovered, and linked OVC and vulnerable families with nutritional support, livelihood restoration, and social reintegration.
6. We provide Nutritional, livelihood, and psychosocial support to discharge patients, OVC and vulnerable families affected by the EVD outbreak.

Methods (Activities)

- We engage with EVD Treatment Unit teams to identify discharged patients and families of active and deceased patients who are at increased risk of discrimination, impoverishment, malnutrition, or neglect due to impact of EVD outbreak
- We identify local church-based (or other) social service agencies to provide services for OVC and affected families.
- We worked with Social service organisations will be provided with financial and/or in-kind support to provide required services to affected families

Output Indicators

1. 80% of impacted children receive nutritional support for prevention of malnutrition
2. 1,000 families receive livelihood support
3. 180,000 people view the trauma / psychosocial support film and participate in group discussions

Inputs

- Discharge packages for recovered patients include food and non-food items; a standardized list of contents is available from the Ministry of Social Welfare
- Procurement of inputs from locally established vendors or provision of resources to the social services organisations to do so directly.

Psychosocial Support / Social Services

- Discharge Packages for Survivors
- Nutritional support for quarantined households
- Livelihood support for families of victims and for survivors
- Grief / trauma counselling and healing for orphans and families of victims
- Care and maintenance for Orphans and vulnerable children 6-9 months intervention – how much can we provide and what happens to them after?
- Social reintegration / reduction of stigma and discrimination.

Our experience in psychosocial support

Restoring and improving the capacities of EVD survivors, OVCs and families to continue life through livelihood support, addressing their social, emotional, psychological and material need, and facilitate reintegration into communities. This includes support of victims against discrimination and stigmatization by community members and families, and enhance resilience.

Objectives

- Improving lives of EVD victims by promoting fairness and strengthen capacities for resource mobilization and distribution.
- Facilitate community participation that ensures inclusion and empowerment of EVD victims and families.

- Facilitate education of communities on the emotional, social, behavioral, physical impact discrimination and stigmatization on EVD victims and families.
- Ensure confidentiality of EVD victims and families, develop and effectively manage communication among victims, SSP, CHWs, and other stakeholders.

This strategy specifically target religious leaders, traditional leaders, traditional healers, and societal heads who are regarded as some of the most influential members in communities; however, they have been under-utilized as key social mobilization actors within their communities to promote behaviour change practices, especially related to safe burials and home care that can break the Ebola transmission chain.
To conduct Barrier Analysis (BA) on safe burial practices and home care in 3 targeted location to inform behaviour change framework and communication messages.
Conduct workshop with 15 key stakeholders from target group (incl. Interreligious Council; ISLAG; CHRISTAG) to present BA findings and use information to develop behaviour change framework and training manual for religious leaders; including effective dissemination strategies and IEC materials.

Implementation phase

The identification of faith leaders, traditional leaders &healers, societal heads with appropriate percentage of representatives of dominant religion in the areas covered.
Conduct training for lead facilitators at Chiefdom/ Ward level in each district using finalized behaviour change messaging training manual and IEC materials. Lead facilitators cascade information to section and village level over 4 week period. Cascade sessions will be monitored by field agents together with trained lead facilitator.

Faith leaders, traditional leaders, societal heads etc. to integrate behaviour change messaging in mobilization sessions (as determined by the dissemination plan that would have been developed in Phase 1). They also linked with psychosocial support (PSS) volunteers to identify survivors and affected families who would be willing to share their experiences with religious congregations in their communities.
Conduct open dialogue sessions at community level bringing together representatives (RL, TL, SS, survivors, community members) from 10 communities at a time to share experiences, report on myths and misconceptions, address issues of stigma and discrimination, and discuss action plans to address those issues for the communities.
Faith leaders, traditional leaders, societal heads to support in the identification of OVCs and affected families requiring PSS and refer them to trained community volunteers working in operational areas. For chiefdoms where PSS support is not provided by Caritas Volunteers, faith leaders, traditional leaders, and societal heads will be supported to map mental health/PSS service provider agencies operating in their chiefdom and communities, and link individuals who need to access those services.
In an effort to collect timely and robust data on the impacts of Ebola, the Government of Sierra Leone, with support from the World Bank Group and in partnership with Innovations for Poverty Action, is conducting mobile phone surveys with the aim of capturing the key socio-economic effects of the virus. Since the proportion of the population that has been infected is small, the largest impacts on household welfare are

expected to result from indirect effects of measures taken to restrict disease spread, and the general disruption to the economy caused by the outbreak.

As of January 4, 2015, Sierra Leone had reported nearly 10,000 cases of Ebola Virus Disease (EVD), and nearly 3,000 deaths. While recent World Health Organization (WHO) reports show that the outbreak is stabilizing in Guinea and Liberia, Sierra Leone continues to see an increasing number of cases and deaths, and the virus has now taken hold across all districts and particularly in the capital, Freetown.

Ebola has had important economic impacts on Sierra Leone. In urban areas, and particularly in Freetown, declines in employment are evident both among wage workers and the non-farm self-employed, with Ebola cited as one of the main reasons for not working.

Among household heads, an estimated 9,000 wage workers and 170,000 self-employed workers outside of agriculture are no longer working since the start of the crisis. The percent of households engaged in a non-farm household enterprise that was no longer operating tripled and among households operating these businesses, average revenue decreased by 40 percent.
No differences were found in employment impacts across quarantined and non-quarantined districts, further highlighting the importance of economy-wide indirect effects. Also, the data suggest there has not been recent large scale migration.

The Ebola outbreak has not shown a significant effect on the ongoing harvest although the unseasonably heavy rains appear to have delayed the harvest. Food insecurity is high in Sierra Leone, but it is unclear the degree to which this is Ebola-related. There is no current evidence to suggest that quarantine restrictions are preventing food from reaching markets, and food insecurity is not higher in the quarantined districts. The poorest households are the most food insecure and are less likely to have access to informal safety nets through remittances.
There is some evidence of a decrease in utilization of health services for non-EVD conditions in Freetown. A much lower proportion of women in the capital reported post-natal clinic visits than in 2013. In the rest of the country, on the other hand, there is little evidence of a decline in usage.

The first round of data collection can serve as a reference point to track changes as the Ebola outbreak continues to unfold in Sierra Leone.

According to Ana Revenga, Senior Director, Poverty, World Bank Group, “The Ebola virus itself must be eradicated- this is the number one priority. But its socio-economic side effects put the current and future prosperity of households at high risk. We must pay careful attention to those who are most vulnerable to both health and economic shocks, and ensure that they are supported throughout and after the crisis.”