

Ebola Response System Strengthening along Western Area Peninsula Coastline

LESSONS LEARNED

Social Mobilization in the Freetown Peninsula during the Ebola Epidemic 2014-2015

Laura Sustersic
for Welthungerhilfe Sierra Leone

**Freetown
April 2015**



TABLE OF CONTENTS

1 INTRODUCTION	3
2. BACKGROUND.....	3
2.1 Official response structure and guidelines for Social Mobilization.....	4
3. STATEMENT OF PROBLEM AND PROJECT DESCRIPTION.....	5
3.1 Beneficiaries	5
3.2 Map communities and Task Forces	7
3.3 Structure and Activities	8
4. ESTIMATING IMPACTS.....	10
4.1 Mid-term KAP Study.....	10
4.2 Cases and unsafe practices reported by Task Forces.....	10
5. CHALLENGES	11
6. INNOVATIONS.....	11
7. Lessons learned and key success factors.....	12
8. RECCOMENDATIONS	13
9. Conclusions	14
ANNEX 1 - Acronyms.....	15
ANNEX 2 - List of people interviewed	15
ANNEX 3 - Press	16
ANNEX 4 – Photos.....	17
ANNEX 5- Memorandum of Understanding.....	18

1 INTRODUCTION

Since 1st November 2014, Welthungerhilfe implements a social mobilization project in the Western Area Rural and Urban through the local NGO RECTOUR. Funded by DEERF with the objective to contribute to keeping the Freetown Peninsula “Ebola free”, the project gained wide support among target communities and from the official Ebola response structures (DERC Western Area). It was therefore extended twice increasing scope and funds. At moment of writing (April 2015), the project has entered its last phase: implementation is foreseen until the end of May 2015.

In the first 3 chapters, the report gives an overview of the project background, structure and activities. In chapter 4, we give an estimate of the project impacts. In the final chapters (5 to 9), the report identifies challenges, lessons learned, key success factors and recommendations.

This report is a contribution to understanding successful social mobilization in the context of Ebola in Sierra Leone. It is based mainly on interviews with key stakeholders, participation in project activities and analysis of project documents (available a WHH headquarters in Freetown).

2. BACKGROUND

Since August 2014, the official response to the Ebola outbreak in Sierra Leone has been organized in seven pillars of intervention¹, each led by a ministry and supported by an international organization. Social Mobilization, under the lead of Ministry of Health and Sanitation and supported by UNICEF, is tasked with promoting full community engagement in risk mitigation and breaking of the contact chains. The objective is to help communities to achieve understanding, ownership and engagement in Ebola control strategies, given that the deep-rooted fear, stigmatization and the widespread unsafe traditional practices represented one of the main hurdles in the fight against Ebola. Social mobilization involves therefore engagement and dialogue with community, religious, traditional and other local leaders, women’s and youth groups, as well as traditional healers, to build collective trust and confidence in the response efforts and community action. Establishing robust, community-led approaches to EVD building on existing local networks and organizations in each affected and at-risk area is essential to enable and sustain full implementation, effectiveness and sustainable results of the fight against the epidemic².

Community Task Forces

Community Task Forces are part of the social structure of Sierra Leone. Under the leadership of the Headman, Councillor or other local authority, Task Forces composed of youth volunteers are established to respond to specific issues of the community. During the civil war, for example, Task Forces were set up to protect villages from incoming rebels. Also during the Ebola crisis, Task Forces formed in many communities under initiative of Traditional authorities, albeit with limited resources and sometimes-unclear tasks, due also to limited knowledge of the appropriate response.

¹ Contact tracing and surveillance; case management; safe and dignified burial; logistical support; psycho-social support; social mobilization

² WHO Response Roadmap, August 2014

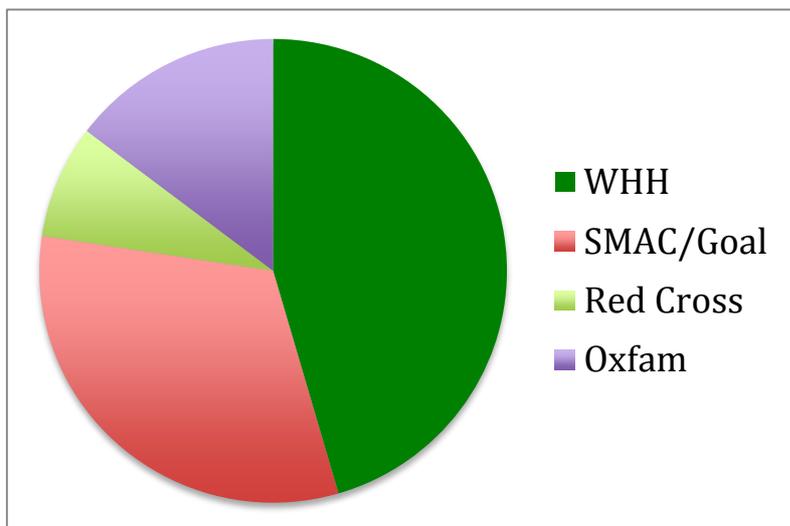
2.1 Official response structure and guidelines for Social Mobilization

The Health Education Department (HED) of the Ministry of Health and Sanitation (MoHS) was responsible for leading on Ebola Social Mobilisation and Community Engagement (SM/CE) activities. At District level, this District Health Management Team (DHMT) was the responsible line agency, leading the SM Pillar with the support of UNICEF. The Pillar developed Standard Operating Procedures (SOPs) to guide SM activities in the country; they describe roles and responsibilities of relevant actors including:

- Implementing Partners (IP)- implementing SM projects;
- Social mobilizers- disseminating information and IEC materials, training, sensitization;
- Community volunteers- day-to-day activities in communities, intermediary role between communities and DERC response structures (pillars).

The role of social mobilizers is complementary that of community volunteers.

In the Western Area there are nine active partners³ implementing SM projects of which only four, SMAC, Oxfam, Red Cross and WHH- support community volunteers activities. However the areas of intervention, approaches and focal issues are not overlapping with WHH program.



Implementing partners supporting social mobilizers in WA Rural

³ UNICEF Social Mobilizer mapping, 8 April 2015

3. STATEMENT OF PROBLEM AND PROJECT DESCRIPTION

In August 2014, the first cases of Ebola reached Freetown and spread quickly in the urban areas due to dense population and poor living conditions. October 2014 counted 556 new cases in the capital and surrounding. In order to protect the Freetown Peninsula (Western Area Rural⁴) from spread of the virus, the WAR District Coordinator⁵ and local communities approached Welthungerhilfe for support to social mobilization activities. The objective of the project was to contribute to maintaining the Peninsula “Ebola free” by creating a “cordon sanitaire” around the peninsula and protect it from the incoming epidemic; this was to be achieved through involvement of communities in the fight against Ebola.

The first phase of the project started on 1st November 2014 with an initial funding by DEERF (DIFD) of EUR 127,000, an implementing period until 31st January 2015 and a geographical extension limited to the coastal areas of the peninsula between Ogoo Farm and Tombo⁶. At the time, the only three communities with Ebola cases were Ogoo Farm (1 case), John Obey (2 cases) and Mambo (1 case).

In January, the epidemic had spread deeper in the rural areas around Freetown: for example in Tombo had 9 cases and the cumulative number of cases for WA Rural reached 1,180. Upon request of the WAR District Coordinator, a second phase of the project included also the communities along the highway with a funding of EUR 530,000 and an implementing period until 30th April 2015. Finally, at the end of February, Ebola had concentrated mostly in the Western Area Urban (in February, 80 new cases in Urban and only 18 in Rural). In the third phase, the area included 16 additional urban communities, the project funding was increased to EUR 607,000 and the lifetime until 31st May 2015.

3.1 Beneficiaries

The target communities were identified by the District Coordinators as highly vulnerable because of their geographical location bordering to the Ebola high transmission hotspots of Waterloo and Freetown (Lumely/ Goderich). Additionally, these communities live mainly on fishing and trading, thereby attracting a high volume of travellers from other districts and the neighbouring countries, and were therefore key transmission points for the virus. Finally, fishermen sea routes connect all the coastal communities so that there was a high risk of cross-infection among these villages.

⁴ Please refer to map on page 7

⁵ Mme Zulaikatu Cooper

⁶ Please refer to map at page 7

Table 1 List project communities/see map at pag. XX

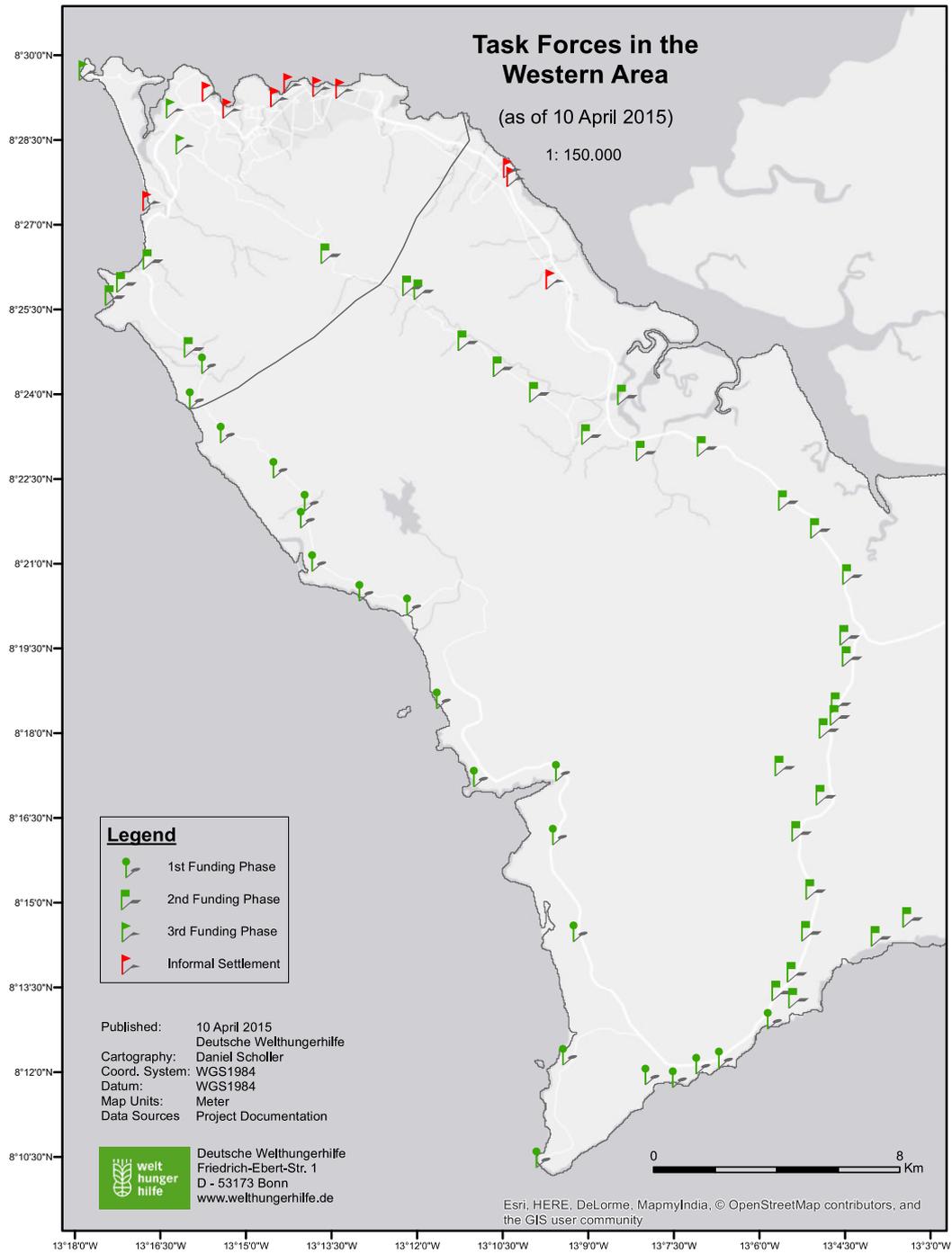
1 st Phase Rural coastal Communities							
1	Ogoo farm	2	Banga Farm	3	Big Water	4	Kissy Town
5	Lakka	6	Number 2 River	7	Black Johnson	8	Bureh Town
9	Hamilton	10	Mile 13	11	York	12	John Obey
13	Tombo	14	Sussex	15	Baw-Baw	16	Tokeh
17	Kent	18	Mama Beach	19	Brigette	20	Bonga Wharf
2 nd Phase Rural Communities							
21	Grafton	22	Benguima	23	Macdonald	24	Oba Funkia
25	Kossoh Town	26	Samuel Town	27	During Town	28	Tissana
29	Devil Hole	30	Kerry Town	31	Russel	32	Adonkia
33	Jui	34	Kobba Water	35	Madina	36	Godrich
37	Deep Eye Water	38	Matindi	39	Boyoh Village	40	Wallai
41	Morthaim	42	Yams Farm	43	Mongeba	44	Kossoh Middle T
45	Waterloo	46	Charlotte	47	Sattia	48	Gbendembu
49	Rokel	50	Regent	51	Bathurst	52	Hastings
3 rd Phase Urban Communities							
53	Aberdeen	54	Govt. Wharf	55	Dublin Banana	56	Wilbforce
57	Rekit Banana	58	Congo Town	59	Mabella	60	Susan's Bay
61	Crab Town	62	Murray Town	63	Moa Wharf	64	Banana Water
65	Calaba Town/L	66	Kroo Bay	67	Portee	68	Tree Planting
69	Glauster	70	Mambo	71	Thompson Bay		

Task Forces

In all target communities the project supported Ebola Task Forces composed of community volunteers. In many cases, Local or Traditional Authorities had already established community Task Forces to carry out Ebola monitoring and search activities; the project took over support of the existing or helped establishment of new ones.

After the last amendment, the project was active in 56 rural and 15 urban communities, with a total of 560 community volunteers (task force members).

3.2 Map communities and Task Forces



3.3 Structure and Activities

The project-implementing partner RECTOUR (Responsible Community Tourism Organization) was established with WHH support in 2012, as an alliance between the coastal communities with the objective to support local tourism initiatives. RECOUR members come from the coastal and mountain communities and are recognized local actors, enjoying full support from the Headmen.

RECTOUR set up three teams of five or six members (16 people in total); each supervisory team was assigned to oversee communities in a given area. RECOUR supervisory teams were trained by the DHMT as trainers on Ebola prevention, transmission and services. They were responsible for:

- Establishing or supporting existing Ebola Task Forces;
- Training the Task Forces and relevant stakeholders on the Ebola Response System⁷;
- Daily supervising the Task Forces and providing support (materials, funds, advice);
- Animating meetings in all villages and reporting to RECTOUR;
- Linking Task Forces with the relevant District Ebola Response Centre (DERC);
- Carrying out media campaigns (social media, radio, TV, newspapers).

The community Headman or Councillor identified and appointed Task Force members, giving them legitimacy and mandate to operate in their own communities. The TF, formally registered at DERC, were composed of five to ten members depending on the size of the community (in Tombo 25), with representatives of heads of households, women groups, youth groups and religious leaders (Imam or Pastor). RECTOUR ensured that the volunteers had the required knowledge, attitudes, behaviours, skills and supervisory support to undertake community engagement. Additionally, RECTOUR ensured gender balance in TF composition: approximately 30-40% of TF members were women.

The Task Forces are responsible for:

- Establishing/enforcing community by-laws;
- Establishing road check-points;
- Daily house to house monitoring visits;
- Sensitization and distribution IEC materials;
- Distribution hygiene materials;
- Support quarantined HH;
- House to house searches;
- Construction of isolation facilities for quarantined HH.

Collaboration between RECTOUR and Task Forces was formalized in a Memorandum of Understanding stating roles and responsibilities of signatories, signed with each of the 72 TF⁸.

⁷ Training concept and materials provided by Min. of Health and Sanitation through DHMT department

⁸ Please refer to ANNEX 4

PROJECT STRUCTURE

**DERC WA
Soc Mob Pillar**

**WA
Rural & Urban
Coordinators**

- Social Media (Whatsup group)
- Radio Talks
- TV Talks
- Newspaper Publications

**RECTOUR
(16 Volunteers)**

Implementing Partner

WHH

- Supervision
- Support
- Training

Village Task Force

*56 Rural
15 Urban*

Appoints Oversees
Headman

Village Task Force

- 5 -10 members:
- HH Head
 - Women gr.
 - Youth gr.
 - Religious leader

Village Task Force

- By-laws
- Check-points
- Daily H2H monitoring
- Sensitization
- Distribution hygiene materials
- Distribution IPC materials
- Support quarantined HH
- H2H searches
- Isolation facilities

Village Task Force

Village Task Force

4. ESTIMATING IMPACTS

To estimate the impact of the project, we chose to look at two aspects directly related with its activities:

- Changes in practices in target communities (as a result of TF community sensitization on safe and unsafe practices); and
- Number of cases and unsafe practices reported by Task Forces.

An additional indicator of success is the number of active alerts (calls to 117) coming from the target communities. The Surveillance Pillar in DERC WA observed an increase of alerts from project communities after the TF commenced operating, leading to more cases being identified. However, we can only report this observation without backing it with hard data, as information in this format (number of calls received each week from specific communities) is not readily available at WA DERC.

4.1 Mid-term KAP⁹ Study

In February 2015, the project commissioned a study to critically examine the impact of RECTOUR activities on communities along the Western Area Rural Peninsula Coastline (21 initial villages) in terms of their knowledge, attitudes and practices in Ebola prevention and control. The study administered household questionnaires and organized focus group discussions. A total of 128 households were interviewed (1,096 persons, of which 541 were male and 555 were female). Some of the interesting results include¹⁰:

- 68% were aware of activities of RECTOUR in their area;
- 81% believe that EVD can be transmitted by hand-shaking, 72% by washing bodies;
- Over 85% identified fever, diarrhoea and vomiting as common signs of Ebola;
- 95% believed that early treatment can reduce the chances of spreading the Ebola;
- 8% and 4% believed that spiritual and traditional leaders can treat Ebola.

Though RECTOUR was the only NGO active, we can at least conclude that it has contributed to increased knowledge and improved practices in the target communities.

4.2 Cases and unsafe practices reported by Task Forces

	November	December	January	February	March	TOTAL
Suspect cases	9	129	143	13	22	316
Cases reported	14	92	138	3	13	260
Unsafe Burials identified	6	10	9	6	0	31
Unsafe burials reported	2	7	12	76	0	97
Resistance safe burials	3	38	104	88	15	248
Resistance contact tracing	31	68	117	142	69	427
Resistance reducing stigma	49	125	118	56	7	355

⁹ Knowledge, Attitude, Practices

¹⁰ Full report (W. F. Martyn , B. M. Kandeh, Feb. 2015) is available at WHH Head office in Freetown

5. CHALLENGES

One of the main challenges in the fight against Ebola are the deeply entrenched traditional practices and beliefs, which unfortunately were one of the main vehicles of spread of the virus. These included traditionally caring for the sick, visiting herbalists and burials rites. For example, the first case in the project community of Bendombu (Grafton) was a woman trader who had visited a traditional funeral in Port Loko in September 2014 and later infected her family leading to 59 deaths. All project activities were aimed specifically at addressing this issue and at fostering a safe practices. This fact put the TF members at times in the difficult position of advocating for a change in traditional behaviours within their own communities. On the other hand, precisely the fact that TF members were also community members nominated by the Traditional Authority gave them greater leverage to spread messages on safe practices.

A second challenge was the frequent refusal of Government employees, security forces and politicians to comply with checkpoints requirements and by-laws. More than once, incidents were reported of Police Officers harassing checkpoints, destroying hand-washing materials or even physically assaulting the volunteers. In one case, a TF member was detained in jail for enforcing hygiene regulations. This generated deep malcontent in the communities and risked to set a negative example about impunity. The continue support of DERC was key to resolve such incidents.

Special case of Urban Task Forces: in the urban setting, because of high population numbers and high mobility, communities are less cohesive. With the exception of slums, which elect Traditional Chiefs every five years, in the urban project communities authority resides with the Councillors and Community Chair Persons, whose influence over the communities is often limited. Urban Task Forces lacked the strong backing that Traditional Leaders could ensure in the rural communities and therefore could not be as effective in enforcing by-laws. Additionally, experience showed that TF in urban settings need much more than 10 members to be effective.

6. INNOVATIONS

Through close collaboration with local Headmen, many innovative practices have been developed by the Task Forces to address specific issues in the communities. Some examples:

The “Community Census” book- in selected communities (e.g. hotspots), the TF carried out a census of the community population by household and created a “Census Book”¹¹. The TF then paid daily visits to the HH, checking health and temperatures of each member. In this manner, it was possible to identify health problems at their inception and to have an overview of happenings the community (e.g. arrival of strangers).

Severe fines and strict enforcement for community by-laws- Community by-laws on unsafe practices were reinforced by a system of severe fines for transgression. Examples: prohibition to host strangers and hide sick people (fine: 100\$ or one month jail); obligation to report arrival of strangers (e.g. fishermen). Task Forces monitored compliance and Headmen ensured strict enforcement; this quickly led to change in behaviours.

¹¹ Please refer to Photos in ANNEX 4

Support to contact tracing- following the finding of a case, Task Force members prepared a first “contacts list”. At times these lists were more complete than the official ones, as task forces could rapidly collect more accurate information (e.g. community gossip). TF would act as “whistle blowers” and alert DERC officials to follow up on alleged contacts.

Town criers- Headmen and Councillors in project communities decided to employ *town criers* (community motivators, with megaphone) to spread the message of the “Resilient Zero Ebola” campaign and fight compliance.

Isolation facilities for quarantined households. Poor living conditions and lack of sanitary facilities posed often a risk for cross-infections within quarantines. Task forces set up isolation facilities for primary contacts to spend their quarantine periods. Basic equipment was provided such as mattresses, buckets, soap, ORS, toilet facilities, as well as, support through a dedicated quarantine TF. Examples in Wallai and John Obey¹².

Quarantine Task Forces- *Quarantine Task Forces* of three to ten members provided support during initial phases of quarantine- psycho-social, organizational (setting rope perimeter), requesting for provision of emergency food if necessary- and during the quarantine period by fetching water, buying necessary items, providing security, regularly checking temperatures with thermometers and health of HH members. The presence of Quarantine TF contributed to reduce stigma and to provide psychological support to the families.

7. Lessons learned and key success factors

The most important lesson learnt was that no amount of outside pressure or well-meant advice could have succeeded in changing behaviours without local involvement and commitment. The project succeeded in creating an excellent combination of local leadership and project’s organizational and financial support. To support this, we identified the following success factors:

a) Quick and dynamic response by the project

All interviewees unanimously identified the quick and dynamic support by the project as a success factor of WHH intervention. Activities were swiftly adapted to changing conditions. Fast action and reaction was essential in the emergency setting and contributed to create trust with the beneficiaries.

b) Activities embedded in the communities

Each community was responsible for suggesting activities and carrying them out; Traditional Authorities appointed Task Force members and enforced by-laws. Many Headmen had already set up local Task Forces at their own costs, which the project then took over proving logistical and organizational support. This setting validated and strengthened already existing local commitment.

c) Using local capacities and structures

RECTOUR was already a recognized local institution before inception of the project. The project made best use of existing local knowledge, networks and structures thereby reinforcing local ownership of the process.

¹² Please see photos in Annex 4

d) Regular support to Task Forces

RECTOUR supervisors' teams visited all the Task Forces on a daily basis. Task Forces received regularly financial incentives, as well as, education and hygiene materials. This boosted motivation of the TF and improved their image within the communities, as the check-points were always provided with sanitary materials, thermometers worked, complaints were followed up, etc. Additionally, it ensured that activities were carried out effectively and allowed for regular fine-tuning and supervision.

e) Strong backing by DERC and District Council

The direct and close relationship between the project and the District Coordinator¹³ ensured that needs and issues were addressed and that the project was embedded in the wider district strategy against Ebola. For example after request by the project, military personnel were stationed as support to the checkpoints. This backing added to the legitimacy; in several occasions, the District Coordinator appeared on national media accompanying the project or praising its successful activities¹⁴.

f) Presence in the media

For the particular nature of the Ebola fight, which required a coordinated countrywide effort of all actors and involvement of the population, it was essential to deliver as many messages as possible through local media. The project ensured that its activities were reported on local print media, in radio and television shows, as well as, on social media (WhatsApp Group around 100 members, regularly updating on Ebola national information, project activities, etc.).

8. RECCOMENDATIONS

The following are key recommendations for future developments:

- 1. Improve coordination with Social Mobilization Pillar in DERC WA-*
Although coordination was ensured directly with the DERC Coordinator, contacts between the project and the SM Pillar did not happen regularly but on an ad-hoc basis to coordinate common activities (e.g. house-to-house searches). More regular collaboration would lead to synergies with other NGOs active in the area and improve visibility of the project.
- 2. Strengthen Urban Task Forces-*
To be more effective, the number of Task Force members should be adequate to the population of target community and number of Task Forces should be adequate to extension of target area. Additionally, strong backing from community leaders or local authorities should be ensured to enforce by-laws.
- 3. IPC protection equipment-*
It is important to always provide protection equipment to TF members (e.g. gumboots, masques, gloves), especially in case of activities in hot-spot communities.
- 4. Strategy for long-term crisis alert and prevention-*
Much knowledge and experience rest now with RECTOUR and TF members; it is suggested to develop a strategy on how to make best use of such knowledge and project's assets to establish a long-term, sustainable crisis prevention system (e.g. community based surveillance and early-warning system).

¹³ M.me Zulaika Cooper, Western Area Rural District Coordinator

¹⁴ Please refer to Annex 3

9. Conclusions

Social mobilization is the key link that enabled the Ebola response to be effective. However, fight against Ebola is a collaborative effort: it is important to recognize that only local communities and local leadership have the knowledge necessary to design effective measures and the leverage to implement them.

The project has successfully found the balance between delegating sensitization activities to the communities and providing an efficient system of support and supervision. Media involvement was key to ensure public awareness. Finally, from the beginning the committed backing of the official Ebola response structures were essential to success. At this intermediate stage (one and a half months of project life in front of us), success is indicated by change in practices and the clear decline in cases in all target communities. This gives us the confidence to state that the project contributed significantly to halting the spread of Ebola in the Peninsula.

ANNEX 1 - Acronyms

CE	Community Engagement
DEERF	DFID Ebola Emergency Response Fund
DERC	District Ebola Response Centre
DFID	UK Department for International Development
DHMT	District Health Management Team
DMO	District Medical Officer
HED	Health Education Department
HH	Household
IEC	Information, Education, Communication
IP	Implementing Partners
KAP	Knowledge, Attitudes, Practices
MoHS	Ministry of Health and Sanitation (Sierra Leone)
RECTOUR	Responsible Echotourism Community Organization
SM	Social Mobilization
SOP	Standard Operating Procedures
TF	Task Force
UNICEF	United Nations Children's Fund
WA	Western Area
WHH	Welthungerhilfe

ANNEX 2 - List of people interviewed

Mr.	Kellie Marah	WHH	Project Coordinator
Mr.	Jochen Moninger	WHH	Country Director
Mr.	Francis Kappia	RECTOUR	President
Mr.	Victor Harding	RECTOUR	Member
Mr.	Daniel Macauley	RECTOUR	Member
Mr.	Jakob Johnson	RECTOUR	Member
Mr.	Almammy Kagbo Kabempa	Kroo Bay	Chief
Ms.	Beatrice Langley	Rokel	Chiefwoman
Mr.	OsmanK. Turay	OXFAM	CHW
Mr.	Mohamed Sesay	Grafton	Chief
Mr.	Bangalie S. Mansaray	Grafton	TF Chairman
Mr.	Alaje Jeams Slowe	Tokeh	Chief
Ms.	Zulaika Cooper	WAR	District Coordinator
Mr.	Isaac Sesay	SMAC	WA project coordinator
Mr.	Joseph Mboka	UNICEF	Field support officer WA Rural
Mr.	Steven Kelfala	UNICEF	Field support officer WA Urban
Mr.	Christian Macavoray	DERC	Surveillance Alert officer WA Urban
Mr.	Suleyman Williams	DERC	Surveillance Alert officer WA Urban

ANNEX 3 - Press

WHH empowers Ebola Task Force Volunteers In Western Urban To Intensify Community Surveillance

Welthungerhilfe and their local partner Rectour have urged Ebola Task Force Volunteers within the Western Area Urban to intensify community surveillance and community mobilisation in the fight against Ebola for a zero case.

Over 170 Ebola Task Force Volunteers drawn from different slum communities within the Western Area Urban successfully participated in a one day capacity building training on deepening community surveillance at the Atlantic Hall National Stadium.

The project coordinator for Welthungerhilfe Western Area Ebola Response Mafilla Kellie Marrah properly explained about the role of the Ebola task force volunteers in the fight against Ebola.



THURSDAY APRIL 7TH, 2015

THE SATELLITE, VOL. 20 NO. 97

PAGE 7

WHH SUPPORTS EBOLA TASK FORCE TO WEED OUT SICK PEOPLE

Ebola Task Force Volunteers supported by Welthungerhilfe (WHH) through a local Rectour has uncovered several sick people in homes during their usual house search within the Western Area Urban and Rural.

The just ended three days lock down hundreds of Ebola Task Force volunteers embarked on house to house search to weed out sick people in slum communities within one of the largest slums in Freetown Mabella and so in the Western Area Rural.

The house to house search was witnessed by Ebola response partners and several stakeholders within their respective communities, the Sierra Leone Police provided security for the activities.

During the house to house search the project coordinator for welthungerhilfe Mafilla Kellie Marrah said the house to house search for the sick is an integral part of their plan of activities as it creates community involvement in the fight against Ebola.



L-R Madam Julia Cooper of NERC and WHH project coordinator Mafilla Kellie Marrah addressing Ebola Task Force Volunteers during the house to house search.

The volunteers undertake community mobilization and surveillance in their communities, they also prevent Ebola, check point for hand washing and

the loss of their parents. She said that

Ebola Volunteers uncover 4 Ebola suspects in Grafton houses



Ebola Volunteers doing house to house check at Grafton Police Barracks J-Line

Volunteers are supported by welthungerhilfe a German NGO is pioneering the project in the hope that greater social participation will lead to heightened awareness and accountability for one's own community.

The efforts are bearing fruit, in Tombo, Devil Hole and Grafton within the Western Area, community spirit is paving the way for better coordination, reporting and trust of social mobilizers, contact tracers and other Ebola workers in the community.

Manfilla Kellie Marrah the Western Area Ebola Response Coordinator for Welthungerhilfe said over 200 volunteers help their neighbours understand why

driving Ebola out from their communities and also making people accept that Ebola is real," Manfilla Marrah stated.

Community leaders also consider the social mobilizers integral to their overall Ebola response. Councillor Ibrahim Conteh from the Grafton community said more than a hundred per cent the social mobilizers have been helpful to us," he says.

They work around the clock as a member of the community, always with us and always involved. They investigate the issues, go to the homes to educate people and report if there are sick persons to make sure they are taken to the hospital, Councillor Conteh said.

Welthungerhilfe intensifies Community Mobilization & Surveillance on Ebola Virus

Welthungerhilfe and their local partner Rectour has embarked on an intensive community mobilization and surveillance in Ebola hot spots communities within the Western Area. On a bright, hot day, hundreds of Ebola Response Volunteers walk through Freetown's congested Grafton community, armed with a megaphone, posters and flyers and thermometers for temperature checks, they uncovered four Ebola suspects lying down in house.

The four people were visibly sick after a temperature check was done by the Ebola volunteers they were referred to the National Ebola Response Center at Grafton for further medical checks.

The Ebola hotspot busters are deployed rapidly to communities that are considered hotspots of the Ebola epidemic, as part of an immediate response to the Ebola outbreak.



Some of the Welthungerhilfe supported Volunteers on temperature checks in houses for Ebola symptoms

tracers and other Ebola workers in the community.

Manfilla Kellie Marrah the Western Area Ebola Response Coordinator for Welthungerhilfe said over 200 volunteers help their neighbours understand why Ebola workers are called the Hotspot Busters are called into their community.

"We try and make them understand the essence of driving Ebola out from their communities and also make people accept that Ebola is real," Manfilla Marrah stated.

Community leaders also consider the social mobilizers integral to their overall Ebola response. Councillor Ibrahim Conteh from the Grafton community said more than a hundred per cent the social mobilizers have been helpful to us," he says.

They work around the clock as a member of the community, always with us and always involved.

ANNEX 4 - Photos

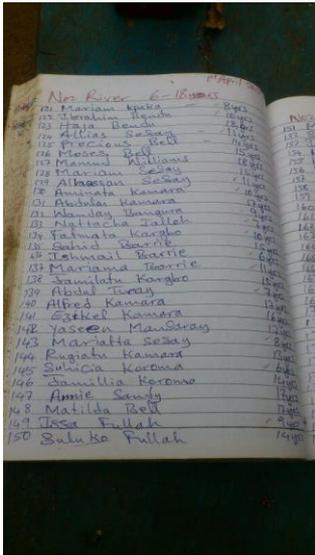


Photo 1 Census Book River Nr. 2



Photo 2 President Koroma washing hands at WHH check-point



Photo 3 RECTOUR distributing hygiene materials



Photo 4 Checkpoint Mabela slum



Photo 5 Checkpoint Hastings

Photo 6 House to House search in Jui

ANNEX 5- Memorandum of Understanding



DFID Ebola Emergency Response Fund
Welthungerhilfe- SLE 1030



EOC Ebola Response System Strengthening along Western Area Peninsula Coastline

MEMORANDUM OF UNDERSTANDING (MOU)

Between

EOC Ebola Response System Strengthening along Western Area Peninsula Coastline,
Francis Kappia, Chairman, River No.2 Village, in the following called Responsible Eco-
Tourism Community Organization RECTOUR

And

Village Ebola Task Force, of _____ represented by _____

Brief Introduction

Deutsch Welthungerhilfe started its operations in Sierra Leone in 1970s, and was then known as German Agro Action. During the war period Welthungerhilfe stopped its operations, but has returned back after the war to develop and implement a high number of projects country-wide.

The project "EOC Ebola Response System Strengthening along Western Area Peninsula Coastline", financed by DFID/GOAL and implemented by Welthungerhilfe, Project Reference: SLE 1030, focusses on Ebola prevention within the Western Area Peninsular and its surroundings communities.

Partners

The EOC Ebola Response System Strengthening along Western Area Peninsula Coastline project is implemented in close cooperation with the Responsible Eco-Tourism Community Organisation (RECTOUR).

Objective

The project prevents the EVD to spread further in coastline and mountain communities of the Western Area Peninsula. This intervention will help to decentralize the Ebola Response.

Period

1st January 2015 – 28th February 2015

Terms of Reference

General

1. Materials and assets (like, for example, but not exclusively: mobile phones, thermometers, megaphones) provided for the proper implementation of the activity are not personal properties and should only be used for the purpose of the task force work. Assets will remain the property of Welthungerhilfe.

2. As it is an emergency work, no excuse or absence of the Village Task Force members is allowed, or if any, then it has to be deducted from daily allowance offered.

The Village Task Force is responsible for organizing the following activities:

1. Work in close collaboration and under supervision of RECTOUR.
2. Conduct social mobilization activities and spread knowledge gained at Ebola Response trainings.
3. Develop village by-laws aiming to curb Ebola, including “no-touch”, ban of unsafe burials etc.
4. Submit a daily activity report to RECTOUR field volunteers, using the Social Mobilization Reporting Sheet of the Ministry of Health.
5. Participate in Ebola Response related meetings and trainings.
6. Other tasks related to the project objective on request, for example, but not exclusively: data collection, polls, construction of road blocks to control and constrain travelling, participation in radio shows and TV.

Obligations of RECTOUR under the framework of the project:

1. RECTOUR will provide volunteers for monitoring and technical advice, who will oversee the Village Task Force activities and give advice when necessary.
2. RECTOUR volunteers will report to the headman and or make immediate changes if a team member is found not working with the team.
3. RECTOUR will pay out a daily incentive of Le 20,000 per person and the same applies to local guards at quarantine homes. The payment will be done weekly after reporting to RECTOUR on village activities.
4. RECTOUR will provide one mobile phone for each Village Task Force group to foster communication, thereby reporting any case of suspected illness or an Ebola suspect case.

Freetown,
Signature for RECTOUR
Force Group.

Signature for Village Ebola Task

Date:

Name:

Date:

Name:

between RECTOUR and Task Forces