



Bridging Community Network (BCN) Consultation in Kenema district



**Defence for
Children International
Sierra Leone**

**By Defence for Children International Sierra Leone (DCI – SL)
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1.0 Background

Since the declaration of the outbreak of the Ebola Virus Disease by the Government of Sierra Leone in May 2014, it has claimed the lives of many people including women and children. Most recent official report of the Government indicates that about 6,808 persons have been infected with 2,095 confirmed deaths.¹ The Government has developed a plan and set up a national and district mechanisms to fight the deadly virus. Though quite a number of interventions are going on to completely eradicate the virus, infection rate has remained high. This is largely because of communication gap between the government response mechanisms and the communities living with the virus. In a bid to narrow this gap, civil society organisations under the leadership of Fambul Talk International have come together and established the Community Bridging Network (BCN). Members of the network include Fambul Talk International, Defence for Children International, SLYEO, Campaign for Good Governance, Advocacy Movement Network, Movement for Restoration of Democracy and Centre for Accountability and Rule of Law.

The BCN has embarked on district level consultations with the main goal of facilitating citizens' understanding about the national Ebola response strategy as well as context specific community actions and engagements aimed at containing the spread of the virus. This report provides an account of the consultation that was done in Kenema on 12th December 2014.

2.0 Objectives

- To facilitate village-level community participation and engagements in the governance and decision making of the District Ebola Response efforts.
- To facilitate and strengthen civil society mobilization to engage in Ebola Infection Prevention Control processes through communication feedback that put people and communities at the center of the action to control the disease

3.0 Approach

A consultative meeting was held in Kenema involving civil society organisations, Chiefdom Ebola taskforces, community leaders and government institutions involved in the fight against ebola. The methodology used to obtain sufficient information from participants included presentations from the different institutions represented, presentation from chiefdom taskforces, plenary and group work.

¹ Press Release of the National Ebola Response Centre 17th December 2014

4.0 Opening ceremony of the meeting

The meeting was chaired by the Gender Desk Officer of the Kenema District Council, Mrs. Elfrida Turay. Following a brief remark, she moved on with the agenda of the meeting:

5.0 Statements

Ministry of Social Welfare Gender and Children's Affairs

The MSWGCA was represented by the regional director, Mrs. Alice Jeneba Koroma. She thanked DCI for organising such an important meeting and



above all for the great partnership that the MSWGCA enjoys with DCI. She lamented that at the initial phase of the fight against ebola, UNICEF, the MSWGCA and Child Protection agencies observed that the then EOC was only focusing on the clinical aspect of the ebola response strategy, neglecting the social and psychological aspects which were huge and more prominent at community level. These agencies then advocated for the removal of the psychosocial pillar from the EOC to stand alone and be managed by the

MSWGCA and partners including UNICEF, DCI and other NGOs. When this was done, UNICEF and NGOs then supported the MSWGCA to develop a plan for a coordinated response to issues relating to children affected by the EVD. An emergency plan was put together to be implemented in all EVD affected districts. The ministry however needed a huge amount of **funds** to operationalize the plan but they had limited opportunities to generate such funds. As a result, NGOs were asked to support the MSWGCA implement the plan at district level. The 14 districts were divided among the various NGOs. Kenema was given to Ben Hirsch and Defence for Children International due to their strength and experience in working in the district. Their role is to visit quarantine homes and provide information and psychosocial support to the persons living in the home, register children and communicate any problem that the home is facing with the DERC, conduct family tracing and reintegration of child survivors and orphans including providing them with reintegration packages. In every week we meet at UNICEF to discuss gaps and progress together with other pillars of the Command Centre. So far over a thousand of children have been supported in Kenema district. The MSWGCA is however concerned over indefinite closure of schools and increasing sexual violence against children. She opined that from September

to November 2014 the FSU has recorded 36 cases of teenage pregnancy involving school girls. She encourage CSOs to assist the MSWGCA to ensure that all children particularly girls would be able to return to school when school reopens.

Civil Society Representative

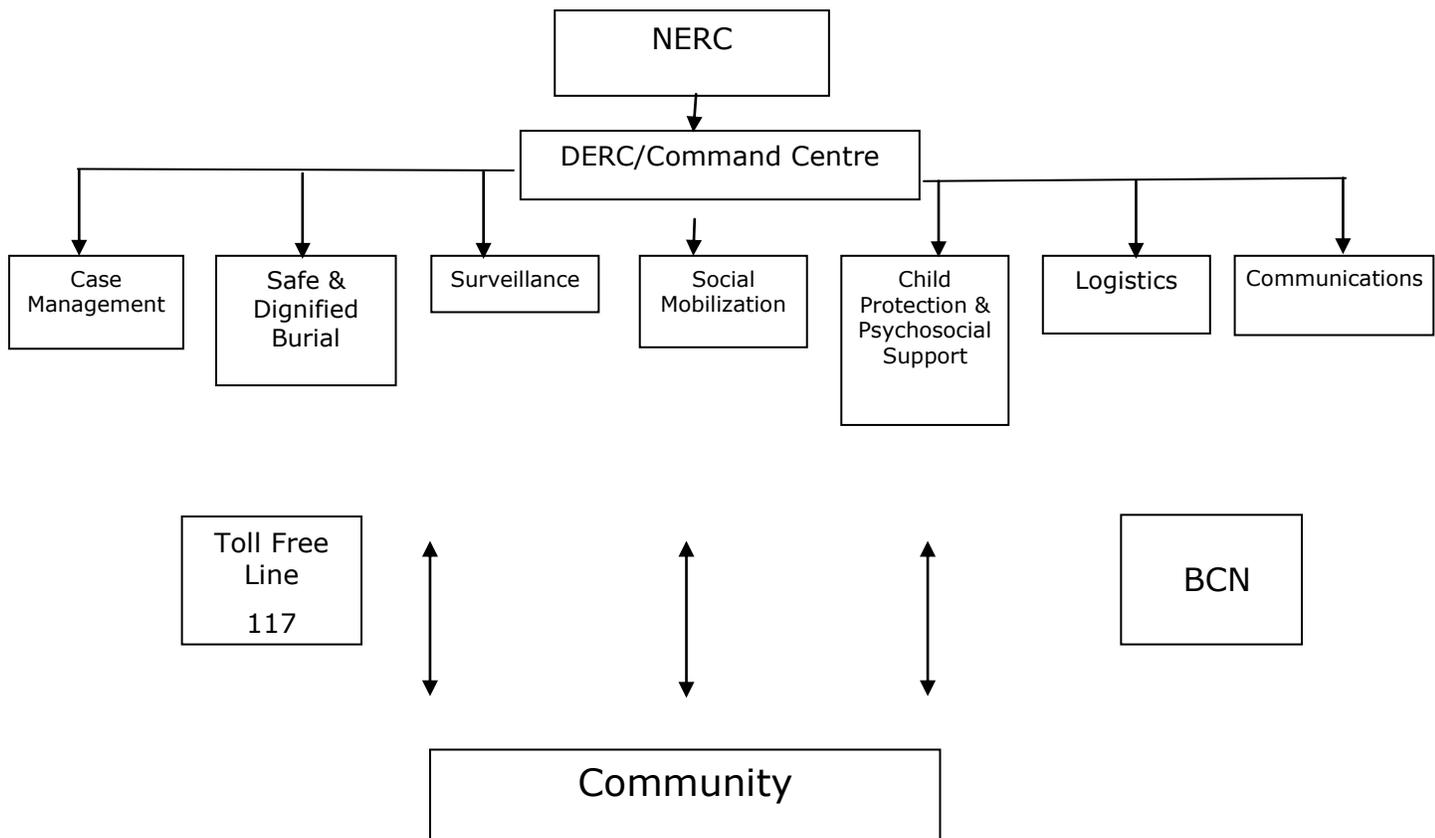
The Director of MRD, Mr. Adu spoke on behalf of CSOs. He thanked DCI for giving him the opportunity to speak. He gave brief overview of how BCN was formed and the reasons behind its formation. He explained that the key role of the civil society is to complement government's efforts in the fight against EVD. This includes popularising the bi-laws that have been promulgated by the Ministry of Local government and Regulations of the State of Emergency. Civil society should monitor government's processes, identify gaps and raise concerns to attract government's attention. Civil society can do this through press releases and other means. He opined that during the height of the EVD in Kenema, many citizens were concerned about the president's refusal to visit Kenema. Due to constant and persistent calls from civil society organisations, the President finally made it to Kenema. He concluded by saying that civil society can be an important change agent in society if they ororganise themselves well.

Paramount chief

The representative of the paramount chief of Nongowa chiefdom (host community) thanked DCI and everyone for coming to Nongowa to participate in the meeting. He explained that their chiefdom is among the few that had very high rate of infection due to the presence of Kenema city, which is a metropolitan community. He explained that unlike other chiefdoms, Nongowa is usually difficult to handle by the chiefs because as a metropolitan community with all the State mechanisms, the formal system always take precedence over the traditional system and many times there are overlaps. This was the case when the chiefdom authorities established the Nongowa Ebola taskforce, which was later overlapped by the District Ebola taskforce established by the Command centre of the DERC. He emphasised that as chiefs they have been empowered by the availability of bi-laws that they can refer to and discipline their subjects.

Overview of BCN and mandate- by Abdul Manaff Kemokai

Mr. Kemokai explained the concept of BCN using the diagram illustrated below. He explained that BCN is not a new organisation but rather a CSO mechanisms that is working on narrowing the gap between communities and government institutions working on EVD. He concluded that the key expected outcome of BCN by the end of three years are strong community based organisations and mechanisms that promotes rights based approach in development, accountability and community cohesion.



6.0 Ebola Response Mechanisms that exist in the district

A. District Level

The National Ebola Response Centre (NERC) is decentralised to district level. The district face of the NERC is the District Ebola Response Centre (DERC) or

the Command Centre. The key mandate of the DERC is to direct and coordinate the implementation of the National Ebola Response Plan at district level. The DERC has sub units, each with specific responsibilities.

These include:

Sub mechanisms	Mandate/responsibility
Case Management/Medical team	Responsible for testing, collection and admission of patients at treatment or holding centres
Safe and Dignified Burial	Responsible for burials of all deaths in the district
Food and nutrition	Supply of food to quarantined homes, isolation and treatment centres
Social mobilisation	Responsible for social mobilisation, surveillance and contact tracing
Communication/Sensitisation team	Responsible for messaging and awareness raising
Child Protection and psychosocial support	Psychosocial support to persons living in quarantined homes, family tracing and reintegration of child survivors and orphans

B) Community level

Owing to the fact that the district response mechanisms were not effective in responding to the community demands, which was exacerbated by communication gap, the chieftdom authorities with support from NGOs and other agencies established chieftdom response mechanisms to cascade some of the functions of the DERC mechanisms. Measures taken were as follow:

Chieftdom Ebola Taskforce

All the 16 chieftdoms that were represented at the meeting gave account of the existence of a taskforce in their chieftdoms. Though the histories and compositions vary from chieftdom to chieftdom, they have common mandate and it was also observed during presentations from the chieftdom representatives that the idea came from Kailahun and the various chieftdoms in Kenema embraced the idea and started implementing by copying from one another. Whilst some chieftdoms like Small Bo were proactive in setting up their taskforce even before registering any case, some others like Gaura

only did it when Ebola broke out in the chiefdom. Generally, the composition of the various taskforces include Councillors, youths and some elders majority of whom are males. In some chiefdoms like Lower Bambara at Panguma to be specific, the Community Health Officer was appointed the chair of the taskforce. The key mandate of the taskforces irrespective of where they are include:

- Promulgation and monitoring of implementation of chiefdom bi-laws on ebola
- Monitoring movement of people in and out of the communities. Many chiefdoms including Small Bo have set up checkpoints to regulate movement of people
- Surveillance and contact tracing
- Sensitization

In some chiefdoms like Small Bo, the taskforce has divided itself into sub committees each responsible for one of the functions listed above

Chiefdom bi-laws

Before the passage of the bi-laws that were developed by the Ministry of Local Government, most of the chiefdoms in Kenema district that were quickly hit by the EVD had done their bi-laws. The paramount chiefs in those chiefdoms were influenced by the Kailahun experience and instituted bi-laws that would ban or regulate practices and activities that were perceived to be responsible for the spread of the EVD. Following the passage of the bi-laws that were developed by the Ministry of Local Government, the existing chiefdom bi-laws were upgraded to be consistent with the one from the Ministry of Local Government. All the chiefdoms now implement and enforce these bi-laws. Among other things, the bi-laws ban washing of dead bodies and burials, hosting of strangers, keeping of sick people and public hand shake. The penalty for defaulters ranges between Le 300,000 to Le 500,000. The chiefs and the Ebola Taskforces have been very much strict in implementing and enforcing the bi-laws without any discrimination neither favour nor fear. A typical example is a case in Falla Wandoh involving the Town Chief:

" A relative of the wife of the Town Chief of Falla Wandoh died. The chief ordered that the remains of the deceased be washed and buried without informing the taskforce and the District Command Centre in Kenema. Following the burial, the information leaked to the taskforce and the paramount chief. The case was investigated by the paramount chief and the taskforce and the Town Chief, his wife and two other persons from the same family were found guilty and fined Le 500,000 each totalling to two million

leones. The chief did not have enough money to pay and he was not allowed to pay by instalment. He was given a deadline and was told to prepare for a magistrate court trial if he refuses to pay against the deadline. In order to avoid embarrassment for the town chief and by extension the entire village, the people of Falla Wandoh came together and voluntarily contributed and paid the two million leones fine on behalf of the chief and family”

The case above can be given several positive interpretations including solidarity, respect for the rule of law and authorities and above all, setting of a good example.

Local burial teams

Since the people in the communities were having problems to communicate and get quick response from the burial team in Kenema, some chiefdoms decided to cascade the burial mechanism in order to avoid unnecessary burial delays and decay of dead bodies. A good example is the Lower Bambara chiefdom. A local burial team was set up in Panguma Sawmill (the headquarters of Lower Bambara chiefdom) by the taskforce which is headed by the Community Health Officer (CHO) in consultation with the Command Centre and DHMT in Kenema. The local burial team was given the same training as the District Burial team and has been working effectively without any report of casualty. To make the work of the local burial team more effective, the taskforce traced and registered all aged and terminally ill persons in the chiefdom so that they can get constantly prepared to respond to any call.

7.0 Gaps and other issues

Ineffectiveness of the mechanisms of the Command Centre (District Ebola Response Centre): The various teams/mechanisms established by the DERC/Command Centre have been ineffective and slow in responding to community calls and demands. In addition to capacity problems, the personnel have been having frequent strikes due to delay in payment of salaries. There have been reports of strikes by nurses and burial team due to delay in payment of salaries/allowances.

Recruitment and overlap: Participants were concerned over the process of recruitment of persons working for the various response mechanism including burial teams, surveillance and contact tracers. They explained that Government always jumps over people who were providing voluntary services when there was no funding. When funding came, they recruited or appointed strange people who were never involved and discarded those who

were initially providing voluntary services. Only in few cases that previous volunteers were given consideration. In Nongowa chiefdom where you have Kenema city and the DERC for example, there used to be a voluntary taskforce managed by the local authorities. When funding came for the operation of the District taskforce, new appointments were made without giving consideration to members of the original taskforce. Hence a new structure was formed and overlapped the existing one. However, the head of the taskforce, Mr. Fulla is now working closely with the chiefdom authorities to harmonise the work of the chiefdom taskforce and the DERC taskforce. Additionally, women also opined that the recruitments are not gender friendly and only few women have been recruited.

Lack of coordination among state mechanisms at district level: There is also no proper coordination between the various teams and the ministries directly involved with the fight against the EVD for example, MOHS, MSWGCA and the Local Councils

Food shortages at quarantine homes: There were frequent reports of food shortages at quarantine homes due to delay in supply. Above all, the supply lacked baby formula and sufficient water for sanitation and other domestic purposes. When families requested for baby formula, they were advised by the DHMT to carryout exclusive breast feeding for six month, which could not still provide remedy for the problem as there were babies above six months in the homes. The supply only catered for drinking water and ignored other use of water and most of the homes that were quarantined did not have any internal source of water like pipe borne or wells.

To ameliorate the above, two significant approaches were used: 1) The Psychosocial pillar under the MSWGCA identified NGOs supported by UNICEF to monitor the situation and facilitate urgent response from the various responsible mechanisms. In Kenema, Ben Hirsch and Defence for Children International social workers started identifying and monitoring homes of affected persons. A list of affected homes were obtained from the District Health Management Teams on weekly bases with contact numbers and addresses. This information was used to contact and visit each home at least once a week to monitor the wellbeing of children and their family in that home. During quarantine period, the homes could not be accessed so the residents were reached by phone. The purpose of monitoring the homes was to support children and families to access essential services and to encourage them and give them supportive talk to be able to cope with the realities of their situation. When there was any reported shortage at any quarantine home, DCI and/or Ben Hirsch would call on the responsible

agency/mechanism to quickly address that urgent need of the home. Through this many families were supported to get food, water and health care during quarantine. DCI had to build and strengthen ties with the District Health Management Teams and the Command Centre at district level to enhance quick response to homes that needed help. In some cases, food and water were provided directly by DCI whilst waiting for the responsible agencies to respond. Quarantine residents were also provided with routine information on Ebola prevention and response and also on activities and processes for relieving stress and trauma. For water supply, the neighbours of the quarantine homes were generous enough to supply them with water all the time. This was also counted among several instances where members of the community demonstrated solidarity in the fight against EVD.

With the reduction of infection rate in the district, only a few homes are now under quarantine and most of the problems mentioned above are no more serious.

Post quarantine challenges- Homes under quarantine are usually given food supply and other assistance to support their livelihood. When quarantine period is over, food and other supplies cease immediately and abruptly. No assessment is done to know the level of vulnerability of these families and the potential problems and difficulties they may face thereafter. A good number of these families have lost their breadwinners, and the society also rejects them because of fear. Those who had jobs before they were quarantined have lost their jobs because their employers are not convinced that they are totally free of ebola. The employers give condition that until they bring certificates from the Ministry of Health indicating that they are ebola free, they will not be allowed to resume work. These certificates are still not yet forthcoming. Hence the situation of these families are becoming worse

High handiness of the government and its security forces- The government is more inclined to shift the blame for the ebola spread towards the victims and the people of Sierra Leone rather than accepting responsibility for not containing the virus at an early stage. As a result the government response is becoming much more militarised. The State of Emergency and the Regulations imposed by the government under the auspices of the 1991 Constitution of Sierra Leone is being used by the government to violate the rights of citizens with impunity. Government is putting more emphasis on enforcing the bi-laws and regulations than addressing the underlying issues that force people to go against these regulations. Several people have been arrested and imprisoned in Kenema for disobeying these Regulations. The security officers are not following the UN Code of conduct for Law Enforcement Officials and the basic Principle of

the use of force and fire arms by law enforcement officers largely because they have not been trained to have knowledge in it.

Socio-economic challenges

At least 90% of people in Kenema by estimation depend on business, farming and mining for income generation. The ban on major socio-economic activities under the auspices of State of Emergency and restrictions on movement has had a devastating effect on livelihood sustainability, while many workers in various sectors have been left redundant. The result has been the deepening of poverty, while hardship continue to increase among the population in a district where over half of its population live on daily wage

8.0 Legacies of the EVD crisis

A) Positive

Community cohesion and solidarity

The local people have demonstrated solidarity and concerted spirit in the fight against EVD in Kenema district. They have become watch dogs and provided their own security, which has proven to be more effective than the State mechanisms. The people are aware that everybody is watching each other and hence refrain from defaulting bi-laws. One important observation is the way communities copied good practices from each other gradually until they have all acquired and using common approaches.

Discipline and rule of law

Both the chiefs and the people are strictly implementing and enforcing the bi-laws. The cooperation is reported to be quite high both among the chiefs and the subjects. The chiefs are also receiving strong back up from the magistrate court in Kenema because all the cases that have been forwarded to the magistrate court from the chiefdoms/communities have all been treated with seriousness

Accountability at the local level

Accountability in the use of resources provided by the government to the paramount chiefs to fight EVD in their communities has been observed to be impressive. Quite recently the government issued out funds to paramount chiefs to fight ebola in their chiefdoms. Most of the chiefs in Kenema district

were transparent enough to present the funds to the people and they agreed on the plan and use of the resources.

For example in the Small Bo chiefdom, the paramount chief presented the full twenty eight million leones received from the government to the Ebola taskforce in his chiefdom. Together with the taskforce and chiefdom authorities, they decided to share the cash among the sub groups of the taskforce, which include the Sensitisation team, Surveillance and Contact tracers, Security (those manning checkpoints) and burial team. In Nongowa chiefdom, the paramount chief produced several copies of the cheque and shared among all section chiefs of his chiefdom, the taskforce and the treasury clerk. They have agreed on a date to meet and discuss how to use the funds

Community capacity to mobilise resources and respond

It was also observed during discussions that most chiefdoms were proactive enough to organise their own taskforce and started generating resources from within to fight EVD. Because they were organised it was also easy for them to receive funding from their parliamentarians, NGOs and exploration mining companies. In both Baoma and Tonkia chiefdom, the exploration companies working there funded their taskforce to implement their plans.

Suspension of Female Genital Mutilation

Kenema was among the districts with the highest (over 90%) rate of female genital mutilation. Ban on FGM and other socio-cultural activities perceived to be a gender based violence and human rights violation is among the bi-laws promulgated by paramount chiefs to prevent the spread of EVD.

B) Negative

Education- Schools are still closed indefinitely and parents are concerned that the longer children stay out of school the more likely the possibility for them to drop out completely. Many children can no longer return to school if they are not given support due to several constraints including loss of parents and increasing poverty level. For some schools in the villages, they have lost the only teacher that they used to have and the slow nature of government recruitment process would suggest that these schools may not be having replacement of the teachers soon.

Health care- Since the outbreak of EVD, the government closed down health centres and private hospitals when they observed that EVD was spreading faster through health facilities that were not using protection

measures. Most communities in the district are now without any health facility. As a result more people are dying from other illnesses including pregnant women due to lack of antenatal care.

Tension between some communities- There are reports of tension between some communities as a result of isolation and stigmatization. Some communities felt stigmatized and discriminated when they were isolated by their neighbours. For example, there is a tension between Mano and Konta in the Gorama Mende chiefdom and between Komende section of Nongowa chiefdom and Lower Bambara chiefdom. At present no one from Komende is allowed to access the health facility in Panguma.

Children- Many children have been orphaned by ebola. Though these children have been reintegrated into their extended families, there is a concern that the receiving families already had children that they could not take adequate care of due to poverty. Adding another child makes these families and all the children within the family more vulnerable. Additionally, more girls are getting pregnant and may not return to school afterwards. There are also reports of increase in child labour due to suspension of schools. Children are now engaged more in petty street trading, farming, mining and quarrying. Families are largely dependent of these children for income generation for the home

9.0 Conclusion

The Kenema experience has demonstrated that the most effective approach to bit EVD is for Government and partners including CSOs to strengthen community mechanisms and work with them to respond to the issues particularly at community level. Government should play more of capacity building and coordination role and only provide specific professional services like clinical treatment. Most of the issues around EVD are social and can be dealt with by the community people themselves if given proper guidance and consistent support. CSOs can play a key role in interfacing between the government and the communities particularly in addressing communication gaps and complementing the efforts of the government to build the capacity of community based mechanism. What is most needed at community level is strong community based CSOs with strong monitoring and coordination mechanism. The Ebola taskforces in collaboration with other mechanisms like the Ward Development Committees, Councilors and Child Welfare Committees established in all 16 chiefdoms in Kenema district can play a key role in facilitating the process of establishing or strengthening strong local development and advocacy organisations. These community based

organisations can change the local development landscape and approach. Development paradigm should be shifted from humanitarian approach to rights based approach where citizens can demand from governments to ensure their fundamental human rights rather than waiting for humanitarian interventions of NGOs. With strong local agencies and mechanisms, all development interventions whether done by the government, UN agencies or NGOs can be monitored, evaluated and accounted for. Hence the positive legacies of the EVD fight should be documented and built upon to stay with the communities permanently.