NETWORK MOVEMENT FOR JUISTICE AND DEVELOPMENT

Cordaid BUILDING FLOURISHING COMMUNITIES

NMJD

FINAL NARRATIVE REPORT

Project: Ebola Spread and Sensitisation Campaign in NMJD Operational Areas in Bombali District

SMAT members in the Congo town Community- Makeni receiving their Rubber Buckets and Saba Soap for Hand washing in preventing Ebola

JANUARY 2015.

1.0 INTRODUCTION

The main aim of this Cordaid supported project is to contribute to the elimination of the spread of Ebola virus Disease (EVD) in 16 targeted communities in Bombali District i.e. the 10 host communities of the School Monitoring and Advocacy Team (SMAT) NMJD community level working groups and Six Disability Communities. The reason for aiming at eliminating the disease in the targeted communities is not only limited to the fact that these communities are within our operational chiefdoms or are vulnerable, but their choice is for the added fact that the lives of families members in these communities are at risk and in a threatening situation because they are either within the chiefdoms already affected or very close to the already affected communities.

1.1 The problems identified

As it is in our proposal, the three main issues/problems identified in the targeted communities and the chiefdoms are that:

- There was low awareness among family members in targeted communities on the nature, spread and the Bye Law on Ebola.
- The minds and thoughts of family members were in the targeted communities/chiefdoms are generally full with misconception about the Ebola and lack of trust among community members about health care service delivery
- All the targeted communities and chiefdoms generally lack material support ie Rubber buckets and disinfectants for hand washing and as preventives among family members.

1.2 The Objectives set for these problems

With these baseline problems characterising these communities, the project was therefore designed to accomplish the following objectives i.e.

- To increase awareness on the nature and spread of Ebola in 16 communities.
- To raise awareness on the Bye Law on the Ebola Virus Disease in 16 communities.
- To build confidence and trust among families in targeted communities on the Health Care system
- To provide Rubber Bucket and disinfectants to 250 families in our operational communities and [10 members per family= 2,500 persons) and 6 disability communities (50 persons per community= 300 persons.)

2 PROJECT PROGRESS

2.1. Activities and Outputs (what was done)

Within this reporting period (September 2014 – January 2015) the project delivered following activities:

Planned activity	Planned Output	Output attained	Challenges	Lessons
*Meeting with DHMT, Council Health Committees, media representatives and Ebola Task Force on project concept.	Meeting held with DHMT, Council Health Committees, media representatives and Ebola Task Force on project concept.	Meeting held with DHMT, Council Health Committees, media representatives and Ebola Task Force on project concept.	*It took quite some time for Cordaid to approve and the concept and budget.	*Sharing project concepts (ideas) with key actors working on similar projects create more understandings, increased support from these actors and proper coordination.
*community sensitisation and confidence building meetings on EVD and Chiefdom Bye laws developed by Paramount chiefs.	*Community sensitisation and confidence building meetings held in 16 communities on EVD and Chiefdom Bye laws developed by Paramount chiefs.	*Community sensitisation and confidence building meetings held in 16 communities on EVD and Chiefdom Bye laws developed by Paramount chiefs	*It was difficult to mobilize the targeted participants because of the Ebola crisis. * The SMATs and Disability Communities already reached appealed for others nearby communities to benefit from the sensitisation and confidence building event but this is a challenge because NMJD has limited resources to reach other communities.	* Because of the confidence building aspect in our sensitisation events, Community SMATs members and leaders in Disability communities have expressed trust, confidence in the system and commitment to downstream the knowledge gained to other communities and to report on any suspected cases with the support of NMJD.
*Provision of Rubber Buckets and disinfectants	*Rubber buckets and disinfectants provided targeted communities, 250 families 6 disability communities**.**	*Rubber buckets and disinfectants provided targeted communities, 250 families 6 disability communities**.**	* The provision of Rubber Buckets and disinfectants (Saba Soap) to 250 SMATs families and 6 Disability Communities was highly appreciated but the challenge here is that NMJD cannot meet with the appeal made for others	* The physical presence of Rubber Buckets and soap for hand washing among families and communities has influence sanitary practices especially regular hand washing.

			families and communities to benefit from this support because of resource constraints.	
* Monthly monitoring activities on project impact.	* Monthly Monitoring exercise carried out on Project impact.	* Monthly Monitoring exercise carried out on Project impact.	* Reaching all the 16 communities consumes time.	* Carrying out monthly monitoring events on project helps project team to better track project impact.

2.2 OUTCOMES (RESULTS)

2.2.1 Result 1: District level Health Structures work with NMJD in implementing project activities.

Indicator: Level of involvement of District Level Health Structures in the implementation of project activities.

In a bid to realise this long result a meeting was organised on project concept witnessed by representatives from the Bombali District Health Management Team (DHMT), Makeni City and Bombali District Council Health Committees, Media and Ebola Task Force members. See Appendix I for responses made participants on the reflection of Ebola in the District. With the sharing of project ideas and strategies to the above mentioned representatives, NMJD's efforts in contributing to end Ebola in Bombali District was not only recognised, but that the District level Health Structures and the media especially SLBC radio and Television demonstrated willingness to cooperate with NMJD to combat the EVD. A practical ways this was manifested was that, the DHMT assigned two medical staff (Chiefdom supervisors) to serve as resource persons to sensitise members in our 16 targeted communities on our Ebola sensitisation and confidence building activities; also, SLBC cooperated with us by airing our programs on both radio and the television. Added to the above, NMJD is also includes as part of the government establish Social mobilisation structure (Pillar) operating under the Bombali DHMT.


These photos capture representatives from DHMT, Council Health Committees, Media and Ebola Task Force during the Sharing and deliberations on the project Concept.

2.2.2 Result 2: Families in targeted communities adhere to the messages and the Bye law on Ebola.

Indicator 1: ***Level of awareness among families in targeted communities on the EVD and Chiefdom Bye laws.***
Indicator 2: ***# of families in targeted communities demonstrating the reality of Ebola***
Indicator 3: ***Level of trust and confidence among families in targeted communities in the Health Care service delivery System***.
Indicator 4: ***# of families in targeted communities demonstrating willingness to respond positively to the Ebola messages and abide by the chiefdom Bye laws on Ebola.***

There was a Community sensitisation and confidence building event on EVD and Chiefdom Bye laws developed by Paramount chiefs held in the 16 communities targeting 250 SMATs families and 300 persons with disabilities. This activity was done simultaneously with the distribution of the rubber bucket and disinfectants; which will be discussed fully under outcome three below. See Appendix III for details on the Content of the sensitisation and confidence building events.

Within this reporting period, the milestones as against meeting outcome two are that, there is an increased Level of awareness among the 250 SMAT families and the 300 members reached in the six Disability camps on the preventive and control measures of Ebola including the Chiefdom Bye laws on Ebola developed by paramount chiefs. They (SMATs and Disable members) demonstrated such an increased awareness through their responses to the monitoring tools (i.e. questionnaires on the Key informant interviews and Focus Group Discussions-FGD) administered; their responses were on the whole positive because the such responses were generally set in our marking scheme as expected responses from them.

Left to Right: Sensitisation and confidence building events in Mapakie, Makama and Mabap Communities.

Another mile stone against this outcome two is that SMAT families and members in the six Disability camps are demonstrating the reality of Ebola in their homes and communities. Initially, i.e. before and during our **Community sensitisation and confidence building meetings in** each of the 16 communities, community SMATs members and Persons with Disability were still in doubt as to the reality of Ebola based primarily on the fact that its (Ebola) signs and symptoms are the same with other diseases like Malaria, Fever, Typhoid, Stomach ache which among other things discourage them from making reports to health facilities when sick at the initial outbreak of Ebola. But with our sensitisation and confidence building events and follow-up engagements, the SMATs members and Disable persona who have benefited from our outreach meetings are now taking the messages on Ebola very seriously by following the instructions therein and are now conscientising nearby family members within the community on the reality of Ebola.

Also, Community SMATs and Disable members in the six targeted camps have increased trust on the medical staff and confidence in the Health Care service delivery System. *One clear way this is manifested is through their regular report to health centres when sick; which is further confirmed by health community health worker in the project targeted communities. This hardly happens since the outbreak of Ebola in Sierra Leone and before our sensitisation and confidence building events.*

So far, SMATs families and members in the 6 Disability camps are responding positively to the Ebola messages and are abiding to the chiefdom Bye laws on Ebola.

See appendix II below for details on the Responses from the Monitoring of Project Impact (i.e. Knowledge-Attitude and Practice) in the 16 project targeted Communities; which also takes into account the Impact of Ebola in the project communities and Recommendations made by SMATs and Disable members on behalf of their communities.

2.2.3 Result 3: Family members in targeted communities effectively make use of disinfectants.

Indicator 1:*# of # of SMAT family's members having access to rubber buckets and disinfectants*.

Indicator 2: *# of Disable Persons in the 6 Disability Camps* having access to rubber buckets and disinfectants.
Indicator 3: *# of SMAT family's members* using the disinfectants by regular hand washing
Indicator 4: *# of Disable Persons in the 6 Disability Camps* using the disinfectants by regular hand washing

In a bid to achieve this, this project did not only sensitise and built confidence / trust of families in the 16 targeted communities but provided material support in the form of rubber bucket (three) for each of the 16 targeted communities and disinfectants (Saba soap) for each of the 250 SMAT families (1 SMAT family represented by 10 members summing up to 2,500 SMAT family members) and for 300 persons with disabilities in six camps; 50 persons per camp. Hence, through this project, 2,500 SMAT family members and 300 members in six disable communities (2800 in all) now have access to Rubber buckets and disinfectants Added to the above, *SMAT family's members* and *Persons in the 6 Disability Camps* are using the disinfectants by regular hand washing, this is proven through our monthly monitoring and ***on the spot check*** exercise.

Left to Right: SMAT members in Kamabai, Mapakie and Bombali Bana Communities posing with their support received (Rubbar Bucket and Saba Soap) for Hand Washing.

2.2.4 Result 4: Project Impact and recommendations for post Ebola community engagements Shared with partners for further considerations.

Indicator 1: # of communities monitored and evaluated on the project's relevance (i.e. changes in Knowledge, Attitude and Practices in the targeted communities)
Indicator 2: # of key lessons learnt documented by project Staff from project interventions.
Indicator 3: # of key emerging socio-economic issues or problems identified in targeted communities as result of the Ebola Outbreak.

The project has, as one of its activities, monitoring exercise on Project impact. This was done in all the 16 communities but with selected number of persons per community; i.e. 10 for each community in the FGD and 10 other individual members each in each community also, for the Key Informant Interviews through which the project team was able to track the changes in Knowledge, Attitude and Practices of SMATs families and the Disable Persons in the targeted communities, which are generally positive as already discussed in the above outcomes.

From the project activities especially the follow-up monitoring exercise including our on – the-spot- check on use of the disinfectant in the communities, the project team was able to learn lessons and identified issues that have been and will continue to be of socio-economic effect among the targeted families and communities at large resulting from the Ebola crisis. These issues will be captured below in the section on Lessons Learnt upon which recommendations would be drawn for NMJD's further engagement towards eradicating Ebola and for in post Ebola intervention areas in the SMATs and Disability communities..

2.3. PROJECT IMPACT

One of the successes of this project is the recognition of NMJD's efforts and collaboration of key District level actors and Full Corporation and commitment of our community working groups throughout the project implementation period despite the alarming deadly threats surrounding the disease Virus disease (EVD).

Another significant change this project has brought is that, it has positively changed the knowledge level (awareness), attitude/behaviour of the targeted families about Ebola by manifesting that EVD is real and also practicing the instructions/messages on preventing and controlling the spread of Ebola.

Also, the project has achieved improved sanitary practices among SMAT families and Persons in the 6 Disability Camps are using the disinfectants by regular hand washing.

LESSONS LEARNT FROM PROJECT COMMUNITIES

Since the outbreak of Ebola in Eastern region of Sierra Leone in May 2014 and it further spread in the South, West and Northern region, the lessons we have learnt to date have been that, we are still threatened by the Epidemic because of the following reasons; among others:

- Social Mobilisation of communities in the strict sense of building capacity of community based groups (active groups) has been weak instead the approach generally has been that outsiders (i.e. non community members) coming in and out of the communities rising on EVD; hence sustaining the promotion of infection prevention and control of EVD is still challenging; one practical example is that as resent as third week February 2015, we have new Ebola arising in Bombali again notably in the Rosanda community, Paki Masabong Chiefdom leading as at now to the death of 12 people.
- The involvement of Community level Traditional and Religious leaders including Traditional Healers in the whole process of preventing and controlling the spread of Ebola has generally been passive because the strategy from especially the government in responding to the Ebola outbreak has been less sensitive in using community members with these titles to actively and effectively embark on Ebola preventive and control campaigns especially the dissemination of behaviour change messages**.**

- The chain of coordination of Ebola response activities from community, chiefdom to District level is still challenging along the line especially for the community level groups in the sense that they are still challenged with capacity; ability and resources to carry out their community level Surveillance, Contact Tracing, Neighbourhood watch, Social Mobilisation etc that would help them effectively respond to the prevention and break the chain of Ebola in their respective communities.

As for the Ebola and its effects on the project targeted communities we have learnt from the project beneficiaries that the Ebola Crisis has affected their families and communities in the following ways.

SOCIAL PROBLEMS

For SMAT Communities:

1. Ineffective and inefficient Emergency Radio Teaching and Learning Program;
2. Increase in Teenage Pregnancy
3. Increases in Commercial Bike Riding (Okada) among school going boys in Secondary classes
4. Reduced Interest in Education among school going children
5. Increase in unofficial marriage(Tap-to-me) even among school going pupils
6. Lack of trust among community members; ie each see each other as an Ebola suspect
7. Stigmatisation and discrimination of Ebola survivors, members in Quarantine home, and Ebola affected families.
8. Restrictions in movements
9. Hot spot villages are prevented from their normal farming activities, some of the communities within our operational areas are Pate Bana, Mano, Gbasha, Yeli Sanda, Sawulya etc.

For Disable Communities

1) Teenage pregnancy
2) Movement restriction
3) Difficulty to sustain themselves (no support package by government in all the lockdown)
4) Water problem
5) Loss and of job (redundancy)
6) Food problem
7) Loss of breadwinner and love ones
8) School going boys engaging in manual labour, okada riding, taking drugs (Jamba) (less attention in radio programs)
9) Loss of contract with potential supporters (donor and well-wishers)
10) Increase in rent
11) Closing of orthopaedic centre, wheel chair for disable

ECONOMIC PROBLEMS

In SMAT Communities

1) Very Little and in most times no income is realised from livelihood, farming and trading activities because of the restrictions in movements and the Ban of the weekly market day activities(Luma/Dowe) since August 2014. Things have become worsen with the short notice and unexpected lockdowns; the first being for a day, the second for three days and the third for five days since mid-2014. Added to this, since November 2014, all businesses; shops and petty trading of all types are mandated by the Government to close by 12:00 pm (mid-day) every Saturday and no business is allow to operate on Sundays until such a time when the ban on the State Of

Emergency is lifted. All these have seriously affected the earning capacity of SMATs and members in their respective communities. In effect, even if the ban is lifted, there will be the problem of starting up their respective livelihood and income generating activities because they are now left with little or no capital or resources to continue with their livelihood, farming and trading activities.

2) There is the problem of inflation in prices
3) Most of the farmer's goods perished because they were unable to trade on them due to the lock down and ban on the market days.
4) Some businesses are closed because there is no capital gain or profit realise and the need to sustain the families made the only alternative left being to involve in the business capital at hand and in most cases feeding on the business when it contain food items.

In Disable Communities

- ✓ Less trading activities and none for others because their businesses have closed
- ✓ No farm inputs again, farmer has eaten all their seeds to sustain themselves
- ✓ Less farming activities, most crop have perished.
- ✓ Inflation in price.

Recommendations

With the current situation especially with an evaluation of the socio-economic impact of Ebola in the in the targeted communities and the district at large, NMJD recommend the following as areas of intervention.

- That funds be provided to NMJJD so as to engage in sanitary awareness activities for schools pupils when schools reopen.
- The death of breadwinners in families within this Ebola period (most of who died out of Ebola) has left many school going children in primary and JSS classes more vulnerable. With this, Cordaid should consider providing funds through NMJD so as to support school going pupils with scholarships and other educational needs.
- The Ebola epidemic has affected communities in diverse ways socially and economically, but the economic effect has been more negative effect in the sense that the temporal ban on weekly economic activities (market days) in communities where incomes are generated and several other restrictions especially freedom of movement and sometimes with decree to stay-at home for days have undermine the economic growth of community people with the effect that community members have no option but to use their reserve capital to feed and sustain family members. This has affected Persons with Disabilities the more. With these problems, considerations should be made towards funding sustained income generating activities for NMJD's operational communities in Bombali District.
- Educational support in the form of teaching and learning materials for girls in the targeted schools including scholarship for selected girls in the JSS classes and children in the targeted schools who have lost their parents and sponsors or whose families are adversely affected because of the Outbreak of Ebola**.**
- Strengthen capacities of SMATs and community members engaging in livelihood-farming and income generating activities in the form of trainings in Managing and Sustaining their respective livelihood-farming and income generating activities and support package (financial and or material) to increase on their economic capacity

with which, among other things, they will use in return to support the educational advancement of their children.

- Psycho-social support interventions for Ebola survivors and affected families.

FOR DISABLE PERSONS

- ✓ Support income generating activities for petty traders.
- ✓ Support farmers with farm inputs/start up kits (farm tools and seedling)
- ✓ Provide Food as immediate support
- ✓ Construction of water wells (bore holes, hand pump)
- ✓ Educational support (material support) for school going pupils of Disbale persons.
- ✓ Construction of orthopaedic centre
- ✓ Construction of leprosy camp (NALPA)
- ✓ Financial support (micro credit)
- ✓ Health care facilities for Disable persons

APPENDIX I

REFLECTION ON THE EBOLA VIRUS DISEASE IN BOMBALI DISTRICT DURING THE MEETING WITH STAKEHOLDERS ON THE EBOLA PROJECT CONCEPT

From the questions asked in the group work given, the followings are the responses proffered by stakeholders' i.e. DHMT, Ebola task force, Council Health Committees, Media and CSOs representatives.

1. COMMUNITY LEVEL		
How wide Spread is Ebola in Bombali District?	**Why the spread?**	**What can communities do to halt the spread of Ebola?**
• Ebola has affected all areas within Bombali District and 3 chiefdoms are isolated, namely, Bombali Shebora, Gbendebu Ngoahun and Makari Gbanti.	• Lack of acceptance of Ebola by Community members. • Influence of Customs and tradition leading to denial of the disease. • Authorities in community compromising the Ebola bye-laws • Low knowledge on Ebola. • Weak immune system/nutritional problem • Weak security system in quarantine homes • High illiteracy rate • Lack of Ebola monitoring by chiefdom authorities. • Weak neighbourhood watch mechanisms • Weak communication mechanism • Lack of respect for State of emergency (public gathering even when some died out of Ebola)	• Use of videos to convince communities about Ebola. • Use of photos of Ebola patients to community members and • Use of documentary analysis.
2. HEALTH CARE WORKERS		

How effective is the response by Health workers?	What are the gaps (problems or Challenges)?	Why these gaps?	What can be done by Health workers to eradicate Ebola in Bombali District?
• Lack of experience • Lack of trust • Weak capacity(Resources, Knowledge, and logistic)	• Lack of treatment centers and laboratories • Holding centers not equip logistically • Fear by health personnel because of the risk involve • Burial teams/ambulance drivers do utter discouraging words to families with positive cases.	• Disconnection between Regional Hospital and the District Health Management Team(DHMT) • Weak contact tracing mechanism • Lack of supportive care for the families of the health workers Low incentive	• Provide more logistics at holding centers • Train more health personnel • Build treatment centers and equip laboratories in the district

3. GOVERNMENT

How effective is Government response to the eradication of this disease?	What are the gaps(problems or challenges)	Why these gaps?	What more can Government do to eradicate Ebola?
• Personal protection equipment available • Ambulance available (7 in the distract)	• No appointment of District EOC coordinators • Late disbursement of funds • No treatment centers and laboratory in the district. No Physically challenged person in EOC	• Inadequate logistics(PPE, Body bags, vehicle, bikes for surveillances officers) • Risk allowance Approved but not entitled to all health workers.	• More human resource(Burial teams at chiefdom levels, neighbourhood watch, and contact Tracers Payment of salary to health staff • Media inclusion in sensitization program at district level.

APPENDIX II

FOLLOW-UP ACTIVITIES ON PROJECT IMPACT

A focus on the changes knowledge, Attitude and Practices of Ebola in SMATs School communities and 6 PWDs camps

INTRODUCTION

The Follow-up activities on Project Impact among the 10 Community Level **School Monitoring and Advocacy Teams (SMAT[1])** and 6 Persons with Disability (PWD) camps was conducted in-between the 28 December 2014 and the 15th January 2015. The exercise was implemented with two sets of Monitoring Tools; one being a **Key Informant Interview** targeting a total number of 160 beneficiaries; 10 from each group and a tool on **Focus Group Discussion** which also targeted a total number of 160 beneficiaries separately ;100 SMAT 60 Disable leaders; 10 per FGD session.

Generally our objective is ***to assess Project Impact*** among the above targeted beneficiaries and their families.

Specifically, the activity seeks to:

1. **Ascertain the knowledge level of the project target groups on Ebola.**
2. **Track on the current behaviour pattern of the project targeted communities towards the Ebola Virus Disease especially on their acceptance of the reality of the disease.**
3. **Ascertain what the project targeted groups/communities have been doing (practising) to prevent the Spread of Ebola.**
4. **Explore the socio-economic problems/challenges the project targeted communities are facing as a result of Ebola and**
5. **Identify and recommend on potential funding areas from the community most prioritised needs on above socio-economic problems.**

Generally, the responses from the individual (Key informant interviews) were confirmed in the responses at the Focus Group Discussions (FGD). We will look at the responses from the SMATs Groups and Disable Camps independently from each other as shown below.

SECTION A: RESPONSES FROM SMAT GROUPS.

Our Community SMATs consist of the following.

1. Roman Catholic Primary School SMAT group- Kamabai
2. Roman Catholic Primary school SMAT group- Mapakie
3. Ansarul Primary school SMAT group- Makeni
4. Wesleyan Primary School SMAT group -Bombali Bana
5. BDC Primary School SMAT group – Mena Hills
6. BDC Primary School SMAT group -Yeli Sanda
7. Kamabai Secondary SMAT group -Kamabai
8. Community Junior Secondary school SMAT group- Mapakie

1 Community SMAT is compose of Parents having girl children in our 10 targeted schools, Teachers teaching in the schools and other community members who are very much interested in promoting girl child Education; most of whom are engaging on Farming-Livelihood and Income generating activities to help support their children's educational advancement and sustain their homes-families. They are 250 in all; 25 per school.

9. Ansaru Secondary School SMAT group - Congo Town
10. Panlap Community School SMAT group - Panlap

KNOWLEDGE

Responding to the question on their understanding about Ebola, SMATs members has this to say. That:

1. Ebola is a deadly Virus
2. It originated from Bat, monkey and chimpanzee
3. It incubation period is between 2 to 21 days
4. Ebola can be transmitted through opening points in the body.
5. It signs and symptoms include, vomiting, bleeding, fever, severe head ache, sow throat, red eyes, stomach pain.
6. It spreads through direct body contact including hand shaking with persons having already affected, eating of bush meat, washing of dead bodies.
7. Ebola spreads because of denial, disbelief, and disregard for the preventive advises and the chiefdom bye laws.
8. Ebola can be prevented by, reporting suspected Ebola cases, avoiding direct bodily contact, avoiding eating bush meat and avoid movements to and from restricted areas especially quarantine/isolated areas.
9. The bye laws on Ebola the following cuts across in all their responses:
    - **I.** Report all sick cases
    - **II.** Report death cases
    - **III.** Report strangers
    - **IV.** False or misleading information on Ebola is an offence
    - **V.** Avoid public gathering
    - **VI.** Avoid eating bush meat
    - **VII.** No movement into or from Quarantine areas
    - **VIII.** No stigmatisation of Ebola survivors and affected families
    - **IX.** No funeral rights should be observed for now
    - **X.** Only authorised persons (burial team) should bury for now.

According to ,SMATs members, they have been using their knowledge about Ebola for the benefit and safety of other family members and the community generally by means of sensitisation on Ebola in their respective homes and also by reminding family members on the Ebola preventive measures including regular hand washing.

ATTITUDE

SMATs opinion (feeling or thought) as at present with regards the Ebola Virus Disease in their communities are that Ebola is real and is deadly and that they have influence changes in their families and community members with their opinion (feeling and thoughts) about Ebola by telling them about the reality and deadly nature of Ebola with examples on the increasing death rate among medical people especially nurses and Doctors and the close-death within families during this Ebola period which is only experienced during this Ebola outbreak. Though according to them, there are some people other communities who are still reluctant to follow the Ebola preventive practices.

PRACTICE(S)

According to SMAT members, the following have been done to show adherence to the Ebola messages and the chiefdom bye-laws on Ebola.

1. Regular hand washing
2. Report all sick cases
3. Report death cases
4. Report strangers
5. Avoid public gathering that are not Ebola related
6. Avoid eating bush meat
7. Avoid movement into and from Quarantine homes
8. Avoid stigmatising Ebola survivors and affected families
9. Avoid attending burial

For SMAT members the change or contribution the project intervention has brought into their community communities are as follows:

- The project has strengthen our awareness about Ebola
- It has built our confidence to make report early
- The physical presence of the Rubber bucket provided by this project has help community members to take hand washing so seriously and so there is now improvement in sanitary practices among community members.

THR SOCIO-ECONOMIC IMPACT OF EBOLA AMONG COMMUNITY SMAT MEMBERS AND THEIR COMMUNITIES

According to the Community SMAT members interviewed, the following have been the Socio-economic problems they have encountered and are still encountering since the outbreak of Ebola in May 2014?

SOCIAL PROBLEMS

10. Ineffective and inefficient Emergency Radio Teaching and Learning Program;
11. Increase in Teenage Pregnancy
12. Increases in Commercial Bike Riding (Okada) among school going boys in Secondary classes
13. Reduced Interest in Education among school going children
14. Increase in unofficial marriage(Tap-to-me) even among school going pupils
15. Lack of trust among community members; i.e. each see each other as an Ebola suspect
16. Stigmatisation and discrimination of Ebola survivors, members in Quarantine home, and Ebola affected families.
17. Restrictions in movements
18. Hot spot villages are prevented from their normal farming activities, some of the communities within our operational areas are Pate Bana, Mano, Gbasha, Yeli Sanda, Sawulya etc.

ECONOMIC PROBLEMS

5) Very Little and in most times no income is realised from livelihood, farming and trading activities because of the restrictions in movements and the Ban of the weekly market day activities(Luma/Dowe) since August 2014. Things have become worsen with the short notice and unexpected lockdowns; the first being for a day, the second

for three days and the third for five days since mid-2014. Added to this, since November 2014, all businesses; shops and petty trading of all types are mandated by the Government to close by 12:00 pm (mid-day) every Saturday and no business is allow to operate on Sundays until such a time when the ban on the State Of Emergency is lifted. All these have seriously affected the earning capacity of SMATs and members in their respective communities. In effect, even if the ban is lifted, there will be the problem of starting up their respective livelihood and income generating activities because they are now left with little or no capital or resources to continue with their livelihood, farming and trading activities.

6) There is the problem of inflation in prices
7) Most of the farmer's goods perished because they were unable to trade on them due to the lock down and ban on the market days.
8) Some businesses are closed because there is no capital gain or profit realise and the need to sustain the families made the only alternative left being to involve in the business capital at hand and in most cases feeding on the business when it contain food items.

With the above socio –economic problems/challenges, SMATs see the need for NMJD to provide support for the following prioritise needs.

- Educational support in the form of teaching and learning materials for girls in the targeted schools including scholarship for selected girls in the JSS classes and children in the targeted schools who have lost their parents and sponsors or whose families are adversely affected because of the Outbreak of Ebola**.**
- Strengthen capacities of SMATs and community members engaging in livelihood-farming and income generating activities in the form of trainings in Managing and Sustaining their respective livelihood-farming and income generating activities and support package (financial and or material) to increase on their economic capacity with which, among other things, they will use in return to support the educational advancement of their children.
- Psycho-social support interventions for Ebola survivors and affected families.

SECTION B: RESPONSES FROM THE SIX DISABLE CAMP MEMBERS

The Disability Camps covered by this project are:

1. Blind Camp- Panlap.
2. OSLO Amputee Camp- Mabap
3. Makama Amputee Camp - Makama
4. Moyamba Amputee Camp- Makeni
5. Polio Camp- Mabenteh
6. Leprosy Patient Camp- Stocco

KNOWLEDGE

Like the SMAT members, the members in the Disability Camps in responding to the question on their understanding about Ebola, have this to say. That:

1. Ebola is a virus that kills.
2. It originated from monkey, bat and chimpanzee
3. The incubation period for the Virus in the human body is between 2 to 21 days

4. Ebola can be transmitted through the eyes, nose, ears and other openings in the human body.
5. The signs and symptoms of Ebola include, vomiting, bleeding, fever, severe head ache, sow throat, red eyes, stomach pain.
6. It spreads through direct body contact including hand shaking with persons having already affected, eating of bush meat, washing of dead bodies.
7. Denial, disbelief, and disregard for the preventive advises and the chiefdom bye laws are the causes for the spread of Ebola.
8. Preventing the spread of Ebola involves the reporting suspected Ebola cases, avoiding direct bodily contact, avoiding eating bush meat and avoids movements to and from restricted areas especially quarantine/isolated areas.
9. The following are most commonly stated as the Bye-laws on Ebola :

I. Report all death cases
II. Report strangers
III. Report death cases
IV. Avoid public gathering
V. False or misleading information on Ebola is an offence
VI. Avoid eating bush meat
VII. No funeral rights should be observed for now
VIII. Only authorised persons (burial team) should bury for now.
IX. No movement into or from Quarantine areas
X. No stigmatisation of Ebola survivors and affected families

According to the Disable members engaged, they have been using their knowledge about Ebola for the benefit and safety of other family members and the community generally by sensitisation others on Ebola in their respective homes and also by telling family members on the Ebola preventive measures especially on the medical advices.

ATTITUDE

The opinion (feeling or thought) of Disable members as at present with regards the Ebola Virus Disease in their communities are that Ebola is real and is deadly and so they have influence changes in their community with their opinion about Ebola by emphasising on the reality and deadly nature of Ebola with examples on the increasing death rate among medical people especially nurses and Doctors and the close-death within families during this Ebola period which is only experienced during this Ebola outbreak.

PRACTICE(S)

The following have also been done by Disable members to show adherence to the Ebola messages and the chiefdom bye-laws on Ebola.

1. Regular hand washing
2. Report all sick cases
3. Report death cases
4. Report strangers
5. Avoid public gathering that are not Ebola related
6. Avoid eating bush meat
7. Avoid movement into and from Quarantine homes
8. Avoid stigmatising Ebola survivors and affected families

9. Avoid attending burial

For Disable member, the project intervention has also brought the following change or contribution into their community communities:
• Strengthened awareness about Ebola
• Built confidence among Disable members about the Ebola Response system and to make report early
• The physical presence of the Rubber bucket provided by this project has help community members to take hand washing so seriously and so there is now improvement in sanitary practices among community members.

THE SOCIO-ECONOMIC IMPACT OF EBOLA AMONG DISABLE MEMBERS IN THE SIX TARGETED CAMPS

According to the Disable members interviewed, the following have been the Socio-economic problems they have encountered and are still encountering since the outbreak of Ebola in May 2014.

SOCIAL PROBLEMS

- ✓ Teenage pregnancy (6) girls
- ✓ Movement restriction
- ✓ Difficulty to sustain themselves (no support package by government in all the lockdown).
- ✓ Water problem
- ✓ Loss and of job (redundancy)
- ✓ Food problem
- ✓ Loss of breadwinner and love ones
- ✓ School going boys engaging in manual labour, Okada riding, taking drugs (Jamba) (less attention in radio programs)
- ✓ Loss of contract with potential supporters (donor and well-wishers)
- ✓ Increase in rent
- ✓ Closing of orthopaedic centre, wheel chair for disable

ECONOMIC PROBLEMS

- ✓ Less trading activities and none for others because their businesses have closed
- ✓ No farm inputs again, farmer has eaten all their seeds to sustain themselves
- ✓ Less farming activities, most crops have perished.
- ✓ Inflation in price.

PRIORTISE SOCIO-ECONOMIN NEEDS

- ✓ Support income generating activities for petty traders.
- ✓ Support farmers with farm inputs/start up kits (farm tools and seedling)
- ✓ Provide Food as immediate support
- ✓ Construction of water wells (bore holes, hand pump)
- ✓ Educational support (material support) for school going pupils of Disable persons.

- ✓ Construction of orthopaedic centre
- ✓ Construction of leprosy camp (NALPA)
- ✓ Financial support (micro credit)
- ✓ Health care facilities for Disable persons

APPENDIX III

THE CONTENT OF THE SENSITIZATION AND CONFIDENCE BUILDING ACTIVITIES ON EBOLA IN 16 COMMUNITIES

A. PRESENTATION ON EBOLA

Meaning of Ebola: Ebola is a viral disease, it is a disease without medicine and when one contacts it one can transferred it to over nine persons. So out of 100 persons, if 9 persons come into contact with the disease 90 will possibly get it.

Incubation Period; Between 7 to 21 days

Sources of Ebola
Ebola is a disease which originated from Bat and then to Monkey, Baboons and to all categories of bush animals. The unique thing about these animals (especially the bat) is that this disease co-habit with them and does not affect them.

Root of Transmission (How it spreads);
Body contact (dead or alive), Body fluids (Sweat, urine, blood), Eye water, Sexual, intercourse with someone already affected, Vomits, Toilet (Fesses), Bush meat, Use/sharing of sharp object with affected persons, Movement.

Signs and symptoms of Ebola include:
Fever, Head ache, Pain (Joint or muscle), Rash (Skin rash), Bleaches, Vomiting (sometimes with blood), Diarrhoea, Dysentery and Stomach ache.

Why it spreads

- Disbelief and denial that Ebola is real. This is evident in Pake Bana, Rocent, Yelisanda, Masongbo etc where people have died of Ebola because of denial)
- Lawlessness (community members don't obey/follow what the law says)
- Delay in reporting suspected cases
- Delay in responding to distressed calls

How to prevent the spread of Ebola

1. The Quarantined Houses

- All persons at quarantined homes should not mingle with outside persons to prevent the spread of Ebola.
- Outside person should not mingle with persons or inmates at quarantined houses to prevent the spread of Ebola.

- All inmates in quarantined homes or houses should have their own utensils (cups, spoons, pans, pots) and avoid sharing them with others.
- Don't touch vomitus, stool or body fluids of other inmates
- Decontaminate toilet with chlorine after use by each inmate
- All inmates should wash their hands regularly with soap and water or chlorine as the case may be.
- Isolate any sick inmates in quarantined homes and immediately report to the Contact Tracer.

2. The Community Level

- Report all suspected cases immediately to the nearest health facility.
- Hand shaking or body contact should be avoided as it is a risk during the Ebola outbreak.
- Always wash hands with soap and water especially after touching a sick person.
- Your chances of survival increases the sooner you begin treatment at a health facility compared to staying at home.
- Alert a health worker immediately if someone dies from suspected Ebola. The body is highly contagious. (**DO NOT**: - wash body, handle it) and have the health workers done the burial.
- If you have a suspected case of Ebola, call Primary Health Care on- 078- 036-015
- Acceptance of being quarantined will prevent the spread of Ebola.
- Continuously practice **neighbourhood watch** (i.e. watch your neighbours to pick out and report suspected cases.
- Be committed to the implementation of Bye –Laws.
- Accept and welcome survivors and negative discharges from the hospital into your communities
- Disinfect or destroy clothing and beddings of suspected Ebola patients with bleach or soap.
- Avoid eating fruits that have been partially eaten by bats.
- Avoid eating wild animals like monkeys, chimpanzees pigs Antelopes.
- **Do not** share sharp instruments like razor, needle etc

B. The Chiefdom Bye Laws on Ebola

August 2014.

The following bye-laws on the prevention of EBOLA and other diseases are made by the 149 Paramount Chiefs approved by the Honourable Minister of local Government and Rural Development and made pursuant to the public health emergency declared by the president of the Republic of Sierra Leone and approved by Parliament on Friday 8th August 2014, under section 29 of constitution of Sierra Leone Act.6 of 1991. The bye-laws shall come in to force on the …day of August 2014.

1. Communication of Ebola

Section 1

No one should keep or harbour any person suspected of having contracted the Ebola virus disease and nobody shall conceal any person who is sick from any disease. All illness must be reported to competent health authorities promptly.

Any breach of these provisions is liable to a fine of up to five hundred thousand Leone (Le500, 000) and/ or a term of six (6) months imprisonment.

Section 2
All strangers arriving in any residential area shall be immediately reported by their host, guest house or hotel to the competent chiefdom authorities having the rank of at least a paramount chief, speaker, section chief, sub-chief or village chief.

Any person who knowing harbours an unregistered stranger is liable to a fine of up to five hundred thousand Leones (Le500, 000) and/ or a term of six months imprisonment.

Section 3
It is an offence under this Bye-law to distort or send any misleading information on Ebola virus disease or other diseases. Any information on Ebola or other diseases must be geared towards the prevention and control of Ebola on the said disease

Any breach of this provision is liable to a fine of up to five hundred thousand Leones (Le500, 000) and/ or a term of six (6) months imprisonment.

2. Treatment of Ebola patients

Section 4
The Government Hospitals, peripheral Health Unit (PHUs) or hospitals or treatment centers approved by Government for the treatment of the Ebola virus disease and other contagious diseases shall be the only recognized facilities for the treatment of these diseases.
No person (including herbalists and pepper doctors) shall offer or be involved in the treatment of a patient for the Ebola virus disease or other contagious disease at home.

Any breach of this provision is liable to a fine of up to five hundred thousand Leone (500,000) and/ or term of six (6) months imprisonment and loss of professional certificate where applicable.

Section 5
Any person who is suspected of having contracted the Ebola virus and other contagious disease shall be quarantined and monitored for twenty one (21) days or more by the appropriate medical personnel and the security forces.

Any breach of this provision is liable to a fine of up to five hundred thousand Leone (Le500, 000) and/ or a term of six (6) months imprisonment.

Section 6
All patients successfully treated for the Ebola virus and other contagious diseases shall, on return to their home communities, report and present their discharge card to the paramount chief.

Any former patient who fails to do so shall be liable to a fine of up to one hundred thousand Leone (Le100, 000)

Section 7

Patients treated and recovered from Ebola virus and other contagious diseases shall be welcomed within their communities without any stigma.

Any person who acts in a way that intends to stigmatize a recovered patient shall be liable to a fine of up to two hundred thousand Leone (Le.200, 000)

3. Death and Burial

Section 8

All deaths must be reported to the appropriate chiefdom authority, paramount chief, section chief, sub- section or village chief in consultation with the relevant health authority.

Any breach of these provisions is liable to a fine of five hundred thousand Leone (Le 500,000) and/ or a term of six (6) months imprisonment.

Section 9

All washing of the dead is prohibited without a permit from the paramount chief, section chief, sub-chief or village chief in consultation with the relevant health authority.

Any breach of these provisions is liable to a fine of five hundred thousand Leone (Le500, 000) and/ or a term of six (6) months imprisonment

Section 10

No cemetery worker or community grave digger shall allow or permit anyone to be buried without the permission of the paramount chief, section chief, sub- chief or village chief or the local council where appropriate.

Any breach of these provisions is liable to a fine of five hundred thousand Leone (Le 500,000) and/ or a term of six (6) months imprisonment

Section 11

All funeral rites including wakes, 3rd day, 7th day, 40th day and other ceremonies, are suspended until such time when the temporary ban has been lifted by the appropriate authority.

Any breach of these provisions is liable to a fine of five hundred thousand Leones (Le 500,000) and/ or a term of six (6) months imprisonment

4. Miscellaneous provisions

Section 12

All secret societies and initiations are prohibited by this byelaw until such time when the temporary ban has been lifted by the appropriate authority.

All forms of circumcision for fowl (fol) are outlawed.

Any breach of these provisions is liable to a fine of five hundred thousand Leone (500,000) (le. 500,000) and/ or a term of six (6) months imprisonment for the initiator and parent/ guardian on the child.

Section 13
All hunting or sale of any bush meat in the chiefdom or locality is prohibited until such time when the temporary ban has been lifted by the appropriate authority.

Any breach of these provisions is liable to a fine of two hundred thousand Leones (200,000) and confiscation of the said meat by the paramount chief/ sub-chiefs/ section chiefs/ village chiefs who must destroy the meat immediately.

Section 14
All Lumas/ Doweis and public gatherings are prohibited until such time when the temporary ban has been lifted by the appropriate authority.

Any breach of these provisions is liable to a fine of five hundred thousand Leone (500,000) (le. 500,000) and/ or a term of six (6) months imprisonment

Section 15
It is an offence for any unauthorized person to move in or out of a quarantined area, or for any means of transportation (e.g. boats, lorries, cars or bikes) to enter or leave without the permission of the relevant authority.

Any breach of these provisions is liable to a fine of five hundred thousand Leones (Le. 500,000) and/ or a term of six (6) months imprisonment

Section 16
All public places, including places of worship, mosques, churches, temples shall endeavour to have buckets with chlorinated water or soap available for visitor and worshippers to wash their hands before entering.

Section 17
Any public official, including but not limited to officials of government, local government or chiefdom or law enforcement officers, who impedes the application or enforcement of any of these byelaws shall be guilty of an offence.

Any breach of these provisions is liable to a fine of five hundred thousand Leones (500,000) (le. 500,000) and/ or a term of six (6) months imprisonment, and the official shall be reported to the appropriate authority.

Section 18
All paramount chiefs, section chiefs, sub-chiefs, town chiefs, village chiefs and their speakers shall ensure strict compliance with the provision of these bye-laws within their locality.

Any chief who has been found negligent in the provision and enforcement of these bye-laws is liable to a fine of five hundred thousand Leones (le. 500,000) and/ or summary suspension from office.

Section 19

Notwithstanding the fines and other punishment set out for offences under these bye-laws, chiefdom authorities retain the right to pursue legal action in the local court or courts of higher jurisdiction, for flagrant violations of these Bye-laws.

Signed this 11th day of August, 2014

…….	……
Hon. Finda Diana Konomanyi Kabba	P.C. Charles Caulker, Chairman
Minister of Local Government &	National Council of Paramount
Development	Chiefs

The Project Logic model

#	Problem	Input	Activity	Output	Outcome -Theory of Change		
					Initial	**Intermediate**	**Long**
1.	Low awareness among family members in targeted communities on the nature spread of Ebola and the Bye Laws produced.	*Stationary *Fuel *Refreshment *Rubber buckets *Disinfectants	*Meeting with DHMT, Council Health Committees, and Ebola Task Force on project concept. *Open community sensitisation meetings on EVD and Chiefdom Bye laws developed by Paramount chiefs.	Meeting held with DHMT, Council Health Committees, and Ebola Task Force on project concept. *Open sensitisation meetings held in 16 communities on EVD and Chiefdom Bye laws developed by Paramount chiefs.	District level Health Structures Recognised NMJD effort towards the EVD. * Increased awareness of families in targeted communities on the EVD and Chiefdom Bye laws.	District level Health Structures demonstrate willingness to cooperate with NMJD to combat the EVD. *Families in targeted communities demonstrate their willingness to respond positively to the Ebola messages and abide by the Bye laws presented.	District level Health Structures work with NMJD in implementing project activities. *Families in targeted communities adhere to the messages and the Bye law on Ebola.
2.	Community misconception about Ebola and lack of trust in the health personnel and health care service delivery system. .	*IEC material *Stationary *Fuel *Refreshment *Rubber buckets *Disinfectants.	*Confidence building engagement by Health personnel and local authorities in 16 communities.	* Confidence building engagement held in 16 communities.	*Increased awareness of families in targeted communities on the reality of Ebola and understanding that early report of cases to health facilities increases chances of survival.	*Families in targeted communities demonstrating the reality of Ebola and willingness to report on suspected cases.	*Misconception about Ebola reduced and trust restored in the health care service delivery.
3.	Lack of material support i.e. Rubber buckets	*IEC material *Stationary *Fuel	*Provision of Rubber Buckets and	*Rubber buckets and disinfectants provided targeted communities,	*2500 families members and 300 members disability	* Families in targeted communities demonstrate willingness	* Family members in targeted communities effectively make use

	and disinfectants to use as preventives for families in targeted communities.	*Refreshment *Rubber buckets *Disinfectants	disinfectants	250 families 6 disability communities**.**	communities (2800 in all) have access to **r**ubber buckets and disinfectants	to use disinfectants.	of disinfectants.
4.	Need to Monitor and Evaluate the impact of the project activities in the targeted communities	*Fuel *Stationary *Refreshment *Stipend	* Develop Monitoring framework & tools. * carry out monthly monitoring activities.	*Monitoring framework & tools developed * Monthly Monitoring exercise carried out on Project impact.	*Increased knowledge of staff on the project implementation and its relevance in the targeted communities.	*Lessons learnt from project implementation.	*Recommendations shared from lessons learnt.