Restless Development, Bo

7/3/15

RES-000

MH: *We're recording so … I've got your name down as Alfred TN Navo, is that right?*

AN: Yes.

MH: *And what is your title, how would you describe yourself?*

AN: Alright, I'm the Regional Manager for Restless Development, managing SMAC, that is the Social Mobilisation Action Consortium.

MH: *Right, but in terms of … you're the Regional Development Officer for Restless Development, yes. And you do … what's your name sorry?*

DK: Daniel Kamara.

MH: *How do you spell Kamara?*

DK: [Spells Kamara] The SMAC Programme Coordinator.

MH: *So we've got boards and everything here. Just give me an overview of what you do so I can understand.*

AN: We'll take it into two because currently we're running two segments; we have the EVD response programme which is under the SMAC consortium, the Social Mobilisation Action Consortium.

MH: *Is the Ebola virus you mean?*

AN: Yes the Ebola virus disease.

MH: *Response programme.*

AN: Yes so we have our routine programmes run, so I'll talk you through the routine programmes. All the faces you have seen here, they are volunteer educators at the work they do. So there's less development, it's a youth focussed organisation, traditionally funded by the British government, and we've been implementing over

seven to eight years in Sierra Leone what we call the Youth Sexual Reproductive Health Programme. So the Youth Sexual Reproductive Health Programme is based in rural communities, where we work with schools; we train volunteer [? 02:11] educators, three weeks of training on sexual reproductive health and life skills and then they are sent to the communities to implement the programmes which young people run lessons on life skills, run lessons on sexual reproductive health to help reduce the incidence of teenage pregnancy in those communities, and increase retention in schools.

MH: *Presumably you're also trying to reduce the incidence of HIV and other …*

AN: Exactly. HIV and AIDS is mainstreamed within what they do. And they equally look at gender based violence within those communities and help communities understand referral pathways [? 02:57] so that it becomes very easy for them to access support.

So normally the volunteer cycle lasts for eight months in the rural communities after which they are withdrawn and a new set is sent in. And then we equally have, embedded in their programmes, civic education where we teach young people in the rural settings about their rights and responsibilities and how they can become good citizens.

We again work with teenage mothers. Those who become pregnant during their teen years, how we can support them avoid stigma, also if they are able to access antenatal care and postnatal care. And how, if their babies are grown up, they can re-enrol into the school system.

The other areas we used to run what we call the Youth Information Centres, that's to target tertiary institutions and universities. We train them, how they can develop professional skills and increase their access to job opportunities in the job market.

That's just sort of a quick snapshot of what we are doing outside of the …

MH: *The point is you had presumably a developed network before the crisis?*

AN: Obviously.

MH: *Right. How many cities and towns are you in?*

AN: Yes, we had funds. It was a national programme. We are in every district. The funds called us to be in every chiefdom by 2012, which we did to expand the programme.

MH: *Every chiefdom?*

AN: Every chiefdom across Sierra Leone.

MH: *Remind me how many chiefdoms there are? There are like 140 or something, is that right?*

AN: 144 or around that.

MH: *I remember seeing … there's a sign you pass that tells you …*

AN: So yes we did that and received a new grant …

MH: *Did you say you get funds from the British government?*

AN: Yes our traditional funding because it's a British based organisation.

MH: *Right, okay. Is it through DFID?*

AN: Yes through DFID.

MH: *So you live in Bo? You've been here a long time?*

AN: I've been here for the past four years.

MH: *And you, you're also Bo?*

DK: Muyamba, in the south.

MH: *Okay, so take me through the Ebola epidemic. What is the first thing you knew about Ebola in this country? I assume you'd heard it was in Guinea and Sierra Leone … Liberia and Guinea? When was the first time it started to be an issue for Restless Development?*

AN: Well, when we heard of the first case in Kailahun, we had our volunteer programme running, the Youth Sexual Reproductive Health programme.

MH: *In Kailahun?*

AN: Kailahun yes. We had volunteers in the communities there running programmes. And most of them are traditionally not from those communities. And when we heard about this, we did not really have much knowledge, and how complicated actually the whole EVD was.

So what we did was research a bit around the virus. It really definitely sent the entire organisation into a lot of research around the virus. And because we wanted to be putting our volunteers on the safest side and how possibly we could help communities to better prepare themselves.

And somewhere … February, these guys were already in the communities when the issue of the disease started coming up and we said "Alright, let's watch and see." We just felt it would be limited to the place where we had the incident in Kailahun and it would be over. But it really struck us … we took it very serious when somewhere in May the President really declared a state of emergency across the country. I mean announced the outbreak and that it's a national crisis.

And then what we did was to call all our volunteers in the field. We had a session with them. We called out some experts from the health sector; they came and spoke with them about the disease, how it is transmitted and how they can equally support educating the communities on the modes of prevention. So they had training, and inclusive of all staff, they were sent back to the communities up to June, and then we decided to end the programme. Normally the programme actually ends in June. So we withdrew them and all of a sudden, the whole crisis really went out.

MH: *When it erupted.*

AN: Yes, so we were lucky that we were not in the communities. But again their presence in the communities would have served to support the community people in terms of their behaviour change. So Restless Development decided to put together a response package. So secured funds and trained mobilisers to go into the communities as social mobilisers, as a way of supporting the communities, talking to them on some of the traditional methods based on the information we got first on how EVD is transmitted. So at that stage we started supporting the local authorities here.

MH: *Okay, that's interesting. Tell me about the sort of conversations that your social mobilisers would have with people at that time. So what I've read is that there was a lot of distrust, a lot of people didn't believe Ebola was real, or that it could affect them. They didn't trust these message about washing and keeping a distance. Are these the sort of conversations that your mobilisers would have to have?*

AN: Yes. In the communities, initially there we had to go and strike a conversation on the virus itself. So people understand what it is and how it is transmitted. And obviously the issue of mistrust came in when the messaging … because when it all started we had one set of messaging, right? That somebody has to be discharging blood from the nose, their eyes, and then you know that this is Ebola. And so when we really started receiving … putting and conceptualising the entire messaging for the virus, you go back to them and tell them "Alright, it's not only limited to people discharging blood from their nose or their eyes. If you have high temperature, it's a cause of concern. If you are vomiting then you should be concerned; it might not necessarily be Ebola but it should be something that should strike you to seek medical attention".

And you realise that traditionally, people used to eat animals, monkeys and all of these things, then you tell them "Can you refrain?" Initially we said "Don't eat bats,

don't eat bush meat," and they said "Why? This is part of our lives. What are you going to replace?" So that conversation sort of really took some time. It brought a form of conflict between social mobilisers and the community. They were saying that mobilisers had been sent by the government, they said it's the government that brought Ebola. The government has received funds for Ebola – so sort of distorted things were moving around, and that our mobilisers had been sent into the communities. You say "Wash your hands, use chlorine," they say "That chlorine is the very thing that is going to transmit Ebola," for some communities, you know?

There was a time we embarked on a campaign to give out a very simple soap which we call in Sierra Leone 72%.

MH: *Say …?*

AN: 72%, it's the soap, a laundry soap. So the people said "It contains the virus, that's why they have been giving that thing," so they would use it to wash their hands and then they'd contract the virus.

So the messaging … when we started learning a bit more about the virus as a society and organisations started putting together means of communication, proper messaging, the people are now confused about what to believe.

MH: *So do you think that was a mistake, the government just sort of using posters and radio announcements? That doesn't work. You seem to be saying that people don't believe that kind of communication of medical information, hygiene information. It has to be associated with something else.*

AN: Well yes, the posters, and Daniel, you can come in here, the posters to a great extend can work, right, given the community where you take the posters. People who are within urban settings, they easily identify the posters, they are able to read, but rural communities, if it's not in the more pictorial form, and somebody is there to explain to them, it becomes a challenge.

And I think at the start what we felt was there was this common pattern that we used to do social mobilisation when it all started; use the radio, use megaphones, just come to a community meeting, talk to them and you leave. We realised that was not working. We decided we should be engaging the communities, consistent engagement of communities. Generating dialogue within the communities. The moment that is done, you start creating a sense of ownership over the issue. So like you float a conversation around problems within their communities, you allow them to talk, you just facilitate the discussion, but you give them the opportunity to talk, you become like a learner; you sit back, listen to them and then at the end of the day you ask them "How can we come up with an agreeable solution?" It's not like taking a solution from our side, but a home grown solution.

So we realised that approach helped us a lot, especially in the south and parts of the east, to create some sense of community ownership in responding to the virus.

MH: *So you're saying that rather than impose a solution from the top down, you get them to see that it's in their interests to develop their own solution or approach?*

AN: Exactly, that's the approach we, and so many other organisations, are using in the communities.

MH: *What sort of issues would come out of those conversations? Presumably other issues besides Ebola started to become important when you sit down with a community … ?*

AN: Obviously, obviously.

MH: *So can you give me an example?*

AN: Good. You go there. You are not going there purposely to ask about Ebola, it's a general conversation you strike, but it's the bigger issue calling to you. But you try to identify the problems within the community, let them identify their own problems. So it could mean something around hygiene. And you know some aspects of … if the hygiene situation within the community is not really good, it might have an affect generally on the Ebola, there could be a breeding space for Ebola.

So issues around sanitary conditions, hygiene situations in the communities kept coming up. And those especially around health, those are the two areas that kept coming out. And again a shift from their traditional practice, you know, with the state of emergency, the president said "All of these things should be stopped so that we are able to curtail the virus." Those things … most of them they are not happy about. They would say "Our livelihoods have been cut. We used to do businesses", that's what they call trade fairs in the communities, but then that was sort of banned. Because there was no gatherings.

Communities would come together and bring different produces and buy and sell and they say "These are all of the issues." And if these things come up, you try to ask them why they think the government brought this up. Because you want to come to a point where people understand why all of these regulations and restrictions have been put in place.

But primarily, outside of Ebola specific, they would come up with issues around hygiene and sanitation in their communities because it's a big one in the rural communities, those suburbs and remote areas.

MH: *What about … I mean, we've heard a lot about the difficulties of persuading people to abandon traditional practices of burial, no touching, were those difficult conversations … ?*

DK: Yes that one is very difficult and traditional practices are held to very high esteem in local communities. Initially the problems were more that the burial team did not have a female initially, later it was corrected and now the burial team that operate in Bo they have female among the team. But the burial team that goes out of Bo does not have female and that is one of the concern that the communities raised when we just engaged them in Dambala this morning. They still want to see

female among the burial team that goes to pick up their dead ones, especially when a female die. They do not want to hand over that corpse to a male, they don't want that one as well.

And also, we have some of these traditional leaders, most of them, for you to become a traditional leader, you must belong to the secret society …

MH: *Secret society?*

DK: Yes they have secret society.

MH: *The women? These are female societies?*

DK: Both male and female, they have the secret society. So when these people die, they have some ceremonies that they have to perform, some rituals and rights, they have to perform for that person to be buried.

The burial team, they don't observe those and they are not part of those societies so that is why when somebody dies, they ensure that these rites have already been done on the dead person before the burial team is allotted. Because they know that when the burial team comes they will just grab the corpse, and put in plastic bags and they will go away. So they will not … they do not want to see that, so they ensure that all the rites and ceremony, everything has been done, and that involves touching the body.

MH: *Right, which can't happen.*

DK: Exactly.

MH: *So how was that resolved?*

AN: For most of the communities, as Daniel said, generally across the country it's a contentious issue yes? And then we have the by-laws now being imposed and the burial teams have been mandated to do that, they have the standard operating procedures for burial now. And that's been updated, it's been modified.

So in the communities, what traditional rulers agreed, because we've had a series of engagements with the chiefs, the different stratas of authority within the community. We agreed … they all generally came to a conclusion that "We will allow for the burial teams to bury our dead, and then when the Ebola virus might have been curtailed within the country, we have no new cases and the WHO tells us now we are safe, we'll perform a ritual to cleanse the land." So that is what the traditional leaders have agreed in this part, I will specifically speak for the south. So that is what they have agreed that they should do. That is why you realise it's for now, if somebody dies, the chiefs will not touch them.

But as Daniel just said, they are now actually agitating for us to have females being part of the burial team, let's have traditional leaders also trained. If somebody who is a secret society head dies, normal practice is, they have to perform some rituals, but we are now saying that this is not going to work. Can we easily have the burial team burying the person? They said "It won't be possible. The only thing we can do for now is have some of our society members part of the team. Then we will follow the procedure, but we will have a way to perform the ceremony without touching the dead body". So now training is going on for secret society members so that they can be part of the burial team. So it's also that we have a win win situation, you know? In a way that we do not compromise the spread of the virus, on this side it's being controlled somehow because the traditional leaders have been very cooperative.

MH: *So my understanding now is, this is what I've heard, in some parts of the country, like the south around Bo, where the community was able to take ownership, the government's been able to say "Okay, you control that", but they haven't succeeded in doing that in Port Loko, in dealing with the problem. I don't know if it's a part of the country that you know or can comment on, but I'm quite intrigued if there's something different about the organisation of the communities there that makes it harder in somewhere like Port Loko than in Bo and Kenema to get that community ownership?*

AN: Obviously I would say that Daniel is coming from the north …

DK: Port Loko.

MH: *You are from Port Loko? Oh right okay! Could Daniel speak? Tell me!*

DK: Yes the problem with my people in Port Loko is that this is something they really get tough, because there's something that … there are things that happened, that are happening in Port Loko, that I've never experienced since I started working in the south.

MH: *Really? Like what?*

DK: For example in Port Loko we believe that when some people die, their spirits will come and disturb the township. They beat people, sometimes they bite, so that belief is very strong among the people in Port Loko, so the only way to stop that spirit is to exhume the body and have it mutilated, and that's what involved touching the body. If that body is not mutilated … recently they had a case in which a body was exhumed in Port Loko, Lokomasama, where a body was mutilated and the body … there was an Ebola out surge again, because the person died of Ebola.

But no matter what, it would be difficult for the government to stop that, very difficult, because they have that strong belief and I was also in the my home town at one time when the spirit was disturbing … it's very hard, it sounds funny if you have not been part of that tradition, when a spirit has been disturbing the community and the body of that boy, twenty five years of age had to be exhumed, I witnessed that, and mutilated, his body parts are buried in different parts of the community.

MH: *This was a boy who died of Ebola?*

DK: No not this one, this was just an example before Ebola.

MH: *And you actually witnessed this?*

DK: Not one, not two, but several of those. So that is the problem the government is having now. "If we give you this body, you will not have it mutilated. If the spirits begin to disturb the community it's our problem, not your problem, because you go back."

MH: *So they don't see it as a problem for the whole country, just for …*

DK: Just for Port Loko. It sounds funny but it's true.

MH: *At the NERC, the National Ebola Centre, two days ago, I heard these generals from the military talking about … they were saying … they were throwing up their hands and saying "We can't do anything. We'll have to quarantine the whole of Port Loko!" But then the next one said, "But if we do that, we'll have to quarantine the whole country because Port Loko is the sea, and you have Lunghi Airport."*

So is there any way Restless Development can work there do you think?

AN: Yes we already have mobilisers on the ground. As Daniel said, it's been an uphill task, but we are working alongside with other partners to ensure that we really try to stimulate behaviour change in those communities because we believe it's all tied into behaviour patterns of people and our mobilisers are working very very hard on the SMAC consortium to ensure that.

MH: *Forgive my ignorance, because I don't know really your country or history very well, is there a historical or cultural reason why those beliefs you've described are stronger in Port Loko? So the belief system you've described where people have this magical belief that someone can come back and create a curse on a whole village and you have to mutilate the body – is that associated with a particular tribe or religious belief? Where does it come from? Why is it more pronounced in Port Loko?*

DK: Well it's more prominent, only for the Timnes, particularly in Port Loko. That is where it is more prominent. A pastor had died there, he did the same, and the same had done to him …

MH: *A pastor was mutilated?*

DK: Yes a pastor was mutilated because of the beliefs of the people. They will not allow … maybe, just like in Bo, involving traditional leaders in Port Loko as well, they have the village priests who are handling those situations. Involve them in the burial team, or having them perform the dance ceremony. It sounds crazy to have a body mutilated in front of other people who do not understand the cultural practice of … but that is the normal practice, yes that is normal practice.

MH: *It's very challenging I can see because the target is always moving. You solve it one area and then …*

DK: Yes. Sometimes that problem causes the entire village to displace, it has happened. People move to other communities.

AN: The moment they hear … there was a time when they heard that mobilisers were coming to a particular village, the whole village moved.

MH: *They didn't want to …*

AN: They did not, they just felt that these are people that have been sent to come and spread … it took a second visit to really win the hearts of the people

MH: *Spread Ebola, rather than …*

DK: Yes spread Ebola. So the people, they run away.

MH: *Can I ask you a slightly different question? You must have heard that they have plans to experiment now with vaccines? Do you know about the vaccine? In order to do that, the government and whatever partner they choose will have to go into the community and talk to people and say "Will you take a marklate you call it, I know, right?" And try to explain to them that this is something that might help them, it won't give you Ebola. Is this something you think is going to be easy? How do you think they are going to do this?*

DK: That one is not going to be easy. Initially, why this Ebola problem … where the problem started, when the epidemic came to Sierra Leone, the government and other agencies were just releasing jingles without proper consultation on the messaging. The jingle were just saying that there is no cure for Ebola, once you get it, you are going to die.

MH: *That was the jingle?*

DK: Yes. People are asking "Why should I go to the hospital if I know that I am only going to die?" So the same goes again for this Ebola … now people are going on

the radio saying those who have survived are complaining of other side effects like poor eyesight, hearing problems. So if you bring again a vaccine and say "Come and take this vaccine, it will help you", that one is going to be more challenging than even the current problem.

AN: Yes I totally agree.

MH: *Because people already have it in their minds that there's no cure, that's what they've been told.*

AN: In fact they will start thinking that you want to inject them with the virus. Especially at village level. Within the urban areas you might have some few literate people who want to give it a try. And the whole situation will really become complex based on trials in other countries we've heard of. We've had people complain of joint pains and other side effects, and these things are over the news. And people will think "I don't want to be a guinea pig for such experiments", you know?

MH: *And who can blame them?*

DK: In addition to that, people have the notion that the Ebola is going to end when the government wants it to end.

AN: Exactly!

DK: So if Ebola [? 31:33] why should the government say it will end in March, it will end in April. You don't predict the end of a virus or disaster that strongly. So people have seen that there are a few people who are making a lot of money out of this, who are maybe bringing the vaccine to ensure that the virus … there is an upsurge again so they continue making money.

AN: I think it ties to misunderstanding on the part of the people. Government will tell you that we expect the virus to be contained somewhere around March if we are able to upkeep a, b, and c. And people will just take that to mean Ebola will end in March, you know? They are not giving their thoughts to the reasons behind what the government is saying; if everybody will abide by the following, we are very sure to have Ebola under control. We will not have new cases and then we think that after 21 days or 42 days we will be free as a nation.

MH: *Yes that's fascinating … it's funny because in Freetown, the hotel where I am staying is full of people from the CDC who are all here to launch this vaccine trial. And the area they are choosing is the Western district but also Port Loko and those areas towards Kambia, that's the area. But this vaccine is with health workers so they may have more success since health workers know a bit of science. But there's another vaccine by another company and they want to use Kambia and other areas where they are not doing the CDC study, but their plan is to try and vaccinate up to 400,000 people, which is huge right?*

DK: Yes very huge.

AN: I wonder the methodology they are going to use. But if even they give that to our local health workers, people … let me give you an example, we had this issue of malaria coming out. People they are now afraid to go to the hospitals, because if you have high fever that is just one sign right? So people think "If I go there, I might contract the virus at the hospital. What if it's Ebola? I'll die even before my result comes out." And the government, together with Unicef and other partners decided to give out malaria drugs for free. Some people took, some did not, because still there was a misconception around the administration of those drugs. People said "They still want to spread this thing amongst us."

Those who took it … I know of a case where there was a reaction. They gave it to a child and she was vomiting, developed temperature, they almost felt it was Ebola. So coming with this, I am wondering what explanation they will provide. Because even with the administration of the second rounds of these drugs is a challenge for them now. Because people will not accept it. You will come to their house, they will tell you "Go with your drugs, we don't want it." And now you come and tell somebody we want to try this, except they use other means, but you sit with somebody and say "We want to try" and they will tell you "No, leave my house."

So we want to see actually how they will get around this.

MH: *It sounds like they will not succeed unless they work with groups who have experience in engaging the community right? That's really interesting.*

DK: There has to be a massive sensitisation of the community before the experts can come into field. But if the experts just take a leapfrog approach and just jump into the field, then they will definitely not succeed.

MH: *I imagine that these are conversations that experts are now having with SMAC and Restless Development, and maybe you'll hear something soon.*

AN: Maybe.

MH: *Is there anything else in particular? I think this has been great. It's really given me an insight into some things I've read about, but sitting here I understand them a lot better I think.*

Is there anything else you think would be important for people to understand? Something we haven't discussed?

DK: With regards Ebola?

MH: *Yes. That's really the main … are there other issues that you think are related or … ?*

DK: Just that now the government is planning to re-open the schools and people have much concern about the safety of their children. Prior to the Ebola epidemic, the school seating accommodation are not friendly. You have kids just bundled up in one classroom. Now that you have got this epidemic around, they are very much concerned about that and parents are … they want the government to wait until the 42 days is gone without a single case before school re-opens.

They are also concerned about the pregnant teenage mothers, what will the government do about them? The number has increased. This is a problem that we have been grappling with …

MH: *Teenage pregnancies?*

DK: Yes. And we have started making in-roads when this whole Ebola thing just …

MH: *Exploded.*

DK: Yes and everything went back to square one. So now parents are asking what will become of their teenage mothers, what will the government do about it? Will they be accepted in school? Those who are still with the pregnancy, will they be allowed to sit the Bac examinations? These are the issues that the community are raising.

MH: *Those are all very good questions.*

DK: Yes sure they are very good questions. The government is not thinking about most of those issues because [? 38:00] are full. And also one issue that has come up in Dambala is the government opted to pay two years' fees for primary and secondary to all pupils that are attending government's own or government supported. But people are saying that if the government is drawing the line of demarcation just for those that are attending government schools, what about those who are not in government schools? Are they not Sierra Leoneans who are affected by Ebola? So these are some of the concerns that are felt very strongly.

In fact the issue of these male survivors that scientifically they said they can transmit the virus within 90 days, except that after 90 days they are free, and people have been calling on government to have them kept in one place for that 90 days period, and aid agencies are saying that's a violation of their human rights.

An old man told me this morning "How can I be hungry and there is food? And they say I should not eat this food until 8pm at night when I am starving." Just give a kind of … to explain it better, that someone is married, has his wife and his children and he has been admitted for one or two or three months and now you declare this person okay. He is going to live with his family and sleep in the same room as his wife and we say he should not touch her 90 days.

MH: *I can't imagine what it must … I just spent one night sleeping without air conditioning, without my normal comforts, I can't imagine what it must be like to be quarantined even for 21 days. Unbelievable. I think the issue … it seems to me, I mean you've been through so much and I wasn't here, but it seems to me the issues just get bigger now as you come out. To get out is going to be even more focussed.*

AN: Exactly. More focussed. The recovery phase I think is going to be really hectic. And if the support coming in, the way it's been organised, we ensure that is kept organised I think that would be better off. Because when it all started, it was really totally scattered. The government did not know what to do. They said "You guys just carry out what you want to do. Let's be very firm, let's be robust." The whole lot of it. And the issues now, with the economic trouble we are in, for us to get out, it's really going to require a huge investment right at grassroots level. It's not only going to be focussing [? 40:51] these things… they should ensure that it reaches the most remote community, whatever will come out. I think the economic recovery bit is going to be very big, and I said it somewhere that this whole thing sent shockwaves across our health system. We always felt from the political side it's all right, we have a very good system, we have free healthcare, but this just undressed the whole system to see it's not good. So a big investment in the health system will be required over the period.

MH: *I think that's right. Okay, thank you very much.*

AN: You're welcome.

End of recording