



External Evaluation

DEC funded Ebola Response
Programme in Sierra Leone

Oct 2014 – Oct 2016

FINAL Report, 29 July 2016



Independent
Consultant:

Robert Schofield

Acknowledgements

The Consultant was very grateful for the high level of constructive and open engagement by Concern Worldwide staff and other key stakeholders including; partner staff, local government officials and most especially affected communities and Ebola survivors.

Special thanks to those people directly involved in organising the evaluation, particularly, Nina Gehm in Dublin and Fiona McLysaght in Freetown.

List of Abbreviations

CAPS	Community Association for Psychosocial Services
CHS	Core Humanitarian Standard
CRM	Complaints Response Mechanism
DEC	Disasters Emergency Committee
DERC	District Ebola Response Centre
DHMT	District Health Management Teams
DRR	Disaster Risk Reduction
ERC	Ebola Response Consortium
EVD	Ebola Virus Disease
FGD	Focus Group Discussion
FIM	Food, Income & Markets (Livelihoods)
HAP	Humanitarian Accountability Partnership
INGO	International Non-Governmental Organisation
IPC	Infection Prevention & Control
KII	Key Informant Interview
MAFFS	Ministry of Agriculture, Forestry and Food Security
MOHS	Ministry of Health & Sanitation
NERC	National Ebola Response Centre
NFI	Non Food Item
OECD-DAC	Organisation for Economic Co-operation & Development-Development Assistance Criteria
PHU	Peripheral Health Unit
PPE	Personal Protective Equipment
PSS	Psycho-Social Services
SDB	Safe & Dignified Burials
ToR	Terms of Reference
VSLA	Village Savings & Loans Association
WASH	Water, Sanitation & Hygiene.
WHO	UN World Health Organisation

CONTENTS

SECTION	PAGE NUMBER
EXECUTIVE SUMMARY.....	4
1. Introduction.....	6
2. Context Analysis.....	6
3. Methodology.....	7
4. Evaluation Constraints & Mitigation Measures.....	8
5. Findings & Recommendations by Sector.....	9
6. Findings & Recommendations by Key Criteria.....	21
Annex 1 Terms of Reference	
Annex 2 Inception Report and Evaluation Question Guide	
Annex 3 Field Visit Schedule & Key Informants	
Annex 4 Summary of Programme Output results	
Annex 5 Draft Management Response Matrix	



EXECUTIVE SUMMARY

i) INTRODUCTION

In March 2014, a rapidly evolving outbreak of Ebola Virus Disease (EVD) started in Guinea and spread to Liberia and Sierra Leone, as well as other countries in West Africa. Concern had existing long term programmes in the region since the mid-90s and as a result of the Ebola outbreak they started a wide ranging response.

The focus of the External Evaluation was the Concern Worldwide DEC funded Ebola Response Programme in Sierra Leone, consisting of an emergency and recovery phase, starting 29 Oct 2014 and due to complete by 31 Oct 2016. The Terms of Reference in Annex 1 provides further details.

ii) METHODOLOGY

The purpose of the external evaluation was both accountability & learning. Specific objectives were to:

- Evaluate DEC funded Ebola programme against OECD-DAC criteria (relevance/appropriateness, connectedness, coherence, coverage, efficiency, effectiveness and impact)
- Assess the extent to which Quality Standards (Concern Code of Conduct, Sphere Standards, Core Humanitarian Standards) were adhered to in the programme.
- Capture lessons learnt for future Concern emergency response and recovery programmes.

Robert Schofield was commissioned by Concern Worldwide to undertake the external evaluation. The preparation phase involved drafting an Inception Report and a review of secondary data. The field visit to Freetown and Tonkolili Districts was from 3-16 July 2016 and report writing was completed on 28 July 2016.

The Consultant used a variety of methods to surface learning including; Focus Group Discussions, Key Informant Interviews and observation. The Inception Report describes the approach in more detail – see Annex 2. At the end of the visit to Sierra Leone, the Consultant provided feedback to Managers at a debrief meeting both in Tonkolili and Freetown to verify initial findings.

Field visits were made to 6 Chiefdoms in Tonkolili, 5 health facilities in Freetown and to 2 groups of Burial Workers in Freetown. The consultant focused on the DEC funded WASH activities at PHUs & Holding Centres, Safe & Dignified Burials, quarantined food & NFIs, recovery food, Business Groups, Farmers Groups, VSLAs and youth training.

There was opportunity to interview individual beneficiaries, staff and other key informants as well as meeting with larger groups of beneficiaries. Total informants to the evaluation were 333 people (190 male, 143 female). The full list of key informants is included in the final Field Visit Schedule, Annex 3.

iii) EVALUATION CONSTRAINTS

Overall the methodology and approach was robust and particularly given the high number of key informants especially at community level there is a good degree of confidence in the results. However there were a number of constraints including; availability of key stakeholders particularly from Holding Centres and short term expatriate staff involved in the early stage of the response, complexity of 3 way translation from English to Kreo to Temne and beneficiary/staff understanding of the evaluation focus.

iv) OVERALL FINDINGS & RECOMMENDATIONS

The report provides a summary of progress against the key criteria identified in the ToR, analysing each programme sector initially, followed by overarching comments against the OECD-DAC criteria. A summary of progress against the programme outputs is included as Annex 4.

Concern have implemented a strong response to the Ebola crisis, operating in a tough context and have achieved the programme outcomes and in some cases exceeded these. Most outputs were achieved or are on track to be achieved by the end of the programme, apart from the number of youth trained, which is half the planned number of 200.

The programme was designed and built around Concern's existing experience and competencies and successfully integrates across a number of the sectors, particularly the FIM components of VSLAs, Farmers Groups and Business Groups.

Overall the programme was seen to have made a significant difference to Ebola affected individuals and communities in Freetown and Tonkolili District:

- Quarantined households were sustained through a difficult period of enforced quarantine.
- Recovery food was highly appreciated, especially for households whose assets had been depleted by Ebola.
- WASH facilities helped PHUs with Infection Protection & Control and either replaced or constructed good quality latrines and showers.
- Burial workers have changed their behaviour and attitude as a result of the psychosocial support training and were assisted to reintegrate into their communities.
- VSLAs have catalysed many communities to be able to save and take loans, as well as avoiding the need to take out commercial loans.
- Farmers Groups have increased knowledge about good farming practices. Seeds and tools distributions have contributed to improved household level food security.
- Business Groups have enabled a number of individuals to re-start their small businesses and increased their knowledge about business.
- Youth vocational training has supported 100 individuals to learn a vocation.

11 recommendations are made against each of the sectors, summarised below and highlighted in blue boxes in relevant sections of the report. There were no major issues requiring improvement.

WASH

Recommendation 1 - Concern should advocate for an improved MoHS/WASH Consortium incinerator design, using a cement material that can expand with high temperatures.

Recommendation 2 - A number of sustainability measures should be incorporated into emergency WASH programming to encourage ownership and ongoing maintenance.

Safe & Dignified Burials

Recommendation 3 - Concern should consider a final health check for Standby Team members as part of their Exit process.

VSLA

Recommendation 4 - Concern should use the opportunity of VSLA groups gathering on a weekly basis to undertake some basic literacy and numeracy training with all the members.

Recommendation 5 - Web based monitoring tools should be considered for VSLA's to increase the speed and efficiency of monitoring.

Recommendation 6 - The initiative to link VSLAs into Microfinance Institutions should be accelerated, to mitigate the risk of groups facing no support beyond DEC funding at end of Oct.

Business Groups

Recommendation 7 – Restricted items that Business Groups cannot trade should be reviewed with a view to including tobacco in this category.

Youth vocational training

Recommendation 8 - If Concern plan to support vocational training again, they should be realistic about the cost and anticipate offering students a full 12 month course.

Efficiency

Recommendation 9 - Expenditure to date should be carefully checked and plans rapidly finalised for any additional spend to ensure that all DEC funds are fully utilised by end Oct 2016.

Accountability

Recommendation 10 - Further efforts should be made to ensure training on the P4 and CRM is rolled out consistently across all staff, contractors and beneficiaries in order to improve awareness and application of the policies. As part of the training, all staff should be encouraged to feel a sense of responsibility for promoting the policies.

Learning

Recommendation 11 - Key learning on Ebola should be consolidated in a Knowledge Matters document.

1. INTRODUCTION

Ebola was first identified in 1976 in two simultaneous outbreaks, one in Sudan and the other in Democratic Republic of Congo.

In March 2014, a rapidly evolving outbreak of Ebola Virus Disease (EVD) on an unprecedented scale started in Guinea and spread to Liberia and Sierra Leone. There were also cases in Nigeria, Mali and Senegal. No previous Ebola outbreak has had as many confirmed cases, as wide of a geographic spread, or major hot spots in urban areas.

Concern Worldwide is an International Non-Governmental Organisation, with a focus on tackling poverty and suffering in the world's poorest countries. Concern had an existing long term programme in Sierra Leone since 1996, focusing on health, education, food, income and markets (FIM).

As a result of the Ebola outbreak, in June 2014 Concern started a wide ranging response, initially supporting District Health Management Team's (DHMT) with the distribution of information to Periphery Health Units, Hospitals and the wider community on how to prevent Ebola, followed by a comprehensive health, WASH and FIM programme funded by multiple donors. The overall Concern Sierra Leone budget in 2015 was approximately €12.5 million Euro, with a peak of 500 Emergency National staff employed. Concern currently works in Tonkolili District and in Freetown/Western Area.

The focus of the External Evaluation was the Concern Worldwide DEC funded Ebola Response Programme:

- DEC Phase 1 - 29 Oct 2014 to 30 Apr 2015 (6 months). Total budget GBP £226,970
- DEC Phase 2 - 1 May 2015 to 31 Oct 2016 (18 months). Total budget GBP £506,014

2. CONTEXT ANALYSIS

Sierra Leone's civil war ended in 2002. The country was ranked 181 out of 188 on the 2015 Human Development Index. Health and other socio-economic indicators remain among the worst in the world and have been exacerbated by the impact of the Ebola outbreak. Life expectancy is an estimated 49 for men and 51 for women¹.

The recent International Peace Institute report (June 2016) on the outbreak of Ebola in West Africa underscored the fragility of public health services in countries emerging from protracted conflict, as well as the link between governance and health. In both Sierra Leone and Liberia, war had seriously undermined the health sector.

The situation in Sierra Leone was complicated by the porous nature of the region's borders, inaccessibility of the terrain, the presence of multiple active sites of transmission, a very weak health system and peoples reluctance to seek healthcare when suffering Ebola like symptoms. The outbreak of Ebola in Sierra Leone and neighbouring countries had profound economic, psychological and security implications for the population.

Among the many challenges in Sierra Leone was the lack of sufficient water at healthcare facilities for maintaining the required levels of infection prevention and control. In addition to supporting health facilities and health care providers and trying to encourage health seeking behaviour, Concern worked with burial teams in the Western Area; a physiologically traumatic and challenging job where teams worked long hours to pick up the deceased from hospitals and private homes and transport them to the cemetery where they were buried. Members of the burial team were often ostracized by their community and abandoned by their family because of their work. Whilst the focus was on ensuring safe and dignified burial, psychosocial support was provided to the teams to increase their wellbeing and help them be able to stay motivated and focused while working, which was critical in following the correct safety procedures. A key component of the Concern programme was to support communities to recover from the effects of Ebola and build resilience to withstand future shocks.²

¹ WHO 2015

² See ToR Annex 1 for further details

2.1 Ebola timeline in Sierra Leone

- May 2014 - the first official cases of EVD were identified in Kaliahun district in the Eastern province of Sierra Leone. Since then, the disease spread to all but one district, with a total of 14,124 suspected and confirmed cases recorded and 3,956 deaths in Sierra Leone, as of 27 Mar 2016. (WHO)
- 30 Jul 2014 - the President of Sierra Leone announced a State of National Health Emergency prohibiting all public gatherings, imposing quarantine measures on the worst effected outbreak epicentres and establishing a presidential task force on Ebola to lead the response.
- 8 Aug 2014 - WHO declared the Ebola Outbreak in West Africa a Public Health Emergency of International Concern.
- 7 Sep 2014 – Sitrep from Concern Sierra Leone states “There is a palpable fear among the staff and communities in Concern operational areas of Freetown and Tonkolili”
- 30 Oct 2014 – DEC launches Ebola Crisis Appeal, which raised £37 million in total.
- 7 Nov 2015 - Sierra Leone officially declared free of Ebola by WHO.
- 16 Jan 2016 - the Ministry of Health and Sanitation confirmed a positive swab Ebola case following the death of a 22 year old female student at Magburaka town in Tonkolili district.
- 29 Mar 2016 - WHO terminated the Public Health Emergency of International Concern for the Ebola outbreak in West Africa. A total of 28,616 confirmed, probable and suspected cases have been reported in Guinea, Liberia and Sierra Leone, with 11,310 deaths.³

Over 2 years on from the outbreak, the burial teams in Sierra Leone stopped mandatory swabbing of dead bodies for Ebola on 30 Jun 2016 and Concern standby Burial Workers will be laid off at the end of Sep 2016 and integrated back into the MOHS. However a couple of people made the point during the evaluation that there is a danger of complacency setting in, following the previously high level of public health measures, especially given the fragile health system in Sierra Leone that was unable to contain the outbreak and the previous lack of knowledge within communities about how to prevent the spread of the disease.

3. EVALUATION METHODOLOGY

3.1 Evaluation Purpose and objectives

The purpose of the external evaluation was both accountability and learning – to evaluate the Concern Ebola response in Tonkolili District and Freetown/Western Area Urban and Rural District and to capture lessons for future response. The specific objectives of the evaluation, summarised in the Inception Report (Annex 2) were to:

- i) Evaluate the DEC funded Ebola programme against OECD-DAC criteria.⁴
- ii) Assess the extent to which Quality Standards (Concern Code of Conduct, Sphere Standards, Core Humanitarian Standards) were adhered to in the programme.
- iii) Capture lessons learnt for future Concern emergency response and recovery programmes.

3.2 Evaluation Team

Robert Schofield was the External Evaluator. He has nearly 20 years' experience in Disaster Management and has undertaken numerous external evaluations for a range of INGOs and local partner agencies. Concern Worldwide provided translation as well as organising field visits and mobilising communities.

3.3 Evaluation Criteria

The evaluation criteria used for the Evaluation was adapted from the standard OECD/DAC Evaluation Criteria⁵ and covered: Appropriateness & Relevance, Effectiveness, Efficiency, Impact, Connectedness &

³ WHO sitrep 10 June 2016

⁴ ALNAP guide - <http://www.alnap.org/resource/5253.aspx>

Sustainability, Coverage, Coherence & Coordination, as well as Cross Cutting issues and wider learning. The Evaluation Question Plan provided guidance on the lines of enquiry for Key Informant Interviews and Focus Group Discussions (see Annex 2).

3.4 Qualitative methods

Qualitative methods were used to engage with a total of 333 direct beneficiaries, Concern Worldwide International and National staff and other key stakeholders such as partners and government officials.

- Semi-structured interviews with 28 Key Informants (16M, 12F).
- Focus Group Discussions with 305 Key Informants (174M, 131F).
- Observation during site visits in Freetown and Tonkolili District.
- Secondary Data review.



A broad range of beneficiaries contributed to the evaluation from across the DEC funded activities including; quarantine support, recovery food, WASH, SDBs, VSLAs, Farmers Groups, Business Groups and Youth vocational training. The full list of key informants is included in the final Field Visit Schedule, Annex 3.

PHOTO: Consultant conducting FGD with Mafullatha village, July 2016. © R.Schofield

3.5 Key Secondary Data

A number of documents were provided by Concern Worldwide at the outset, supplemented by additional documents during the course of the evaluation, as follows:

- DEC Reports
 - Phase 1 Plan (DEC Form 6a)
 - Phase 1 Interim narrative and financial reports (DEC Forms 8a & 8b)
 - Phase 1 Final narrative and financial report (DEC Forms 13a, 13b & 14)
 - Phase 2 Plan (Dec Forms 11a, 11b & 12)
 - Phase 2 Interim narrative and financial report (DEC Forms 15a, 15b & 16)
 - Phase 2 Interim narrative and financial report (DEC Forms 17a, 17b & 18)
- DEC Ebola Response Review, June 2015 and management response
- Concern Sierra Leone Case Study – Protect & Burial Workers, Feb 2016
- Concern Sierra Leone Case Study – Patrick MJ Bassie, Burial Worker, May 2015
- Concern Sierra Leone Case Study - Accountability during the Ebola Response, undated
- Concern Sierra Leone CRM Summary Report 2015
- Concern Sierra Leone CRM complaints handling process guide, leaflets and posters
- Concern Sierra Leone Ebola Programme Risk Assessment
- Concern Sierra Leone Food, Income & Markets Strategy 2016
- Concern Sierra Leone Health Sector Strategy 2016-2020
- Concern Sierra Leone Programme Quality Strategy 2016
- Concern Sierra Leone Ebola Response Strategy, Dec 2014
- Concern Sierra Leone DEC FIM Recovery Needs Assessment, 1 Oct 2015
- Concern Sierra Leone Health Management Plan for Ebola affected, updated Jan 2015
- Concern Dublin Ebola Emergency Response Wash-up (Internal Learning), 21 Jan 2015
- Concern Programme Participant Protection Policy and Code of Conduct, May 2010

4. EVALUATION CONSTRAINTS & MITIGATION MEASURES

Overall the methodology and approach was robust and particularly given the high number of key informants especially at community level there is a good degree of confidence in the results. However there were a number of constraints as follows:

⁵ See <http://www.alnap.org/resource/8221.aspx> for full guidance notes on the OECD/DAC Criteria, adapted in 1999

4.1 Availability of key stakeholders directly involved in the programme

Beneficiaries from Phase 1 were more of a challenge to locate, particularly patients from the Holding Centres – only 1 patient was found.

A number of short term expatriate staff involved in the early stage of the response, had moved on and were not available for interview.

4.2 Translation and presence of Concern staff

When translation was necessary, it was mostly provided by Concern Worldwide staff. In Tonkolili District, translation was complicated by the fact that the dialect is Temne – so 3 way translation was required, English to Krio, Krio to Temne.

It was helpful to have a Concern staff member accompany the Consultant to provide contextual knowledge, introductions to the community and translation support, however there were occasions when it was necessary to ask additional Concern staff to leave FGD's.



PHOTO: Ramatu Dumbuya, M&E Officer/Translator, July 2016 © R.Schofield

4.3 Weather

The rainy season runs from June to Sep in Sierra Leone. There was heavy rain most days of the evaluation. This was an inconvenience rather than a constraint and it was striking that many beneficiaries still came to the pre-arranged FGDs despite the inclement weather.

4.4 Holidays

Wed 6 July was the Eid public holiday so no field trips were possible, however the time was used instead to interview the Country Director and Concern Regional Director.

4.5 Beneficiary understanding of the evaluation and the timeframe

Despite making an effort to clearly explain the parameters of the evaluation and the purpose, it was evident that some beneficiaries interpreted the presence of a foreigner as an opportunity to request additional assistance. In addition, there were a number of occasions where beneficiaries and staff confused the DEC funded Ebola Programme with other Concern Worldwide Programme activities.

5. FINDINGS & RECOMMENDATIONS BY SECTOR/OUTCOMES

Detailed findings and recommendations against programme sectors and outcomes are presented in Section 5 and broader comments against each of the OECD/DAC criteria are included in Section 6. There is some overlap between the two and some selected OECD/DAC criteria are highlighted within Section 5 where there was particular good practice or areas for improvement.

Programme Outputs are summarised in Annex 4 and have been colour coded, as well as programme outcomes to show either **green = fully achieved** or **yellow = partially achieved**.

Recommendations are highlighted in blue boxes in relevant sections of the report, summarised in Annex 5

5.1 WASH

PHASE 1 – OUTCOME: Increased access to water and sanitation at 7 primary healthcare facilities and 3 holding/treatment centres.

WASH was a critical need in Holding Centres and health units, but at the beginning of the outbreak it was reported that this sector was not receiving the attention it deserved to support Infection Prevention and Control. Concern originally planned to support 7 peripheral health units (PHU) through the Phase 1 intervention however based on further assessment and need this increased to 10, as well as the 3 holding/treatment centres.

Overall, Concern exceeded the WASH outcome. It was evident from site visits, inspection of facilities and discussions with PHU staff that the newly built and rehabilitated facilities were far superior to those available previously and that the intervention increased access to water and sanitation and helped PHUs with Infection Protection & Control.

i) Appropriateness

The latrines that were observed were all slightly different in design, partly due to some being new build and others being rehabilitated. At Malama PHU, the nurse in charge reported that pregnant women had complained that the seats were too high, however they were based on approved government designs.

There was a good example of responsiveness to communities needs at Kontorloh, where the PHU had fed back to the Concern team that the sharp pit was too narrow so they widened it considerably and turned the planned sharp pit into an incinerator.

ii) Effectiveness

Building Contractors were closely managed in order to keep to time and quality specifications with a Permanent Concern Supervisor reported to be on site during construction.



Previous latrine block at ADRA Hospital, Waterloo (left) and newly constructed latrine block (right). July 2016. © Robert Schofield

The latrines, showers, sharps pits, incinerators and rainwater harvesting systems appeared to have been well constructed (notwithstanding some design issues with the incinerators mentioned below) and were very much appreciated by the staff of the PHUs.

Less effective was the consideration given to the emptying of latrine pits. According to PHU staff, it costs 1.5 million Leone to pay for a tanker to desludge the latrines, which will be necessary every 3-5 years. Dr David Koroma at the ADRA Hospital in Waterloo even suggested it was more cost effective to abandon the latrines and start again.

iii) Impact

A number of PHU staff gave testimony of the ongoing impact of the improved facilities:

Nurse Betty, Malama PHU *“the new latrines are so much better than the temporary latrine we had previously.”*

Matron Fatmata, Kingtom Police Hospital *“the latrines are so comfortable that you can even read the newspaper while going to the toilet.”*

“During the rainy season we no longer strain for water.”

Hannah Mbogba, Kuntorloh PHU

At Kuntorloh PHU, the in-charge described the water requirements for the delivery of a baby, which are more straightforward now thanks to the rainwater harvesting system installed by Concern. Water is needed to wash the labour room, to clean patients and instruments and for laundry. A 4 bucket infection control system is used involving 1 bucket of clean water to put instruments in immediately after delivery, 1 bucket of soapy water for scrubbing, 1 bucket of chlorinated water for sterilising and 1 final bucket for rinsing. (See photo to the right of staff at Kuntorloh PHU demonstrating the 4 bucket system).



PHOTO: 4 bucket system. July 2016. © R.Schofield

iv) Sustainability

In a country that is so reliant on external support, it is a perennial challenge to ensure the sustainability of interventions. This was compounded by the emergency context, especially during Phase 1 when for example, meetings and trainings were banned making it all the more difficult to sensitise communities to the importance of maintenance.

A number of maintenance issues were observed during site visits and given that the Consultant visited 5 out of the 10 health facilities supported it is likely that these were representative of maintenance problems across health facilities. Between 30-50% of latrines and showers observed were either not being used or no longer functional after 1 year:

- Kuntorloh PHU – the tap was dripping from the Rainwater Harvesting water storage tank (below left).
- Malama PHU – only 1 of the 2 latrines was functional, the other was covered in cobwebs (below right).
- Kingtom Police Hospital - 3 of 6 latrines were not fully functional. A basin waste pipe was missing, another basin was hanging off the wall (below centre), in another the water supply was no longer working. According to the WASH Manager, there were issues with the type of cement (Portland) used to build the incinerators, which meant the casing had cracked, causing the door of the incinerator to warp as well as the sharps tray.
- ADRA Waterloo Hospital – 1 of 3 latrines were not being used, 1 of 3 shower stalls not being used.
- John Thorpe PHU – 1 of 3 latrines was not functional, 3 showers were either locked or the tap was broken. The sharps pit was not being used and the hinge to the lid was broken.



Dripping tap at Kuntorloh PHU (left). Broken sink at Kingtom Police Hospital (centre). Disused latrine at Malama PHU (right) July 2016 © R.Schofield

Recommendation 1 - Concern should advocate for an improved MoHS/WASH Consortium incinerator design, using a cement material that can expand with high temperatures.

Suggested measures to encourage ownership, even in emergency contexts, include:

- Design of hardware – adopt the simplest design possible and avoid higher spec designs, such as the individual basins in Kingtom Police Hospital latrine stalls.
- Planning from the outset should emphasise community/PHU ownership.
- Consider stronger follow up after construction to emphasise the importance of ongoing maintenance.

- Consider spares kit/basic tool kit/basic training, on a business model basis, as part of handover.
- Strengthen the community contribution element as part of the design and construction – (bearing in mind this will be more of a challenge in an emergency context) – with use of local labour, counterpart providing a contribution such as sand for the cement or food for labourers.
- Encourage open access to latrines in secure compounds, rather than the usual practice which seems to be locking latrines –it was striking that the ADRA latrines were the best maintained, yet were the only ones that were not locked.

Recommendation 2 - A number of sustainability measures should be incorporated into emergency WASH programming to encourage ownership and ongoing maintenance.

5.2 SAFE & DIGNIFIED BURIALS

Phase 1 – OUTCOME: Increase the wellbeing and subsequently increase the safety of practice of 144 burial team members operating in the Western Area through a comprehensive psychosocial support programme.

Phase 2 – OUTCOME: Improved wellbeing of burial team members through comprehensive psychosocial support and support for reintegration into communities.

As part of the Ebola Response Consortium, Concern Worldwide took over the management of 10 burial teams from the MOHS on 19 Oct 2014. This included the management of two cemeteries and the grave digging staff, 10 teams of 12 burial workers, fleet management of 22 vehicles and 70 motorbikes used for swab teams.

Subsequently Concern recruited an additional 4 burial teams until the end of Dec 2015, in order for team members to be able to take days off and participate in the psychosocial counselling sessions.

There are now only 4 standby Burial Teams operating in Freetown Western Area and 2 Burial Teams in Tonkolili have recently been transferred from World Vision to Concern. In total, Concern has facilitated the burial of over 16,500 people in two cemeteries.

The management of Burial Teams built on previous Concern experience in the health sector and was a clear need, given that unsafe burials and cultural practices around deceased bodies was a significant disease transmission route, the MOHS were not in a position to adequately support their Burial Team Workers and Burial Team Workers were being seriously stigmatised.

As a result of the psychosocial support programme in Phase 1 and the reintegration activities in Phase 2, there is clear evidence of the impact of the intervention, with burial workers changing their behaviour and attitude as a result of the training, as well as communities changing their attitudes towards burial workers.



PHOTO: Concern managed cemetery in Waterloo, with almost half the 10,040 graves being children. July 2016 © Robert Schofield

The stigma experienced by Burial Team members has been widely documented and came up frequently during the FGDs with Burial Team workers. One worker had to move house because they were rejected by their neighbours. The child of another worker was afraid to touch his father. Teams sometimes had to move around with a police escort for their safety, after several workers were stabbed.

“I was the only person in my community involved in burials of Ebola victims. My wife and children left me due to their fear of Ebola and to this day they have still not returned.”

Ibrahim Bangera, Burial Worker, Freetown



PHOTO: Patrick MJ Bassie, May 2015 in PPE © Andrew McConnell

i) Relevance

Concern had an existing relationship with CAPS to provide psychosocial support to their staff and communities and were therefore able to quickly set up a contract for several tailored Psychosocial Support courses for Burial Workers, designed on the basis of an assessment with Burial Team members to understand their needs. The Phase 2 ‘re-integration course’ was designed during consultation with Burial Teams during Phase 1.

TABLE: DEC funded Psychosocial Services

Training dates	No of Participants	Number of weeks of PSS	PSS Curriculum
Nov/Dec 2014 & Jan 2015	14 Burial Teams of 168 members across the Western Area	12 weeks	Week 1 - Group development and trust building Week 2 - Personal Strength Week 3 - External Sources of Support Week 4 - Trauma and Stress Reaction Week 5 - Trigger Week 6 - Understanding stigma Week 7 - Grief & Loss Week 8 - Coping Strategies Week 9 - Anger Management Week 10- Self-care Week 11- Goal setting Week 12-Closure
May & June 2015	14 Burial Teams of 168 members across the Western Area	6 weeks classroom based, 6 weeks community meetings	Week 1 - Assertiveness Week 2 - Self-esteem Week 3 - Communication skills Week 4 - Dignity and value Week 5 - Anger management skills Week 6 - Problem solving skills
Oct-Dec 2015	6 Burial Teams of 72 members.	12 weeks	Repeat of the topics in the above 12 week course

ii) Effectiveness

The course covered critical psychosocial areas for Burial Workers. The Facilitators were reported to be ‘very good’ by the participants.

The sessions that participants particularly remembered and found valuable were:

- Anger Management – especially because burial workers were so provoked by the community and the course encouraged them not to fight anger with anger and to recognise triggers.
- Goal Setting topic – was good in helping workers to manage their limited resources.
- Stress Management – before training, one participant mentioned having intrusive bad dreams, but she learnt how to control stress and these diminished. Also on a practical level it was mentioned that it

was so hot in the Personal Protective Equipment which made it easier to become stressed. The workers learnt the importance of doing a good job, being polite and caring.

- Communication Skills – the burial workers recalled an exercise that emphasised the importance of not reacting to the first thing you hear.

The 'reintegration' meetings held between the community, police, CAPS, Concern and Burial Workers were regarded as very valuable by Burial Workers themselves.

iii) Efficiency

Tendering process – given the specialist nature of the contract with CAPS and Concern's previous history with them (which had included an organisational assessment in 2011), it was agreed that there could be a waiver to Concern's normal tender process. 70% of the psychosocial support training contracts were funded by DEC and 30% funded by the Ebola Response Consortium.

Transport allowance – the Waterloo Burial Team raised concerns about the distance to reach the training centre in Aberdeen and Lumley and the insufficient transport allowance, however it transpired that Concern provided a bus to travel to the trainings.

Healthcare cover – whilst it is unrealistic for Concern to take responsibility for ongoing medical care for Burial Workers, they did cover work related injuries during the period of employment. However both of the burial teams who contributed to the evaluation requested medical support or at least a health check from Concern, given the high risk nature of the work they have been doing.

Recommendation 3 - Concern should consider a final health check for Standby Team members as part of their Exit process.

Food – generally the food provided during the trainings was reported to be very good, but there were complaints about the food when the caterer was changed in the second 6 weeks of the first 12 week PSS Course.

iv) Impact

There were a number of very positive endorsements of the PSS programme and the wider work of the Burial Team from donors and government:

- Safe & Dignified Burial Programme in Freetown won the 2nd Prize in the 2015 EU Health Award for NGO's fighting Ebola.
- 9 members of the SDB team received a Bronze Award from President Ernest Bai Koroma on 18 Dec 2015.

Burial Workers themselves were very appreciative of the psychosocial support and the reintegration activities. A smartphone-based questionnaire assessment was designed to measure a range of psychosocial variables and conducted among a sample of the burial team workers at baseline, after six weeks and at the end of the 12-week PSS programme, which demonstrated an improvement in stress levels, trauma and burnout. This showed evidence of a change in behaviour as a result of the training, with teams more disciplined and less stressed.

"Every member of the Burial Team was hot headed before the PSS course – PSS helped change our attitude"

Michael Foday, Supervisor of Waterloo Burial Team

In addition Concern were commended by government and others for the fact that there were no EVD infections amongst Concern staff and burial team members.

v) Coordination

Concern was reported to coordinate and liaise effectively with the National SDB Pillar, which was chaired by Dr Sillah, (Director of MOHS) and also included Sierra Leone Red Cross, Centre for Disease Control and WHO representatives. The Pillar provided the relevant protocols for the SDB programme.

vi) Sustainability & Exit

The selection process at the end of the main programme in Dec 2015 to identify who should remain and work in the Standby Teams was seen as fair. Only the older teams qualified, then those with good attitude and attendance were put into a ballot box. A woman per team was automatically selected.

Additional vocational/livelihoods training is being considered for the current 33 Standby Burial Workers to help them in the transition out of the programme. It is recognised that this could have been planned into the programme at the outset, especially money management training or a savings scheme since workers were earning good salaries for a period of time.



PHOTO: Waterloo Burial Team after FGD, July 2016 © R.Schofield

A final 6 week reintegration course for 230 Burial Workers took place in Nov/Dec 2015 to ease the transition of workers out of the programme, funded by DFID.

A final session of PSS and life skills is being planned for Freetown Standby Teams to support their reintegration as well as a 12 week PSS course for the newly inherited Tonkolili Teams.

CAPS suggested that with the benefit of hindsight, it would have been better to consider how to involve families of Burial Workers from the outset and in a more consistent way rather than with a one off event towards the end.

Protect

As part of the exit strategy for this activity, Concern has actively encouraged the formation of a local NGO 'Protect,' set up by Burial Team Workers to represent Cemetery Workers, Swabbers, Burial Workers and Decontamination Workers. This is an excellent initiative that could extend and multiply the value of the training received by these workers. There have been a number of initiatives to develop Protects capacity already including; capacity building on the psychosocial programme from another specialist NGO. Concern support with gaining registration and modest office space provided by CAPS. However they also face a number of challenges at this embryonic stage, not least that they have not yet managed to secure a contract for services and are therefore undertaking voluntary cleaning of public facilities at present. Concern are considering a final package of support to Protect to bolster their ability to secure contracts from government and/or NGO's.

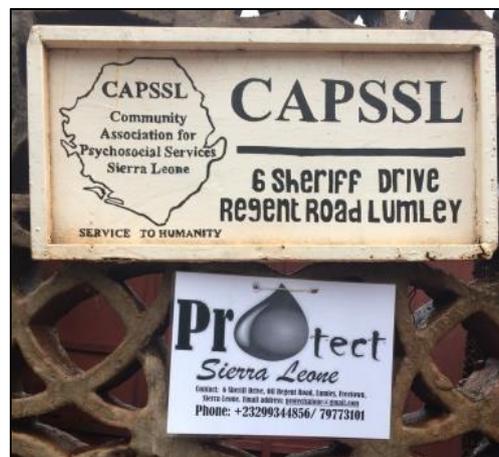


PHOTO: CAPS office sign. July 2016. © R.Schofield

5.3 FOOD

PHASE 1 - OUTCOME: Improved care for patients at 3 Ebola Holding Centres in Tonkolili District through the provision of complementary foods, clean drinking water and basic NFI's including clean bed linen and buckets, and distribution of discharge packs to ease reintegration into their communities and support to quarantined HHs and provision of survival packages

Concern sought to support a number of Holding Centres in Tonkolili with food and NFIs, as well as providing quarantine packages to households in Tonkolili as directed by the DERC.

The intervention ensured that quarantined households were sustained through a difficult period of enforced quarantine and Ebola Holding Centres were supported through the provision of food, drinking water and NFI's to look after patients practical needs.

It was a struggle to find patients from the Holding Centres to contribute to the evaluation. One patient was identified on the last day of the field visit who had attended Mile 91 Holding Centre for 3 days. It would have been more suitable to plan a FGD with a selection of former patients. Nevertheless the Consultant spoke with a former nurse who had worked at Yele Holding Centre, two former nurses from Mile 91 Holding Centre as well as the former cook from Mile 91 Holding Centre who verified the food and NFI activities.

It is understood that NERC decided on the content of quarantine packages through a Standard Operating Procedure, but it was up to agencies supporting Holding Centres to determine what was provided. The nurses, cook and patient who contributed to the evaluation confirmed that a range of good quality meals were provided, as well as NFI's.

PHASE 2 - OUTCOME: Vulnerable households directly and indirectly affected by Ebola are food secure in the short term

A standard package of food was distributed twice by Concern to households highly affected by Ebola, in July and August 2015, as well as quarantine support to two villages that had experienced unusually prolonged periods of quarantine. The food support was designed to avoid Ebola affected communities further depleting assets with distress sales.

This 'recovery food' was highly appreciated by beneficiaries, especially for those households whose assets had been depleted by Ebola.

Impact

The evaluation included FGD's with three villages who had received recovery food. Mayepoh village received the food packages and were very happy with them.

"It would have been very difficult for us without the extra food, we were devastated by the quarantine"

"The supplies were very timely because we had so little at that point"

Yele villagers during FGD, July 2106



PHOTO: Yele villagers during FGD, including Al Haji (far right) whose whole family was killed by Ebola. 12 July 2016. © Robert Schofield

Massesebeh villagers received quarantine support which included food, NFI's (radios were included so that they could keep connected to the outside world as well as children receiving informal education via radio). In addition stipends were provided for Massesebeh villagers to pay caretakers to look after their farms while they were quarantined – which was particularly appreciated, as they would have been doubly disadvantaged if they could not attend to their crops.

Consultation on what villagers would like to receive in the food package did not seem to happen, which would have been good practice. Nevertheless recipients reported that they were very happy with the quality of what they received. Yele villagers mentioned they would have liked fish, onion and peppers too.

5.4 INCOME & MARKETS

PHASE 2 – OUTCOME: Vulnerable populations affected by Ebola rehabilitated and their capacity to withstand shocks strengthened

A range of activities were included in this outcome, mostly building on Concern's core competencies in food, income and markets. It was evident from the various FGDs with Ebola affected communities, that these interventions had helped restore livelihoods and built capacity to be more resilient.

a) VILLAGE SAVINGS & LOANS ASSOCIATIONS

VSLAs are groups of people who save together and take small loans from those savings. The activities of the groups run in cycles of one year, after which the accumulated savings and the loan profits are distributed back to members. The purpose of a VSLA is to provide simple savings and loan facilities in communities without easy access to formal financial services.



Establishment of a Social Fund is a standard part of the VSLAs to ensure a social protection mechanism are in place to support those less physically able in their communities.⁶ Concern adopted a model used by CARE in Sierra Leone. The approach is powerful as a means of encouraging and engaging communities to save and support each other. Especially in a humanitarian setting where hand outs are more common it was all the more remarkable to hear from communities how much they valued the 'box' (as the VSLA is known amongst beneficiaries in Sierra Leone – see photo above of the Rothuk village cash box).

VSLAs have served as a catalyst for communities to be able to save modest amounts of money on a regular basis and take loans from these savings, thereby avoiding the need to take out expensive commercial loans.

i) Selection

40 groups of 30 members per group have been formed. In some cases it seems that Concern chose the group members and in other cases the community chose, or there was a ballot.

ii) Training

An intensive phase at the beginning of the intervention involved the whole group developing a constitution and choosing the Executive Committee (Chairperson, Record Keeper, Box Keeper, Money counters etc). A 1 day training was focused on the Executive Team and an additional 1 day training focused on teaching the Record Keeper how to be a Village Agent.

The original plan envisaged that "groups would receive initial or refresher training on basic literacy, numeracy and bookkeeping". The field team clarified that the focus of this literacy and numeracy training was just the Record Keepers, however this seems like a lost opportunity to train the wider group, especially given the high levels of illiteracy, especially amongst women.

Recommendation 4. Concern should use the opportunity of VSLA groups gathering on a weekly basis to undertake some basic literacy and numeracy training with all the members.

iii) Model guidance

As part of the initial orientation to VSLAs, Concern staff suggested to the groups that their Social Fund should be 500 Leones per week and that each 'share' saved should be 1,000 Leones per week up to a maximum of 5 'shares' per week. However the model allows groups to write their own constitution and determine their own savings amounts. Of the groups visited, the range of weekly Social Fund payments was between 500 – 1,000 Leones and weekly Shares were mostly 1,000 - 2,000, although one group was 5,000 and another group 10,000.

iv) Monitoring processes

The current monitoring process is manually quite heavy, involving written returns from every group collected by the M&E Officer on a monthly basis and entered into a database. Concern are considering issuing mobile phones to Record Keepers so that they can provide verbal updates, however a more efficient approach used by other NGOs in Africa and Asia involves the use of a smart phone app.

⁶ Taken from 2016 FIM Strategy document

Recommendation 5 - Web based monitoring tools should be considered for VSLA's to increase the speed and efficiency of monitoring.

v) Impact

The VSLA's were widely appreciated by communities visited. In the 'most significant change' exercise undertaken in Mafullatha & Gaidama villages, VSLA's came top of the list.

Ya umu Thollay from Kamathor village said *"now we can access loans to pay school fees and I also started a small business with a loan selling slippers."* This was particularly positive, because rather than receiving start-up capital from Concern she was simply able to realise the capital from the group savings.

"During this time of year (the lean season) we often go to bed hungry, but we are now able to buy food, thanks to the box" Villager from Gaidama VSLA



PHOTO: Ya umu Thollay participating in FGD, July 2016 © R.Schofield

In addition, a couple of respondents mentioned the unity that the VSLA encouraged in the community, such as the Kamathor VSLA Record Keeper who said *"The 'box' draws us together and makes us more united as a community."*

It was also noted by many respondents that prior to the VSLA's, the alternative was an expensive commercial loan.

vi) Sustainability and Exit

There is a high demand for more VSLAs, with many groups reporting that others in the community wished to start groups as well as neighbouring communities, which is positive, but there is a risk that new VSLAs will be spontaneously created without proper training and oversight.

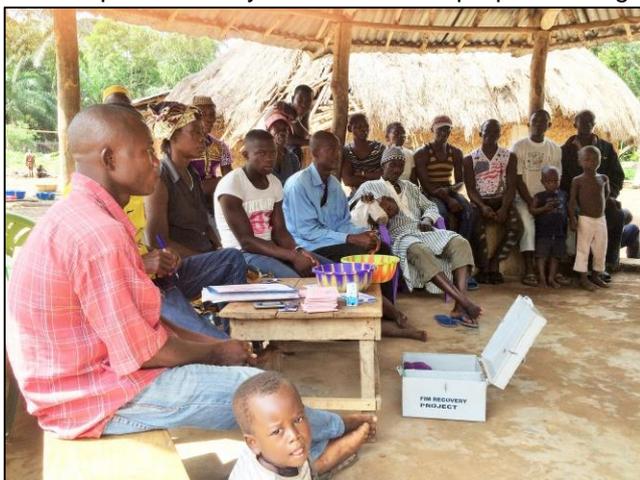


PHOTO: Rothuk village FGD with VSLA Group, July 2016 © R.Schofield

As part of the exit plan there is an intention to link VSLAs into Microfinance Institutions as part of Concern's phase out, however there seems to be uncertainty amongst some communities (Massessebeh in particular) about the practicalities of how this will happen. Concern's intention is to consolidate all their VLSAs over the next few months.

Concern visibility is evident with the logo on the VSLA box, however it may be worth reviewing this approach in order to encourage a sense that the VSLA is the communities savings scheme rather than Concern's.

Recommendation 6 - The initiative to link VSLAs into Microfinance Institutions should be accelerated, to mitigate the risk of groups facing no support beyond DEC funding at end of Oct.

b) BUSINESS GROUPS

18 groups have been formed of 10 members per group. They have received training in business principles, start-up capital of 500K Leones and the groups meet monthly to support each other. The Business Groups have enabled a significant number of people who had seriously depleted assets to re-start their small businesses as well as increasing their knowledge about business.

i) Selection

The main criteria for selection seemed to be Ebola affected and those with previous business experience.

ii) Inputs

Training in business principles was appreciated by Business Group members. It was helpful that the training took place in local training centres so that participants did not have too far to travel. The two day trainings in Jan 2016 covered subjects such as; how to manage expenditure, how to preserve capital, customer service etc.

Start-up capital of 500,000 Leones per person (approx. €81 Euro/£68 GBP) was distributed in Feb 2015 after each member submitted a business plan. A range of businesses were started mostly around petty trade.

iii) Impact

Ebola survivors often had seriously depleted assets after quarantine as items in the household were destroyed as part of the infection control.

A Business Group member from Matatoka village said *“Ebola destroyed my capital, but now thanks to the start-up grant and being able to trade again, I’m able to attend to medical bills.”*



PHOTO: Fatmata Sesay & Hawa Sesay from Makera Konta village, displaying their business wares. July 2016. © Robert Schofield

Fatmata Sesay & Hawa Sesay in Makera Konta village showed the Consultant the clothes and food items they were selling as part of their Concern supported business – see photos above.

There was a good example of integration between the different elements of the programme, with a Business Group member in Makera Konta village mentioning that they were saving their profits through the VSLA group.

iv) Issues

Three of the respondents mentioned they were buying and selling cigarettes or tobacco with their start-up capital. Concern staff made clear that the buying and selling of alcohol was forbidden, however there did not seem to be a similar restriction for tobacco products. Particularly for an agency involved in health programming and health promotion there is a question about the ethics of supporting the sale of tobacco.

Recommendation 7 – Restricted items that Business Groups cannot trade should be reviewed with a view to including tobacco in this category.

c) FARMERS GROUPS

Given that most of the communities in Tonkolili are farmers, this activity was regarded as highly appropriate. 40 groups of up to 50 members per group have been formed. They received a two day

training on improved farming practice in Nov/Dec 2015 and Jan 2016, followed by a distribution of seeds and tools in early 2016. The aim was to support communities that were not able to harvest their crops during the Ebola outbreak with seed inputs to ensure their capacity to undertake farming activities.

As a result of the Farmers Groups, it was evident that Ebola affected communities have increased knowledge about good farming practices. Seeds and tools distributions have contributed to improved household level food security.

i) Selection

Those directly affected by Ebola were prioritised for inclusion in Farmers Groups. In addition where whole villages had been quarantined, they received an additional allocation of seed rice (9 out of the 40 farmers groups).

ii) Training

The FGD participants from Matotoko and Mayepoh villages were able to recall a number of learnings from the trainings such as; site selection to get the highest yield, irrigation techniques, time of planting, how to make manure, how to control grasshoppers, how to prepare a nursery etc.

An additional training took place at the end of June on seed management and pest management, but only a selection of participants from each group attended, due apparently to budget constraints, with an expectation that these individuals would roll out the training to other group members.

iii) Impact

Groups were generally very happy with the quality of the seeds distributed, the seeds regarded as most useful were those which are the staple crops; rice, maize and groundnuts.



All the tools were appreciated and the Consultant verified the presence of the tools with two groups in Mayepoh (photo on right) and Matotoko (photo on left). One group felt the pick axe was too heavy. The tyre on one of the wheelbarrows was punctured and already seriously perished – it may therefore be worth considering using tubeless tyres in future distributions.

It was good to verify that groups had been given a hard copy of the seeds and tools distribution list by Concern during the distribution in January 2016.



PHOTO: Matotoko Farmers Group, July 2016 © R.Schofield PHOTO: Mayepoh Farmers Group chairman, July 2016. © R.Schofield

“Now we know how to grow vegetables, before we were buying vegetables, but now we are growing enough for our family and selling the rest”

Matotoko Farmers Group member

An additional benefit of the Farmers Groups was that the groups promoted unity in the community, especially since this community spirit had been undermined by Ebola.

The seed rice was the most disappointing aspect of the Farmers Groups. It was distributed in July which was late and as a result of flooding and pest damage the yield was very low.

Several groups realised the importance of holding some seed back in reserve, however they admitted that they had not practiced what they learnt.

d) YOUTH TRAINING

93 students are half way through a 4 month training in; Building and Construction, Carpentry, Tailoring, Automechanics and Catering at a vocational training school in Makeni (SLOIC), with an additional 7

students at a separate hairdressing school. Concern pays 600K Leones per student and gives a stipend of 100K Leones per student per month to cover living costs. In addition each student will receive a start-up kit when they graduate.

The vocational training is supporting 100 individuals to learn a skill which will enable them to provide for themselves and their families in future.

i) Selection of students

The definition of youth seems to have been stretched, in that most of the students in the FGD were mid to late 20s and 2 students were in their 30s.

The criteria for selection included individuals from Ebola affected communities, a willingness to learn and those with the means to pay for accommodation, since the stipend was not sufficient to cover all the living costs.

ii) Selection of courses

Students themselves were consulted on which vocational course they would like to take and then offered advice from the school on their choices. There was one encouraging example of constructive advice from the school, with a female student who planned to study catering and then decided to switch to electrical engineering as electricity had recently come to her village.



PHOTO: Rev John Bangora, Principal, SLOIC. July 2016. © Robert Schofield

iii) Quality of training

Students reported that they were generally happy with the training, the teaching materials and the teachers. There was some discussion in the FGD about whether there was sufficient availability of tools and materials. The impact of the training will certainly be enhanced by the planned distribution of a vocational start-up kit at the end of the course e.g. Tailors are due to receive a standing machine, thread, scissors etc.

iv) Issues

The length of the course at only 4 months is shorter than the usual 12 month training programme offered by SLOIC and both the students and the Principal felt that 4 months was not long enough to learn a significant skill, particularly in an area such as mechanics. The school emphasised that the Certificates will be accredited by the Ministry of Education, but that the Ministry had made clear to the school that they would not make this kind of exception again. The shorter timeframe and the reduction of beneficiary numbers from 200 to 100 was due to budgetary constraints, however these cost issues should have been clarified during the proposal writing/planning stage.

A question was raised by a couple of respondents as to whether vocational training was a 'core competence' for Concern, since they have not previously been involved with intensive vocational training. Nevertheless it did seem to be a positive way to build the capacity of Ebola survivors and communities

Recommendation 8 - If Concern plan to support vocational training again, they should be realistic about the cost and anticipate offering students a full 12 month course.

6. FINDINGS & RECOMMENDATIONS AGAINST KEY CRITERIA

6.1 APPROPRIATENESS & RELEVANCE

The DEC funded programme was part of a much wider Concern Ebola response programme addressing a range of critical needs. Concern recognised that there was understandably a strong national focus on Health and Education sectors in the recovery phase. As a result there were a number of gaps in SDB's, food security and livelihoods, which Concern sought to address through their DEC funded programme.

The Phase 1 activities took Concern out of their usual 'comfort zone' given that very few agencies had recent experience of major disease outbreaks – and they recognised that Ebola was a new type of emergency for the organisation. A number of informants especially commended Concern for embracing and adding value in the area of Safe & Dignified Burials.

DEC did not require a baseline survey for the programme, however it is good practice to assess needs before starting a new intervention, in order that there is some means to measure and assess progress. A FIM Recovery Project Needs Assessment was published in Oct 2015, identifying the need for more Farmers Groups, support to Business and VSLA's. It is understood that the mapping for this assessment took place in June 2015.

Broadly speaking, the Ebola Response Programme was seen to be in line with local needs and priorities.

6.2 EFFECTIVENESS

i) Achievement of Programme Purpose and Outcomes

The overall Programme Goal was 'to break the transmission, and, mitigate the effects of Ebola in Sierra Leone. Through support to Ebola patients, Ebola survivors and Ebola front line responders by promoting recovery and resilience. This strategy is achieved through three key interventions; water and sanitation; provision of food and non-food items' and psychosocial counselling.'

Details on how each of the programme interventions contributed to the programme goal are elaborated in Section 5.

Programme outcomes are listed in the relevant sectors above. All have been achieved and in some cases exceeded, or are on track to be achieved by the end of the programme in Oct 2016.

VSLAs and Farmers Groups seemed to be the most effective in terms of strengthening communities to withstand future shocks. WASH activities were less effective particular in terms of sustainability.

ii) Changes in outputs

Concern have kept the DEC fully informed of programme progress and changes to outputs. The 2 outputs that have not been fully achieved are as follows:

- Phase 1 – Water supply was planned at 5 facilities, but it was only possible to implement in 4 facilities.
- Phase 2 - Number of 'youth' receiving vocational training was reduced from 200 to 100.

iii) Numbers of unique beneficiaries

Most of the beneficiaries received multiple inputs under the DEC funded programme, so it is not straightforward to establish the total number of unique beneficiaries. e.g quarantined households were also members of Farmers Groups and members of VSLAs, Business Group members were also members of VSLAs.

6.3 EFFICIENCY

i) On time

All the planned activities are likely to complete on time, however some outputs could have commenced earlier to allow for full completion. For example, only 100 out of 200 'youth' were enrolled in the vocational training, which is only lasting 4 months rather than the recommended 12 months.

Some of the livelihoods recovery activities could have been scheduled to start earlier to allow for a longer implementation period, particularly VSLA's, none of which will have completed a full year cycle by the end of the DEC funded programme in Oct 2016 and seed rice distribution which was noted earlier to have been distributed later than the usual planting period.

ii) On budget

Phase 1 had an overspend of £16,924 on the original budget of £210,046, which meant the total spend was £226,970.

Phase 2 total budget is £506,014 – however with only four months of the programme to run, according to the June 2016 financial report there is still £205,054 to spend (over 40% of the total budget). According to the in-country team there are a number of explanations for this underspend:

- Some expenditure has already been incurred but is not yet booked.
- There have been some challenges with timely provision of management accounts to Project Managers, in order to be able to effectively manage expenditure.
- The Leone has depreciated considerably against foreign currencies over the course of the programme (currently £1 = 7,229 Leone. When the programme started in Oct 2014 it was £1 to 6,906 Leone and in Mar 2015 it was £1 to 5,635 Leone, which means that the original budgeted amounts have fluctuated, particularly affecting National staff salaries and procurement of local supplies.

There are a number of options to support additional activities, should it turn out there is a significant underspend.

Recommendation 9 - Expenditure to date should be carefully checked and plans rapidly finalised for any additional spend to ensure that all DEC funds are fully utilised by end Oct 2016.

Fraud

A fraud was reported in the DEC Report 4, which affected around £5K of DEC expenditure, related to procurement practices not being properly followed. Following an investigation the team established that programme participants received the correct inputs but there was insufficient transparency in the procurement process. According to the Country Director, systems have been strengthened to avoid this situation occurring again.

6.4 IMPACT

The Ebola Response Programme has made a significant difference to Ebola affected individuals and communities in Freetown and Tonkolili District. Detailed examples of impact are provided in Section 5.

- Quarantined households were sustained through a difficult period of enforced quarantine.
- Recovery food was highly appreciated, especially for households whose assets had been depleted by Ebola.
- WASH facilities helped PHUs with Infection Protection & Control and either replaced or newly built good quality latrines and showers.
- Burial workers have changed their behaviour and attitude as a result of the PSS training and were supported to reintegrate into their communities.
- VSLAs have catalysed many communities to be able to save and take loans, as well as avoiding the need to take out commercial loans.
- Farmers Groups have increased knowledge about good farming practices. Seeds and tools distributions have contributed to improved household level food security.
- Business Groups have enabled a number of individuals to re-start their small businesses and increased their knowledge about business.
- Youth vocational training has supported 100 individuals to learn a vocation.

6.5 CONNECTEDNESS & SUSTAINABILITY

Longer term coping mechanisms have certainly been enhanced by the Ebola Response Programme, particularly in terms of improved farming techniques and community capacity to save and loan.

The field team have made exit plans for the various elements of the programme, some of which will require more intensive effort over the coming months, particularly linking VSLAs into MicroFinance Institutions and linking ongoing elements of the programme into new funding streams.

The team were in the midst of developing a Concept Note for a wider 5 year Education & Health Integrated Programme from 2017, to include communities severely affected by Ebola. If this funding is successful it will have a significant impact on the sustainability of the DEC Recovery activities.

6.6 COVERAGE

i) Programme Location

Concern built on their existing presence in Freetown and Tonkolili and coordinated carefully with MOHS and MAFFS and others to establish where they should operate their Ebola Response.

ii) Beneficiary Selection Process

Overall, the beneficiary selection process seemed to be fair, robust and transparent. With a variety of methods used including community meetings, balloting and establishing clear criteria to guide who should be selected for which activities.

6.7 COORDINATION

i) Internal Coordination

Programmes seemed to be effectively managed and coordinated internally, with regular coordination reported between Concern Sierra Leone, Concern Dublin and Concern UK who were the liaison point with the DEC.

During the acute phase of the Ebola response, there were weekly joint calls between Concern SMT, Country Directors in Sierra Leone and Liberia and the Regional Director, which were regarded as useful. A couple of examples of sharing were that protocols on the protection of staff were shared between the teams and a staff member from Sierra Leone travelled to Liberia to help develop their programme. Nevertheless Concern HQ recognised that country teams tend to work in silos and more could be done on sharing between country programmes.

ii) External Coordination

Concern Worldwide were reported to have coordinated well with other NGOs, with the Pillar coordination system, with the Ministry of Health & Sanitation and the District Health Management Teams (formerly the District Ebola Response Committee), with the military in Tonkolili concerning quarantined households (see photo on the right of Captain Simbo, RSLAF who was responsible for quarantine in Tonkolili) and with MAFFS on food distributions and Farming Groups.

Coordination of such a major disease outbreak, with so many International and National actors was a challenge. Dr Silla (Director of MOHS) mentioned that coordination was weaker in the Provinces, although this comment was not targeted at Concern.



PHOTO: Captain Simbo, RSLAF, was responsible for quarantine in Tonkolili. July 2016. © R.Schofield

It was particularly positive that Concern worked through a number of consortia including the Ebola Response Consortium of 10 INGOs and the Freetown WASH Consortium. Beyond the DEC programme Concern was in the Education Consortium and the Protection Consortium for their CAPE Project.

Concern UK were reported to have good connections with DFID and the UK Government who were actively engaged in the Ebola response.

6.8 CROSS CUTTING ISSUES

i) Programme Participant Protection Policy (P4) & Concern Code of Conduct

Concern have developed a comprehensive policy related to protection of affected communities from abuse and exploitation, as well as a detailed Code of Conduct for staff which includes clarifications of the terminology used. However the policy documents are lengthy at 16 pages and there is considerable overlap between the P4 and the Code of Conduct. Having said that, a number of approaches have been taken to simplify the messaging, such as producing a highly professional video in local languages.

The HR team and Senior Managers were reported to actively promote the P4 and CRM, however whilst some staff and communities had been well oriented and had good recall of the policies and procedures,

many others had limited or no knowledge of the details of the policy e.g. most of the communities consulted in Tonkolili, students in SLOIC and some of the burial workers.

CAPS indicated that the P4 was included as an addendum to their contract for services with Concern and they were aware of the importance of the P4.

ii) Beneficiary accountability and complaints handling

Concern have embedded the HAP benchmarks into their processes relating to participation, information sharing and feedback mechanisms. An example of good practice was a Case Study on accountability during the Ebola Emergency, written by the Learning Officer.

Concern Sierra Leone capture complaints through a clearly defined Complaint Response Mechanism (CRM), which provides programme participants with the opportunity to submit complaints about Concern's work and the behaviour of staff or partners. Complainants are encouraged to visit the Concern office or call the CRM phone line. Twelve complaint boxes were removed following feedback during community consultation meetings that the boxes were not a suitable channel for beneficiaries to lodge a complaint, although field staff in Tonkolili mentioned that they are planning to reinstate the suggestions boxes and in Mafullatha village during the FGD, the suggestion box was mentioned as their means to complain.

A summary of complaints received in 2015 was seen by the Consultant and demonstrates that complaints that have been captured in the system are being taken seriously and actioned.

Some of the burial workers had received comprehensive training in the P4 and CRM but not all (the first batch of 10 teams inherited from the MOHS did not receive comprehensive training and when prompted during the FGD were not aware of a formal complaints system – nevertheless they did mention that they were able to raise complaints through the Concern Supervisor and even directly to the Country Director).

The previous Accountability Advisor left the team in June 2015 and his replacement did not start until May 2016. During the gap, the CRM was managed by the Learning Officer, however there was recognition that the limited capacity had an impact particularly in terms of community sensitisation on P4 and CRM.

A number of strong training materials have been developed to promote the P4 and CRM as follows:

- 12 min video explaining accountability in Kreo
- 5 min video drama to explain abuse and sexual exploitation, to promote the CRM in local languages.
- CRM leaflet
- P4 leaflet with simple pictures to explain – and a poster version for training
- Powerpoint for staff orientation as well as a quiz to test knowledge
- Radio announcements about the Concern CRM (Massesebeh villagers had mentioned hearing on the radio that they should report to the Magbaraka office if they had any complaints).

Informal feedback/complaints are not currently captured by the CRM (such as the Burial Workers complaints about the food). The system relies on Managers elevating issues to the Accountability Officer or a direct complaint being made via the phone lines. It may be worth considering additional mechanisms for capturing informal feedback, such as through the monthly narrative reports.

Some staff seem to be relying on the Accountability Officer or Learning Officer to do the training and sensitise communities on P4 and CRM, however this is unrealistic given the number of communities Concern works with and the volume of staff. All staff with line management responsibilities and those working directly the community need to feel a sense of personal responsibility to actively promote the P4 and CRM themselves. The tools and materials and systems are in place, however these are not being consistently applied.

The Regional Director mentioned that some additional support had been offered by HAP at the beginning of the crisis, which he recognised in hindsight may have been valuable – although having said that when the offer was made Concern had a strong Accountability Advisor in post and the subsequent need was more of an issue mid 2015 to mid 2016.

Recommendation 10 - Further efforts should be made to ensure training on the P4 and CRM is rolled out consistently across all staff, contractors and beneficiaries in order to improve awareness and application of the policies. As part of the training, all staff should be encouraged to feel a sense of responsibility for promoting the policies.

iii) Core Humanitarian Standard (CHS)

The CHS is a collaboration between HAP International, People In Aid and the Sphere Project, that brings together and replaces the core standards these organisations developed. The CHS launched in December 2014.

Concern were formerly certified by HAP International and have clearly made considerable efforts to put robust accountability systems and procedures in place – see above for more details on information sharing, participation and handling of complaints (CHS Commitments #4 & #5). Concern Worldwide are currently seeking CHS certification.

iv) Sphere standard compliance

According to the Country Director, the team try to overachieve on Sphere minimum standards, whilst recognising the challenge of doing this in some quarantine sites and slum areas, where so many people were sharing limited numbers of latrines and water points.

The WASH Manager was aware of relevant standards:

- Even though the Sphere standard is 40-60 litres of water per day per patient in clinics, the team were following a local standard of 120 litres of water per day per patient in Holding Centres.
- Toilets are appropriately designed, built and located so they can be used safely by all sections of the population, including children, older people, pregnant women. p107 of Sphere Manual.
- Separate, internally lockable toilets for women and men are available in public places such as...health centres p108 of Sphere Manual.

The relevant Sphere standards for Safe & Dignified Burials were being followed:

- Bodies should not be disposed of unceremoniously in mass graves. People should have the opportunity to identify their family members and to conduct culturally appropriate funerals.
- The personnel assigned to handle healthcare waste should be properly trained and should wear protective equipment. p.300 of Sphere Manual.

In addition, Concern was careful to follow the guidelines and Standard Operating Procedures issued by the relevant coordination Pillars, such as the Burial Pillar guidance on wearing PPE, spraying bodies with chlorine etc.

v) IFRC Code of Conduct

A full assessment of Concern's programme against the ten IFRC Code of Conduct principles⁷ was not realistic as part of the evaluation, however as far as the Consultant could ascertain from the discussions with stakeholders, Concern teams are respecting the principles.

Impartiality and independence are key humanitarian principles that can be challenging to uphold in a context where NGO's are regarded by some as the service delivery arm of government. Concern took on the management of Burial Team workers from the MOHS as well as working closely with MAFFS to implement Farmers Groups activities. In recent months, the Government of Sierra Leone has insisted on Service Level Agreements with implementing NGO partners in the health sector and this is likely to follow in the agriculture and education sectors. As a result it is important for Concern to continue to maintain the balance between working under the authority of the government whilst asserting its identity as a non-governmental, independent, impartial organisation.

vi) Other Cross Cutting issues

Gender – Concern were conscious of the need to include women in the Burial Teams, not least that bodies were often naked and some families wanted a female Burial Worker to handle the corpse. Dr Silla (Director of MOHS) commended Concern for ensuring there was at least one woman on each team.

Disability - Concern are well aware of inclusion issues.

HIV - Concern implemented a support programme for people living with HIV as part of their wider Ebola response, funded by Irish Aid.

⁷ <http://www.ifrc.org/en/publications-and-reports/code-of-conduct/>

vii) Staff welfare

Concern ensured its Duty of Care to staff and Contractors during the Ebola response. A Risk Assessment was undertaken for key areas of programme activities e.g. collection of dead bodies, finance team paying burial workers etc.

A 'Health Management Plan' was developed for National and International staff, with comprehensive protocols developed to avoid infection in the first place as well as plans for how to manage suspected cases of Ebola in the staff team.

Personal Protective Equipment (PPE) was provided to front line staff.

Some staff and Senior Managers went above and beyond their professional responsibilities to support staff who were grieving or quarantined. This pastoral and practical support was particularly highlighted in a number of interviews and FGDs.

6.9 LEARNING

A number of internal learning reviews have taken place over the period of the Ebola Response as well as Concern hosting the DEC Ebola Response Review in Feb 2015. Learning was captured in a number of different ways both in-country, at HQ and through the DEC reporting system that prompts for learnings in each of the narrative reports. There seem to be strong M&E processes in place and in addition a Programme Quality Unit has been established as a separate team in Freetown to capture learning and promote quality.

According to Concern HQ they had considered a larger regional evaluation, but decided to do individual donor evaluations and collate the learnings themselves. However the Consultant thinks it could have been more efficient and effective to undertake a regional external evaluation funded by the main donors, to capture learning from both Sierra Leone and Liberia and across the full range of Ebola Response activities, drawing together all the key internal learnings.

i) Learning incorporated from previous programmes

Concern responded to a Cholera Outbreak in Sierra Leone in 2012 and learning from this response was applied to the Ebola response, particularly; key handwashing messaging, sensitisation with local community and youth and the need to recruit additional staff.

ii) Phase 2 learning incorporated from Phase 1

DEC Response Review – field visit Feb 2015

The DEC Response Review was conducted in Feb 2015, however the final report was not published until June 2015. One of the reasons for conducting the review was to support DEC Members in their planning for Phase 2 however given that the planning started at the beginning of 2015, it may have been more useful to conduct the review in Jan with the report being published in Feb 2015.

Recommendations from the DEC Response Review on supporting reintegration of burial workers and focusing on resilience and livelihoods were already factored into Concern's Phase 2 plans. The recommendation on medical clearance for volunteers/medical workers was challenged by Concern in that they felt there was potential for such medical certificates to be misused.

iii) Wider Learning for Concern Worldwide

Concern Dublin undertook an Internal Learning meeting on the regional Ebola Emergency Response programme on 21 Jan 2015 with input from both Sierra Leone and Liberia teams. (Renee Zandvliet was involved from the Sierra Leone team). A summary of the key points from this learning document supplemented by discussions with the Regional Director and Country Director are as follows:

o Protection and support to Concern staff

A variety of trainings were developed to protect staff as well as contingency plans with indicators for moving into different phases. These trainings, protocols and risk assessment tools are in Dublin and available for other teams in the event of a major disease outbreak in another country programme.

o Be braver, sooner, to ramp up for atypical emergency responses

Strategic discussions about Concerns response did not happen early enough, according to the Regional Director. In future, the HQ Crisis Management Group/team at SMT level will be established as soon as

possible to provide the overall leadership and ensure the key programming and other decisions are made effectively and timely.

○ Develop surge capacity

The Ebola response coincided with significant organisational stretch in South Sudan, Syria and CAR and the closure of the Concern Philippines programme. HQ reported that they were aware of the gaps in Sierra Leone but had limited capacity to respond, since there were insufficient people in the surge team. A number of measures are being planned to address this, such as; reactivating the Rapid Deployment Unit at HQ, maintaining a database of ex Concern staff available for emergencies. Secondments of existing staff into emergency countries. Developing a standard list of key emergency staff to be deployed as soon as possible after onset of this type of emergency, without awaiting specific country requests.

○ Consolidate organisational preparation

Good contacts were developed during the Ebola response with Health Service Executive (NHS equivalent in Ireland) and other external bodies. The Senior Management Team at HQ will continue developing substantive relationships with HSE and the Irish Defence Forces for future emergencies. As well as boosting HQ level resources (Desk Officers, donor liaison, comms, HR, finance, technical etc) in the event of a major emergency response.

Staff risk issues such as protocols for evacuation of personnel and insurance cover should now be more straightforward.

In health emergencies, it has been recognised that a staff welfare focal point should be brought in sooner to countries, and act as a liaison person with the Crisis Management Group above.

○ Consolidate Learning

Concern have an intranet and a 'Knowledge Base' Database to capture and share learning. A Concern staff member pulled together key documents on Ebola for the Knowledge Base, such as Health & Safety protocols. 'Knowledge Matters' is an internal Concern document to capture learning and it was acknowledged that Concern HQ should invest some time to draft a Knowledge Matters for Ebola.

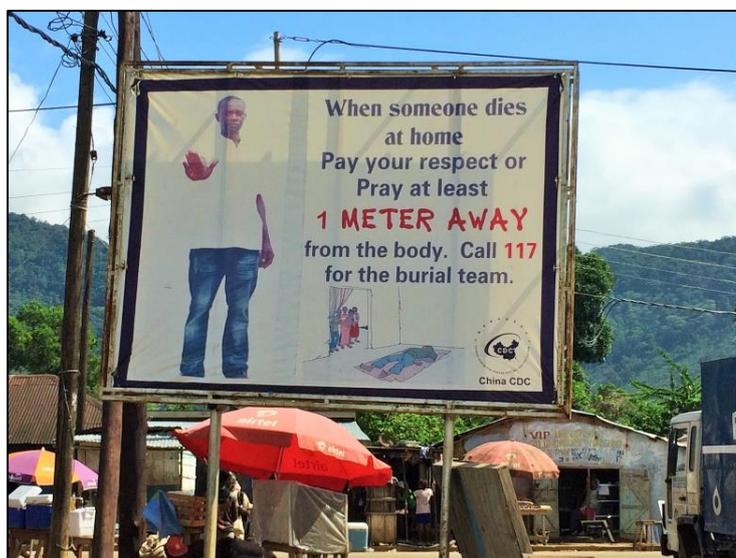
Recommendation 11 - Key learning on Ebola should be consolidated in a Knowledge Matters document.

○ Strategic consortiums

As part of strategic plan reviews and ongoing development of country programmes, build/strengthen further Concern's membership of strategic consortium in Liberia and Sierra Leone.

○ Priority for communications

Concern HQ suggested they should have put a communications person into Sierra Leone sooner because of the priority to have good communications from the outset. A communications person should be deployed at the early stages of an emergency and for a sufficient period to produce case studies, media briefings, videos, and to cultivate relationships with and manage journalists in country.



-END-