

C4D in Humanitarian Action



Sierra Leone mudslide response 2017

Using digital platforms to place affected populations at the heart of the response

A case study

BACKGROUND

In the Inter-Agency Standing Committee (IASC) formal commitments to Accountability to Affected Populations (CAAPs) it was acknowledged that "communication with, and inclusion of, crisis-affected populations in the design and provision of humanitarian assistance are integral parts of achieving strengthened accountability to affected populations."1 The case of UNICEF Sierra Leone's response to the flooding and mudslide of August 2017 is a clear example of how the social messaging platform U-Report can be a powerful tool to keep the voice of community members at the heart of the design, implementation and course correction of humanitarian response programmes. Sierra Leone remains among the world's poorest countries, ranking 179 out of 188 countries in the Human Development Index in 2016. In recent years, Sierra Leone has been dealing with the devastating impact of the 2014–2015 Ebola virus epidemic, which saw nearly 13,500 cases and almost 4,000 deaths. It was during this epidemic that UNICEF first set up U-Report – a free social messaging tool that is both an information delivery system as well as a platform for community engagement.

Flooding in Sierra Leone is commonplace during the annual rainy season. It occurs throughout the country with varying impacts. The primary cause of flooding is a combination of the tropical rains and blocked drainage in urban areas and major towns. This often impacts communities in riverine areas. Many of the large rivers have floodplains which are subject to seasonal flooding during the rainy season. There is also substantial evidence of coastal degradation caused by sand and aggregate stone mining, deforestation, unplanned urbanization, land grabbing and reclamation, as well as poor waste management. These activities create conditions for erosion, pollution of the marine environment, siltation leading to a rise in the sea level, the dislocation of boulders and rock falls.

It is against this background that the horrific mudslide and flood disaster occurred in Sierra Leone. Three days of heavy rains triggered flash floods and a massive landslide in and around the capital of Freetown on 14 August 2017. The most severe disaster occurred in Regent and Lumley districts with a 6 km mudslide submerging and wiping out over 300 houses along the banks of the Juba river. Flash floods also affected at least four other communities in other parts of Freetown.² Families lost their breadwinners, loved ones and friends. Over 1,500 households were seriously affected and over 500 children, women and men perished. The disaster left people deeply shocked and traumatized, and thousands homeless. The



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displaced were housed in temporary shelters and most of them were unable to return to their homes. In addition, concerns were mounting about a potential cholera outbreak in flood-affected areas.

14 AUGUST 2017

500 Lives lost

AFFECTED COMMUNITIES

REGENT KANINGO KAMAYAMA CULVERT JUBA DWARZARK



Unconditional humanitarian cash transfers direct support to affected persons



SEPTEMBER 2017 MARCH 2018

Cash transfer provided to 1,885 households

Source: UNICEF and UK AID from the British People, 'Mudslide and flood response cash transfer programme: Sierra Leone', Sierra Leone, June 2018.

¹ United Nations Children's Fund, 'Accountability to Affected Populations in UNICEF's humanitarian action: Good practice note, November 2013.

² ReliefWeb, 'Sierra Leone: Mudslides - Aug 2017', https://reliefweb.int/disaster/ms-2017-000109-sle, accessed 12 September 2018.

³ United Nations Children's Fund and UK AID from the British People, 'Mudslide and flood response cash transfer programme: Sierra Leone', Sierra Leone, June 2018.

The United Kingdom's Department for International Development (DFID), in response to the disaster, offered direct support to affected persons through the Humanitarian and Early Relief Cash Transfers. These unconditional cash transfers were intended to help affected households meet some of their immediate socio-economic needs as they recovered and stabilized, in Regent, Kaningo, Kamayama, Culvert, Juba and Dwarzak in the Western Area Urban District.³

The humanitarian cash transfers were undertaken by the local mobile company, ORANGE, using an existing mobile money cash transfer platform called ORANGE Mobile Money. The transfer was disbursed in four installments with all activities closely monitored by the National Commission for Social Action (NaCSA), the Anti-Corruption Commission, the Social Protection Secretariat, UNICEF and other partners.

To respond to the twin disaster, the Communication for Development (C4D) team collaborated with U-Report to support communication and behaviour change among affected communities to prevent a cholera outbreak and to support the beneficiaries of the cash transfer programme.

METHODOLOGY AND APPROACH

The main objective of the communication plan was twofold: first, for families and communities to practice preventive behaviours to avoid the outbreak of cholera and, second, to increase awareness amongst members of affected households and communities at large about the entitlements, purpose and disbursement mechanisms of the cash transfer.

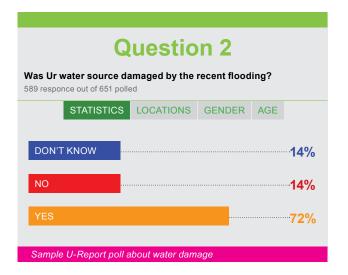
Timely data and communication through U-Report

Real-time data generated through U-Report and RapidPro systems were used to inform engagement practices and to monitor the targeted delivery of humanitarian aid.⁴

U-Report is a social platform created by UNICEF, available via SMS, Facebook and Twitter, where young people express their opinions and become positive agents of change in their communities.

It works by gathering opinions and information from young people on topics they care about, ranging from employment to discrimination and child marriage. U-Reporters respond to polls, report issues and support child rights. The data and insights are shared back with communities as well as with policy makers who make decisions that affect young people. RapidPro is a free, open source software that allows users to easily build and scale mobile-based applications from anywhere in the world.

Within 24 hours of the mudslide, U-Report started sending messages to people in the affected areas and gathered reports on their situation by polling their responses. For example, a U-Report poll conducted as part of the assessment and planning revealed that community water sources were damaged for 72 per cent of U-Reporters.



Another follow-up poll showed that some 51 per cent of 75,000 U-Reporters could not identify the signs of cholera; 67 per cent didn't know how to treat it and 62 per cent didn't know how to prevent it.

The use of these digital tools facilitated the prompt and timely delivery of daily social mobilization efforts. Transitioning from a paper-based version to an electronic-based process enabled quick assessments of the situation for updates to senior management and top government officials delivered during the daily emergency response meetings at the Office of National Security. This ensured that the National Communication and Social Mobilization Pillar (NCSMP) worked at the highest level of coordination possible with the authorities.

⁴ For more information on U-Report, visit <www.unicef.org/innovation/U-Report>, and for RapidPro, <www.unicef.org/innovation/rapidpro>.

The communication methodology used three overarching strategies of advocacy, social mobilization and communication for behaviour and social change to engage families and communities. It included the use of live television and radio programmes with phone-in opportunities, interpersonal communication and town hall meetings.

Rapid mobilization to counter possible cholera outbreaks and other hazards

With the potential threat of cholera, the NSMCP went into motion immediately to design a reactive communication plan. The Pillar is composed of numerous governmental and international non-governmental organizations. Revitalized during the response to the Ebola epidemic, with clear terms of reference, the group had an enhanced ability to mobilize resources: human, logistical and financial. UNICEF co-chaired the NSMCP and provided technical and financial support in the areas of communication and social mobilization. Other key

health as well as natural hazards. Other messages used in the community mobilization related to breastfeeding, handwashing, rain harvesting, the use of Oral Rehydration Salts (ORS) and aqua tabs, child protection, malaria prevention and psychosocial care.



To enhance behaviour and social change communication at the level of families and affected communities, community health workers (CHWs) – trusted community members working within the peripheral primary health care units – were mobilized and capacitated for door-to-door engagement.





Left: Display of an ORS banner during an orientation session. Right: A CHW giving a health talk in a community.

partners bringing in additional critical interventions include the World Health Organization (WHO), the German aid agency Deutche Gesellschaft fur Internationale Zusammenarbeit (GIZ), the international aid agency GOAL, Sierra Leone Red Cross and Save the Children, to name a few.

Ready-to-use Information Education and Communication (IEC) materials on flooding and cholera were quickly chiselled out from the UNICEF 2017 Emergency Message Guide. They contained simple preventive messages and suggestions for steps to take when confronted by some of the common hazards faced by Sierra Leone, related to

To enhance behaviour and social change communication at the level of families and affected communities, community health workers (CHWs) – trusted community members working within the peripheral primary health care units – were mobilized and capacitated for door-to-door engagement. Over 500 of them engaged directly with families and communities. An Emergency Message Guide was reviewed a week before the floods, and print-ready versions provided key preventive messages for floods and mudslides.

Messages were shared as hard and soft copies with both development partners and beneficiaries. They



were also distributed to members of the media to help guide radio discussion programmes. These formed the basis of the various orientation events C4D organized for key community stakeholders to update them on the situation while also encouraging them to take actions that protected the victims in their communities from further exploitation. Sessions were held with 500 community health workers; 150 local councillors, ward councillors and tribal heads; 300 teachers in affected areas; 150 drivers who were union members; other trade union members; okada and tricycle riders; 150 boat owners; street vendors and food handlers; and members of ataya base and Mother Support Groups.⁵

Another critical group mobilized to support the family and community engagement efforts comprised religious leaders. Sierra Leone is a country known for its high religious tolerance and religious leaders continue to have considerable influence over the population. At the time of the floods, UNICEF C4D had active Programme Cooperation Agreements with the Inter-Religious Council of Sierra Leone. Thus, it was easy to mobilize 80 religious leaders heading churches and mosques around the greater Freetown area to reach families through their platforms.

To ensure that messages were harmonized among these channels and actors, a special orientation was conducted for coordinators of all the NGOS operating in different sites, and head teachers of schools. The rationale for engaging school authorities was to ensure that hygiene and sanitation were prioritized in school settings and to ensure that schools with damaged sanitation facilities were enhanced prior to the start of classes. C4D worked closely with WASH in this endeavour to produce IEC materials for water chlorination and water harvesting.

Community engagement for successful cash transfers

The NSMCP also worked with the various committees to ensure the cash transfer messages were simplified and standardized to avoid any misunderstanding.

During the enrollment and distribution days, all the verified programme beneficiaries who had received a mobile phone and Subscriber Identity Module (SIM) card were registered for U-Report on their new phones, with the help of U-Report volunteers. In support of the Humanitarian and Early Recovery

⁵ An Ataya base is a place where young men usually gather to chat about current issues over cups of Chinese green tea. A mother support group (MSG) is a community platform for parents, normally 15 members or above in number. Each MSG includes three men; the rest are women. Their role is to advise young mothers on infant and young child feeding especially on exclusive breast feeding for infants below 6 months and also on the use of locally available rich family foods to children aged 6–24 months. They also encourage parents and caregivers to create backyard gardens to easily access fresh vegetables.

Cash Transfers to mudslide and flood victims, U-Report was used to assess both programme operations and impact and also to serve as an information tool for beneficiaries.⁶ It is worth noting that U-Reports were the most common source of information about the cash transfers (see figure).

The involvement of community members to identify affected households during the registration was generally appreciated as a means to minimize corruption in the process. The programme's Grievance Redress Mechanism also played a critical role in this regard through the management of complaints and improved the confidence of the beneficiaries in the process.⁷

In the area of monitoring and evaluation, tools were developed to provide daily information on the number of families engaged, their areas of concern, and issues related to the delivery of services. At the end of each day, quantitative details were submitted through both U-Report and RapidPro, providing good data for analysis that informed social mobilization, WASH and Nutrition sector actions.

RESULTS

Within 24 hours of the event, the Sierra Leone Country Office (CO) was in direct communication with affected communities about their water supply and general conditions, all through U-Report. There was no other way to collect this data at the time. The planned response was to truck in water supplies; however, an initial U-Report poll showed that while 72 per cent of respondents in the communities had had their water supply disrupted, only a minority could receive trucked water, in large part due to inaccessibility. This information generated through U-Report and RapidPro led to informed course correction on planned interventions. The WASH team, for the first time in an emergency, distributed water-harvesting kits and worked with local youth to build and put up the kits. At the time of documentation, six weeks after the disaster, about 3,000 households had been reached through this method.

SOURCES OF INFORMATION

The most common sources of information about the cash transfer were



2

3



U-Reports

64%

Town hall meeting 38%

Focus group discussions

21%

19%



84% of respondents received U-reports

92% of these respondent rated them very or extremely useful



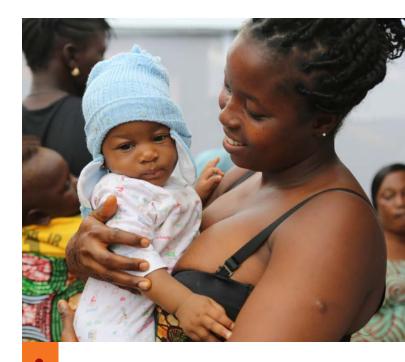
60% of respondents were aware of the availabity of **ACC/GRM help desks** within their communities

78% of these respondents considered them effective or somewhat effective

⁶ Ibid.

⁷ Ibid.

- Within four days of the landslide occurring, UNICEF Sierra Leone's C4D, Technology for Development (T4D) and Nutrition teams worked together to mobilize and train 300 CHWs and their peer supervisors to submit data daily via their mobile phones. This data was used to inform the emergency response. For example, the reports included malnutrition measurements of children screened. Over 1,000 cases of malnutrition were identified as a direct result of this data collection and 961 children were treated. The data shared by UNICEF with the World Food Programme helped direct the distribution of therapeutic food to the most vulnerable children.
- No cholera outbreak followed the flooding and mudslide. This can be attributed to all these C4D communication and social mobilization efforts.
- By the end of the initial response, as indicated in the chart below, 78,628 household visits were conducted by community mobilizers. Of these, 39,412 mothers of under-five children were visited repeatedly and engaged, and 3,222 children were screened for various infections including 151 suspected cholera cases who were referred for further screening and medical advice.
- Detween September and March 2018, cash transfers were provided to 1,885 households in affected communities through NaCSA supported by UNICEF. The cash transfers had the desired outcome of helping the target households recover from the disaster, aiding them in accessing basic services and meeting basic needs. The cash transfers also enabled families to invest in longer-term recovery through investments in livelihoods, ultimately building their resilience to future shocks.



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Indicators	August	September	October	TOTAL
Households visited	19,833	56,337	2,458	78,628
Males visited	12,711	43,012	2,063	57,786
Under-five mothers visited	10,522	27,976	914	39,412
Community dialogue	1,711	4,279	106	6,096
Stakeholders engaged	1,424	5,415	151	6,990
Suspected cholera cases	6	129	16	151
Children screened	1,944	1,278	None	3,222

LESSONS LEARNT

- U-Report has proven to be highly useful in engaging directly with populations in an emergency aid situation. This is true for both purposes of providing information to affected populations as well as gathering information from them. The information generated through U-Report and RapidPro, in this case, led to informed course correction on planned interventions.
- The use of U-Report and RapidPro allowed for real-time data gathering for situational updates to senior management and top government officials. This ensured that the National Communication and Social Mobilization Pillar (NCSMP) worked at the highest level of coordination possible with the authorities.
- ▶ For U-Report messages to be effective, beneficiaries must be sensitized to the fact that their responsiveness can directly affect the quality of services provided. However, if development partners fail to take action on their complaints this can discredit or undermine U-Report. For example, a qualitative assessment found that the grievances of some beneficiaries were badly handled, leading to most of them stopping reporting such grievances. Investigations into complaints took a long time, directions were delayed and the solutions to complaints were not helpful to the beneficiaries.⁸
- UNICEF's Office of Emergency Programmes (EMOPS) has identified U-Report as having great potential to advance the Accountability to Affected Populations (AAP) agenda. Lessons learned from the Sierra Leone CO response have informed the EMOPS plan for Scalingup Accountability to Affected Populations in UNICEF, called Putting People at the Centre of Humanitarian Action.
- An offshoot of the 2017 disaster saw the creation of emergency focal points and committees in all 190 chiefdoms across the



- country. Focal points were trained using the Emergency Message Guide to identify and work on a plan to curb the occurrence of likely hazards in their localities.
- Although the response to the mudslide and flooding disaster has ended, C4D is now using this approach to tackle emergency, humanitarian and development work in Sierra Leone. Just before the onset of the rainy season in May 2018, C4D supported the Freetown City Council in conducting awareness-raising activities in 35 flood prone areas in the capital city. All 75 Ward Councillors in the Western Area were given an orientation of these activities and critical information about flood mitigation.

Acknowledgements:

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⁸ Ibid.