

## **Mission Report – Sierra Leone**

### **Technical Support for Social Mobilization – LLIN Distribution**

**Name of consultants: Gregory Pirio and Josephine Kamara**

**Mission dates: December 7-19, 2016**

**Location (s): Sierra Leone**

**Date of report: January 9, 2016**

**Subject of report: End of Mission Report for Technical Support to Sierra Leone**

---

#### **1. Objectives of the mission**

The objective as laid out in the original Terms of Reference (ToRs) are:

- To support the development of a plan of action, timeline of activities and budget for mass distribution of LLINs
- To support the development or modification of technical tools for campaign implementation, such as training guides, data collection forms, supervision and monitoring checklists, etc.
- To identify and address human resources needs and operational gaps
- To support the development of a logistics plan of action and relevant supporting documents regarding warehousing, transport and security of LLINs, budgeting, and overall supply chain management
- To support the development of a comprehensive communication plan
- To support the development of a monitoring and evaluation plan and identify critical operations research priorities
- To support planning of a continuous LLIN distribution system

#### **2. General overview of planned distribution**

Sierra Leone will be conducting a 2017 campaign tied to the bi-annual mother-child health weeks (MCHW). During this week, four-person teams will be engaged in door-to-door household visits; two members of the team will be administering vitamin A and albendazole to children under five years of age. The other two team members will be registration households and issuing vouchers for LLIN nets that are to be picked up at distribution points on the following day. The strategy is to hand out vouchers that are redeemable for one LLINs. A household is to receive one net for every two household members, with a maximum of 3 nets per household.

### **3. Campaign planning / implementation situation on arrival:**

- The NMCP had a draft communication plan of action, which needed to be reviewed and updated to align with the overall campaign plan and budget.
- A team of social mobilizers existed both at the national and district levels. Roles and responsibilities for committee members at various levels are defined.
- The NMCP, together with its partners, had in place IEC materials, which needed to be reviewed and updated.
- A list of key messages for the campaign, including jingles/PSAs, from previous campaigns were in place. They needed to be reviewed and updated.
- Other media materials (FAQ, Pre and post press releases, etc) to be reviewed or developed
- A preliminary communication budget was in place, but needed review and refinement
- The social mobilization team had anecdotal urban strategy for the campaign, but no written strategy for urban communication/social mobilization issues,
- There was no communication chronogram/draft timeline in place.

### **4. Mission roll out and main accomplishments**

- Shared the micro planning communication tools that will be used for the micro planning roll out with the point of contact for social mobilization at the NMCP
- Completed timeline/chronogram of communication/social mobilization activities
- Continued the revision of communication/social mobilization Plan of Action
- Completed a first set of revisions of campaign communication/social mobilization budget, adding several items
- Conducted a review of key technical and motivational messages and public service announcement for the campaign on the first day of a workshop sponsored by Catholic Relief Services. The workshop was dedicated to revising global malaria messaging for prevention and health seeking.
- Drafted generic press releases for campaign launch
- Debriefed the NMCP Program Manager, staff, and other malaria partners, campaign communication subcommittee members and Ministry of Health and Sanitation Health Promotion officials
- Developed a communications strategy for urban distribution, social mobilization, and crisis management
- Refer to annex documents, tools, guides and other supports developed during mission

## **5. Key challenges and recommendations**

The integrated campaign creates some special communication challenges. First, there are many messages to be delivered to the public at the same time. This defies one of the fundamentals of behaviour change communication, namely that messages be simple and with easy step-by-step instructions. Second, the emphasis on “Mothers and Little Kids” in the campaign promotional materials can be perceived as undermining the key messages of net use, that is, that everyone sleeps under a net, every night, all year long. It is recommended that in the next campaigns that the mother-child week be conducted separately from the “universal” net distribution campaign that should be clearly encouraging everyone – men, women and children of all ages to sleep under a net.

Another challenge was the fact that the recent Malaria Indicator Survey (MIS) findings, which have not been published yet, and other research materials were not available for use in developing messages. In the future, it would be important to have a research review early in the campaign planning, so that messaging and other aspects of communication strategy could be more evidence based. Otherwise, decisions are made largely on impressions and anecdotal information.

It would be also good to develop earlier a policy of old net repurposing and disposal so that the policy and its messaging is pretested to ensure the objectives and the policy are attainable and messages corrected if necessary.

It is also important to clearly create both a vision of what 80 percent use will mean for disrupting transmission in communities and a social norm that a good neighbour sleeps under a net in order to protect others in the community.

## **6. Next steps / Future planning**

- Start the communication planning cycle as early as the current campaign ends
- Plan future communication strategy with activities based on data from the current campaign
- Immediate or early release of communication and social mobilization funds to ensure early implementation of communication activities.

## **7. Conclusion**

### **List of key people met during mission / meetings attended**

- Dr. Juana Smith - PM NMCP/MoHS
- Dr. Adikali A. Kamara – Deputy PM NMCP/MoHS
- James King – HED/MoHS
- Banke Adetayo – Malaria Consortium
- James Houghton – Malaria Consortium
- Frederick Yamba - NMCP MoHS
- John Jeppah – NMCPMoHS
- Mohamed Jalloh – Focus 1000
- Baindu Kosia – Focus 1000
- Musa Sillah-Kanu - NMCP/MoHS
- Brenda Stafford -- NMCP/MoHS
- Nancy Mansaray – Catholic Relief Services
- Anitta Kamara – NMCP/MoHS Snr. Case Management Officer
- Gandi Jalloh – DHMT Western Area Urban
- Salieu Jalloh – UNICEF
- Thomas Ansumana – NMCP/MoHS M&E / Logistics Officer
- Olivier Byicza NK – MSH Representative, Sierra Leone
- Ngadi Lombi – NMCP/MoHS Admin Focal Point
- Ebrima Janjau – Catholic Relief Services
- Theresa M. Boma – NMCP/MoHS

### **List of Annexes**

Draft Timeline

Draft Communication Plan – to be finalized by country team

Revised FAQ