



# **Strengthening Community-Led Accountability to Improve Service Delivery in Sierra Leone (SABI):**

## **Contextual Analysis for the Gender Equality and Social Inclusion Strategy**

Version 1.1

Submitted by: **Social Development Direct**



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## Acronyms

CEFM	Child, early and forced marriage
CSO	Civil Society Organisation
DFID	UK Department for International Development
FGM/C	Female Genital Mutilation/Cutting
GESI	Gender Equality and Social Inclusion
GoSL	Government of Sierra Leone
IPs	Implementing Partners
LGBTI	Lesbian, Gay, Bi-Sexual, Transgender and Intersex
NGO	Non-Governmental Organisation
PWDs	People with Disabilities
WHO	World Health Organisation

## 1. Introduction

### 1.1 Purpose and overview of the document

The purpose of this contextual analysis is to better understand the context of Sierra Leone post-Ebola and to inform the development of the Gender Equality and Social Inclusion (GESI) strategy for the DFID-funded Strengthening Community-Led Accountability to Improve Service Delivery in Sierra Leone (SABI) programme (2016 – 2020); which supports work *with* and *by* communities for improved service delivery, as part of wider support to the Sierra Leonean Government’s post-Ebola Recovery Plan.

This contextual analysis of gender equality and social inclusion issues in Sierra Leone brings together a rapid literature review and information obtained from a number of key informant interviews with a range of organisations, including SABI consortium and implementing partners. A list of the organisations that were interviewed is included in Annex 1.

The key audiences for this internal document are the Programme Management Team (PMT) which includes all SABI consortium members (Restless Development, SDDirect<sup>1</sup>, BBC Media Action, Mango and Christian Aid), operational staff, SABI Implementing partners and DFID. It provides a small-scale political economy analysis of gender equality and social inclusion issues, endeavouring to not only act as a background document to the GESI strategy, which will be implemented from January 2017, but also to offer insights to keep in mind as the PMT makes decisions on selecting issues and ideas to be taken forward within the grants provided and among the partners.

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<sup>1</sup> SDDirect is a UK-based provider of innovative and expert social development assistance and research services, including on gender and social inclusion.

## 1.2 Glossary of terms

<b>Empowerment</b>	Empowerment is an expanding of opportunities and acquiring the power to make choices – in terms of what individuals who previously had less power can do and the range of options available to them. It is also about extending people’s imaginations about what they could do. Empowerment has economic, political and social dimensions. <sup>2</sup>
<b>Gender Equality</b>	Gender equality is the absence of discrimination on the basis of gender in opportunities, in the allocation of resources or benefits or in the access to services, such that all individuals can enjoy equal standards of well-being. It is the full and equal exercise by men and women, boys and girls of their human rights: in this situation, women, men, boys and girls have equal rights and equal access to socially and economically valued goods, resources, opportunities and benefits; the different gender roles are valued equally and do not constitute an obstacle to their well-being and finally; the fulfilment of their potential as responsible members of society is possible.
<b>Social Inclusion</b>	Social inclusion is the removal of institutional barriers and the enhancement of incentives to increase the access of diverse individuals and groups to development opportunities. These barriers may be formal (written laws on spousal property for instance), or they may be informal (e.g. time village girls spend carrying water instead of attending school). In short, social inclusion is about evening the playing field by making the ‘rules of the game’ more fair.
<b>Social Exclusion</b>	Social exclusion is a process by which certain groups are systematically disadvantaged (for example denied resources or recognition) because they are discriminated against on the basis of social characteristics. For example, ethnicity, race, religion, sexual orientation, HIV status, gender, age, disability, migrant status or where they live.

While the concepts of gender equality and social inclusion will be used as outlined above within the SABI programme and among consortium partners, slightly **different terminology will be used for implementation at the community level**. This is because consultations with stakeholders indicated that the way concepts of ‘gender equality’ and ‘social inclusion’ are interpreted in Western academic discourse are understood differently in Sierra Leone: notably, many respondents understood gender equality to mean ‘women’s empowerment’. Therefore, the focus will be on emphasising broader inclusion in the process i.e. recognising that *all citizens*, regardless of sex, age, class, etc. should be informed, consulted and involved in the programme to create improved accountability of services to all. This is explained in more detail in this document.

## 2. Gender equality, social inclusion and accountability in Sierra Leone

### 2.1 Key drivers of exclusion and inequality

**Gender disparity and exclusion in social, economic and political arenas continues to exist at all levels in Sierra Leone.** Discrimination is largely driven by deeply entrenched social norms embedded in both the socio-cultural structures and institutions that mediate access to services and realisation of rights, as well as a widespread acceptance of social exclusion and gender inequality as part and parcel of ‘how things are done’. There is not yet a broad critical consciousness nor national or institutional processes to tackle these.

<sup>2</sup> Chopra and Mueller (2016)

**Discrimination impacts on women, girls and other marginalised groups’ experience of ‘citizenship’ as well as their economic and political leverage**, reducing their ability to demand accountability, influence social, political and economic decision-making processes, receive legal protection, and access services to which they are entitled and of which they are frequently most in need. To understand weaknesses in accountability, it is vital to first comprehend how exclusion and discrimination against these groups is manifested in Sierra Leone – a complex undertaking, as such dynamics vary by context, for example according to age differentiation irrespective of sex. These dynamics are also greatly influenced by Sierra Leone’s history – such as the civil war and more recently, Ebola – which have contributed to a ‘chronic lack of trust’ in government (and sometimes aid agencies) and services, and have affected the national sense of unity and cohesion<sup>3</sup>.

Important factors influencing exclusion and discrimination include:

- **Sex:** Women are often the poorest, least educated and most marginalised in communities and hold the lowest paid livelihoods. Maternal mortality, teenage pregnancy, and sexual and gender-based violence (SGBV), are also of great concern<sup>4</sup>. It should be noted that key informants mentioned a risk of backlash from boys and men if these feared losing privileges due to an increasing sense of exclusion from women’s empowerment efforts which only talked about or targeted women.
- **Age:** Young people and children are often side-lined as Sierra Leone presents a ‘geritocracy’<sup>5</sup>. At the same time, elderly women and widows’ marginalisation increases over time, particularly as they face the possibility of losing all their assets or being ‘inherited’ (widow inheritance was on the decline before Ebola but has increased again). Further, the elderly may be unable to make the most of their assets, for example if they are less able to undertake farming on their land.
- **Disability:** People with Disabilities (PWDs) in Sierra Leone face a double or even triple exclusion: Existing infrastructure is often not physically accessible, and sensory impairments are rarely catered for, including within government services. PWDs also experience prevalent stigma in society and often live in poverty due to limited access to educational and economic opportunities while requiring more cost-intensive, specialised medical care and disability aids. They may be even more excluded if this overlaps with other identities which are commonly excluded (see diagram on next page).
- **Low levels of education and/or poverty** (it is estimated that 60% live below the national poverty line<sup>6</sup>), often resulting in lack of social status and influence, crucial connections and resources. Interest levels in politics increase with education and material security: according to a 2016 Afrobarometer study<sup>7</sup>, youth who are living with frequent deprivation are significantly less interested in public affairs than those who never lack basic necessities.
- **Rural/geographically remote populations**, who are often excluded from opportunities and access to services such as health and education due to distance, location and a lack of transportation<sup>8</sup>.

<sup>3</sup> Kandeh and Tejan-Sie (2016); Pieterse and Lodge (2015); The Economist (2014)

<sup>4</sup> Christian Aid (2013)

<sup>5</sup> A combination of a meritocracy and gerontocracy, where leaders tend to be significantly older than most of the population because they are seen to have more ‘merit’ by way of their experience and/or education level.

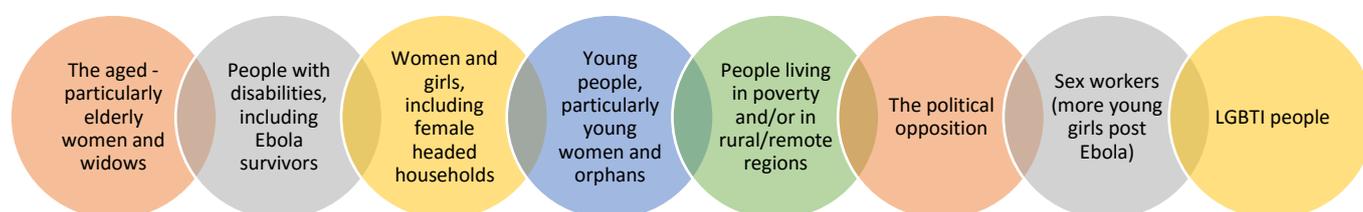
<sup>6</sup> UNDP Sierra Leone (2016)

<sup>7</sup> Lekalake and Gyimah-Boadi (2016)

<sup>8</sup> African Health Observatory (2014); Castillejo (2009); Restless Development (2012);

- **Regionality:** Geographic and social exclusion of rural populations are further compounded by political regionalism and patronage, which affects access to services and participation in decision-making mechanisms<sup>9</sup>. This will likely become more pertinent as upcoming elections move closer and may heighten tensions: a quarter of Sierra Leoneans fear political intimidation or violence ‘somewhat’ or ‘a lot’, and close to 40% fear this ‘a little bit’<sup>10</sup>. Similarly, during the early stages of Ebola, there were reported rumours that Ebola had been introduced by All People’s Congress (APC, current government) to kill Eastern Sierra Leoneans (who largely support the opposition party, Sierra Leone People’s Party, SLPP) to deplete this voter base ahead of a planned census with implications for the national elections<sup>11</sup>.

## 2.2 Who are the main excluded groups in Sierra Leone?



*NB: These groups are not an exhaustive list of those who face social exclusion in Sierra Leone. Further, this diagram emphasises overlaps between key excluded groups, rather than illustrating a spectrum of exclusion.*

Within a context where certain aspects of vulnerability are widespread across large parts of the population, particular groups of people are at even greater risk of exclusion due to their exposure to more than one ‘factor’ or ‘identity’. Excluded groups include (amongst others):

### ➤ **The Elderly**

Elderly people in Sierra Leone are very vulnerable and experience institutional and social exclusion, according to key informants. Often left in villages due to rural-urban migration, they may rely on food and financial remittances from their children or extended family, or for those who have little social or crucial financial support, many resort to begging – the proportion of older people, particularly when they live in households with young children, living in poverty is higher than the national average<sup>12</sup>. During the Ebola outbreak, the restrictions on movement of people and goods, and economic downturn more broadly disrupted available support; and older people often lost relatives who were supporting or caring for them<sup>13</sup>. They are also often excluded from (health) services (Sierra Leone offers free healthcare to pregnant women, lactating mothers and children under five years old, but has no similar provision for older people)<sup>14</sup>. Key informants outlined how there are few provisions for elderly people to get support, and development programming often disregards their specific needs.

<sup>9</sup> Coffey et al. (2014)

<sup>10</sup> Chingwete et al. (2014)

<sup>11</sup> Denney (2015)

<sup>12</sup> Ebola Response Anthropology Platform (2014) and Global Ageing (undated)

<sup>13</sup> *ibid*

<sup>14</sup> Harrison (2013)

➤ **People with disabilities (PWDs)**

People with disabilities make up an estimated 10% of the population (2011 figure)<sup>15</sup>, though estimates vary. In the 2011 Persons with Disability Act, disability is defined as “a physical, sensory, mental or other impairment which has a substantial long-term adverse effect on a person’s ability to carry out normal day-to-day activities”<sup>16</sup>. During the civil war, an estimated 27,000 Sierra Leoneans of all ages were disabled or have had limbs amputated<sup>17</sup>. More recently, the Ebola Virus outbreak left survivors with a range of physical impairments. The high burden of disability in Sierra Leone is compounded by a significant lack of accessibility and exclusion<sup>18</sup> in all areas of life (according to the social model of disability, it is the barriers for people with impairments that are ‘disabling’ rather than the impairments themselves,<sup>19</sup> as well as the chronically inadequate services to treat and manage debilitating health conditions<sup>20</sup>.

PWDs often live on the fringe, marginalised and ostracised by the wider community, in part due to the lack of educational and economic opportunities<sup>21</sup>. During the Ebola outbreak as fears spread, this vulnerable group was isolated even further – often dependent on others for mobility assistance or to communicate, they received less support from their immediate communities and family members, many of whom feared physical contact. Handicap International, in response to national prevention messaging not being inclusive, partnered with local and national disabled persons organisations – such as the Sierra Leone Association of the Blind – to develop and share prevention messaging adapted to the needs of PWDs and their families; such as Braille books and cassette tapes for those unable to read Braille<sup>22</sup>. During a crisis, vulnerable groups such as PWDs, become even more vulnerable and are often powerless.<sup>23</sup> Despite an increased drive to address stigma attached to the survivors, further work is needed to ensure that they are supported and integrated back into society.

It is estimated that many thousands of Sierra Leoneans need mental health treatment after surviving or losing loved ones to Ebola (over 3,500 people died over 18 months), helping the victims, or simply living through this traumatic time – the disease has “left behind a legacy of psychological suffering which is little discussed and under-supported”<sup>24</sup>. The country, with a population of 6 million, has only one elderly psychiatrist, 21 mental health nurses and one mental health hospital. After the end of the civil war in 2002, a survey found more than 12% of people were living with mental health disorders – actual figures were suspected to be much higher, since those with mental illness are often hidden by families or sent to traditional healers, or choose not to disclose their condition due to prevalent stigma<sup>25</sup>.

➤ **Women (and girls)**

Women and girls in Sierra Leone face a myriad of challenges and discriminatory norms and practices, while their disproportionate contributions in their ‘triple role’ (reproductive and productive work, and community management roles) often go unrecognised. Sierra Leone ranks 137 out of 146 on the Gender Equality Index and is a deeply patriarchal society. Just over one-third (34%) of women over

<sup>15</sup> ACAPS (2014); McLachlan and Swartz (2009)

<sup>16</sup> The Persons with Disability Act (2011). It is suggested that SABI draw on the guidance by the Washington Group on Disability Statistics on measuring disability to assess this further if need be.

<sup>17</sup> IRIN (2011)

<sup>18</sup> World Bank (2009)

<sup>19</sup> Scope (2016)

<sup>20</sup> ACAPS – Ebola Needs Analysis Project (2015); IRIN (2011)

<sup>21</sup> Coffey et al. (2014)

<sup>22</sup> Handicap International (undated)

<sup>23</sup> UNDP (2014)

<sup>24</sup> Acland (2016)

<sup>25</sup> World Bank (2016); University of York (2014)

15 are literate, though literacy is increasing among younger age groups (though secondary school enrolment for girls is only 36%)<sup>26</sup>. Women constitute 70% of the agricultural workforce but are not land owners per customary law<sup>27</sup>; the lack of access excludes women from economic investment. They often lack access to other resources<sup>28</sup>. They experience discrimination in employment and state services: 57% of Sierra Leoneans think that women are always or often treated unfairly by employers, and 55% think that women are often or always treated unfairly by police and courts<sup>29</sup>. Women also depend on husbands or male partners to make decisions affecting their health because usually it is them who have economic power in the home<sup>30</sup>.

Nearly all Sierra Leonean women suffer some form of violence in their lifetime<sup>31</sup> - including interrelated forms of domestic violence, communal/cultural violence, sexual violence and structural violence; with domestic violence and customary practices (such as Female Genital Mutilation/Cutting (FGM/C) and Child, Early and Forced marriage (CEFM)) considered to be the most common forms of violence<sup>32</sup>. The practice of FGM/C is deeply entrenched, with the most recent studies available suggesting that 88% of women aged 15-49 years reporting having undergone some form of it (it appears to be more common in rural areas, the Northern Province, among the poorest households and less educated women)<sup>33</sup>. Protective legislation regarding harmful practices (e.g. the Child Rights Act setting the legal age of marriage at 18) are often subverted by parallel traditional legal systems which still sanction CEFM. At the same time, discriminatory norms and practices may be accepted and normalised by women themselves. For example, women are more supportive of FGM/C than men: 75% of women (45-49) think the practice of FGM/C should continue (though notably only 53% of girls aged 15-19 are supportive of it), compared with less than half of men aged 15-49)<sup>34</sup>.

Although 72% of Sierra Leoneans agree or strongly agree that women should have equal rights, 26% still think women should be subject to (deeply discriminatory) traditional laws<sup>35</sup>. Women have a limited voice to call for change. They are under-represented in or excluded from political and economic governance and decision making processes at all levels.<sup>36</sup> In traditional systems, they are also disadvantaged – 59% of Sierra Leoneans think women are often or always treated unequally by traditional leaders (who play a critical role in mobilising votes and often object to women's political participation)<sup>37</sup>. A weak transport and infrastructure system means people's access to information and public meetings or events is limited.

<sup>26</sup> World Bank (2014); Lavalie (2016)

<sup>27</sup> Government of Sierra Leone (2014). While national legislation allows for women's land ownership, Sierra Leone effectively has two parallel judicial systems in the formal, legislative system and the informal, customary system. These systems are linked, for example the chairperson of the local court which administers customary law and has jurisdiction over minor criminal cases is appointed by a local government minister. Further, the legislative system outlines cultural and religious exceptions, for example within the area of personal law (marriage, divorce, and land inheritance), where customary law overrules the Constitution – though traditional courts' decisions may not be legally binding (UN Women et al. (2009)).

<sup>28</sup> Christian Aid (2012)

<sup>29</sup> Chingwete et al. (2014)

<sup>30</sup> African Health Observatory and WHO (2014), citing Government of Sierra Leone (2010) Performance Report, Ministry of Health and Sanitation

<sup>31</sup> UNDP (2010)

<sup>32</sup> Denney and Fofana Ibrahim (2012)

<sup>33</sup> Coffey et al. (2014); Statistics Sierra Leone and UNICEF (2011)

<sup>34</sup> UNICEF (2015)

<sup>35</sup> Chingwete et al. (2014)

<sup>36</sup> Christian Aid (2013)

<sup>37</sup> Castillejo (2008); Chingwete et al. (2014). Sex-disaggregated data is not available for these figures.

Parliamentarians and officials, once elected, are often less interested in engaging with their constituents and listening to the voices of women (as well as men), youth and the poor (though they are likely to engage again with e.g. women’s groups and youth-led initiatives closer to elections). For example, the Local Government Act (2004) stipulates that Ward Development Committee membership should comprise of 50% women and 50% men, but this provision is often ignored (the Constitution is cited to suggest that that this provision is not applicable where other local traditions and customs apply)<sup>38</sup>. Another major challenge faced by women looking to enter politics is the need to offer bribes and mobilise patronage networks to gain political support and votes. Women’s limited access to financial or patronage resources puts them at a considerable disadvantage. Sierra Leonean female politicians have previously reported they had to first ‘buy’ their selection by the political party, then provide bribes to customary leaders and ‘gifts’ to their constituents, while also financing their campaigning activities, with significant sums involved<sup>39</sup>.

Among women, groups who may be even more disadvantaged include petty traders (who face difficulties in accessing capital due to small turnover; and many of whom struggle to meet the cost of basic services<sup>40</sup>) and sex workers (due to prevalent stigma, being disproportionately affected by HIV while not having their complex health and safety needs adequately addressed<sup>41</sup>). They also include women who are not members of the Bondo Society<sup>42</sup> and who have not undergone FGM/C, as the power, influence and status of these groups in Sierra Leone is not to be underestimated – they hold cultural and political significance (the societies are said to be closely linked with politicians). The practice regulates the passage of adolescence to womanhood and is central to culture and identity, as it provides members with “comradeship, support and power in an otherwise male-dominated society”<sup>43</sup>. In most local settings, those who have not been initiated into the Bondo Society are marginalised; they may not be recognised and can be disrespected by their peers (those who forgo initiation may be relegated to a permanent status of childhood or an outsider, or be perceived as dirty or to not to adhere to values such as respect for one’s elders or sexual restraint)<sup>44</sup>. They may also be threatened with initiation or made to leave their family home<sup>45</sup>. Despite a government ban introduced after the Ebola outbreak, it appears the practice is returning – with little condemnation by authorities, and those speaking out against the practice facing significant risk of being forced to undergo the practice against their will, or retribution from the *soweis* (traditional female practitioners and the most senior heads of the secret societies)<sup>46</sup>.

### ➤ Children and young people

Sierra Leone has a very young population, with 44% under age 15 and 34% between 15-35 (this age bracket is legally defined as youth in Sierra Leone; though SABI will be using the UN definition of young people (15 – 24))<sup>47</sup>. Many young people are not acquiring the skills they need to live healthy, productive lives. Key informants explained that often they are not expected to be at community meetings or to contribute to/influence decision making – if they do go, their views may not be not considered due to a prevalent perception in society that they should keep quiet; an exception to this

<sup>38</sup> Coffey et al. (2014); Sierra Leone Constitutional Review Committee (2015)

<sup>39</sup> Castillejo (2008)

<sup>40</sup> Chopra and Mueller (2016)

<sup>41</sup> Sesay (2013)

<sup>42</sup> *An all-female secret society in Sierra Leone. Led by a powerful female traditional leader who carries out FGM/C, girls are initiated into the society and receive teachings to transition to adulthood.*

<sup>43</sup> O’Carroll (2015); FORWARD (2016)

<sup>44</sup> UNICEF (2015)

<sup>45</sup> Castillejo (2008); Fofana (2016)

<sup>46</sup> Fofana (2016)

<sup>47</sup> Sierra Leone National Youth Commission and Ministry of Youth Employment and Sports (2012); UNESCO (2016)

being the Youth Chairperson role in communities. 60% of young women and men (15-35) are unemployed or underemployed in the informal sector; with girls and young women being particularly vulnerable as in 2010 only 33% of secondary age school girls were attending secondary school, and only 5% of women participating in wage employment<sup>48</sup>. Rigid gender norms mean girls, like women, are viewed with low regard – girls’ education is undervalued and may be deprioritised for boys’ education when resources are lacking (particularly if education is perceived to have little relevance for girls’ futures and girls are expected to contribute to household income)<sup>49</sup>; and girls may be prevented from attending school if their parents fear that it may increase the likelihood of their daughters ‘going wayward’<sup>50</sup>. Within West Africa, Sierra Leone is believed to have the highest rate of underemployment among youth; a great proportion of ‘working youth’ are living in poverty – more than 80% of young Sierra Leoneans are earning below the poverty line of \$2 per day<sup>51</sup>. An estimated 50% of children (5-14) were involved in child labour in 2010<sup>52</sup>.

Young people, particularly girls, often lack the autonomy and life skills to make informed decisions about their own health, and adopt behaviours that are endorsed by society – there is a widespread silent, or resigned, acceptance of girls engaging in transactional and/or intergenerational sex. They have limited means to obtain information (particularly those out of school) and are hesitant to access care in line with their sexual and reproductive health needs, often due to a feeling of shame, negative attitudes of and poor treatment by health workers, as well as a perceived or actual lack of confidentiality – especially due to a fear of their sexual activity being found out by parents<sup>53</sup>. Services are mostly not youth friendly: a study of 79 facilities in early 2015 showed that only 23 were deemed to offer adolescent and youth friendly health services<sup>54</sup>.

For these reasons, very high teenage pregnancy rate remains a persistent challenge and accounts for 40% of maternal deaths<sup>55</sup>. Teenage pregnancy and ‘girl-motherhood’ are socially unaccepted in Sierra Leone and are reported to be the greatest cause of exclusion for many girls, especially for those living in rural areas. During and after Ebola, there were concerns about rising levels of teenage pregnancy (a 2015 survey revealed at least 14,000 new cases of teenage pregnancy over a nine-month period during Ebola<sup>56</sup>), due to more time being spent out of school, increased early marriage or engaging in increased transactional sex to meet basic needs. Following the outbreak, in April 2015, GoSL pursued a policy which prohibited visibly pregnant girls from attending school<sup>57</sup>. Reports also indicated that during Ebola girls were experiencing more sexual violence and exploitation in isolated or quarantined settings, or when they moved to other areas to escape the virus<sup>58</sup>. According to key informants, increasing numbers of girls and young women are now heads of households. In an effort to make a livelihood after dropping out of school, and having no resources for petty trading, many turn to sex work or domestic work.

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<sup>48</sup> *ibid*

<sup>49</sup> Lees-Cowan (2016)

<sup>50</sup> FORWARD (2016)

<sup>51</sup> Mekonnen Alemu (2016)

<sup>52</sup> *Defined as defined as performing at least between at least one hour of economic work or 28 hours or more of domestic work per week for those aged 5-11, and at least 14 hours of economic work or 28 hours or more of domestic work per week.* Statistics Sierra Leone and UNICEF (2011)

<sup>53</sup> Restless Development (2012)

<sup>54</sup> UNFPA (2015)

<sup>55</sup> Save the Children (2014)

<sup>56</sup> Lavalie (2016)

<sup>57</sup> Amnesty International (2016)

<sup>58</sup> UNFPA (2015)

Young people’s engagement with politics is limited. A 2014/2015 study<sup>59</sup> found that just half of 18-35-year-olds in Sierra Leone expressed any interest in public affairs, with over a third (36%) never discussing politics and 42% discussing politics only occasionally. There is also a considerable gender gap in civic participation among this age group – with 17% more young men attending community meetings and/or joining others to raise an issue, compared to young women. 13% more young men than young women are in contact with leaders (including traditional and religious leaders). Nonetheless, Sierra Leone’s young people exhibit a high level of engagement with pertinent issues: in 2015, Sierra Leone was found to have the highest rating for youth civic engagement among Commonwealth countries as part of its Youth Development Index – this is perhaps not surprising, given their significant level of mobilisation as health workers, community educators, contact tracers and many other immense contributions during the Ebola outbreak<sup>60</sup>

➤ **Lesbian, gay, bi-sexual, transgender and intersex (LGBTI) people.**

While it may not be feasible for LGTBI groups to be specifically or overtly targeted during SABI due to acute political sensitivities and resistance across social divides, it is vital that SABI acknowledges (and takes into account as much as possible) their high level of marginalisation. LGBTI issues are widely seen as ‘taboo’ in Sierra Leone, due to a combination of legal, religious and cultural prohibitions that enforce a highly patriarchal, ‘heteronormative’ society. LGBTI communities face harassment, violence and discrimination, against which there is no effective protection. Social and institutional discrimination by families, community members and public officials – such as in employment, education, and housing – is more common than the enforcement of laws which criminalise male homosexuality (violating the Constitution’s assurance of ‘respect for private and family life’) and entail penalties as severe as life imprisonment. Lesbians face a risk of ‘planned rapes’ in a misguided attempt to ‘correct’ their sexual orientation. Outspoken advocates for LGBTI rights face the greatest risk of discrimination and violence, with homophobic attacks often going unpunished as many Sierra Leoneans reject or deny homosexuality, often on religious grounds. Those affected are often reluctant to report violence due to a fear of negative consequences<sup>61</sup>. The ability to seek services more broadly – including appropriate health services – is further limited by concerns that service providers will not guarantee confidentiality, and a documented poor treatment or systematic refusal of services by providers<sup>62</sup>. As a result, many LGBTI community members choose to stay hidden for fear of their safety, leaving them with very little space to engage or participate in public dialogue or advocacy on issues affecting them<sup>63</sup>. There are few civil society organisations, with numerous accounts of violent backlash to their work, including murders of LGBTI rights activists<sup>64</sup>.

### 2.3 How well are gender equality and social inclusion understood?

Based on key informant interviews, gender equality is often understood to mean women’s empowerment or women’s greater participation, as well women and men convening ‘side by side’ rather than ‘men in the front, women in the back’. Generally, in the key informant feedback, the impact or quality of such participation was not discussed. In some of the feedback, gender equality was interpreted to refer to equal opportunities, a ‘level playing field’.

Social inclusion was predominantly understood to refer to the inclusion of people living with disabilities. Sometimes youth was mentioned, though it was apparent that they tend not to be

<sup>59</sup> Lekalake and Gyimah-Boadi (2016)

<sup>60</sup> The Commonwealth (2015)

<sup>61</sup> Dignity Association et al. (2013)

<sup>62</sup> *ibid*

<sup>63</sup> International Refugee Rights Initiative (undated)

<sup>64</sup> Human Dignity Trust (2015)

recognised as an excluded group. For SABI, youth participation will require a lot of attention, as young people and children are direct, key consumers of pertinent products and services within the health, education, and social protection domains. Subtler factors of exclusion – like political affiliation – were hardly mentioned by key informants, though when they were prompted to identify specific groups, they tended to be more forthcoming.

#### **2.4 The current state of civil society and social movements: what strategies are employed to increase and exercise voice? What opportunities and challenges exist for CSOs and civil society movements?**

Citizens are generally not well organised to engage with different levels of government, participate in policy debates, monitor government expenditure or call for reform. Demand for improved services tends to be unfocused and government policy processes often are very ‘top down’ and excluding of citizens, even though citizens’ involvement is written into the Local Government Act<sup>65</sup>. These policy processes need to be more fully engaged with customary governance structures, in order to avoid the existence of formal structures which simply lie on top of those customary governance structures which continue to determine people’s daily lives<sup>66</sup>.

The ongoing Constitutional Review process (the first draft was published in early 2016) provides an opportunity for citizens to engage on issues, and can offer the opportunity to question and reform structures which discriminate against women and other groups. For example, the Africa Youths with Disability Network has been lobbying for stronger legislation for the protection and promotion of disability rights. The Persons with Disability Act was introduced in 2011 to ensure equal opportunities and to ensure this group’s rights are enshrined in the country’s constitution<sup>67</sup>; as disability is not adequately reflected in the Constitution’s provisions on citizens’ fundamental human rights and freedoms regardless of identity<sup>68</sup>. The upcoming 2018 elections provide further opportunity to encourage increased collective action and momentum around GESI. However, at the same time, the elections pose a perceived or actual threat to the autonomy and participation of civil society<sup>69</sup>. Most recent figures for the Ibrahim Index of African Governance show that civil society space in Sierra Leone is shrinking based on all three of the index’s civil society measures: Civil Society Participation, Freedom of Expression and Freedom of Association and Assembly<sup>70</sup>.

There are numerous civil society organisations (CSOs) in Sierra Leone; international and national. Where government delivery is absent, they are *de facto* service providers in some remote parts of the country. Capacity is variable and linkages between poor rural and urban areas and national level policy debates are not always made. Coordination within the sector is fragmented. A 2014 study by the Campaign for Good Governance showed there is duplication in mandates, memberships and activities of many CSO networks, with a generally weak approach to advocacy work – including due to limited means to share information and engage with the public and communities<sup>71</sup>. CSOs are often in competition for limited resources which also limits cohesion within civil society. There are a number of umbrella organisations, however there is just one for youth, and one for Disability (Sierra Leone Union of Disability Issues (SLUDI)) –SLUDI reportedly often struggle to fulfil their objectives

<sup>65</sup> Coffey et al. (2014)

<sup>66</sup> Castillejo (2008)

<sup>67</sup> UN OHRC (2013)

<sup>68</sup> Sierra Leone Constitutional Review Committee (2015)

<sup>69</sup> Chingwete et al. (2014)

<sup>70</sup> Bailey (2016)

<sup>71</sup> Campaign for Good Governance (2014)

due to limited funding as there are very few funding windows in Sierra Leone for disability issues, and because they are generally not regarded as “high priority areas for collaboration”<sup>72</sup>.

Many implementing CSOs have few resources or little capacity to monitor and evaluate their activities, and often they provide limited feedback to communities on results achieved. This is due to a number of reasons, such as challenges in communicating data in an accessible manner (in particular for marginalised groups) as well as wide-ranging perceptions among CSOs on what it means to be accountable and to whom they should be accountable<sup>73</sup>.

### Gender equality

Sierra Leonean women’s ability to claim their rights and participate in governance processes is constrained by their limited access to the formal state, as well as domestic and community issues predominantly being addressed through customary structures<sup>74</sup>. While 36% of Sierra Leoneans rated the government’s handling of women’s empowerment as only ‘fair’ or ‘very bad’ between 2011-2013, 63% of Sierra Leoneans agree or strongly agree that women are acceptable in leadership positions<sup>75</sup>.

There are a range of CSOs working to promote women’s rights and participation, often focused on raising awareness at community level, building women’s capacity to participate in politics and decision-making, undertaking policy advocacy with government, and sensitising government on women’s rights. However, many such CSOs are suffering from a serious shortage of funding – particularly at the local level. Nevertheless, the women’s movement has had some significant successes in strengthening women’s rights and participation, notably in its successful mobilisation and advocacy around the adoption of the ‘Gender Bills’, support for women to run for government positions, and demand for non-violent elections; drawing on established links between local, national and regional level WROs. One key informant noted that while gender advocates often focus on the 30% quota for women, they tend to “leave out the other 70% who need to change”. The CSO SEND-Sierra Leone (SEND-SL) a SABI Implementing Partner, helps political parties to think about the gender sensitivity of their structures and approaches, and how they can better support women to hold leadership roles. This model is now being replicated by other organisations.

Women’s organisations are not inherently more representative of the female population, and are not always seen as having a mandate to speak on behalf of all women. One key informant emphasised that most organisations’ efforts were Freetown-centric, often targeting those with existing access to education and economic resources rather than those in need of support in remote, more challenging areas, and sometimes motivated more by possibilities for funding rather than by a commitment to bring about real change. Nonetheless, there are certainly some active networks that have members at the grassroots level, which enables them to mobilise significant numbers of groups and people<sup>76</sup>. According to another key informant, there are a number of existing women’s groups (such as economic associations and secret societies, as outlined above) that could be reached to create wider networks and women’s fora. Such networks and platforms could play an important role in connecting and organising women; advocating on behalf of, and with, other women; promoting engagement around challenges commonly affecting women; providing mentoring support to women’s activist and leaders; and engaging with local and traditional leaders on issues such as

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<sup>72</sup> *ibid*

<sup>73</sup> Commonwealth Foundation (2011)

<sup>74</sup> Castillejo (2008)

<sup>75</sup> Chingwete et al. (2014)

<sup>76</sup> Castillejo (2008)

FGM/C or girls' enrolment in school. Other institutions, such as the Inter-Religious Council, already work with paramount chiefs and religious leaders, such as imams and pastors, on religious interpretations of gender and the nurturing of champions for women's rights' protection.

A key informant from SEND-SL, a SABI implementing partner, outlined that microfinance programmes provide much-needed support to women who engage in markets, cross-border trading, petty trading, etc., improving women's independent access to financial resources. Successful microfinance programmes can help to raise women's visibility and recognition of their potential contribution to their community and to national development which can act as a catalyst for greater participation and voice. Microfinance programmes in Sierra Leone have been impacted by Ebola, with many clients reporting a negative impact on income due to declines in customers and the supply of goods caused by quarantines and limitations of goods and movements<sup>77</sup>.

SEND-SL's approach emphasises that tackling gender inequality should happen where it often originates: at the family level. By encouraging a 'gender model family approach' to reflect on inequalities (such as the causes and impact of unequal access to finance for education, health services, etc.), families develop joint action plans to facilitate change at a family level and to provide greater support to each other. SEND-SL also promotes gender-based violence teams and monitoring clubs at schools, which consist of boys and girls who provide feedback on their own experiences of violence, and are able to report to Family Support Units at police stations, and call on action from law enforcement agencies.

### Social Inclusion

Since social inclusion has so far not featured strongly on the development agenda in Sierra Leone, one key informant emphasised that it is crucial to work with 'the custodians of cultures and traditions, those who hold power' (such as the *soweis*, who are viewed as such key custodians) to buy into and support civil society initiatives which support social inclusion. These custodians are well-placed to facilitate dialogues amongst community members (including with men and boys) on the community dynamics of inclusion/exclusion – analysing which people are currently benefitting from access to power; tracking opportunities and resources; reviewing existing legislation; and exploring the incentives and benefits for different groups to support the empowerment of people alongside them (rather than an often-anticipated loss of power and privilege). It is crucial that dialogues with men and boys are a part of this.

One CSO outlined how a lack of inclusion does not always mean a lack of will to be inclusive. Often there is an assumption that state service providers will 'just know' how to operate, or how to recognise challenges in their service provision. However, service providers do not always have the capacity to respond effectively, or they struggle to identify and implement a solution. SEND-SL facilitates dialogue with service providers, to support a better understanding of what inclusive services would look like (for example, what is needed by a health centre to provide inclusive services). In Kailahun, SEND-SL developed a 'Basic Package of Essential Services' to educate health care providers and help them apply this as a model. However, there are real challenges for service providers in applying an inclusive approach that takes into account the diverse needs of different groups. For example, within its own programming, SEND-SL does not have any specific activities for women with disabilities, though it is 'part of their general programmes and planning'. While this does not reflect a lack of will on the part of SEND-SL, this example illustrates the lack of visibility of

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<sup>77</sup> Cordaid et al. (2015)

PwDs in Sierra Leone. Despite a ‘strength in numbers’ (making up 10% of the population)<sup>78</sup> and a lot of activity among civil society, one disability-focused umbrella organisation emphasised that PwDs lack strong, united advocacy around issues that affect them and that they are often excluded from crucial policy processes. As a result, PwDs must be seen as a priority group for work on social inclusion.

Young people as a group are under-represented among social movements, with few organisations effectively catering to their interests and needs<sup>79</sup>. Those social movements that do focus on youth tend to be under-resourced (for example, the African Youth Movement Sierra Leone which aims to improve the lives of ‘millions of youths’ has few employees and relies on a team of volunteers and social welfare to run its organisational affairs)<sup>80</sup>. Some organisations with youth-led approaches to engaging with local government and parliament around young people’s needs are perceived to have lost their ‘vibrancy’ more recently, and may benefit from support. There are other organisations who may be potential partners for SABI, like the active Youth Partnership for Peace and Development, which works toward social change ‘led by and for youths’, and the Center for Coordination of Youth Activities, which aims to provide the opportunity for a more coordinated approach towards youth empowerment.

Media plays an important role in the civil society landscape. According to key informants, media is growing fast with over 90 radio stations being registered with the Independent Media Commission (of which approximately 50 are assessed to be normally functioning, and between 5-10 are estimated to have a female station manager), according to a BBC Media Action key informant. However, only one or two of these stations currently have female CEOs. Lack of female representation at decision-making level often does not leave much space for women’s issues. When these issues are discussed, it is mainly around politics and politicians, and less about the day to day life and concerns of women on the ground. Women tend to be portrayed negatively in the media, often portrayed as being weak and passive. One key informant stated that much more needs to be done to build the capacity of women in media (though it may be argued that male media stakeholders would benefit from this too), and to think through how to engage communities. Many radio stations have regular women-specific radio shows: for example, there is a weekly radio show called ‘Women on the Move’ which covers topics of gender-based violence and education.

While radio has the largest reach in the country (reaching 81% of the adult population) and is the most gender-equal in its accessibility (with 51% of listeners being male and 49% female); it should be noted that there is still a significant inequality in media access and ‘digital agency’ – access to TV, internet and newspapers is unequal and dominated by men<sup>81</sup>. Mobile phone access is high, with 83% of people having access to one – though notably less than half have access to the internet on their phone<sup>82</sup>. People, and particularly women, with low literacy levels and low economic status may struggle to access technology,<sup>83</sup>. This means a large group in Sierra Leone runs the risk of being “passive consumers of products or data” if they are unable to engage with technology in a ‘proactive way that allows them to be agents of transformative change’<sup>84</sup>; pointing to the need for interactive, accessible media formats when engaging civil society.

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<sup>78</sup> ACAPS (2014)

<sup>79</sup> Restless Development (2013)

<sup>80</sup> African Youth Movement (2016)

<sup>81</sup> Wittels and Maybanks (2016)

<sup>82</sup> *ibid*

<sup>83</sup> Hambuba (2010)

<sup>84</sup> Planet Earth Institute (2016)

## 2.5 Government structures in place to aid gender equality and social inclusion

Sierra Leone is a signatory to and has enacted a number of relevant laws, including international instruments (e.g. CEDAW, Beijing Platform for Action (BPFA), and ratification of the Maputo Protocol) and national instruments, such as the three Gender Acts:

- The **Domestic Violence Act** enacted in 2007 (which criminalises domestic violence and adopts a broad definition of domestic abuse that includes sexual, physical, emotional, psychological and economic violence perpetrated against an individual in a domestic setting);
- The **Devolution of Estates Act** which addresses women’s inheritance rights by, for instance, protecting widows from being denied access to the property of their deceased spouse, guaranteeing the right of children ‘born in and out of wedlock’ to own their deceased father’s property, and ensuring proportionate distribution of property between men and women); and
- The **Registration of Customary Marriage and Divorce Act** which raises the legal age of marriage and legalises all marriages under customary, Muslim, Christian and civil laws) to provide a legislative framework to address gender inequality, discrimination against women and SGBV).

In addition, key legislative and policy frameworks include:

- The National Gender Strategic Plan 2013 on women, peace and security
- The Sierra Leone National Action Plan (SiLNAP) on UNSCR resolution 1325 and 1820 on sexual violence.<sup>85</sup>
- The Anti-Human Trafficking Act 2005
- The Prevention and Control of HIV/AIDS Act 2007
- The Sexual Offences Act 2012
- The Child 2007 Rights Act (which supersedes all other national laws and is considered compatible with the Convention and the African Charter on the Rights and Welfare of the Child).

Female activists and human rights campaigners have called for an unequivocal legislative ban of FGM/C. In November 2014, the GoSL imposed a temporary ban on FGM/C, out of concern that it could be a vector for Ebola transmission; and a Memorandum of Understanding was signed with *soweis* (heads of the female secret societies) on not initiating girls into the Bondo society below the age of 18<sup>86</sup>. However, this has often been ignored.

This hiatus created an avenue for conversation. Despite ratification of the Maputo Protocol which *inter alia* addresses issues of ECFM and FGM/C, a long-term ban on FCM/C will require political will and leadership to address problems between national legislation and customary law and practice that are equally recognised in existing constitutional law, with traditional practice law often taking precedence. Similarly, while the 2009 Chieftaincy Act enables women to contest for the position of Paramount Chief, in the Northern Provinces and parts of the Eastern Province (Kono District in particular), traditions and customs bar women from being elected as Paramount Chiefs<sup>87</sup>.

<sup>85</sup> African Health Observatory and WHO (2014)

<sup>86</sup> Cole-Showers (2016)

<sup>87</sup> Sierra Leone Constitutional Review Committee (2015)

As part of the Constitutional review, it is expected that Articles 27(4) (d) and (e) of the 1991 Constitution – which, despite an amendment in 2001 guaranteeing gender equality, still permits laws to discriminate against women and undermines the full implementation of other existing policies (such as the Local Government Act or Chieftaincy Act)<sup>88</sup> – will be expunged, and that the new constitution will be more gender sensitive. The Agenda for Prosperity, has gender as a cross-cutting consideration across all its pillars. However, in terms of policy implementation, there is a reported lack of political will on women’s issues and insufficient budgeting, combined with inadequate technical expertise and government’s limited capacity to convert policies into real benefits for citizens through thorough implementation<sup>89</sup>. According to a key informant, government understands the ‘diversities between men and women’, however this has not been reflected in consideration of ‘inclusion’ dimensions, which is reportedly a “struggle”. Key informants outlined an additional key challenge in how policies and approaches are conceived: they are often reactive rather than proactive, ‘going from crisis to crisis’ with little long term engagement. This impacts negatively on sustainability of these policies and approaches.

The marginalisation of PWDs has been prominent, particularly in the political arena. The recently passed Disability Act supported the establishment of the **National Commission of Persons with Disabilities** to ensure the well-being of PWDs, however this is constrained by limited human and financial resources. Although the Disability Act entitles PWDs to free medical care, this rarely happens in practice. An interview with the CSO Sierra Leone Union of Disability Issues (SLUDI), an umbrella organisation with a range of members who support people with disabilities across a broad spectrum, highlighted a dire lack of sign language trainers, adapted materials and physical accessibility of educational and workplaces. Thus, although the Act has been in place for 5 years, it needs to be adjusted to ensure implementation. A significant priority in this regard is the prevalent failure to engage with people with disabilities. Committees rarely consider inviting them to important decision-making processes and government is rarely present at specifically convened advocacy or learning events. In consequence, awareness of PwDs’ concerns is low and their issues are not given priority in policy dialogue or decision-making.

Government stakeholders would benefit from support and advice on how to consider and address GESI issues throughout the programming cycle, and on how to improve coordination at a national level to allow for joint engagement in the development, implementation and assessment of policies and action plans – including engagement with the communities that are affected most. Better monitoring is needed to assess what is working well, and to stop doing what is ineffective. For example, while national planning processes do pay some attention, and show improved awareness of youth and their issues, there is a lack of concerted efforts to ensure the practical involvement of youth. Government has set up youth councils, but these are not very active. Young people are largely unaware of government policy concerning them (70% of young people surveyed in 2012 were not aware of any youth-specific policies being implemented by government) and they feel they are not sufficiently consulted: only 23% felt political parties consulted them effectively<sup>90</sup>. A study undertaken in 2012 on young people’s participation in local-decision-making highlighted that planning and participatory processes varied by council and were dependent on the amount of funding available<sup>91</sup>. While youth focused activities were part of most plans, only a small part of these activities were actually implemented. Other shortcomings identified were a narrow vision of youth needs; the limited capacity of councillors; varying quality of youth representation and leadership;

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<sup>88</sup> *ibid*

<sup>89</sup> Christian Aid (2012)

<sup>90</sup> Restless Development (2013)

<sup>91</sup> *ibid*

uneven capacity of formal youth structures; and the inconsistent receptiveness of councils to monitoring and feedback<sup>92</sup>.

Demand for government health services is affected, in part, by the plural health system which sees people relying on traditional healers and birth attendants (who are often more trusted due to their longstanding presence in the community), and community health workers and peer support groups. Demand levels are also affected by the government health care system being “underfunded, understaffed and under-equipped”<sup>93</sup>. Even before the Ebola epidemic, recurring medicine shortages stopped many from bothering to go to hospitals and despite efforts to draw people back by reaching out to communities and regaining trust, there is still a need to ensure essential medicine shortages are a thing of the past and that delivery is accountable so that no one goes away empty-handed. Many nurses and care workers are not paid on a regular basis and some, due to their volunteer status, are not paid at all. The illegal selling of the limited medical drugs that are available, has been linked to this over-dependence on unpaid workers who resort to stealing to survive<sup>94</sup>. Furthermore, those eligible for free healthcare, particularly women and children, are constrained in demanding their rights<sup>95</sup>. Services are also not always set up to cater to patients’ needs: for instance, services are not readily equipped for young people despite ongoing efforts by GoSL as part of making Sierra Leone a more conducive environment for youth development. The government’s efforts on developing and implementing standards for adolescent and youth-friendly services together with the WHO have been impacted by Ebola – while the outbreak increased the need for services, it also reduced the ability to use them<sup>96</sup>.

There are also challenges in the oversight of services, as there is a lack of government data on the performance of service providers. Most research is undertaken by NGOs’ research units, which means government relies on external research which often lacks information on gender and social inclusion as well as access to services. This may be due to a lack of political or a lack of technical expertise and resources. Using available data to advocate with government also poses its own challenges. One CSO explained that it is difficult to use data with government due to political sensitivities, particularly if the findings are critical. In such cases of political sensitivity, the evidence and approach used to gather it can be dismissed. For this reason, it is important to get government stakeholders’ buy-in at an early stage to limit potential push-back and to facilitate productive engagement on gathering data that can improve policy and service delivery. More broadly, there is opportunity for greater coordination among accountability structures at the local level (e.g. the Local Council, Ward Development Committees and chiefdom structures) to assess health systems from the perspective of the people who actually use the services, in order to enhance service delivery in the long term<sup>97</sup>.

### 3. Building on Lessons Learned

#### Building on from ENCISS

ENCISS sought to strengthen the relationship between state and non-state actors to promote pro-poor policies in Sierra Leone. The goal of ENCISS was to improve accountability and to strengthen

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<sup>92</sup> *ibid*

<sup>93</sup> Mallett (2014)

<sup>94</sup> Crowne Agents (2016)

<sup>95</sup> Coffey et al. (2014)

<sup>96</sup> Sierra Leone National Youth Commission and Ministry of Youth Employment and Sports (2012); Campaign for Good Governance et al. (2014)

<sup>97</sup> Mallett (2014)

citizens' voice, enhance participation in decision making and access to information. The vision was to see an active and engaged civil society capable of articulating citizens' demands, and an effective state that is responsive and accountable to its citizens.

The ENCISS Programme was implemented in three separate phases – Phase III was also implemented by Christian Aid. Each new phase evolved, building upon results and lessons of the past programme. ENCISS III came three years after the 2007 Presidential and Parliamentary elections. At the time, there was a trust-deficit issue between state and non-state actors, which contributed to the widening gap in the governance landscape. For this reason, ENCISS III provided support to Sierra Leonean CSOs to directly engage with government authorities from community to central levels; being both a demand and supply side programme<sup>98</sup>.

ENCISS III ran for five years from October 2010 to January 2015. ENCISS III provided grants to CSOs to undertake projects in relation to: decentralisation, gender, youth, security and justice and elections. There was also a non-grant component that supported partners with capacity building; training and mentoring; facilitation of civil society and government dialogue (e.g. policy dialogue platforms); and documentation, lesson learning and knowledge building.

The programme had four outputs:

1. Local levels of government demonstrating increased democratic and responsive decision-making, targeting the needs of the most marginalised;
2. Poor women, men, youth and children proactively participating in decision-making processes and monitoring the implementation of policies that affect their lives in ENCISS thematic areas;
3. Increased capacity of community members, CSOs and government institutions to communicate information on policy and practices within the five thematic areas of ENCISS at district and national levels; and
4. Increased capacity of implementing partners to influence and engage with government in ENCISS thematic areas.

ENCISS did not have a GESI strategy but it was set up to have a focus on women, youth and PWDs, and this remained through to ENCISS Phase III. ENCISS, like all Christian Aid's programming, was guided by Christian Aid's GESI policies and power analysis approaches and tools.

### Challenges and achievements from ENCISS III

**ENCISS III was inclusive of many different groups that are often marginalised such as the disabled, young people, women, girls and those with low literacy.** Reported benefits included increased confidence, mental health, enhanced political participation in community decision making, and a shifting of behaviours and attitudes amongst communities, citizens and authorities. There was also an increase in demand for services<sup>99</sup>.

**ENCISS III made a deliberate effort to fund partners focusing on gender or inclusion by providing direct support to strengthen their organisations and programming quality,** GESI focused grants included<sup>100</sup>.

- *Action for Plus* was awarded a grant to work in Kenema District to build awareness of the three Gender Acts and the justice laws, and to give legal assistance to women whilst supporting district level authorities to improve the quality of their services;

<sup>98</sup> Christian Aid (2015a)

<sup>99</sup> Christian Aid (undated)

<sup>100</sup> Christian Aid (2015c)

- *Disability Sierra Leone (DiSiL)* was awarded a grant to improve justice for people with disabilities. The organisation was concerned that people were not aware of their rights and unsure that the system could respond to their needs;
- *Social Enterprise Development Foundation (SEND) – Sierra Leone* also received funding to support women’s political participation in local and national politics in Kailahun.

**The capacity building approach through training and follow up was an important feature of ENCISS that significantly contributed to the capacity of IPs to understand, influence and support governance work.** ENCISS used a variety of analytical tools, such as the Power Analysis tool – a participatory process that involves people with a stake in a particular situation to analyse how power relations affect it and might be changed for the better. For example, SEND-SL brought together traditional male leaders and women’s groups to carry out a joint analysis of who held power in their communities. This analysis was used to support women’s candidature in local elections by persuading traditional male leaders to back female candidates publicly. Understanding the impact of the power relations relevant to them and the way in which they could be a force for positive change brought male leaders onside and allowed rapid progress in encouraging more women to stand for election.

**The level of interaction between citizens and duty bearers was enhanced through joint working.** ENCISS III resulted in mutual initiatives being undertaken in the communities e.g. Ward Development Committees began working with young people and community groups. This level of interaction between communities and duty bearers was relatively new to Sierra Leone at that time<sup>101</sup>, and played a large part in decreasing mistrust at the community level<sup>102</sup>. The 2014 evaluation reported positive achievements such as increased inclusion of women and youth in local governance structures<sup>103</sup>.

**Despite increased participation of women and other marginalised groups in local governance structures, the quality of that participation varied.** Several interviews with key stakeholders engaged in ENCISS III highlighted for example, that “*women participated in local committees, but were not always listened to which meant that their engagement was, at times, tokenistic*”<sup>104</sup>. This shows it takes time to ensure meaningful engagement of women and marginalised groups by changing attitudes about their participation and engagement in decision making processes.

**Programme reviews questioned the sustainability of community level structures.** Despite increased engagement between duty bearers and communities, evidence suggested that the community based structures risked becoming dysfunctional after ENCISS because communities were very reliant on IPs<sup>105</sup>. The 2014 Project Completion Report (PCR) highlighted that citizens were continuing to lean on IPs, policy forums and accountability platforms to arrange their participation, with citizens unlikely to continue this level of engagement on their own<sup>106</sup>.

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<sup>101</sup> *ibid*

<sup>102</sup> Christian Aid (2015a)

<sup>103</sup> Coffey et al. (2014)

<sup>104</sup> Feedback from an interview during September 2016

<sup>105</sup> Christian Aid (2015b)

<sup>106</sup> ENCISS Evaluation (2014), PCR Interviews; M&E Support Mission Extension Phase Report Nov 2014; all cited in *Project Completion Review – Enhancing the Interface and Interaction between Civil Society and State to Improve People’s Lives (ENCISS III) Project* (unpublished)

**ENCISS III lacked a robust, comprehensive data system that ensured aggregated learning on GESI and supplied citizens and local authorities with useful and usable data**<sup>107</sup>. Documentation reviewed by SDDirect highlighted a gap in ENCISS data systems – there is little evidence of higher level learning on GESI i.e. what the sum of its parts meant for women and marginalised groups. This could have also been strengthened through more monitoring of community dialogues (in which not everyone was included), and alongside that more participatory evidence gathering: one key informant cautioned that ENCISS may have relied too much on reports for its learning. In addition, there was no GESI focal person to ensure and oversee this learning.

### Lessons from the Ebola Response

The Ebola response highlighted several important lessons that can be usefully applied to SABI. A summary of key findings is provided below:

- **Ebola reportedly spread quickly due to widespread mistrust of formal services and government, particularly in areas where the political opposition were strong, so it was important to engage with faith and trusted community leaders.** Ebola showed that such community leaders play a key role in changing behaviours at the community level, as they are well placed to draw on their respect to develop a shared agenda in strengthening the health and well-being of their communities<sup>108</sup>. For this reason, it is now well recognised in Sierra Leone that it is crucially important to mobilise and engage the community in responding to crises such as the transmission of Ebola – key learning from the Social Mobilisation Action Consortium (SMAC), with funding from DFID, that took this response to mobilising the community during the Ebola response by engaging with faith leaders, community leaders, young people and the media (local radio).

Prior to the Ebola outbreak, there were female faith leaders in Sierra Leone, particularly in some of the Christian denominations. A national NGO, the Rehabilitation and Development Agency in Sierra Leone (RADA-SL), which is a partner of Christian Aid as part of SABI, had begun to work with faith leaders to champion women’s empowerment and had established a network of leaders shortly before the Ebola outbreak was confirmed; this was a valuable resource and was later used to support the response. Despite this, women of all faiths tended to be under-represented in many of the behaviour change training programmes during the Ebola response.

- **Women had a unique role to play in the Ebola response.** CAFOD’s recent evaluation of its work with faith leaders during the Ebola noted that when women were involved “*they demonstrated their particular niche, in going house-to-house to do sensitisation and talking specifically to other women and supporting them in practices around caring for sick children, or in speaking specifically with women’s groups in their places of worship*”<sup>109</sup>.

A number of community structures/mechanisms were also set up during the Ebola that included women and young people. In many cases, women and young people were at the forefront of awareness raising and response efforts in their role as care givers. Women are anecdotally reported to be more confident based on the crucial role they played and in some cases, have become more outspoken on issues such as EFCM and FGM/C both of which have become ‘hot’ topics.

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<sup>107</sup> Coffey et al. (2014)

<sup>108</sup> Christian Aid et al. (2015)

<sup>109</sup> *ibid*

As women were at the forefront of the Ebola response, due to socio-culturally dictated role as caregivers for sick family members and children, women had higher rates of infections with Ebola than men. They were also at greater risk of infection due to their increased interaction with the health system, though women were reportedly avoiding seeking health care, for fear of contracting the disease in health facilities (due to a lack of trust in the health system to provide adequate infection prevention measures to staff and service users)<sup>110</sup>.

- **Ebola exposed the magnitude of services failing to deliver and bottlenecks in governance systems.** Health services were less available, often understaffed due to staff desertion or providing only limited care (particularly for women in labour) and turning communities away<sup>111</sup>. The President's Recovery Plan is a much needed initiative to address the severe impact that the Ebola epidemic has had on the country. Due to the need for "a new way of working", collaboration, sacrifice and unity" as stated by Sierra Leone's President, it also offers a unique opportunity for Sierra Leone to reclaim the lead in its own development and build a model for successful service delivery which caters to users' needs – the need for which the Ebola response very much highlighted<sup>112</sup>. However, a key gap in the plan's priorities is the state of many Sierra Leoneans' mental health after Ebola, which is in dire need of attention<sup>113</sup>.
- **Ebola also posed a communication challenge, which made it difficult to tackle the outbreak at the early stages**<sup>114</sup>. Early messaging on Ebola was often simplistic, often contradictory and top down, leaving little scope for two-way communication to better inform people and help find locally relevant solutions. This resulted in considerable misconceptions about the disease and how to handle it. A key missed opportunity to address this was a prevalent disregard of the radio as a highly-trusted communication channel; with insufficient funding for local radio stations to understand and disseminate facts about Ebola (though there were some targeted efforts to do just that). BBC Media Actions' research post Ebola provides the following insights:
  - That audio, text and visual content allows for audience discussion and participation to help ensure that content reflects the needs and realities of its audiences;
  - That communication be framed in a positive, discussion and action-inducing manner rather than messages that create fear and inaction;
  - The importance of having consistent messaging which recognises people's situations and is reinforced across communications platforms;
  - The importance of building and maintaining trust between media stakeholders, audiences and service providers; drawing on local media to offer tailored responses.

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<sup>110</sup> UNFPA (2015)

<sup>111</sup> *ibid*

<sup>112</sup> Forna (2016)

<sup>113</sup> Acland (2016)

<sup>114</sup> Wilkinson (2016)

## Annex 1: Interview List

### 1. Consortium partners

- Restless Development
- BBC Media Action
- Christian Aid

### 2. Implementing partners

- Rehabilitation and Development Agency Sierra Leone (RADA-SL)
- SEND-Sierra Leone (SEND-SL)
- Sierra Leone Social Aid Volunteers (SLSAV)
- Campaign for Good Governance (CGG)

### 3. Other organisations

- Women's Forum – Sierra Leone
- 50/50 Group of Sierra Leone
- Women in the Media Sierra Leone (WIMSAL)
- Sierra Leone Union on Disability Issues (SLUDI)

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