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**Sierra Leone Emergency Management Program Standard Operating Procedure for for Reintegrating Ebola Survivors in Communities**

**Approved By: EOC Sierra Leone**

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**Version 1**

**Procedures for Reintegrating Ebola Survivors in Communities**

Ebola survivors face numerous challenges returning to their communities. It is the job of the MSWGCA to help them reintegrate into the community feel safe around the survivor. The MSWGCA will therefore form a social mobilisation team comprising of the MSWGCA, FTR agency and Psychosocial agency that will work with community members to welcome and support survivors. The Welcoming Committee/team has three tasks:

**PRE DISCHARGE**

1. The MSWGCA will be informed by MoHS (treatment and isolation centres) 2 or 3 days prior to the discharge of any survivor by the MOH.
2. The MSWGCA would obtain information on each survivor which would include the full name, age, address of home to be returning to, contact person within the home and relationship with the contact person.
3. The Social Mobilisation Team will inform the house hold about the return of the survivor. The household should be asked if they are ready to receive the survivor. If the answer is no- the team should talk through their concerns and attempt to address such concerns. \*Note that this might take more than one visit. If they still cannot accept the survivor, then they should recommend another household that the survivor can stay. In such a case, the team will visit the recommended home and explore the possibility of reintegrating the survivor into the home following the same procedures.

If the response is positive the following steps should be undertaken:-

* Members of the household and the team should identify people who should be informed about the survivor’s return and who they want to be part of the Welcoming Committee. This process should be guided by the team from MSWGCA. (Recommended: pastor, Imam, tribal head, CWC representative, women leader, CAGs, councillor etc.).
* Identified persons within the community should be contacted and informed on the survivor’s return and be ready to respond to any question they may have about Ebola and the survivor coming back.

1. The social mobilisation should use their discretion on the most appropriate welcoming process based on the response of the community and household towards the survivor. In some instances, a formal welcoming ceremony would not be necessary, but when necessary the returning team and the community leaders and members of the household should agree and organise the most appropriate method to welcome the survivor.

\*Note that the method agreed on should be shared with the survivor to make sure that he/she is ok with it.

1. After placement, MSWGCA staff and the FTR agency assigned to the community should follow up the survivor to ensure that their integration process is going on well. The MSWGCA staff and FTR agency should also support the survivor to access services.
2. The following issues should be discussed during the visit to the household and community leaders:-

# MEDICAL CERTIFICATE: WHAT IS IT AND WHAT DOES IT CERTIFY?

Every survivor is given a medical certificate that certifies that the person does not have Ebola (according to negative blood tests). The test does not certify any other medical conditions- it only certifies that the person is free from Ebola.

The person being free of Ebola means that he/she is not a risk to the community. However, the virus can remain in a man’s semen for up to three months and in a woman’s breast milk.

* Men are encouraged to not have sex or use condom for three months
* Women are encouraged not to breast feed

# THE IMPACT OF STIGMA ON THE INDIVIDUAL & THE COMMUNITY

The individual might:

* Feel very alone and afraid
* Become more depressed and unable to cope
* Have significant unmet basic needs, as those who would normally support them will no longer come close to them.
* Be bullied or picked on

The community might:

* Experience fragmentation as certain members of the community are left out
* Families may fall apart (shame is the number one cause of dis-function in families)
* Become less economically vibrant if many members of the community become stigmatised
* Experience greater hate and lack of peace among its members

# WHAT CAN THE HOUSEHOLD WELCOMING COMMITTEE/ COMMUNITY LEADERS DO TO HELP SURVIVORS RETURNING TO THE COMMUNITY?

Welcome the survivor back with open arms!

Explain to the rest of the community that this person is free of Ebola and will not infect anyone else.

Help the survivor understand that there is nothing to be ashamed of. Ebola is a disease and not a curse.

Ask the community to present any questions they have so they can understand the situation.

Encourage everyone to accept the person back into the community. They have struggled and survived a difficult illness.

# **PROCEDURE IN SETTING UP WELCOMING COMMITTEE**

* Training of psychosocial counsellors (CBO, L/INGO with experience in PSS work)
* Formation of welcoming committees by councillors (Chief, Mammy Queen, Health worker, CWC, Youth leaders, Teachers, Religious Leaders)
* Training of welcoming committee members
* MOUs with community groups/CBO to facilitate the formation of welcoming groups and their operations
* Monitoring survivors reintegration in the communities

# ROLES AND RESPONSIBILITIES

MoHS:

* To inform the MSWGCA three days prior to discharge with the names of survivor, contact details of next of kin with full address, to plan successful reintegration
* Provide survivors with certificates

MSWGCA:

* To reintegrate survivors
* Provide discharge packages
* Provide psychosocial support to survivors and their families
* Provide psychosocial support to communities
* Follow up on PSS case management refer to mental health if necessary
* Advocate for healthcare, livelihood support and employment