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04 Lessons Learned and Emerging Best Practice

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Sierra Leone: Mapping Services and Developing Referral Pathways

The Cockle Bay settlement of Freetown, Sierra Leone suffers from overcrowding, sub-standard housing and lack of access to safe water and sanitation. Households in these communities face natural and human-made hazards including floods, landslides, tropical storms, coastal erosion, fires, smoke pollution and epidemics. As a result of these conditions and events, many face further poverty after a crisis because of the disruption to livelihoods and loss of life and assets. The most vulnerable groups—including older people, people with disabilities and female-headed households—are disproportionately affected.

Fire is one of the most frequently occurring disasters and it struck the Kola Stick Zone of Cockle Bay on October 17, 2022. Three homes were destroyed displacing 60 men, women and children. Seven nearby homes suffered damage. In the wake of the fire, looters stole most of the belongings of the already vulnerable families. Individuals affected by the fire—especially women and adolescent girls—further faced protection risks including sexual exploitation and abuse.

Mapping referral pathways to essential services

Catholic Relief Services (CRS') *Preparing to Enhance Protection in Disasters (PrEPD)* project included the mapping of local services and development of safe referral pathways for families and individuals in need. While there are many service providers in Freetown, the project team observed that many work in isolation. They do know where to orient people needing services that fall outside the scope of their own work. Government Ministries, Departments and Agencies that are mandated to map service providers and circulate this information are not always effective. This makes the provision of services to crisis-affected households unnecessarily difficult. Emergency first responders are often left scrambling to quickly identify appropriate providers *after* a disaster. Delays in receiving essential services can cause additional harm to survivors.

The project addressed this by providing tools and training. This included step-by-step instructions in the **2.3 Developing a Referral Pathway for Essential Protection Services**. Before the fire, the project team had worked jointly with the Federation of Rural and Urban Poor and the local Community Disaster Management Committee (CDMC) to fill the gap. Together they mapped essential service providers and documented their services, areas of operation and contact information. They developed referral pathway cards with this information and distributed them to local actors.

Real-world results

The referral cards were invaluable after the Kola Stick Zone fire. When the fire started, the CDMC quickly alerted authorities using the contact information on the referral pathway card. When firefighters were not able to reach the scene because of the road conditions, CDMC volunteers and local youth stepped in to put out the blaze. The next morning, the CDMC used the referral pathway cards to bring other local disaster risk reduction (DRR) actors to the site to assess the damage and identify survivors' needs. One actor—the National Disaster management Agency (NDMA)—led the assessment and called an emergency meeting of local DRR actors and service providers. This helped with coordination and making sure services were not duplicated.

As a result:

- Temporary shelters were found for the displaced households that were gender-segregated. This addressed a protection risk that had been previously identified.
- Psychosocial support was given to survivors.
- Neighbors donated food and clothing.

The communities' support for the affected households was significant. Feedback highlighted the role of the CDMC and project team before the fire in identifying capacities in the community and raising awareness. The NDMA-led rapid needs assessment, that was started at the request of the CDMC, laid the groundwork for a situation report and $65,000 appeal that was later approved.

Lessons learned

The response to the fire in Cockle Bay highlights the importance of developing accurate and safe referral pathways before a disaster. It also shows that with the right knowledge and tools, community-based DRR actors can lead emergency responses. Since they are often closest to the disaster, they are well-placed to be first responders and also community mobilizers. They can also orient survivors to life-saving services. Unfortunately, many interventions still exclude community-based structures because of actual or perceived capacity gaps. Humanitarian projects may not meaningfully engage with these groups and/or include appropriate capacity-strengthening activities. This can leave community groups working in isolation. This undermines their effectiveness and limits their potential.

"When the fire [began], the CDMC responded immediately by putting down the flames and prevent[ing] escalation to other neighborhoods. We used our referral cards to alert other humanitarian actors that include[d] National Fire Force, FEDURP, CRS, NDMA, etc. for a comprehensive response to the disaster; this yielded the desired result with the help of the accurate contacts."

—ALIEU BAH, CDMC CHAIRPERSON, COCKLE BAY

Additional takeaways include:

- **Service mapping and referral pathways should be developed in advance and updated regularly.** By the time a disaster happens, it is too late. The absence of referral pathways or outdated referral pathways slows down outreach activities, limits coordination and can cause further harm to survivors who may need immediate support.

- **Coordination results in holistic disaster response.** The development of the referral pathways before the fire led to quick outreach to local actors. This meant faster and better coordination during the fire response. The CDMC and NDMA were able to bring together diverse actors to plan collectively, share responsibilities and complement each other's work. This also created a foundation for continued partnership that will benefit the Cockle Bay communities in the longer term. When local actors from different sectors—DRRM, protection, health, etc.—become familiar with one another and the services they provide, they can use their existing network in times of crisis. The result is a more efficient and effective response that meets all the needs of survivors.

- **Mapping services and developing referral pathways can be useful in a range of contexts.** The experience of the Cockle Bay CDMC and the Kola Stick Zone fire response demonstrates one way safe and dignified programming can be embedded in disaster preparedness and response activities. This experience may be useful for other service providers and government actors both in humanitarian and development contexts. No organization can be a specialist in all types of risks, needs and services. Actors should coordinate more effectively, regardless of their context, to better serve communities and individuals.