



Community Empowerment to participate in service delivery
using the Stimulate, Appreciate, Learn and Transfer (SALT)
Approach Project

Progress Report (May – August 2019)

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Overview of the Project

The project 'Community Empowerment to Participate in Service Delivery using the Stimulate, Appreciate, Learn and Transfer (SALT) Approach' commenced in May 2019. It was designed by SEND in partnership with the District Health Management Team (DHMT) in Kailahun with financial and technical support from the Germany Government through the GIZ, partnering with the Government of Sierra Leone to address challenges brought about as a result of the Ebola epidemic that claimed thousands of lives in the country. The Ebola outbreak was due to lack of capacity of the health system to prevent disease outbreak, and poor health seeking behaviours.

This project recognizes joint responsibility of the health system and of the population itself to promote and work towards improved health, hygiene and sanitation in Sierra Leone, by encouraging, promoting or enhancing the health sector in Kailahun District to devote time and use resources in an effective and transparent manner to reach the most vulnerable populations. It provides support to rural communities to actively mobilize and participate in health and hygiene promotion activities, and enables them provide support to each other towards sustainable behaviour change through the SALT Approach. The SALT approach is a measure to increase community ownership, accountability and impact in development intervention by enabling communities to recommend solutions to their own challenges and take actions to resolve them, while ensuring inclusiveness of all community structures towards improved health service delivery. It encourages families and communities to work together to promote the practices and behaviours that are key to preventing health and hygiene related diseases, and to invest their own resources in the installation and maintenance of health, hygiene and sanitation facilities where necessary and sufficient. Educates communities and stakeholders about policies and practices promoting access and utilization of health services, and their health rights and entitlements through the strengthening of community structures such as Community Facilitators (CFs). And builds the capacity of health workers to equip them with the understanding and skills to contribute to improved health service delivery.

The overall aim of the action is to improve the surveillance and response system for notifiable infectious diseases in Kailahun district, Sierra Leone. To contribute towards the achievement of this aim, the project's objectives include, but not limited to i) working to fill pressing gaps in terms of epidemic prevention and equipment of the facilities, ii) enables communities to find solutions to epidemic-related challenges from a basis of their own strength using the SALT method, and iii) creating platforms for communities and DHMT/PHUs to collaborate with each other to improve health service delivery.

Progress of implementation of Activities

Implementation of the project started in May 2019 in 32 porous communities in seven chiefdoms (Luawa, Kissi Tongi, Kissi Kama, Kissi Teng, Penguia, Malema and Upper Bambara) in Kailahun district bordering Guinea and Liberia.

For this reporting period, the activities described below were implemented, of which 3,040 citizens including 26 persons living with disabilities participated in all interventions: Of the total number of people reached, 1,238 and 1,776 are respectively women and men.

Descriptive progress of activities implemented

Project inception meeting with stakeholders in Kailahun District

An inception meeting was organized in the office of SEND in Kailahun on the 3rd of June 2019 for twenty-six Stakeholders. The stakeholders included the town chief of Kailahun town, the mammy-queen, District Council representatives, DHMT senior staff/sector heads, representatives from selected project communities, the media, and representatives from the Kailahun Women in Governance Network (KWiGN), and people living with disabilities (PWDs). The meeting provided an opportunity for DHMT and SEND to set the expectations across the project stakeholders and partners to ensure that every stakeholder is engaged, understands the goals, scope and risks, and to actively take their roles, and to own the processes and activities to contribute to the realization of the objectives of the project.

During the meeting, SEND staff oriented the stakeholders on the project content and approaches, aims/objective, targeted chiefdoms, communities and beneficiaries of the project. It also provides an opportunity for SEND to educate the stakeholders on the SALT approach and to benefit from feedback to support timely and effective implementation of activities planned for the project.

Participants commended SEND for the corporation and collaboration with the District Council, DHMT and local authorities in the implementation of project activities, and for always staying transparent and accountable in the implementation of projects in the district.

George Sellu, GIZ Administrative Officer, Kailahun said,

SEND implementation in Kailahun District is extensively spread and reaching remote communities to improve the lives of citizens to realize their potential in taking responsibility to seek solutions to their problems.

Francis Amara, focal person for DHMT/GIZ stated that

The primary health care unit is in close collaboration with community members which brings about ownership. He also explained to participants that the ASSET/SALT approach

is one of the cheapest in community project implementation and recommended that government should consider such approach in their projects implementation as it will lead to sustainability.

The Deputy Chief Administrator (Henry Powell) of Kailahun District Council said

this brings transparency and accountability to frontline stakeholders; community members will put sustainability measures in the project.

Hawa Daramy, District Health Sister 1 said,

It will strengthen the health system in the district and minimize the prevalence of diseases especially in cross border communities. The DHMT will always partner with SEND to render services towards improved disease surveillance and prevention in the district.

The chairperson for PWDs (Sellu Njiawa) acknowledged that

SEND always create space for people living with disabilities in all their interventions.

Theresa Satta Garber secretary – Kailahun Women in Governance Network (KWIGN) said,

women are more susceptible to disease conditions as they are mostly caregivers of sick persons. The likelihood of contracting diseases is always very high and therefore we are ready to give our fullest support in making this project a success

Using the SALT approach, participants were asked to reveal their dreams on how they would want to see the health system in the next ten years in Kailahun District. Their responses are stated below:

- Communities should be vigilant to promptly act on incidences of epidemic outbreak
- Communities should be able to identify causes, signs and symptoms of communicable diseases.
- Cross border communities should be able to put measures in place to monitor and control cross border movement.
- Infection Prevention and Control (IPC) practices should be taken seriously to prevent diseases.
- Communities should claim ownership and take responsibilities of the project.
- Communities should select volunteers to monitor cross border activities and to report to stakeholders for action to prevent the outbreak of infectious diseases

Orientation meeting with communities

Project orientation meetings were carried out in the thirty-two communities in the seven chiefdoms in Kailahun District, of which 489 were women and 553 men took part.

The following people took part in the meetings: town chiefs, mammy queens, youth leaders, health workers, community health workers, teachers, religious leaders, traditional healers, sanitary

officers and border security personnel from the various cross border points between Sierra Leone, Guinea and Liberia.

These meetings informed stakeholders in targeted chiefdoms and communities on the project content as described in the project inception meeting with stakeholders at the district level using the ASSET/SALT approach. Women and men present in all the community orientation meetings were educated on the tools and methodology of implementation of the project, especially on how the SALT approach is implemented. They learned that the ASSET/SALT approach is a way of thinking and the abbreviation stands for

- **Support, Stimulate, share:** Community members to reflect on the assets that exist in their lives, on the hopes and concerns. Supports communities in identifying and sharing solutions
- **Appreciate, analyze:** What people are already doing in their communities and how successful they lead their lives. Stimulate communities to analyze their assets, hopes and concerns and how they are interlinked
- **Listen/Learn, and link:** Ask questions. Don't enlighten. Listen and not to talk or teach. Help them to know who is not in their meeting and why the need to bring those groups
- **Transfer and transform:** Transform themselves with the help of their own assets and potentials and transfer the experience of power and self-reliance to other communities

They were educated that the SALT approach changes the mind-set and promotes self-reliance. It helps to identify and use own assets towards improving the health of the community. It avoids the current development model of imposing projects on communities. It releases and nurtures community assets that are already there and if the communities apply the approach, their life competence will be strengthened.

In summary, the orientation meetings in communities made target citizens understand that the project works with them to identify their health problems and discuss how they can find solutions to those problems within their communities, using their available resources. Awareness was also created for them to feel free to report to the nearby health facility any uncertain health condition that they observe in their community, enable stakeholders and health actors to take prompt action to contain disease outbreak. With this, communities are now alert of their immediate environment, those individual around them and will communicate any notifiable infectious diseases with local authorities and health teams for immediate response.

They have also learned to work together as community members to solve most of their health challenges and not to depend on only NGOs and the government to solve their problems and aided community people to stay alert in an event of outbreak of infectious diseases.

Training of Trainers workshop for SEND and MOH staff on the ASSET/SALT approach

Prior to the implementation of this project, a six-day Training of Trainers (ToT) was conducted in the GIZ Country Office in Freetown. The training commenced from the 20th – 26th May 2019. The training participants were from Christian Health Association Sierra Leone (CHASL), Kailahun District Health Management Team, and SEND Sierra Leone staff. Forty-four (44) people benefited from the training, of which twenty were women.

It built the capacity of the staff and provide them with the skills to enable them cascade the ASSET (Appreciate Stimulate Strengthen Engage Transfer), SALT (Stimulate Appreciate Listen/Learn Transfer) approach to community facilitators who will carry out project implementation at community level successfully. This training was facilitated by two consultants from DiFAEM/Germany, contracted by GIZ Sierra Leone.

The following topics discussed were highlighted during the TOT:

- Background of the primary health care services in Sierra Leone
- Why is community participation so important?
- ASSET/SALT approach tool (No one starts from point Zero)
- What ASSET/SALT stands for
- ASSET/SALT strengthen health from bottom top approach
- Community involvement using the ASSET/SALT approach tools for participation
- Health service improvement/training of health staff
- Steps in implementing an ASSET project (sensitization, preparation, SALT visitation and implementation)
- The SALT method (the way of thinking)
- SALT Cycle
- How SALT is organized and practiced
- Criteria for selecting SALT Community facilitators
- Communication skills
- Appreciation
- What is special about a SALT Community facilitator
- Types of facilitation
- SALT Documentation and analysis

- Community entering

Strategies used were group work and presentation, role play, field visit and more. The training focused primarily on Primary Health Care, which is a comprehensive approach to health and well-being centered on the needs and preferences of individuals, families and communities. It also addressed the broader elements of health like sanitation, water, nutrition education and economic factors. It is essential for community people to highly participate in health care decision making and shape their health proactively. *“Nothing about us without us”* this slogan emphasizes that no policy should be created and no community health decision should be taken without prior consultation and involvement of those it affects. Participants were divided into two groups to embark on four days simulation exercises in Thomson Bay and Gbendembu communities respectively. The community field exercises created a platform for participants to practice what has been taught to enhance more understanding of the ASSET/SALT approach. Furthermore, to trigger community people on how they would accept this methodology and use it to think conceptually in identifying their health challenges and seeks possible solutions. The SALT method stimulates community people to express their opinions, appreciate what they already have or think, listen to and learn and encourage them to transfer their new ways of handling life to other community members. With this method, community people are encouraged to reflect their assets and to make their dreams for a healthy community life become reality using their own means and resources.

The SALT method is accompanied by tools which aid to stimulate community ownership and participation.

These tools are:

1. **Historical Calendar:** This is a list of important past events that have had both positive and negative effects on the community. After this list has been tabulated, the community then is able to see the development and the pace of development that has occurred. And to also remind them about unfortunate situations they might have experienced in the past and outline solutions that were used to solve the problem.
2. **Geographical Community Mapping:** This is a map of the community that highlights important key structures in the community. It allows the community to identify existing infrastructural challenges.
3. **Social Community Mapping:** These are individuals/structures that have positive or negative influences on the people and the development of the community.
4. **Factors Contributing Positively And Negatively To the Community:** These are issues that either promote or demote health and development in the community.

5. **Developing Community Dreams:** These are developmental projects that the community wishes to embark on in the future.
6. **Low And High Hanging Fruits:** DHMT and SEND staff acquired knowledge on the ASSET/SALT approach as a new tool for project implementation that will enhance community participation for self-reliance and sustainability. They now understand the ASSET/SALT methodology. They are now confident in applying the ASSET/SALT approach in their respective operational communities to change the mind-set of men and women towards taking their own actions using their own available resources to address health and other challenges they face in their communities.

Selection of community facilitators

SEND introduced the project in 32 cross border communities and provided information on its content, approaches and target citizens. Staff explained the role of the Community Facilitators (CFs) and the communities' involvement in implementing the project, and how these activities are interlinked with the work done by the DHMT and health workers as the active involvement of a wide cross-section of communities is vital to the success of the project. Stakeholders including youths, religious leaders, traditional leaders, mammy queens, herbalists, health care workers, Community Health Workers (CHWs), sanitary officers, border security personnel, port health officers and community members were invited to the meetings and the content and approaches of the project were shared with them to enable them understand and participate in activities and in processes. The meetings also provide SEND staff with the opportunity to listen to their suggestions in order to improve on the use of strategies to implement activities. This activity-built ownership and partnership that contributed to the smooth on ongoing implementation of the project.

The CFs serve as liaison between SEND and the community people. This ensures an effective implementation and sustainability mechanism of the project as the facilitators are already development champions in their communities. It also maximizes community participation, ensures sense of ownership, transparency and accountability in the process. Each community was asked to present two persons (female and male) to serve as community facilitators. A total of sixty-four (64) community facilitators across the thirty-two (32) project communities were selected by community stakeholders for the implementation of the ASSET/SALT project. The following criteria were set for the selection of the CFs:

- The person should be resident in the community
- Should be respected by citizens and stakeholders
- Be developmentally oriented

- Honest with regards to community development
- With no criminal record
- Ready to work
- Be able to communicate in the local language
- Be dedicated to task

The CFs were assigned the following roles:

- Continuous SALT visitations at household level
- Organize community SALT meetings
- Train community members on ASSET/SALT tools
- Support communities in identifying their health problems for possible solution
- To ensure that action plans developed are monitored and implemented on time
- Participate in community, chiefdom and district level meetings
- To take minutes of community meetings
- Do follow up on development partners and district stakeholders on issues/challenges that could not be easily handled at community level
- Participates in experience sharing meetings

The CFs were provided with logistics such as books, pens and rulers to be used in taking minutes of meetings, to prepare log books for staff and visitors that may be visiting their communities for official work and to record their official responsibilities. The CFs have all been trained and are now providing SALT facilitation activities in all target communities. They facilitated the development of communities' action plans on health as attached.

Training of community facilitators on ASSET/SALT approach

Selected CFs were trained on the ASSET/SALT approach. These trainings were conducted for three days in nine cluster communities in the seven operational chiefdoms. Sixty-four (64) community facilitators and eight (8) health workers benefited from the training activities. Among the facilitators trained, thirty-two (32) were women. The trainings empowered CFs to enable them execute their roles and responsibilities in the implementation of the ASSET/SALT activities in their communities. The following key topics were explained to the women and men present in the trainings: community appreciation, community assets, differences between educator and facilitator, SALT conversation and visitation, geographical mapping, social mapping, historical calendar, factors contributing negatively and positively to health, low and high hanging fruit to help them have a clear understanding of their roles and responsibilities as facilitators. The rollout of the SALT trainings in communities by the CFs led to communities effectively making use of the

available resources in their communities to solve most of their health and developmental problems.

David P. Koroma, a community Facilitator in Takpoima in Malema chiefdom said,

The SALT approach has increased our knowledge to effectively carry out our responsibilities as citizens. Before this time, we have been involved in carrying out community development activities such as cleanings, road maintenance, farming activities, construction of community barray and more. Therefore, we need to take collective responsibility to identify and solve our health problems

Lardimie P. Tengbeh from Kamadu community in Kissi Tongi chiefdom emphasized that

the SALT methodology is one of the best as it will help us identify some key neglected assets available in our communities such as land, human resource, unity and labor that can be used in improving our health practices, preventing diseases in our communities.

One of the health care workers in Woroma in Penguia chiefdom, Tamba Sam said,

we should embrace this project together to enhance development in our communities, we should not always rely on NGOs or government to do everything for us because we already have the available local resources like sand, stones, sticks and so on which we can use to construct local latrines in our communities that can prevent us from contracting diseases such as diarrhea

The health in-charge in Dawa PHU in Kissi Tongi chiefdom- Ben Moses Fayia said

this approach will help community members identify their health and developmental problems and find suitable solution in solving these problems.

Support for the Community Facilitators

The CFs were supported with writing and recording materials, T-shirts, rain gears, and bags to enhance their community engagement and training activities. Each CF continue to receive stationary and stipends on monthly basis to enable them record activities and to move from one place to the other to facilitate SALT activities implementation.

Support communities to develop action plans on SALT approach

After the sensitization and education activities, the CFs supported the villages, coordinated by the Field Officers to develop ASSET/SALT Action Plans. Each community action plan is pasted at the community centre and at the PHU to remind them of their commitment.

The following stakeholders and community members took part in the development of the ASSET/SALT action plans: community chiefs, health workers, sanitary officers, teachers, PWDs, CHWs, societal heads, TBAs, immigration officers, custom officers, police personnel, religious leaders, youths, men, women and children.

These sessions enabled communities identify their existing health problems and find pathways in solving those problems using their own available resources within their communities through the ASSET/SALT approach. The sessions were inclusive and interactive, participants were ambitious in their contributions by making statements to identify and seek solutions to their health issues. Thirty-two (32) action plans were developed by community members to promote healthy living practices at community level. Every action plan has a stipulated time bound and responsible person (s)/ stakeholder or institution to carry out actions in solving problems highlighted. Some key problems listed were open defecation, unhygienic disposal of refuse, long distances to health facilities and the unavailability of safe drinking water source. These action plans will be monitored by the DHMT (Social Mobilization and M&E Officer), District Council health committee, M & E officer, community stakeholders, ward councilor, health workers and community facilitators to ensure that issues listed in the action plans are accomplished within the stipulated time bound.

Monthly review meetings are ongoing and facilitated by the CFs with communities to track progress of work on the implementation of the action plans. Progress of implementation will be documented and shared in the next report. The action plans for all communities are attached for consideration and reference.

TOT trainings for CFs on policies and best health practices

A Training of Trainers (TOT) on policies and best healthy living practices was organised by SEND in partnership with the DHMT in Kailahun. The TOT targeted the CFs and revitalised them at the community level and built their capacity on the Free Health care Policy, IPC compliance, maternal deaths, family planning and adolescent health, maternal deaths reviews, and immunization policies and practices. The TOT equipped the CFs with the skills and practical tools to facilitate policy literacy and community awareness activities in the 32 villages targeted by the projects. Throughout the project phase, 4 TOTs were organized in 3 days to ensure that the CFs understand the policies and best practices. This greatly enhanced their community engagement and enable them facilitate the SALT approach and to support communities to develop community action plans with less difficulties. SEND in partnership with the DHMT developed the training materials that enabled the DHMT to facilitate various training successfully

Capacity building for health workers and security personnel at border crossing points on cross infections

Interactions between ethnic groups, families and friends across the borders in the 32 communities continue to take place; cross border trading activities are ongoing; and exchange of cultural practices for example the secret societies are occurring. Furthermore, there are no security or health personnel in these remote villages and educational materials on health to create awareness and behavioural change. Health workers and security personnel working around the targeted villages were trained on IPC and cross infections. The training developed the skills of health workers and security personnel at border crossing points and provided them with new awareness on diseases prevention, which they are now using to support preventive and control mechanisms on cross border infectious diseases and in maintaining environmental hygiene in communities. It also equipped them with the skills to manage future occurrences of infectious diseases and viruses. This training was organized by SEND in partnership with the DHMT in Kailahun District and all target groups as in proposal participated.

Policy literacy sessions on health for communities

The CFs were supported to with logistics and financial resources to be able to organise policy literacy sessions in each of the 32 villages in the 7 chiefdoms. In each of the villages, the CFs in that village organized policy literacy activities on the Free Healthcare Policy, IPC compliance, maternal deaths and reviews, and family planning and immunizations. Prior to this, the CFs created the awareness of the community members on their rights and entitlements on health and the role they can play to improve health service delivery. SEND staff were assigned to mentor and guide the CFs in their policy literacy and other activities. As a result, members of each of the communities now understand the beneficiaries of the Free Health Care Policy, practice IPC compliance, share information on maternal death reviewed reported by the DHMT to communities to improve on ANC visits to minimized maternal death and actively practice family planning activities.

Overall, 172 CFs, health service providers, security personnel, port health officers, immigration and community facilitators benefited from the cross-border infection, family planning, maternal death, immunization, surveillance and Infection, Prevention Control (IPC) trainings and 640 men and women took part in the policy literacy sessions of which 50 and 125 are respectively male female and male.

All TOTs and capacity building activities were facilitated by staff from the DHMT in Kailahun to improve on the knowledge of health workers, community facilitators and security personnel on

the quick identification and response of highly infectious or other epidemic related diseases and report to the appropriate sectors for prompt and adequate measures.

Quarterly meetings at the DHMT with in-charges and community representatives including the community facilitators

SEND in partnership with the DHMT organized the 1st project partners quarterly coordination meeting at the DHMT Conference Hall in Kailahun District. This meeting was also witnessed by a team from the GIZ Country Office in Freetown. The purpose of this meeting was to update all relevant stakeholders on the progress of project implementation, lessons learned, challenges encountered and measures taken to address challenges and to discuss the way forward with the project. Forty (40) people participated in this meeting of which 13 and 27 were respectively female and male.

The participants of the meeting include: the Medical Superintendent representing the Kailahun District Medical Officer (DMO), the District Health Sister, Monitoring & Evaluation Officers 1 & 2, the District Disease Surveillance Officer, Social Mobilization Officer, District Human Resource Officer, Infection Prevention & Control Unit Representative, the Training Coordinator-Kailahun Maternal Child Health Training School, District Council Deputy Chairperson, the Deputy Chief Administrator, District Council Health Committee Chairman, Communication Officer, Monitoring & Evaluation Officer from the District Council, representatives of local authorities in the chiefdom, security personnel, community representatives from the target communities, community radio stations and other Development Partners from the Saving Lives Consortium led by IRC in Kailahun.

The Country Director of SEND made a presentation on the background of the project, approaches, activities already carried out, achievements, challenges encountered, recommendations & lessons learned from the implementation of the project in order to stay transparent and accountable with other partners to enhance effective collaboration for the effective implementation of the project.

During the preliminary part of the session, the Country Director of SEND briefly explained to partners present, the ASSET/SALT approach. It is an approach that transforms the mindset of communities to find solutions to their own health problems as the SALT approach also allows them to explore more alternatives to promote self-reliance through the identification and utilization of communities' assets. The Country Director went ahead to say that development partners mostly assume that the people in the villages know nothing or are virtually empty which is never the case. He stated that it is our responsibility to take ownership of this project and facilitate

communities' understanding of and use of their own assets to improve on healthy living in their communities. He also shared with participants the circle of influence of a typical rural community setting that portrays the relationship and interconnection among families, neighbors, personal or professional interest groups and the community itself. This was followed by the various steps in engaging communities on the SALT approach. He also presented the progress of implementation of activities, the findings from the implementation, the action plans developed by communities, and lessons learned.

The next steps in the project's implementation was also presented. Among them were compilation of the action plans previously developed by the 32 cross border communities, formation of community SALT committee, review of community action plans by community facilitators and the SALT committees, SALT training and action point development with health workers and mentoring, coaching and follow up on the implementation of community action plans.

At the end of the presentation by SEND, the following questions and comments were made. Followed by responses.

Francis Foday Amara the GIZ project focal person at the DHMT asked what are the prevalent problems in communities? James Mattia SALT Program Officer from SEND Sierra Leone mentioned that poor hand hygiene, skin infection and diarrhea cases.

The Monitoring & Evaluation Officer GIZ country office in Freetown (Ayodole B. Bangura) was also interested to know the issues that communities could not be able to solve by themselves but need external support: The Country Director SEND Sierra Leone said that the action plans projected were samples of action plans developed. However; there are some of the plans the communities would not be able to achieve by themselves. They will need external support to enable them implement proposed solutions

The Senior Public Health Superintendent (Madam Janet Hindowah) from the DHMT said 'how community health workers and other health care service providers can be involved in the implementation of the SALT approach'? The Country Director SEND SL responded that majority of the community facilitators are CHWs and there are plans to work with the CHWs currently not part of the project to be incorporated in the SALT Committees to be formed later in the project.

"The monitoring of this project is one of our key responsibilities as the success of this project will be a feather on our cap, but if it fails meaning the DHMT has failed" said the Medical Superintendent representing the District Medical Officer (Dr, Francis Lansana).

Councilor Jacob Y. Amara (the health committee chair person – Kailahun District council) thanked SEND – SL for the relentless effort in pointing out these updates, he further said “as a stakeholder I am quite aware of all those activities highlighted in the presentation” He recommended that SEND/DHMT should endeavor to train community stakeholders on the ASSET/SALT approach as this will ensure sustainability.

The Field Manager – International Rescue Committee IRC Kailahun (Theresa James) said that all the challenges mentioned might not virtually be mere challenges but rather things that could be handled by us. In her statement, “as stakeholders, we need to take responsibilities of such issues that are of concern to our health system in the District”.

Jefferey K. Morison, one of the surveillance officers from the DHMT – Kailahun commented that all the presentation relating to the various activities carried out were good and clearly portrayed an idea of team work between the District Health Management Team and its partners. We need to work as a team as long as we want to strengthen our health system in the District. It is also a huge challenge to us as DHMT in acting on some of these issues previously mentioned as you all could agree with me that the DHMT itself is faced with lots of challenges that are yet unaddressed.

The training coordinator of the Maternal & Child Health Training Center DHMT – Kailahun (Doris Nemahun) also mentioned the challenges encountered in the delivery of basic health services in the District most especially the present status of the human resource in the health system as most of the nurses are not on salaries, with this, she appealed to SEND & the District council to see on how they could collaborate in solving this situation.

The District Health Sister-1 (Hawa Daramy), also extended her gratitude to SEND for the far to reach, but also porous border communities. She said that most of the findings projected were not new things to them, but rather issues that they themselves have noted long ago. She made mention of these gaps such as challenges in the adherence to IPC practices, low outreach activities by nurses, low community sensitization campaigns and the unaccepted relationship between health care workers and the communities they served. She therefore, recommended an effective joint partner monitoring activity. It is very much important that such project is implemented in Kailahun District. “IPC is a key problem identified in this project therefore I commit myself in giving extensive support to achieve the objective of the project”.

The acting District Medical Officer further emphasized that the project is owned by the DHMT and they will ensure that it is successful, he committed of sharing their monitoring plan with SEND for action. ‘We will surely incorporate these community action plans into our Annual Work Plan (AWP)’ he emphasized.

The Project Manager Klaere Heyden from GIZ appreciated the Country Director of SEND (Joseph Ayamga) for the presentation done. She said GIZ is working in close partnership with the Government of Sierra Leone and that she works closely with the Chief Medical Officer and will certainly take all these discussions with him to see how they can fit in this approach into the primary health care hand book that is under review. She appreciated the DMO for his endless contributions towards the implementation of the project and the district as a whole. She added that she is so impressed with the presentation and all the activities that have been implemented.

Kindly find the PPT of the meeting attached for further information.

Community facilitators attend monthly meeting at PHUs

Community facilitators and health staff implementing the SALT methodology in the communities provided their update on community level activities, progress towards objectives, or challenges encountered to both the in-charge and FMC at community level during the monthly PHU meetings. With support from SALT field staff, 64 CFs participated in PHU monthly meetings in May, June and July respectively in 13 PHUs across the 32 operational communities in seven chiefdoms in the district. Representatives include CFs, PHU in-charges, FMC members, border security personnel, port health, sanitary officers, TBAs and chiefdom health development committee members. Among these were 112 men and 56 women. These meetings will help to strengthen the relationship and involvement of health care workers in community-level health activities, identify areas of collaboration for better disease surveillance and response system, and foster more accountability between the community and the health staff. During these meetings CFs gave update on activities undertaken in collaboration with community members. Among these are house to house visitation, facilitated the development of action plan, supported the formulation of SALT committee, roll out ASSET/SALT approach training to community members, monitor the progress of the action plan and more. This created an opportunity for CFs to explain the project content and methodology to stakeholders, facility management committee (FMC) members, health workers including the CHWs and traditional birth attendants (TBAs). Health in charges appreciated this approach as this link the community people closely to the PHUs. Also, informed people on the prevalence of common sicknesses like malaria, skin infections, diarrhoea and typhoid among children under age five. Inadequate supply of free health care drugs to PHUs and the frequency of pregnant women attending ANC visit. Community has the responsibility to ensure effective management of the PHU in monitoring the supply of drugs through the FMC members, care and minor repairs, ensure the practice of IPC, provide accommodation for health workers, cleaning of the PHU and raise awareness of community members to utilize the health services. This has resulted in close collaboration between the health care workers and community

people in building trust, strengthen relationship and as well creates platform to share experiences that promotes healthy behaviours in the communities.

Monthly in-charges meeting with DHMT

In charges across the 83 PHUs in the District meets on monthly basis at the District Health Management Team in Kailahun. The objective of this meeting is to share update on activities carried out, emerging health issues, successes and challenges they face in rendering their health services to the communities. This meeting attracts all DHMT sector heads such as the District Medical Officer (DMO), the District Health Sister (DHS – 1 & 2), District surveillance officers, District social mobilization officer, Malaria focal person, District IPC focal person and the environmental health officer. Within the three months period (June, July, August) 292 persons attended the monthly in-charges meeting, 194 were women and 98 men respectively.

In this meeting, each in charge gives updates of activities carried out in their health facilities. Such as the total number of cases seen as against the number of sick persons, drug supply, the occurrence of unusual diseases conditions if any, immunization, Anti – Natal – Care (ANC) visit including outreach activities and updates from development partners. Moreover, the number of cases referred for further medical attention is shared with the other in charges. Development partners also give update on their various activities implemented capturing targeted communities, tasks carried out, achievements, lessons learnt, challenges, recommendations and next action plans. During those meetings, SEND project staff take part in the meeting and share with participants/other in charges the various activities implemented under the community empowerment to participate in health service delivery along the cross-border communities bordering Liberia and Guinea. In-charges of the 13 targeted project PHUs highlight community initiatives in using their own available resources in solving their own health challenges through the ASSET /SALT methodology. Additionally, strengthening the relationship between health service providers and the communities they serve preparing them to be vigilant in responding to any form of unusual diseases condition. The in-charges share with other PHUs staff the development of community health action plans and capacity building training for communities in responding to any notifiable disease condition.

Quarterly cross-border meeting with DHMT, targeted PHU in-charges, and representatives from Guinea and Liberia

The District Health Management Team (DHMT), representatives from the Kailahun District Council in partnership with SEND Sierra Leone on Thursday, the 19th September, 2019 organized a joint cross – border meeting in Koindu, Kissi Teng chiefdom in Kailahun District. This meeting attracted a total number of fifty-three (53) participants among whom were thirty (30) men and twenty-three (23) women from the three sister countries; Sierra Leone, Guinea and Liberia. Representatives included community chiefs, community facilitators, health care service providers, traditional authorities, border security personnel, port health officers, immigration, representatives from the Office of the National Security (ONS), traditional healers and the media (SLBC). This meeting created a platform where participants could share their experiences with regards the current health situation within the three neighbouring countries. With this, updates, successes achieved in all cross-border response related activities; challenges and lessons learnt that could be used to triangulate best practices regarding disease surveillance and response system in the three countries.

The District Medical Superintendent - MS (Doctor Francis Lansana) representing the District Medical Officer (DMO) chaired the meeting, appreciated every one specifically representative from our neighbouring countries - Guinea and Liberia. “We all quite know how porous borders are and how we are exposing to diseases therefore everyone should be conscious of any unexpected diseases”. The implementing partner SEND (James Mattia) gave updates on behalf of the DHMT and the District council on activities done across the 32 porous border communities in the seven chiefdoms in the district along the Guinea and Liberia borders funded by the German Government through GIZ Sierra Leone with the aim of “***improving the surveillance and response system for notifiable diseases in Kailahun District.***” Activities carried out were, training of staff on ASSET/SALT Approach in Freetown, inception meeting with key stakeholders in Kailahun, Community orientation meetings (in 32 cross – border communities), Selection of Community Facilitators (in project targeted communities), Training of Community Facilitators at cluster level, Roll out of training by Community Facilitators, Creation of Action Plans, Support for the Community Facilitators with logistics, TOT for CFs on policies and best health practices and capacity building for health workers and security personnel at border crossing points on cross infections, Project partners 1st quarterly coordination meeting and the other activities as outlined in this report.

Chief Samuel Ganawa -Paramount chief of Kissi – Teng chiefdom welcomed everyone to the session, citing in the kissy local dialect “aah chahun-nor” meaning you are all welcome. He said that they have been fully involved in all health programs in his chiefdom and he assured the DHMT and all the other personalities that they will give their maximum support in making this project a success. Additionally, he admonished participants that he is happy for this venture in organizing such meeting in his chiefdom being that they are linking border with both Guinea and Liberia. As stakeholders, they are in a very crucial position, meaning they always have to be alert and vigilant in responding to any unusual situation like it happened in 2014 and 2015 during the EBOLA outbreak. The District now have about sixty – two (62) illegal border crossing points with twenty – four (24) leading from Koindu to Buedu in the Kissi Tongi chiefdom leading to Liberia with only two major crossing – points (Baidu and Yenga) which are being closely monitored. Therefore, it is the responsibility of us as citizens to be monitoring these crossing points as it not only about the movement of human beings but even the movement of people with animals across these communities can also pose health hazards. He continued to say that in ensuring good health, we need to first look at the sanitation aspect of our dwellings as the saying goes “prevention is better than cure” He therefore, recommended more trainings for community health workers (CHWs) who in turn will continue monitoring this situation. “One needs to prepare him/herself, early warning, early respond”.

Doctor Francis Lansana, thanked Chief Ganawa for the excellent contribution, he applauded him by saying “one of the strengths we have as a District is that, we always have our District stakeholders by us when it comes to the issue of collaboration to strengthening our health system, he concluded by saying that the paramount chief spoke like a Medical Doctor. He advised everyone to be very conscious of his/her health dwelling place to prevent him/herself from getting sick. He continues to say that cross – border is not only about humans but also animals from which we can also contract diseases

The chiefdom speaker, chief Fallah Jusu of Kissi–Teng chiefdom was also giving the opportunity to give few statements with regards the meeting, in his speech, he thanked everyone present, with key focus to representatives from the two sister countries (Guinea and Liberia). Giving reference to the EBOLA crisis, he stated that as humans, it is never good for certain past events or incidences to repeat itself, he emphasized that pregnant women should not be giving birth on the roads especially now that we have much support as there are ambulances available the District. “Let all of us remember that any problem anyone of these three countries experience, the others will surely face the same”.

The chiefdom mammy queen Kissi Teng chiefdom-Haja Isata Koroma speaking to the forum, advised her fellow women to report any unusual health situation that is being noticed within their communities which could help in prompt and early response. Similar meetings have been happening in Foya and Bichana in Liberia. Continuing her speech, made it known to others that she has also be invited to participate in similar meeting that is going to be organized in Cote' de voire come this December, 2019. Going further, she appealed to the Government of Sierra Leone to support the respective borders with border security personnel as majority of these borders are very porous. She expressed to the other participants that it is rather a problem seeing most people becoming reluctant in doing cleanings around their premises, she also appealed to her colleague women not to waste any time whenever they have labor cases in their communities and that they should always learn to call on ambulances to aid the situation.

Jacob Y. Amara the health committee chairperson from the Kailahun District council on behalf of the Kailahun District council chairman, thanked the DHMT and SEND for coming up with such a remarkable meeting which to him is very important in addressing a strengthened health system in the District. He said that Koindu in Sierra Leone, Geukedou in Guinea and Foya in Liberia are all one family members as quite a lot of people within these areas seeks health care services from any of these three countries and as we all know that health has no boundary. Therefore, he cautioned everyone living along these cross – border areas to be very vigilant. He also said that, it is their responsibility as stakeholders to give support to the community facilitators in ensuring that they monitor all cross – border activities. Councilor Jacob Y. Amara said “I hope that the preparedness we have started here in Sierra Leone is the same in the other two countries and if not so then this platform is surely going to be a learning point for everyone” he said.

The in – charge of the Nongorwa health center in Guinea (Seilay Tornor said that if everyone present could remember during the EBOLA crisis lots of people got infected and high death rate which to him with concerted efforts, we were able to effectively respond and curtailed it. He said that on the side of Guinea, they already have community health workers (CHWs) who are constantly sharing information with their respective health authorities, he said that their focus is not only human activities/illnesses but even the movement of animals across the crossing points. He said that the issue of insufficient security personnel to monitor the borders remains the same problem in either of these three countries, Seilay Tornor therefore, continue to say that such meeting is an important one as it helps in putting ideas together in setting up strategies in responding to any form of epidemic outbreak, he continue to say that they alone cannot do it all but with the support of everyone then things will work well. He re-echoed in the minds of everyone

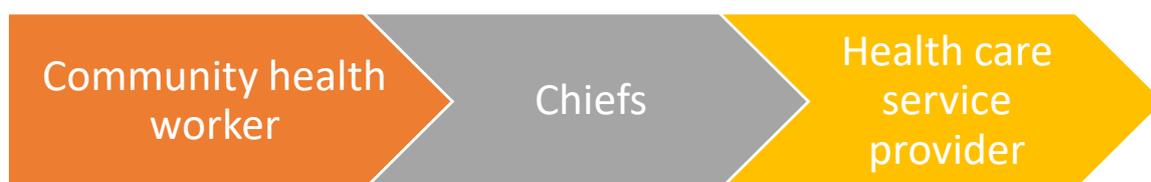
about the outbreak of Ebola Virus, which destabilized the entire health systems across the three countries for which he admonishes all participants to remain vigilant and committed

Yawah Allie Mammy Queen from Mendekorma in Liberia on behalf of their Liberian counterparts thanked her colleagues present by pledging that they will also remain committed as they quite well know that if anything happens in any of these countries it will surely affect the rest of the others, she ended.

The public health superintendent (Janet Hindowah) from the DHMT in Kailahun on behalf of her team expressed that they have been carrying out a lot of cross – border related activities at the various crossing points right from the time of the EBOLA outbreak, she went ahead to even inform the gathering that there are port health officers currently monitoring these borders for any form of unaccepted border activity that may be of hazard to the country. She explained that she has before this time participated in such meetings in both Guinea and Liberia. She also made mention of port health services and engagements that the World Health Organization has being offering just in order to strengthen cross – border activities. Janet Hindowah also said that as public specialists, the public ordinance and the international health regulation is their guiding principles/tool that enhance them in executing their day to day duties/tasks and that this also gives authority to all port health officers to exercise their tasks' She went ahead to mention the following roles and responsibilities of all port health officers as seen below;

- Work with all categories of border security personnel
- Monitor the movement of people across the borders
- To promote infection prevention and control measures (IPC) at the crossing points
- Promotes border sanitation
- Monitor the quality of food stuff/items that moves in and out of the country
- They are also expected to monitor the health status of travellers who moves in and out of the country
- Etc.

She continued to say that “we cannot strengthen the surveillance system if our communities are not strengthened thereby; she encouraged communities to learn in reporting any unusual health situation like measles, EBOLA, Lassa Fever etc. She further emphasized that people should lay premium on reporting cases to the nearest health authorities, below is a simple reporting channel she outlined:



Ahmed Sheriff the in-charge Koindu PHU who also serves in the capacity as chieftom supervisor thanked the District Health Management Team, the District Council, SEND Sierra Leone and the entire stakeholders present for making it a point of duty to attend this all important meeting as it is also a way of strengthening the health system in the District especially, in the case of their work in the chieftom as they live along these two strategic points bordering with both Guinea and Liberia. He said that they have before this time trained all their community health workers and giving them specific case definition forms that they use to report any form of unusual case in their communities. He went ahead to thank all local authorities and border security personnel for their efforts in monitoring all cross-border activities especially when it comes to responding to health issues. He said that PHU staff will continue to talk to community people in visiting Health centers whenever they are sick.

The officer in charge (Abenigo Korlie) of the mendekorma health center in Liberia also thanked all participants especially stakeholders present for calling up such an important meeting as it is all in the interest of citizens of the entire three countries. He said that they have group of people they work with when it comes to responding any abnormal case, these people have been trained on certain disease condition for which they are always there to advise people to go to the health center whenever such conditions are experienced. He explained that this was the same during the EBOLA epidemic outbreak. Doctor Francis Lansana asked; how long does it take you in Liberia to give feedback when it comes to disease response? The in-charge (Abenigo) responded that within three to seven days' time or as the case may be. He continued to say that those working at the various border crossing points are the ones that are responsible for most of the illegal crossing that takes place as they take money from travellers and end up not doing their right task

The District council health committee chairperson continue to say that communities continue to give support to those structure that SEND constructed at the various crossing points. The superintendent DHMT encouraged participants to continue following up on the CHWs in ensuring

that they monitor all cross-border activities, health activities in their communities especially the status and visit of pregnant women to the nearest health facilities

At the end of the meeting, the chairman of the meeting Doctor Francis Lansana had to encourage participants to create a communication link that could be used between the three countries as a form of communication channel when it comes to epidemic response, he therefore, suggested the following; contact lines, WhatsApp groups or any other form to be created for an effective response mechanism between the three countries

The following action points were then agreed upon;

- Community ownership
- To empower community health workers (CHWs) and traditional birth attendance (TBAs) in monitoring pregnant women access to health facilities especially for ANC visits
- Regular cross-border meetings and sharing minutes of cross border meetings organized with DHMT
- Creating WHATSAPP groups comprising District and cross border staff
- The implementation of one health approach at all the border communities
- Before the meeting commence, participants had the following expectations to share with the audience: that the three countries should have a consolidated action plan in responding to cross border infections, ensure a prompt information sharing in cases of epidemic outbreaks, communities taking their own health issues in their hands even without external or outside support, the three countries will jointly work in the fight towards eradicating any form of outbreak, will obviously share messages from the meeting with those not present.

Lessons Learned

- When communities are effectively sensitized about their roles in communities development, and the assets they have, they are more like to take practical steps on their own to solve community development challenges such as health. This was evident through the role out of the SALT approach that created the critical consciousness among members of the targeted communities and enable them realise the available resources or assets within their community that can be mobilised, leveraged and used for community development
- The ASSET/SALT approach strengthens the health system from bottom top through community own initiatives for better health services

Recommendations

- The ASSET/SALT Approach is time consuming. More days are needed for the training of community facilitators, rolling out the approach and having the time to continue to monitor and mentor the community facilitators and communities to implement their action plans. However, SEND has to act creatively because the project only lasts for nine months. To be effective in following up on the implementation of the approach to bring about tangible results, we strongly recommend cost extension of the project to enable more mentorships, follow ups and documentation of successes that can be communicated.
- We are learning that the SALT approach is gradually becoming a very good tool for communities animation on health rights and communities taking their own initiatives to address major health challenges. We recommend that GIZ and the DHMT in Kailahun support the documentation of the approach and the sharing of the lessons learned at the national level to ensure that the approach is adopted by the MOHs in Sierra Leone
- Gender inequalities matters continue to limit the participation of women and girls in communities initiatives towards communities development. It took so much time and efforts from the staff of SEND to succeed involving more women. We recommend that GIZ supports SEND and DHMT to role out gender education in the target communities and in the future, gender education should through the Gender Model Family approach pioneered by SEND be incorporated in interventions in other districts

Schedule of Remaining activities

Activities	When (2019)
Review of community action plan	Ongoing
Awareness raising on health policy	Ongoing
Community facilitators attend monthly meetings at PHU level	Ongoing
Monitoring of project activities	Ongoing
Quarterly coordination meeting at the DHMT with in-charges and community representatives	October
Quarterly coordination meeting for partners	November
Health summit	December
PHU in-charges meeting	Ongoing