PARES Case Study of Engagement & Involvement for Resilience

Case Study Title: **Sierra Leone, Water Insecurity, Social Learning**

Country/location: Sierra Leone, Eastern Province, Kailahun District, Bunumbu

Crisis/challenge type: Water Insecurity

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PARES Domain illustrated by this case study

Learning and capabilities for resilience: Paramount chief's role in making prompt report to the District Health Management Team in Kailahun and the swift actions taken by the DHMT, PHU and the locals in controlling the spread of diarrhoea in the community.

Recommended Actions

Community: Community people to be active in making prompt report on water borne diseases and other gastrointestinal infections to PHU and local authorities.
Local authorities: Link with different stakeholders in the health sector and water management departments (for example Sierra Leone Water Company /SALWACO) in addressing rural water crises and associated diseases.
Government: To embark on supporting local councils in establishment of more water sources, PHU staff and drugs

Data for this case analysis

Household Census, Focus group discussions, observations, Key Informant Interviews (KII) in Bunumbu, Kailahun District.

Key Message

People observed that when they drank unclean water they got diarrhoea. People then began to put pressure on their Paramount Chief (PC) who reported the sicknesses to the DHMT in Kailahun Town, which resulted in action by health staff on both treatment and prevention. This transformed community understanding

about water-borne illnesses, encouraging people who became sick to report promptly to the nearest health facilities and precipitating long-term action to clean and protect drinking water sources.

Case Study Summary

In Bunumbu, a village in Kailahun District, communities were dealing with poor drinking water facilities. Water treatment plants and piped water supply systems, introduced several decades ago, have deteriorated. When these systems still functioned, people neglected traditional water wells. A severe outbreak of diarrhoea in 2002 created an immediate crisis. People then began to put pressure on their Paramount Chief which triggered his action to report the sicknesses to the DHMT in Kailahun Town. The chief also began to engage and arrange outside help (e.g. chlorine for wells). Community leaders also approached the staff at the peripheral health unit facility (PHU), who undertook health education activities for prevention and control of water-borne disease, teaching people about how to prevent diarrhoea (hand washing, boiling the water and also chlorinating the drinking water). The interactions with the PHU created increased awareness of water borne diseases and hygiene practices and also reduced people's hesitation to seek advice from PHU staff so that people reported more promptly to health facilities.

Detailed Explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

In Kailahun District and Bunumbu in particular, hand pump wells built years ago stand broken and abandoned, forcing communities to unsafe water sources (unprotected wells and streams). The return of the community people to their old water sources and development of new untreated wells contributed to the outbreak of water borne diseases and other gastro-intestinal infections in Bunumbu. In the dry season community people coming from their farms collect stream water and their children bath in the contaminated pool of water in the Maleh River and the Loya Screams. Children were exposed to water-borne health conditions (schistosomiases).

The actions (mechanisms) that were observed to lead to resilience outcomes

During a severe outbreak of diarrhoea in the village, people began to put pressure on their Paramount Chief (PC) to get help. The PC acted promptly, reporting the sicknesses to the DHMT in Kailahun Town. The chief also began to engage and arrange outside help (e.g. chlorine for wells). Community leaders also approached the staff at the peripheral health unit facility. The DHMT also responded rapidly, engaging the PHU staff, local community authorities, the P.C and all people of the community in a meeting. Collective actions were decided and taken and community people were told to report all cases to the PHU. PHU staff began activities in prevention and control of water-borne disease and provided health education activities in the community about how to prevent diarrhoea (hand washing, boiling the water and also chlorinating the drinking water). This in turn transformed community understanding about water-borne illnesses which encouraged people who became sick to report promptly to the nearest health facilities. Local authorities and the PC formed a committee to monitor water gathering sources and make weekly reports for the attention of the health workers. This created a social platform for community people to interact with their local authorities and that of PHU staff.

Observed outcomes

Health related outcomes: Diarrhoea cases were more promptly reported to the PHU for diagnosis and treatment.

Some community youths were trained as local sanitary monitors to regularly monitor sanitary condition of water sources and make reports to PHU staff. The local authorities instituted by-laws to monitor the wells and fines levelled on people who went against the sanitary by-laws. It became a collective action of all community members to monitor the wells. Fines collected from by-law breakers were kept by the village Development Community for maintenance of wells and as a stipend for the local sanitary officers.

System level outcomes: Trust in the local leadership increased and collective actions were taken to address water insecurity. Proactive actions included monitoring water sources and imposing fines when by-laws protecting water sources were not observed. Connections have been made with SALWACO in Kailahun to secure longer-term durable solutions to the water supply issue than reliance on a single natural spring.

Case Evidence

Vignette #1 in Sierra Leone – Water Insecurity –Supporting Evidence document

Related case studies

Sierra Leone – Water Insecurity – Universities as enablers

Other relevant case studies

Sierra Leone

Sierra Leone – Malaria-CHWs – Trusted leaders
Sierra Leone – Malaria-CHWs – Social Capital
Sierra Leone – Malaria-CHWs – Resource Mobilisation
Sierra Leone – Lassa – Trusted Leaders
Sierra Leone – Lassa – Knowledge Systems Alignment
Sierra Leone – Lassa – Communication & Information Systems
Sierra Leone – Lassa – Institutional Learning
Sierra Leone – Lassa – Social Learning
Sierra Leone – Traditional-Biomedicine tensions – Social learning
Sierra Leone – Traditional-Biomedicine tensions – Knowledge Systems Alignment