



With new confidence into a healthy future

*The results of the Regional Confidence Project (RCP)
conducted in Liberia and Guinea
between September 2016 and August 2017*



The project

The Regional Confidence Project (RCP) started on 1st September 2016 with funding from the German Ministry of Economic Cooperation and Development (Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung, BMZ). Planned for 12 months, the project targeted to improve the relationship and confidence base between communities and health facilities along the border of Liberia and Guinea. Both countries had been severely affected by the Ebola epidemic.

The need for such an intervention was identified during Open Space Conferences conducted in early 2016 in the three Ebola-struck countries of Guinea, Liberia and Sierra Leone. The Open Space Conferences gathered per country around 130 to 160 individuals who were in one way or another affected by Ebola as providers or users of the health care system. This included teenage mothers as much as

fishermen, market women, doctors, nurses, the health administration, church and village leaders and numerous other people. They came with their own agenda, their priorities, their view on the experienced health crisis. During the Open Space Conferences, in a highly participatory way, a severe loss of confidence of the population in their health care providers was regarded as a high impact problem. This loss of confidence affected utilization of health services, participation in vaccination campaigns for children and visits of health facilities for antenatal care and deliveries.

The follow-up project which derived from the Open Space Conferences, targeted to re-establish good and trustful interaction between communities and hospitals, health centres and dispensaries in the cross-border area between Gbarnga and Ganta on the Liberian side and Diécké and Bignamou on the Guinean side. In this particular area, Liberians and Guineans are highly mobile, crossing the border



frequently for working, seeking health care or visiting family. Therefore, in Liberia three and in Guinea four health facilities were selected as key partners of the Regional Confidence Project (RCP) as well as eight communities surrounding them. In total, the project worked with 7 institutions and 16 villages. RCP took a 3-tier approach:

1. To fill pressing gaps in terms of infrastructure and equipment of the facilities
2. To train personnel in infection prevention and control
3. To enable communities to find solutions to health challenges from a basis of their own strength using the SALT method

RCP provided solar panels, beds, consultation and delivery tables, motorbikes for community outreach, funds for renovation and some smaller medical supplies. The training of health personnel engaged the staff of the partner facilities but also reached out to personnel from other health centres, particularly in Guinea. For SALT, two community facilitators per village as well as health staff were trained in several trainings. They guided their home communities in changing their focus from a gap perspective to a profound understanding of community strengths and potentials.

The centrepiece of the project was the SALT method but in the end it was the interplay of all three components that led to a measurable improvement of confidence between communities and health facilities in both countries.

The conflict around pregnant women in Galakpaye, Guinea



The health post in Galakpaye had not been frequented by pregnant women before the project started. Traditional birth attendants did not send the pregnant women to the health post for delivery. Initiated by the SALT discussions, issues of distrust were discussed and solved within the villages. The equipment of the health post with a delivery bed (being set up on the photo) and solar energy for light was an additional motivation for the traditional birth attendants to support Bernadette Kolié, the officer in charge. Now, Bernadette has much more to do – the number of deliveries has gone up from 11 to 29 in the first half year of 2017.

Care for community members in the remote villages of Kpolokpalai and Tormue, Liberia



The villages Kpolokpalai and Tormue are very remote and access is difficult especially in the rainy season (where the project team got stuck on the photo). The discussion of health issues using the SALT method brought all these problems to the fore. Health staff from the African Fundamental Baptist Mission Clinic participated. This feeling of care which developed during the SALT visits nurtured the motivation to use the health facility more often, especially pregnant women.

The SALT method

SALT changes the mind-set. Looking at the glass as being half full helps to gain a fresh understanding of existing problems and opportunities to resolve them. The SALT abbreviation stands for

S	Stimulate
A	Appreciate
L	Listen and Learn
T	Transfer

SALT can be applied to all dimensions of life, but in the case of RCP health was the focus. Communities often are not aware of their own strengths, i.e. their health assets, and therefore struggle to respond to health challenges. Facilitators can help communities to identify and use these assets towards improving the health of the community. Instead of imposing projects on the community or creating something new, the facilitators release and nurture community assets that are already there. This community counselling process strengthens community life competence. In the sense of a project cycle, the SALT method asks crucial questions: Who are we as a village? Where are we now with respect to a certain life topic? Where do we want to be? How can we get there? After a while, a reflection follows – Have we achieved the necessary changes?

The SALT facilitators trigger the discussion in the community. They introduce instruments for self-analysis to facilitate joint understanding and help to formulate a community dream that can be realized with village means in a manageable period of time.

In community reunions as well as visits of groups and associations conducted in the course of RCP, the facilitators helped the villages by using the historical calendar to explore who they are and which assets and strengths they had in the past. They initiated a mapping of the village to see the assets at a glance. With an additional social mapping, community members analysed how specific community members are affected by ill health, which risks exist, which social groups are important for strengthening healthy behaviour and practices. Jointly they discussed and prioritized factors promoting and endangering health such as behaviour, cultural rites or social rules. With all this information the community was able to shape its dream of what kind of community it wants to be, and where it finds itself on

the path towards this dream. This opened the way to plan the community action that is needed.

In the case of RCP, the communities wanted to become places which are clean, where sanitation facilities exist, in which community members get the health care they need. In order to achieve this, they planned among other things systematic cleaning, construction of latrines and regular meetings between health facilities and communities. During the SALT visits in which health staff usually participated, conflicts between health facilities and villages were addressed and resolved. In both countries, the health authorities of the counties or the prefectures were part of the team and were involved in the emerging new dialogue between health facilities and communities.

The results of the project

Self-motivated community action



Apart from the measured indicators, more positive changes became visible in each community. The communities in both countries were very concerned with seasonal diseases like diarrhoea and malaria as well as with issues of hygiene in their villages. Therefore, almost all the villages made plans to clean public places regularly and increase the number of public latrines. The creation of waste disposal sites was scheduled in some places while others decided to construct a cemetery outside the village. Access to clean water sources was regulated, as well as use of bed nets against mosquitos.

One of the most important achievements of RCP was that it motivated community members to talk about health issues and that it facilitated communi-

cation between communities and health facilities. In the planning of the project, it was anticipated that such a constructive dialogue would lead to measurable indicators in terms of utilisation of health services. Therefore, the project measured at the beginning and at the end:

1. How many pregnant women from the project villages came to their last antenatal care visit;
2. How many patients from the project villages were visiting the health centre for general treatment;
3. Which percentage of villages reported regularly disease cases and deaths to the health facilities;
4. How satisfied health staff was in the participating health facilities.

Between 2016 and 2017, a very positive change has taken place in both countries in terms of health service utilisation. Utilisation has increased tremendously, especially in the smaller health facilities due to the fact that memories of the Ebola epidemic seem to be fading and the population in general resumed using health facilities. However, the RCP did contribute strongly to this very positive development by making a direct effort to involve community members and health services in a process of an asset-based dialogue. This can be seen well in the context of the smaller health facilities and their surrounding villages which participated in the project. The project team realised that data reporting is still a challenge and this needs to be taken into consideration when interpreting the results. The outcomes in detail:

Indicator 1: Number of pregnant women coming to the last antenatal care (ANC) visit

Community	Health facility	Country	Use of last ANC visit 01-06/2016	Use of last ANC visit 01-06/2017	Increase in %
Kpolokpalai	AFBMC ¹	Liberia	2	18	800%
Tormue	AFBMC	Liberia	4	20	400%
Sinoyea	Agape Clinic	Liberia	9	14	56%
Goll Farm	Agape Clinic	Liberia	27	31	15%
Busie	GUMH ²	Liberia	1	7	600%
Lehgain	GUMH	Liberia	1	2	100%
Whiepa	GUMH	Liberia	5	8	60%
Gampakpia	GUMH	Liberia	0	0	0%
Bignamou and other communities	CS ³ Bignamou	Guinea	344	279	-19%
Veah	Clinique Méthodiste	Guinea	122	191	57%
Naapa		Guinea			
Korohuon and other communities		Guinea			

1 / African Fundamental Baptist Mission Clinic

2 / Ganta United Methodist Hospital

3 / Centre de Santé

Indicator 2: Number of patients coming for general treatment

Community	Health facility	Country	Use of services 01-06/2016	Use of services 01-06/2017	Increase in %
Kpolokpalai	AFBMC	Liberia	26	30	15%
Tormue	AFBMC	Liberia	9	36	300%
Sinoyea	Agape Clinic	Liberia	128	427	234%
Goll Farm	Agape Clinic	Liberia	66	160	142%
Busie	GUMH	Liberia	149	124	-17%
Lehgain	GUMH	Liberia	46	58	26%
Whiepa	GUMH	Liberia	135	159	18%
Gampakpia	GUMH	Liberia	4	0	-100%
Galakpaye	PS ⁴ Galakpaye	Guinea	87	216	148%
Daniné	PS Galakpaye	Guinea			
Guiby	PS Galakpaye	Guinea			
Bignamou and other communities	Centre de Santé CS Bignamou	Guinea	646	2087	223%
Baala	PS Baala	Guinea	132	1615	1123%
Naapa	PS Naapa	Guinea	200	287	44%
Veah	Clinique Méthodiste	Guinea	1686	2879	71%
Korohuon and other communities					

4 / Poste de Santé

Indicator 3: Percentage of villages reporting regularly disease cases and deaths to the health facilities

In Liberia, all villages (100%) reported regularly to the general Community Health Volunteers in 2016 and 2017 who again transferred the data to the health facilities. In Guinea, reporting of sick and deceased people to the health posts Baala and Galakpaye just started in 2017 again. The two health posts report to the health centers in Diécké and Bignamou. The Clinique Méthodiste as a faith-based facility did not collect data from villages.

Indicator 4: Staff satisfaction in health facilities

The RCP also measured health staff satisfaction as one indicator for an environment of confidence. In two questionnaire surveys, health staff was asked questions around their professional life. Due to the short time frame, the project could not work intensively on workplace improvements, the indicator is not a sharp reflection of project achievements. Nonetheless, there was a slight improvement of staff satisfaction especially in the areas of training, equipment/refurbishing and community outreach.

Further outputs of the RCP

In the process of SALT discussions and visits in the villages, dreams and activity plans were developed by the community members. These also included aspects of collaboration with health facilities as in the community of Veah, Diécké where a committee consisting of community members and staff of the Clinique Méthodiste was put in place to regularly discuss issues of health.

In Liberia, 20 team members of three health centres were trained, among them laboratory personnel, janitors and nurses. They started off in the training with a knowledge level of 63%. The post test showed a knowledge increase of 8% to 71%. In Guinea, the knowledge level at the beginning of the training was at a low 11%. It could be increased by 4% to 15%. The trainees comprised of officers in charge of health posts, nurses, hygienists and laboratory technicians. The results of the training show clearly that further efforts are needed to strengthen staff capacities on hygiene in order to prevent and control infectious diseases like cholera or Ebola.

Hand washing facilities were installed in the entry and exit areas as well as near the toilets in the health facilities. Water buckets and soap were also distributed to the villages and installed in central places.

In both countries, RCP looked at the most profound gaps in terms of infrastructure and equipment. The provided materials covered hygiene and infection prevention as much as basic health care. In Guinea, one health post was in very bad shape construction-wise while the other lacked basic equipment like a delivery bed or pliers and scissors for wound

treatment. The project assured that the necessary renovations were made and both health posts were equipped with consultation tables and beds. In addition, medical supplies, especially infrared thermometers, personal protective equipment and cleaning and sanitation products were delivered. The difficult energy situation in two facilities was resolved by installing solar panels with a battery system.

In Liberia, Agape Clinic underwent a repartition to create space for an antenatal care consultation room. For storage items, walls were constructed on a backside veranda so that within the building registration and consultation received more physical space. The other two facilities GUMH and AFBM received motorcycles for community outreach. In addition, all facilities were equipped with infection prevention and control items like thermometers or hygiene articles.

Complete neglect of the health post Baala, Guinea



The health post of Baala was completely neglected by the surrounding area. A particular conflict existed between the officer in charge and a traditional birth attendant. When the renovation of the health post started, there was absolutely no contribution from the villagers. SALT discussions took place in the community in which not only the officer in charge participated but also the district medical officer of the Prefecture of Diécké. In these SALT talks the mutual reservations could be solved. In the end the villagers contributed stones, gravel and other building materials to the renovation. While the officer in charge had to treat on average 22 persons a month in the the first of 2016, he is now seeing around 9 patients a day or about 180 patients per month.

Challenges and lessons learned

Building confidence in a community takes much longer than one year and therefore we are very much aware that the process initiated by the project must continue and sustainable change can only be achieved if this process continues longer term.

The SALT approach uses well established methodology that is however, not widely known. It was originally planned to conduct two trainings for SALT facilitators. However, the methodology is completely unknown and new to the target communities in Liberia and Guinea. People are more used to health education and promotion by experts and specially trained community members. It took four trainings in Guinea and three trainings in Liberia to overcome this thinking and to enable the facilitators to stimulate discussions without dominating them with directives on what should be done about health.

For a good success of the methodology it is very important to choose the right persons as facilitators. For future SALT trainings, criteria have been developed on the profile of an ideal facilitator. He or she should have a good grasp of the perspective on strengths and assets in the community. They should be respected, appreciative and able to ask questions in front of a community. It is very important that potential facilitators easily relate to the role of being a community counsellor or facilitator. The community facilitator should be a person who is personally committed to improving the living conditions of his or her community. However, he or she should not have a prescriptive attitude but rather approach the own community with openness and the desire to understand and learn.

The time frame of the RCP was very short and very ambitious both at community and health facility level. With more time, the training of health staff could have been improved. The trainings did improve the knowledge level of health staff on infection prevention and control. Still, in-house support and more intensified training particularly in Guinea would have increased the benefit of this activity.

Payment issues at Agape clinic in Liberia



The problems started when the Agape clinic had to raise its fees for services above the level of public dispensaries. People from the surrounding villages started to stay away. The SALT discussions gave room to explain the special needs of a faith-based health care provider. They also encouraged community members to speak about their needs. Based on this discourse, the project financed a repartition of the building and the construction of a storage room so that a new consultation room for antenatal care could be created. This is much more convenient for the women from the nearby villages. And even the district authorities now support Agape clinic with a midwife working part-time at the facility.

The RCP Partners

Difäm

As an organisation for Christian health work worldwide, Difäm – the German Institute for Medical Mission – promotes justice in health care. It has been Difäm's aim for more than 100 years to provide access to quality health care services especially for poor and marginalised people. Through projects, technical support and capacity development, Difäm provides assistance for health system strengthening, primary health care, supply of essential medicines and quality of clinical care.

www.difaem.de

TINKISSO

Tinkisso - Antenna for Health and Sustainable Development has as mandate to improve access of the Guinean population to potable water, basic health services, nutrition and sustainable development. As an NGO it engages in social marketing and communication for health and supports the Guinean government in preventing water-borne diseases, promoting hygiene and sanitation, averting malnutrition and reducing the negative impacts on the environment.

www.tinkisso.org

The Christian Health Association of Liberia (CHAL)

The Christian Health Association of Liberia (CHAL), founded in 1975, is working through a network of faith-based health facilities. The membership of CHAL is currently spread in eleven of the fifteen counties of Liberia, covering around 19% of national health care providers but 30% of the Liberian population. CHAL delivers services with respect to essential medicines and medical supplies through an own drug supply unit, contributes to capacity and infrastructure development of its members and runs programmes on community health.

<http://challiberia.org/>

The Constellation

The Constellation is a registered Belgian non-profit organisation founded in 2005. It has grown into a movement of individuals and communities, and a network of facilitators and coaches, bound by the belief in the strengths of individuals and communities to co-create a common vision, address their own challenges, act and adapt. Since 2005, The Constellation has facilitated local responses in more than 60 countries, through more than 100 partnerships with governments, national and international organisations.

www.communitylifecompetence.org

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