

Community Outreach Initiative: Infectious Disease
Project Focus: Cholera
Target Community: Kroo Bay

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INTRODUCTION

Sierra Leone is a small country in West Africa, it is divided into four regions: North, South, East and West. These regions are further divided into districts. The Northern region is divided into five (5) districts, the Southern region is divided into four (4) districts, the Eastern region is divided into three (3) districts and the Western region is divided into two (2). Overall, there are fourteen (14) districts in Sierra Leone with one hundred and forty nine (149) chiefdoms. There are seventeen (17) ethnic groups in the country and they are; Mende, Themne, Susu, Fullah, Sherbro, Mandingo, Koranko, Limba, Yalunka, Krim, Vai, Kroo, Loko, Krio, Kissi, Kono and Bullum. There are two major seasons in Sierra Leone: the rainy and dry season. Sierra Leone's capital city, Freetown, has an estimated population of more than 800,000 people.

In the Western part of Freetown is a large community called Kroo Bay, which is located in a slum area with a heavily populated urban area characterized by substandard housing near the sea. The major occupations of most Kroo Bay residents are fishing, tailoring and trading. While there are two primary schools in the community, a majority of the inhabitants of Kroo Bay are illiterate. The strengths of the community are: electricity, a health center, and two primary schools; where as the weaknesses of the community are: poor toilet facilities and inadequate water supply.

Our project topic is infectious disease, with a special focus on the prevention and treatment of cholera. Cholera is caused by a microscopic bacteria called *Vibrio cholera* and is transmitted via the fecal-oral route: by drinking water or eating food contaminated with the bacteria. The issue of cholera is important because it has been declared a national emergency as it has reached epidemic proportions during this rainy season. Our group chose to address this issue by embarking on a sensitization campaign in the Kroo Bay Community, teaching house to house on how to prepare the first-line treatment for cholera infection, oral re-hydration salts (ORS) and the traditional treatment of banana sap. On the 8th of September 2012, our group went to the Kroo Bay community to act out a play on hygiene, banana sap preparation and how to make ORS.

HISTORICAL CONTEXT

The earliest settlers of Kroo Bay were the Kroo people and the community was named after them. Kroo Bay is a slum which was originally known to be a wharf where the Kroo people engaged in fishing to earn their living .

The poor health in the community exists as it does, due to the following reasons

- ⤴ The community is located in a slum area and it is exposed to flooding during raining seasons.
- ⤴ No trashcan/garbage piles for waste disposal
- ⤴ High illiteracy rate, the majority of people living in Kroo Bay lack knowledge on hygiene.

Some of the reasons why people stay in Kroo Bay are:

- ⤴ Cheap to rent house
- ⤴ Easy to construct houses
- ⤴ Land is cheap to purchase

We discovered all these facts in our first visit to the community while conducting our health surveillance and needs assessment. Cholera is a very serious matter in this community, but due to our sensitization the case is becoming under control .

CULTURAL CONTEXT

Culture is the customs, arts, social institutions, and achievements of a particular nation, people, or other social group. Most of the inhabitants in Kroo Bay presently are the Kroo, Themne and Limba people. The traditions of the community people are based on their beliefs. The religions most practiced in the community are Islam and Christianity: 80% are Muslims, 15% are Christians, and 5% are Pagans (people who don't go to mosque or church). There are many traditional secret societies like the Ogeh, Poro and Bondo societies; which are traditions of the Themne and the Limba people.

For example the Bondo society performs circumcisions for females which they believe can help reduce the sexual activeness of females. It is believed that as a result of female circumcision, cases of teenage pregnancy can be minimized to help maintain the population of the community and reduce the spread of infectious diseases from overcrowding like cholera, malaria, and typhoid.

The cultural context is important because most of the people living in Kroo Bay use traditional ways of treating themselves. We took this into account during our sensitization on cholera treatment by discussing banana sap preparation; which was proven clinically effective by Dr. Alhaji B.M.S. Turay, a plant taxonomist, medical herbalist, and the Dean of the Faculty of Pharmaceutical Sciences at the College of Medicine and Allied Health Sciences. We also encouraged the people to use local materials within their reach to improve their own health and to make the traditional healers recognized and not marginalized or left out in terms of health. A woman by the name of Adama Sesay also confirmed traditional treatment, as she used banana sap as a successful treatment for cholera.

METHODS

Survey Preparation

This survey process was completed by Senior Secondary Students associated with West African Medical Missions with oversight from WAMM staff. Each and every member of our team had defined roles such as: WAMM Program Assistants, Communication Specialists, Policy Directors, Field Teams and Data Managers.

Before going to the Kroo Bay community, our team prepared a questioner on demographic and health care access to enable a full understanding of the health needs our target community has. Some of the demographic questions asked during the survey were: number of people in the community, number of pregnant teens, and the number of pregnant women. The health care questions were: 3 common diseases in the community, number of taps, number of public toilets and number of garbage piles. These questions were asked to adult men and women in the community.

Community Preparation

Two days before the survey, the PA's and the field teams went to the community to get permission to work from the chief and other stakeholders like the Imams, Pastors and Teachers. We were able to explain to them the importance our work will have in their lives and also how the survey will help change the health standard of their community. The chief and other stakeholders in the community were happy about the news and they all welcomed us happily.

On the 21st of August 2012, our team went to the Kroo Bay community to survey households about their health needs. The survey began at 2:00pm and ended at exactly 6:00pm. Our survey was successful because everyone was willing to be surveyed and they participated very well. Notwithstanding that, some of the challenges we had during our survey were:

- ⚡ Poor road facilities
- ⚡ Houses were not easy to access due to excess stagnant water settling all over the place and excess rubbish.

- ⤴ Language barrier- some people speak only Themne and not English or Krio.

Nine of us were in the field doing the survey and each was able to survey 20 people, therefor we were able to speak with 180 people in the community. Some relevant observations we made during our survey were:

- ⤴ Poor housing accommodation
- ⤴ No market facility
- ⤴ Selling uncovered food
- ⤴ No trashcan
- ⤴ Only two (2) Primary Schools in the community

OBSERVATION

Upon receiving our project assignment, our group developed a survey to assess the individual and general community understanding of diseases and hygiene. According to our survey, we observed that the people of the Kroo Bay community lack the following;

- ⤴ High trashcan

Garbage is covering the ground and polluting above ground water supplies causing contamination of food and water while also increasing the risk of infectious diseases like by providing vectors for cholera, typhoid and malaria.

- ⤴ Improper handling of food

This involves poor sanitary measures in food preparation like:

- ⤴ not washing hands with soap and clean water before touching any food
- ⤴ not sweeping or cleaning your kitchen before you start to cook
- ⤴ not washing all the things you need for cooking and putting them in a basket
- ⤴ failing to wash all raw foods before eating increasing the transmission cholera
- ⤴ Selling uncovered food like cakes and fruits increase the risk of infectious disease transmission
- ⤴ No market facility
- ⤴ High illiteracy rate

The majority of the people lack knowledge on hygiene making them to become more exposed to diseases.

- ⤴ Poor housing accommodation

Many people live in zinc houses which can be easily flooded during heavy rainfall, increasing the ability for cholera to spread in the community

- ⤴ High rate of teenage pregnancy
- ⤴ Increases the population of children in the community facilitating the transfer of communicable diseases
- ⤴ We also observed that children and pigs were washing in the same water increasing the risk of disease.

One of the most interesting people we spoke with in Kroo Bay during the survey was the Chief PA Alimamy K. Kargbo, and he introduced us to some of his volunteers within the community who are also working to eradicate cholera. The chief is one of the most respectable people in the community whose involvement in anything is considered very important. His volunteers are youths, adult men and women.

Community:**KROOBAY**

	Children	Pregnant Women	Pregnant Teens
Survey 1	175	50	50
Survey 2	160	30	30
Survey 3	79	45	45
Survey 4	100	25	25
Survey 5	100	150	150
Survey 6	56	50	50
Survey 7	80	30	30
Survey 8	60	60	60
Survey 9	100	20	20

Information Obtained from Community Health Center

Produce by: Dr Baba Musa who is in-charge of the health center

Number of people in community	11187
Top Three (3) Diseases Present	- cold - malaria - cholera
Level of Education	75% of the population are illiterate
Number of public water taps	4

Community Observations

Strength of community	-Electricity (light) - two primary schools - presence of a health center
Weaknesses of the community	- no toilet facility - no garbage piles - no drainage - no secondary school - poor housing accommodation

AIM

Our aim was to create an innovative community outreach project utilizing community empowerment sensitization: In order to eradicate cholera from the community.

IMPLEMENTATION

TITLE	DAY	PLACE	TOPIC
Communication specialist	23 rd August	SLBC Radio,Star Radio,Freetown Radio and Exclusive Newspaper.	Cholera advocacy
Program Assistant	23 rd August	Meeting with Dr Lakoh Head of Cholera Ward at Connaught Hospital	Advice on how to eradicate cholera in the Kroo Bay community.
Policy Director	23 rd August	Meeting with Alhaji B.M.S Turay the President of Traditional Healers Association and Dean of the Facility of Pharmaceutical	Traditional ways of treating cholera

		Sciences at College of Medicine and Allied Health Sciences	
Field Team and Program Assistant	24 th August	Meeting with stakeholders in the community.	Their perspective on how to eradicate cholera from their community.
Whole Team	26 th August	House to house sensitization in Kroo Bay	personal hygiene and how to prepare homemade ORS and banana sap for Cholera treatment
Program Assistant	28 th August	Ministry of Science and Technology Secretariat	Ways to improve our project.
Policy Director	29 th August	Ministry of Social Welfare, Gender, & Child Affairs	Project improvement
Program Assistant & Policy Director	30 th August	Freetown Radio with Forum for African Women Educationalist	Cholera advocacy
Whole Team	8 th September	Kroo Bay Chief's Barray	Play on healthy hygiene and the preparation of ORS and banana sap for cholera treatment

The play demonstrated clearly that the Kamara family practiced hygiene and lived a healthy life, while the Turay family did not practice good hygiene. So one day pa Turay fell sick with cholera but he was lucky to have had one of his daughters attend the YSSL lectures of (WAMM) where she gained knowledge about how to prepare ORS and banana sap as a treatment for cholera; which helped her father to recover. This child served as a teacher to her family about hygiene and at the end they all lived a healthy life and practiced good health seeking behavior.

MONITORING AND EVALUATION

Our aim was to provide a basic knowledge of cholera prevention and treatment for the people of the Kroo Bay community. The first thing we did was to have a meeting with the chief and other stakeholders in the community. During this meeting we informed them about our sensitization on hygiene and how to prepare home made ORS and banana sap as treatment of cholera.

On the 26th August 2012, we went to the community to do a house to house sensitization, the chief was very pleased to see us in his community and the doctor in charge of their clinic by the name of Baba Musa provided us with a bucket and a cup to demonstrate the proper preparation of ORS during the sensitization. The process was effective and successful because hospital staff drank the ORS we prepared and many commented that they wanted this process to continue and were grateful to learn how to prepare ORS themselves.

On the 8th September 2012, the team went back to the community to act out a drama on hygiene and the preparation of ORS and banana sap as treatment of cholera. The play was performed at the chief's barray, because we could not afford to pay for the community center. The play was witnessed by key community stakeholders which include the local Imam, Pastor, teacher, a blue flag volunteer, and the chief's wife, Mrs Yabome Posseh Kamara. These are important people in the community whom we believe can pass on this message to the community in our absence. Children were also reported to be infected with cholera in the community.

The play was very successful. We interviewed the chief's wife after the play and she confided in us that she had attended a program at the Ministry of Health & Sanitation on cholera but compared to that program ours made her learn more than she already knew. She also added that she now trusts in us because we made it back to Kroo Bay as promised last year. In the end we were welcomed into the community for anytime we are ready to do a sensitization in the future. The chief also congratulated us and requested that we have ORS to distribute to his

people at the end of the sensitization next time it would be a very good thing. Additionally we used (2) two boys in the community to participate in the play to test their understanding and they performed well. Above all the play was done in the Krio language to enable everyone to understand . Therefor we have demonstrated our project was successful.

OUTCOMES

1. **Validity:** We interviewed community members and stakeholders, about the cholera sensitization and skills building drama.
 1. Our local stakeholders told us they were happy with our return visit we promised to them last year when we identified Kroo Bay as a target community for our Community Outreach Initiatives (COI).
 2. They were pleased we taught to their level of understanding prevention and treatment techniques for cholera along with the importance of maintaining healthy hygiene to strengthen individual health.
 3. Interviews also revealed that the community members appreciate our effort and are happy to receive us back in their community.
2. **Evidenced:** During the sensitization we took pictures and video of our activities. After the program we put our evidence together to write this paper .
3. **Language:** After taking the high rate of illiteracy into consideration, our survey and sensitization was done in Krio, because Krio is generally spoken by the majority of the community members.
4. **Power:** We informed the stakeholders in the community about how we want to help to eradicate Cholera from their community.

NEXT STEP

Our next plan is to make handouts on hygiene and sanitation which will be given to stakeholders or blue flag volunteer, so they can continue to pass on the message to the community members.

CONCLUSION

We used a demographic and health literacy survey to understand the health needs of the Kroo Bay community. We found the majority of Kroo Bay members lack knowledge on healthy hygiene related to the high rate of illiteracy. We also found there is a high rate of teenage pregnancy and children are not properly taken care of. We observed that infectious diseases like cholera, malaria, and the common cold are rampant in the community. Community members should take part in their well-being, so they can live a healthy life. Ultimately, national stakeholders have the power to make changes that can improve the health standard of the Kroo Bay community.