

GOVERNMENT OF SIERRA LEONE

ONE HEALTH NATIONAL EMERGENCY RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGY

2024-2028

JUNE, 2024

Acknowledgements

This document is the result of a collaborative effort of the Health Education Department (HED) of the National Public Health Agency (NPHA), One Health platform (OH) and Regional Program Support to Pandemic Prevention (RPPP-GIZ) with the aim:

- To ensure the strategy and its intended outcomes are met and identify areas for improvement.
- To enhance relevance and promote the well-being of the population.
- Identify and integrate the latest scientific research and evidence-based practices into the policy to enhance its effectiveness in promoting health and preventing diseases.
- Engage diverse stakeholders, including healthcare professionals, community organizations, and international partners, to gather insights, perspectives, and recommendations for policy improvement.
- To improve public health outcomes, address emerging challenges, enhance the effectiveness of the policy, and ensure that it continues to meet the population's evolving needs.
- Strengthen mainstreaming RCCE across health and non-health sectors, including public health programs and population groups.
- Strengthen multisector government coordination, collaboration, and communication for preparedness and response to emergencies and public health threats.

Each key One Health Institution and Partner contributed their technical expertise and experience to outline and describe existing communication networks and the actions needed to employ those networks to deliver coordinated and systematic risk communication messages and activities before, during, and after an emergency.

The National One Health Coordinating Committee and One Health Risk Communication and Community Engagement Pillar extend their gratitude to all who responded to requests for information, participation, creative thinking, and problem-solving. Your commitment to collaborative, coordinated action employing risk communication principles to prevent and respond to emergencies and human, animal, and environmental health threats has the potential to make Sierra Leone a safer and healthier country.

……..

Minister of Health

Foreword

This One Heath National Emergency Risk Communication and Community Engagement Strategy is a continuous effort to strengthen risk communication to prevent and contain emergencies in Sierra Leone and the West African Subregion.

The 2014–2016 Ebola outbreak highlighted the coordination and communication of the crucial roles government sectors and partners played and community engagement to address social and behavioural norms in ending the epidemic. Recognizing the benefits of that collaboration and aiming to strengthen it further, the One Health platform was launched in Sierra Leone in June 2017 with the support of the Office of National Security. The platform's launch laid the foundation for establishing and strengthening coordination, collaboration, and communication between the human, animal, and environmental health sectors and partners for better health outcomes.

This One Heath National Emergency Risk Communication and Community Engagement Strategy contributes to Sierra Leone's preparedness and response efforts by proposing a standing One Health Risk Communication and Community Engagement Technical Working Group consisting of the lead persons tasked with communication from the three key One Health entities: the Ministry of Health, the Ministry of Agriculture and Forestry, and the Environment Protection Agency. A representative of the Office of National Security will also be a member. This technical working group aims to facilitate consistent communication and community engagement across partners and inform the design of messages and activities to raise awareness, promote healthy behaviours, and mobilize communities to take action during emergencies.

This One Heath National Emergency Risk Communication and Community Engagement Strategy was developed, reviewed, and ratified by the One Health sectors and partners and is the property of the government of Sierra Leone through the National One Health Coordinating Committee. It is a fluid document that may be reviewed and updated based on available information on the country's emerging human, animal, and environmental health concerns and emergencies. This strategy is believed to be a helpful document to guide and implement state-of-the-art risk communication activities to promote safe and healthy behaviours before, during, and after any emergency in Sierra Leone.

Dr Sartie Mohamed Kenneh
Chief Medical Officer
Ministry of Health

Chief Agriculture Officer
Ministry of Agriculture and Forestry

Executive Chairman
Environment Protection Agency

List of Acronyms

CAHWS	Community Animal Health Workers
CHW	Community Health Worker
CMO	Chief Medical Officer
CSO	Civil Society Organization
DEOC	District Emergency Operations Center
DHMT	District Health Management Team
DPHC	Directorate of Primary Health Care
DSMC	District Social Mobilization Officers
DLI	District Livestock Inspector
DLO	District Livestock Officer
DLA	District Livestock Assistant
EOC	Emergency Operations Center
EPA	Environment Protection Agency
EPRR	Emergency Preparedness Resilience Response
ESO	Environment Social Officer
EVD	Ebola Virus Disease
FMC	Facility Management Committee
GHSA	Global Health Security Agenda
HED	Health Education Division
IEC	Information, Education, and Communication
IHR	International Health Regulations
IM	Incident Manager
JEE	Joint External Evaluation
JIC	Joint Intelligence Committee

MAF	Ministry of Agriculture and Forestry
MDAs	Ministries, Departments, and Agencies
MoH	Ministry of Health
MoGCA	Ministry of Gender and Children Affairs
MoSW	Ministry of Social Welfare
MoF	Ministry of Finance
NGO	Nongovernmental Organization
NPDRR	National Platform for Disaster Risk Reduction
NSR	National Situation Room
NSSG	National Strategic Situation Group
OHRC	One Health Risk Communication
OHRCT	One Health Risk Communication Team
OHRCTWG	One Health Risk Communication Technical Working Group
ONS	Office of National Security
PHNEOC	Public Health National Emergency Operations Center
PHU	Peripheral Health Unit
RPSPP	Regional Program Support to Pandemic Prevention
RRT	Rapid Response Team
RCSM	Risk Communication and Social Mobilization
SM	Social Mobilization
SMS	Short Message Service
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
WHO	World Health Organization

Table of content

Acknowledgement.....1

Foreword.....2

Acronyms.....3-4

1. Background.....6-9

2. Integrated Model for Emergency Risk Communication.....10

3. One Health Risk Communication Flowchart (Sierra Leone) 11-12

4. Review Process.....13

5. Vision Statement.....13

5.1 Mission Statement.....13

6.0 General Objectives of the OHRCCE.....13

7.0 Challenges, Interventions and Needed Resources for the RCCE Implementation.....14

7.1 Animal Health.....14-20

7.2 Environmental Protection and Climate Change.....21-26

7.3 Human Health.....27-31

8.0 Possible Areas for technical support from partners and stakeholders.....32

1.0 Background

1.1 The World Health Organization (WHO) International Health Regulations (IHR) (2005) is an internationally recognized legal instrument developed to help countries prevent, detect, and respond to acute public health risks that could become a global threat. Driven by population growth, wildlife encroachment, globalization, and climate change, viral outbreaks are an increasing threat. Risk communication is a core capacity that countries need to implement in IHR.

The EVD crisis in West Africa from 2014 to 2016 and the 2020-declared coronavirus pandemic have highlighted weaknesses and gaps in health sectors and stretched the global community's rapid response capacity. These large-scale outbreaks, as well as more localized outbreaks including African swine fever (Oct 2018), Lassa fever (which included human-to-human transmission) (Oct-Nov 2019), brucellosis (July 2020, August 2021), and rabies (ongoing), also underscored the importance of communication and community engagement in mobilizing the populations to halt or reduce transmission of these diseases. Based on the lessons learned from these outbreaks and after-action and intra-action reviews conducted for some, Sierra Leone continues to strengthen preparedness and response capacity, including revising this One Health Emergency Risk Communication Strategy to ensure improvement in risk communication efforts.

One Health is an integrated approach to health that focuses on the interactions between animals, humans, and their various environments. It encourages collaboration, synergies, and crossover enrichment of all sectors and stakeholders whose activities may impact health-related issues. It aims to improve health and well-being by preventing risks and mitigating the effects of the crises that arise at the interfaces between humans, animals, and their ecosystems.

1.2 The Global Health Security Agenda (GHSA) is a partnership of over sixty-four nations, international organisations, and nongovernmental stakeholders. It aims to help countries accelerate progress toward the IHR. In early 2016, Sierra Leone became one of the partner countries to endorse the GHSA, undertaking several activities aligned to multiple action packages designed to build capacity in areas such as zoonotic diseases, public health and law enforcement linkage, antimicrobial resistance, biosafety and biosecurity, risk communication, and so forth. Activities across the different action packages require the participation of the government of Sierra Leone, the Ministry of Health (MoH), the Ministry of Agriculture and Forestry (MAF), the Environment Protection Agency (EPA), and the Office of National Security (ONS) and its development partners for implementation.

1.3 Each signatory country to the IHR routinely conducts a joint external evaluation (JEE) to measure its progress in achieving several core capacities to effectively prevent, detect, and respond to infectious disease threats.

The JEE tool was developed to set a baseline "level of capacity" score and measure progress toward attaining the targets of the 19 technical areas that cover the GHSA Action Packages and IHR Core Capacities and Hazards. The JEE tool divides each technical area into indicators with capacity scores ranging from 1 to 5. Completing the JEE process establishes a score for indicators for the 19 technical areas.

The JEE includes five indicators to measure risk communication. It states that countries should have the capacity for risk communication, a multilevel and multifaceted real-time exchange of information, advice, and opinions between experts and officials. This exchange should also include people who face a threat or hazard to their survival, health, or economic or social well-being so that they can make informed decisions to mitigate the effects of the danger or hazard and take protective and preventive action. The JEE measures the capacity to provide communication and engagement strategies, including media and social media communication, mass awareness campaigns, health promotion, social engagement, stakeholder engagement, and community engagement.

The five-risk communication–related indicators measured in the JEE are the following:

- Risk communication systems (plans, mechanisms, etc.)
- Internal and partner coordination for emergency risk communication
- Public communication for emergencies
- Communication engagement with affected communities
- Addressing perceptions, risky behaviours and misinformation

1.4 Risk communication refers to the real-time exchange of information, advice, and opinions between experts, local officials, or political decision-makers and those at risk, as defined by WHO. Its goal is to enable people at risk to make informed and best decisions to mitigate their health and well-being risks.

Effective communication with stakeholders and the public is paramount in any emergency. The general public must be regularly informed about the situation and advised on prevention and protective actions. Clarifications are also necessary to offset false information that can generate more uncertainty and fear in the population.

A strong and united voice coming from various sources of the population can determine whether an emergency spirals out of control or is brought into check as soon as possible. Coordination is essential for allowing the different parts of the response to speak with one voice to minimise conflicting information and respond quickly to concerns from the public. This strengthens confidence in the health systems needed to support the rapid adoption of protective behaviours.

As evidenced during the 2014–2016 EVD outbreak and the recent coronavirus pandemic, an effective response can depend on changes in behaviour and social norms. These changes require robust, trustworthy communication and commitment to community engagement to support those affected by a health emergency to:

- Define the issue or problems affecting them.
- Reflect on the causes of the issues, including how their behaviours affect them.
- Identify their ability to improve the issue.
- Organize themselves to address the issue.

1.5 Risk communication should always use social and behaviour change communication and engagement tactics, including mass communication for public information; strategic partnerships, such as setting up working groups and committees with key stakeholders; and leveraging existing information platforms and information systems. The right message at the right time can save lives; however, risk communication is more than just delivering messages. Community engagement is a critical component of risk communication.

1.6 Engaging communities before an event can foster trust and strengthen feedback loops between communities and health facilities. It can also accelerate the community-led action needed to create a demand-driven response in an emergency. Community engagement helps to ensure that communities recognize the benefits of adopting the behaviours of emergency response advocates and willingly cooperating with response teams.

Community engagement may sometimes be an afterthought. Systems that acknowledge the importance of community must be in place from the beginning. The primary goal of risk communication and social and behaviour change communication should be to promote programs, campaigns, and messages that increase confidence in public health systems and change the public's behaviours in a positive direction—before an emergency or outbreak occurs. Such measures can prevent outbreaks from happening. Once an outbreak occurs, strong emergency risk communication involves a process with an outcome (e.g., ending an outbreak), thus promoting dialogue for everyone involved in the response, beginning with affected community members.

1.7 Effective listening and two-way communication can strengthen relationships, build trust, and enhance transparency. During a public health crisis, early, coordinated, and effective delivery of life-saving messages through multiple channels that include community engagement activities can make a tremendous difference to the eventual magnitude of an outbreak or epidemic. Frequent and transparent communication and timely response to community concerns and misinformation throughout a response is critically important to avoid the spread of risky behaviours and mistrust of accurate and credible information. Effective, integrated risk communication and social and behaviour change communication can be significant contributors to national health security and thus are critical to strengthening the government's ability to safeguard the health of its people.

1.8 Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries (WHO, FAO, OIE, 2019) calls for a One Health multisectoral coordination mechanism for zoonotic diseases. The document states, "This may be construed as any formalized, standing group that acts to strengthen or develop collaboration, communication, and coordination across the sectors responsible for addressing zoonotic diseases and other health concerns at the human–animal–environment interface."

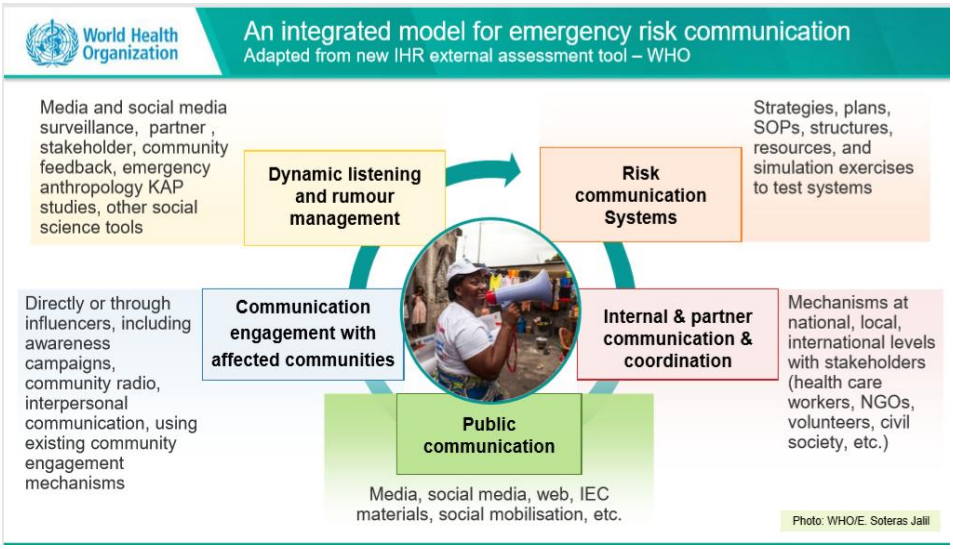
A multisectoral coordination mechanism would have routine, ongoing functions and guide coordination, leadership, and governance of efforts among the relevant sectors to achieve jointly determined shared goals.[1] The One Health National Emergency Risk Communication Strategic Plan, launched in 2019, proposed a One Health risk communication multisectoral coordination mechanism (MCM) be formed.

1.9 A One Health Risk Communication Technical Working Group (OHRCTWG) was formed and served the role of the MCM. The OHRCTWG comprises key persons with responsibility for risk communication from MOH, MAF, EPA, and ONS. The following are the mandates of these agencies:

- MOH has the mandate, according to the Public Health Ordinance 1960, to prevent and control infectious diseases within the country.
- The Livestock and Veterinary Services Division, under MAF, has the responsibility to prevent transmission and control of diseases among animals. MAF, in collaboration with MOHS, works to prevent and control zoonotic diseases in the country.
- EPA is mandated to protect the environment. As stipulated in the Environment Protection Agency Act of 2008 and as amended in 2010, EPA has the overall responsibility and mandates on the formulation of policies on all aspects of the environment, including its sustainable management and keeping the ecosystem safe and secure from all hazards. EPA acts as the focal point for all issues concerning the

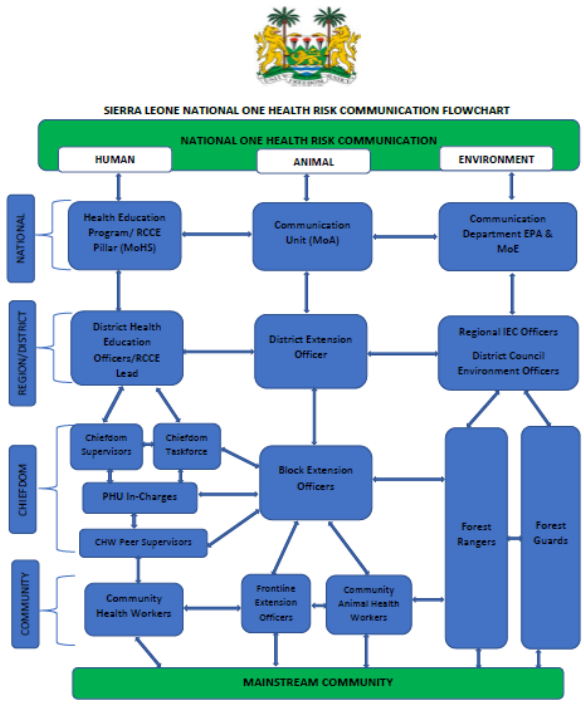
environment. ONS is responsible for all issues related to the safety of the country and its people and is directly under the office of the president of Sierra Leone. It is responsible for the military and the police and manages district and chiefdom security committees.

2.0 Integrated Model for Emergency Risk Communication and Community Engagement



The One Health National Emergency Risk Communication Plan considers all stages of a possible health emergency or outbreak, starting with the period before any outbreak occurs and continuing through the outbreak to the recovery and post-recovery stages. Sound preparation, planning, risk communication, and social and behavioural change communication around risks before an event or emergency happens can minimize or even prevent an outbreak from occurring in the first place. Having systems in place well before a crisis and having a transparent chain of response with designated partners with specific roles is imperative to dealing with a health emergency or outbreak.

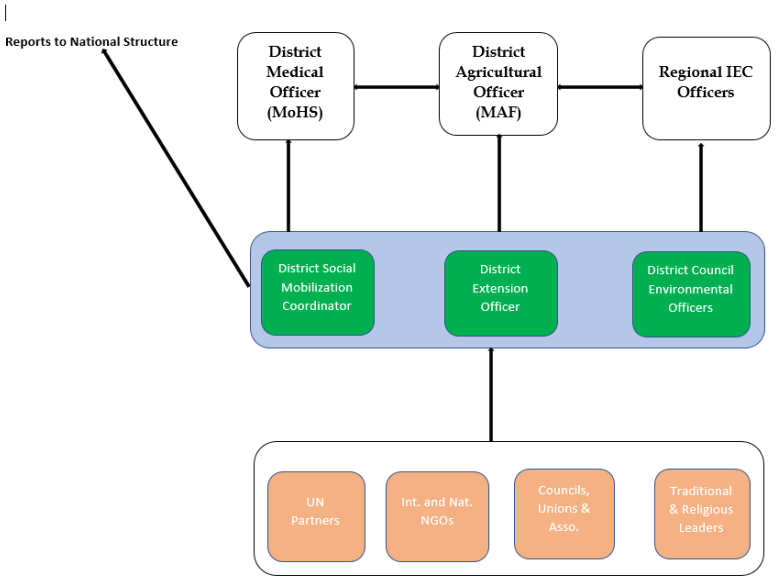
3.0 ONE HEALTH RISK COMMUNICATION FLOWCHART (SIERRA LEONE)



Flow chart of one health risk communication to include ministries outside the OH:

i. Ministry of Social Welfare
ii. Ministry of Basic and Senior Secondary Education
iii. Ministry of Gender and Children Affairs
iv. Ministry of Water Resources and Sanitation
v. Ministry of Mines
vi. Ministry of Finance
vii. Ministry of Fisheries and Marine Resources

District One Health Risk Communication Structure



4. Review Process

The review adopted a participatory and appreciative approach that involved and engaged all the key stakeholders. The approach involved consultation with relevant stakeholders from the National Public Health Agency (NPHA), Ministry of Health (MoH), Ministry of Agriculture and Forestry (MAF), Environmental Protection and Climate Change Agency (EPA) at National and District Levels, Office of National Security (ONS), and Partners. This approach aimed at the stakeholders to bring forward the challenges, limitations, and opportunities of enhancing the implementation of OHRCCE interventions in hospitals, District Health Management Teams (DHMT) and Peripheral Health Units, Communities, and the private health sector.

The NPHA and HED partnership with the One Health Coordinating Secretariat took a leadership and ownership role in working with key stakeholders to define activities in the RCCE strategy based on their current priorities in line with the 2021 National RCCE strategy of Sierra Leone.

5.0 VISION STATEMENT

A healthy Sierra Leone with people and animals co-existing in a safe environment is achieved through an effective One Health collaboration.

5.1 MISSION STATEMENT

To create a resilient One Health system with efficient multisectoral coordination to prevent, detect, and respond to emerging and re-emerging health threats to humans, animals, and the environment.

6.0 General Objectives of Risk Communication and Community Engagement

To establish core coordination teams within NPHA, MoH, MAF, EPA, and ONS under One Health as the leading sources of emergency information in Sierra Leone.

- To provide clear and actionable communication on steps people can take to stay safe and healthy before, during, and after health emergencies.
- To review and revise existing communication plans for gender and marginalized groups and employ communication channels that extend to community and household levels.
- To engage and coordinate critical internal and external partners, providing leadership and guidance with risk messages, formulate new communication plans and messages to include messages and sensitive activities.
- To improve communication, social and behavioural change communication objectives, messages and activities to ensure consistency in communication before, during, and after health emergencies.
- To increase public confidence, community ownership and resilience by strengthening the ability of communities to respond to public health threats.
- To establish and strengthen feedback mechanisms between and among chiefdom, district, and national levels.

7.0 Challenges, Interventions and Needed Resources for implementing RCCE based on the five Joint External Evaluation indicators

7.1 Animal Health

7.1.1 The OHRCCE Pillar was established to strengthen coordination, collaboration, and communication between the human, animal and environmental health sectors and partners for better health outcomes.

MAFFS facilitates communication across partners and informs the design of messages and activities to raise awareness and mobilize communities to take action during an emergency. OHRCCE aims to create credible messages and employ appropriate and effective channels of communication that reach the intended audiences by ensuring a thorough awareness of the social, economic, and cultural norms around health issues.

7.1.2 Community engagement requires intentional interactions between communities and public decision-makers. Establishing a community-based network of trusted intermediaries is essential to community engagement. Feedback mechanisms should be used to inform and modify communication to address communities' needs on an ongoing basis before, during, and after an emergency and enable the community to be a key, driving part of the process. A rumour is an unverified information transmitted from one person to another. Rumours are a natural response to uncertain or threatening times. Rumour management is preventing, tracking, or responding to unverified information to improve the accuracy of the discourse around a specific issue.

7.1.3 Given the above, there are some challenges/gaps identified that need necessary action to enable effective OHRCCE interventions at various levels:

- There are limited capacitated OHRCCE personnel at the chiefdom and community levels, which has given rise to weak coordination at the district, chiefdom and community levels.
- At the district level, the District Livestock Officers, the subject matter specialists in animal health, are not involved in OHRCCE activities.
- A comprehensive risk communication plan that outlines roles, responsibilities, key messages, and communication channels in the event of a crisis or emergency is vital.
- No transparent OHRCCE TOR for each sector focal on their roles and responsibilities. Also, virtually no OHRCCE leadership and guidance support is available for OHRCCE focal at the district level. A risk assessment study must be undertaken to identify potential hazards, vulnerabilities, and risks that may impact the community.
- A partner mapping exercise at national and district levels is also required.
- We must conduct a half-yearly symposium at national and district levels and hold a national annual conference of OH RCCE actors.
- Organize regular team/partner meetings to discuss progress, share updates and address any challenges or opportunities. Develop a joint communication strategy with partners to ensure alignment and consistency in messaging and outreach efforts.
- Establish community OH RCCE structures that carry out OH RCCE activities and build community ownership.
- Provide training and workshops to staff and partners on effective risk communication strategies, protocols, and crisis management techniques.

Table 1: Challenges/Gaps: Animal health

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH, Partners Collaboration
RCCE System	To be established is a functional digital M&E platform for RCCE.	Introduce the power BI or COMCARE tool used in animal health reporting.	Financial, Technical, Personnel.	CAHW, FEW, BES, Crops Protection Officers, Livestock Inspector (LI), Livestock Assistant (LA) SMS (DEOs, DLOs, DCOs, DFOs).	MAFFS, MoECC, MoWRS, MoH, EPA.
	OHRCCE is limited by an uneven distribution of animal and environmental health workers at the district and community level	Recruit and train more CAHWs, FEWs, BES, LI and LA, and DLOs/DVOs from communities where there are no staff.	Technical, Financial, equipment	CAHWs, FEWs, BES, LI, LA, DLOs/DVOs	MoH, EPA, MAFFS, MoECC, MoWRS
	Joint OH RCCE annual work plan not available at the district level	-Develop a joint OH RCCE annual work plan at district and chiefdom levels. -Institute monitoring mechanism to track the implementation of the plan.	Financial, personnel, technical	OHRCCE actors at district and chiefdom levels.	MoH, EPA, MAFFS, MoECC, MoWRS, ONS
	At the district level, the DLOs/DVOs who are the subject matter specialists in terms of animal health are not involved in OHRCCE activities and the same for DFOs	Conduct a review of the OH RCCE Flow Chart to include DLOs/DVOs/DFOs	Financial, Technical	DLOs, DFOs, DVOs	MAFFS, OHRCCE Secretariat, MoH, EPA, MoECC, MoWRS, MAFFS, OHRCCE

Table 2: Challenges/Gaps: Animal health

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners Collaboration
	There is no risk communication plan.	-Create a comprehensive risk communication plan that outlines roles, responsibilities, key messages, and communication channels in the event of an emergency. -Provide training and workshops to staff and partners on effective risk communication strategies, protocols, and crisis management techniques.	Financial, Technical, Personnel	OHRCCE actors at all levels (National, district, chiefdom and community levels)	MoH, EPA, MAFFS, MoECC, MoWRS, ONS
Coordination and Internal Communication	Irregular district-level OH RCCE TWG meeting	Hold regular team/partner meetings to discuss progress, share updates, and address challenges or opportunities.	Personnel, equipment (laptops, modems, mobile phones (Tablets), GPS)	OHRCCE TWG and actors at all levels.	MoH, EPA, OHRCCE TWG, MoECC, MoWRS
	Weak coordination at district, chiefdom and community levels	-Conduct partner mapping exercises at national and district levels. -Organize half-yearly symposia at national & district levels and a national annual conference of OH RCCE actors. -Provide ongoing support to OH RCCE actors to hold regular coordination meetings at national and district levels (using Zoom meetings and face-to-face)	Financial, Internet facility, personnel, equipment	All OH RCCE TWGs and OH actors at all levels.	All partners

Table 3: Challenges/Gaps: Animal Health

2 RCCE Indicator	Challenges	Interventions JEE	Resources required	Targeted population	OH Partners Collaboration
Mass/Public Communication	MoU among OHRCCE Actors and Media players does not exist.	Scale up the ongoing MOU development and signing at the chiefdom and community level with media players and OH RCCE actors.	Financial, Technical, Personnel	OHRCCE actors at chiefdom and community levels	All partners
	There is no feedback mechanism from the community level to district and national levels.	-Identify existing two-way-feedback communication mechanisms at national, district, chiefdom and community levels. -Review and develop two-way feedback communication mechanisms.	Financial, Technical, Personnel, Equipment	DLOs, DLAs, CAHWs, CHWs and other Community Actors	MoH, EPA, MAFFS, MoECC, MoWRS, ONS
Community Engagement	Most SBC and IEC materials are not in user-friendly versions for PWDs	Scale up and prioritise SBC and IEC material development at district and chiefdom levels.	Financial, Personnel, Technical	PWDs	MAFFS, MoECC, MoWRS, MoH, EPA
	Inadequate budget support for SBC activities	Lobby with partners to provide more financial support to SBC activities	Financial	OHRCCE programs at all levels	MoH, EPA, MAFFS, MoECC, MoWRS, MoF.
	Limited capacity/skills of chiefdom RCCE actors	Scale up capacity/skills building for OH RCCE actors.	Financial, Technical, Personnel, Equipment	OHRCCE actors at the chiefdom and community level	MAFFS, MoECC, MoWRS, MoH, MoF, EPA, ONS.
	Inadequate community knowledge of the 2022 Public Health Law	Popularize the Public Health Act of 2022 using different platforms.	Financial, Technical	OHRCCE Actors at national, district and chiefdom levels	MoH, EPA, MAFFS, MoECC, MoWRS, MoF,ONS

Table 4: Challenges/Gaps: Animal Health

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners Collaboration
Gender main-streaming for OHRCCE	District leadership has limited capacity for the utilization of the infodemic management dashboard.	We conducted capacity-building training for district OH RCCE actors.	Financial, Technical, Personnel, Equipment	OHRCCE actors at the district level	MoH, EPA, MAFFS, MoECC, MoWRS
	Inadequate knowledge of gender mainstream among RCCE actors	Develop, validate and popularise SOP for infodemic management.	Financial, Technical, Personnel	OHRCCE actors at all levels	MoH, EPA, MAFFS, MoF, MoSW, MoECC, MoWRS, MoF, Ministry of Gender and Children Affairs, MoSW
		Organise training workshops on gender issues to raise awareness and educate people on the importance of gender sensitivity and inclusion.	Financial, Technical, Personnel	OHRCCE actors at all levels	MoH, EPA, MAFFS, MoGA, MoSW, MoECC, MoWRS
	Unavailability of Gender mainstreaming strategy for RCCE	Develop gender mainstreaming strategy for OH RCCE.	Financial, Technical	OHRCCE actors at all levels	MoH, EPA, MAFFS, MoGA, MoSW, MoECC, MoWRS

7.2 Environment Protection and Climate Change

7.2.1 Environmental risk communication systems play a vital role in informing and engaging the public about environmental hazards, promoting risk awareness, and facilitating informed decision-making. However, several gaps exist within these systems. A well-trained and equipped OH RCCE staff for environmental education is important under the prevailing circumstances.

7.2.2 Environmental degradation, such as deforestation, pollution, and climate change, poses significant human and animal health threats. Despite these identified gaps, partners seem to have weak response systems in addressing the hazards posed by these activities.

7.2.3 Media practitioners have limited involvement at various levels of planning and reporting on environmental issues related to OHRCCE. This can be highly useful for social mobilisation.

7.2.4 Uncontrollable cutting of trees for charcoal burning and without replacement leaves the environment open and prone to hazards that affect the communities. Collaboration and coordination among OHRCCE partners to support enforcing environmental laws is limited. OHRCCE monthly and quarterly OH meetings by district stakeholders, i.e., environmental, human, and animal health issues, are very irregularly held.

7.2.5 The Health Education Department of the MoH collaborates on Risk Communication and Advocacy issues with the One Health Platform. Also, it plays a strategic role in addressing complex sustainability challenges by drawing on different perspectives at the national and district levels. Interventions address environmental and climate problems, chemical safety and pollution prevention, and waste handling to protect the environment and natural resources.

7.2.6 Community engagement is key in any sustainable approach to delivering OHRCCE with a One Health approach. It builds on a mix of interactions, collaborations and shared community visions to foster inclusivity, resilience and sustainable development within and across communities.

7.2.7 Dynamic Listening and Rumor Management (DLRM) plays a vital role in engaging communities and analyzing information on environment and climate change. DLRM empowers opinion leaders and utilizes existing structures to combat misinformation, and disinformation ensuring informed decision-making and sustainable dialogue across interconnected health domains.

7.2.8 One Health RCCE coordination and collaboration fortifies environmental health systems, enhances community resilience, and mitigates risks for a healthier future. We foster accountability and sustain One Health efforts by identifying environmental health gaps, organizing non-inclusive stakeholder meetings, and engaging communities through outreach programs.

7.2.9 Some of the challenges/gaps surfaced amongst others include:

- Absence of inter-district stakeholder meetings to communicate and document issues identified. We must popularize the issues identified through community engagements, outreach programs, radio talk shows, etc.
- Need to Institute bi-monthly meetings at district level and quarterly meetings at the national level
- Have a designated OH RCCE focal person for One Health at the district and chiefdom levels
- Absence of partnership meetings at district and chiefdom levels
- No feedback mechanism for all One Health meetings in the form of reports, minutes, and evaluation reports
- Improve the distribution of IEC materials to all relevant stakeholders at district, chiefdom and sectional levels for environment and climate change.
- Need for Focus Group Discussions at community level to hive out relevant environment and climate change issues related to health.
- Inform and provide resources to opinion leaders (PROSEC/DISEC meeting, coordination meetings, bloggers, etc.) to counter all rumours, misinformation and disinformation on issues related to environment and climate change
- Use existing structures to prevent misinformation in communities.
- Amid the regional (ECOWAS) call for integrating Gender Perspectives into OH RCCE programs, the absence of gender-focal persons in OH RCCE intervention is conspicuous. It, therefore, raises a need for correction.

Table 1: Challenges/Gaps: Environment Protection and Climate Change

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH, Partners Collaboration
RCCE system	Non-existence of a functional digital M&E platform	Introduce the power-Bi or COMCARE tool used in animal health reporting	Financial, Technical, Personnel.	EPA Officers, CAHW, FEW, BES, Crops Protection Officers, Livestock Inspector (LI), Livestock Assistant (LA) SMS (DEOs, DLOs, DCOs, DFOs).	EPA, MoECC MoH, MAFFS
	OHRCCE is limited by the uneven distribution of animal and environmental health workers at the district and community level	Increase the number of animal and environmental workers at district and chiefdom levels.	Financial and Technical	All OH RCCE stakeholders	EPA, MAFFS, MoH, MoF, MoECC
	OHRCCE Strategy does not reflect the existing public structure and is not fully gender sensitive	Amend the OH RCCE strategy to include gender issues	Technical	All stakeholders	MoH, EPA, MAFFS, MoECC
	Joint OH RCCE annual work plan not available at the district level	All stakeholders to develop a joint OH RCCE AWP at the district level	Financial, Technical	All stakeholders	EPA, MAFFS, MoH, MoGA, MoSW, MoECC
	Limited knowledge of OH RCCE members on environmental education and communication.	Capacity building of RCCE Staff and relevant partners on OH RCCE intervention	Financial, Technical and Equipment	OHRCCE members and partners	EPA, MAFFS, MoH, MoECC

Table 2: Challenges/Gaps: Environment Protection and Climate Change

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners Collaboration
Coordination and Internal Communication	Irregular district-level OH RCCE TWG meeting	Institute regular OH RCCE TWG meetings at national and district levels.	Financial and Technical	All stakeholders	EPA, MAFFS, MoH, MoECC
	Partners' weak collaboration in terms of responding to Environmental degradation.	Conduct regular consultative meetings.	Financial, Technical and Equipment	All OH RCCE and Partners	EPA, MAFFS, MoH, MoECC
Mass/Public Communication	MoU among OH Actors and media players does not exist.	Introduce MoU for OH Actors and Media players	Technical	ALL OH RCCE and Partners	EPA, MAFFS, MoH, MoECC
	Limited involvement of mainstream media at all levels of environmental activities	Increased Capacity building for the media practitioners, OH members and partners	Financial, Technical and Equipment	OHRCCE stakeholders and partners	EPA, MAFFS, MoH, MoECC
Community Engagement	Most SBC and IEC materials are not in user-friendly versions for PWDs	Adapt SBC and IEC materials to suit PWDs	Financial, Technical	PWDs	MoH, EPA, MAFFS, MoECC
	Inadequate budget support for SBC activities.	Advocate for budgetary support.	Technical	All OH Partners	MoH, MoF, MAFFS, EPA, MoECC
	Limited capacity of chiefdom RCCE actors	Increase the number of OH RCCE actors at the chiefdom level	Financial	All OH Partners	MoH, MAFFS, EPA, MoF, MoECC
	Inadequate community knowledge of the 2022 Public Health A	Increased awareness-raising activities at district and chiefdom levels	Financial, Technical.	All OH Partners	MoH, EPA, MAFFS, MoF

Table 3: Challenges/Gaps: Environment Protection and Climate Change

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners Collaboration
	Absence of environmental programs on OH RCCE.	Conduct training and outreach programs on environmental issues at district and chiefdom levels.	Financial, Technical and Equipment	All districts and chiefdoms	MAFFS, MoH, MoF, EPA, MoECC.
	Inadequate support from the political and local authorities in addressing environmental issues	Together with OH partners, lobby with the judiciary to enforce environmental laws.	Financial, Technical and Equipment	Parliamentarians, Judiciary, Presidency.	MAFFS, EPA, MoH, MoECC
Dynamic listening and rumour management system.	District leadership has limited capacity for the utilisation of the infodemic management dashboard.	Introduce an infodemic management dashboard in all districts and chiefdoms.	Financial, Technical, equipment	All OH Actors in districts and chiefdoms	MAFFS, EPA, MoH, MoF, MoECC
	Unavailability of an integrated SOP for infodemic management	Develop an integrated SOP for infodemic management	Technical and Financial	All Actors in district and chiefdom levels	MAFFS, MoH, EPA, MoF, MoECC
	Limited Awareness of One Health Concepts	Raise awareness among Key OH partners through reorientation with OH guidelines.	Technical and Financial	Key OH Actors at district and chiefdom levels	MAFFS, EPA, MoH, MoF, MoECC

Table 4: Challenges/Gaps: Environment Protection and Climate Change

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners Collaboration
Gender Mainstreaming in OH RCCE	Inadequate knowledge about gender mainstream among OH RCCE actors	Introduce gender issues to the OH RCCE Actors at all levels.	Technical, Financial	All OH Actors at national, district and chiefdom levels.	MAFFS, MoH, NPHA, EPA, MoF, MoECC
		Develop a gender strategy for Mainstreaming gender into OH RCCE activities.	Technical and Financial	OH Members and Partners	MoH, EPA, NPHA, MAFFS, MoF, MoECC
	Absence of Gender OH RCCE Desk Officers at all levels.	Capacitate OH RCCE staff to be able to identify and reasonably respond to the gender needs in OH RCCE interventions at all levels.	Technical and Financial	OH RCCE members and partners	MAFFS, EPA, MoH, MoF, NPHA, MoSW, MoECC

7.3 Human Health

7.3.1 One Heath National Emergency Risk Communication and Community Engagement Strategy enhances Sierra Leone's preparedness and response efforts. A standing One Health Risk Communication and Community Engagement Technical Working Group consisting of the lead persons tasked with communication from the three key One Health entities: the Ministry of Health, the Ministry of Agriculture and Forestry, and the Environment Protection Agency has been instituted**.**

The purpose of the OHRCCE technical working group is to facilitate consistent public information, risk communication and community engagement across partners and inform the design of messages and activities to raise awareness, promote healthy behaviors, and mobilize communities to take action during any emergency.

7.3.2 The COMCARE tool is only piloted by Human Health-M. Crisis response to like 'Kush' is delayed as a result of lack of orientation on harmonized messages and the production of IEC materials. A national committee on 'Kush' has been established and headed by the Executive Director of the National Public Health Agency. Its membership comprises of various ministries and departments of government.

7.3.3 Quarterly OH meetings are not often held in the district. OH activities in all sectors' implementation are often not coordinated. OH public communication is done based on events/campaigns. OH community engagement is done based on events/campaigns. Supervision and follow-up visits are not done regularly as a result of inadequate logistics support. 0

7.3.4 Most OH staff are volunteers and those staff that are regular have not been promoted in their offices for years. There is little or no rumor reporting from Community Health Workers, Peer Supervisors, Community Animal Health Workers, and Environmental and Animal Health Officers. District OH teams do not have access to the OH platform to view daily OH trending issues. OH structures at National and district levels have more male staff than female staff and are often assigned to less important roles.

7.3.5 Amongst other challenges identified include:

- Lack of clear knowledge on the OH RCCE national strategy by health workers
- Delays in the production IEC materials
- Absence of opinion leaders who can support or refute rumors at district and chiefdom levels.
- Lack of trained journalists to cover OUTBREAK topics.

Commented [d1]:

Table 1: Challenges/Gaps: Human Health

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners collaboration
RCCE system	Establish a functional digital M&E platform for OH RCCE.	-OH partners to use the COMCARE tool for RCCE M&E reporting -Recruit long serving OH volunteers at district level	Technical and Financial Technical and Financial	OH district actors	MoH, EPA, MAFFS, NPHA, MoF
	OHRCCE limited by uneven distribution of animal and environmental health workers at district and community level	-Advocacy for the recruitment of long serving volunteers -Advocacy for the promotion to the next level of long serving staff	Technical and Financial	All district OH RCCE Actors	MoH, EPA, MoF, MAFFS, NPHA
	Joint OH RCCE annual work plan not available at district level	Develop OH RCCE annual work plan	Technical and Financial	All district OH RCCE Actors	MoH, EPA, MoF, MAFFS, NPHA
	Delayed response to emergencies	Enhance timely and adequate response to emerging and reemerging OH issues of concern	Technical and Financial	Head of MDAs, Council and Partners	Head of MDAs, Council and Partners, NPHA
	Ineffective OH RCCE Chiefdom/ward/community level structures	Reactivate functionality of community OH structures	Technical and Financial	FMCs, CHWs, CAHWS, Forest Guards, VDCs and Security Officers	MoH, EPA, MAFFS, NPHA

Table 2: Challenges/Gaps: Human Health

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners collaboration
Coordination and Internal Communication	Irregular district level OH RCCE TWG meetings	Ensure regular monthly district OH RCCE TWG meetings	Technical and Financial	District OH RCCE actors	MoH, EPA, MAFFS, NPHA
	Irregular quarterly general district OH RCCE meetings	Ensure regular quarterly general OH RCCE district meetings	Technical and Financial	District OH RCCE actors	MAFFS, EPA, MoH, NPHA
	Uncoordinated implementation of OH activities	Effective coordination and collaboration in the implementation of OH RCCE activities	Technical and Financial	District OH RCCE actors	MoH, EPA, MAFFS, NPHA
Mass/Public Communication	Non-existence of MOU between OH RCCE Actors and media players.	Develop an MOU between the district OH RCCE structure and Media players.	Technical and Financial	District OH actors and Managers of Media Houses	MAFFS, EPA, MoH, NPHA
	OHRCCE public communication is not done on a routine basis	Ensure routine OH RCCE public communication with or without events	Logistics, Financial and Technical	National OH RCCE actors and Partners	EPA, MAFFS, MoH, NPHA

Table 3: Challenges/Gaps: Human Health

JEE 2 RCCE Indicator	Challenges	Interventions	Resources required	Targeted population	OH Partners collaboration
Community Engagement	Most SBC and IEC materials are not in user friendly version for PWDs	Develop SBC and IEC user friendly materials for PWDs especially for the visually impaired	Technical and Financial	National and District OH actors and partners	MoH, EPA, MAFFS, MoSW, NPHA
	Inadequate budget support for SBC activities.	Advocate for financial and other resources	Technical	Donor partners, private sector, multinational companies, council and internal partners	MoH, EPA, MAFFS, MoF, NPHA
	Limited capacity of chiefdom OH RCCE actors	Capacitate Chiefdom level OH RCCE actors through training and provision of logistics.	-Technical and logistics	FMCs, VDCs, CAWHS	MAFFS, EPA, MoH, NPHA, MoF
	Inadequate community knowledge of the 2022 Public Health Law	2022 Public Health Act should be popularised in all districts, and chiefdoms	Logistics, Technical and financial	Paramount Chiefs, Section Chiefs, Women's Leaders, TBAs, Traditional Healers, Religious Leaders	MoH, EPA, MAFFS, NPHA, MoF
	OHRCCE Community Engagement is not done on a routine basis	Instill routine OH RCCE community engagement with or without events	Logistics, Technical and Financial	Traditional and Religious Leaders, and other key stakeholders	MoH, EPA, MAFFS, NPHA

8.0 Possible Areas for technical support from partners and stakeholders

NO.	**Technical Area / Ministry / NDAs**	**Level for inclusion**
1.	7.1.1 **Local Consultant**: Capacitate all OHRCCE staff and Ministries and Departments recommended above on OHRCCE strategy: National Public Health Agency (NPHA), MAFFS, EPA, MoH, MoF etc.	National, District and Chiefdom
	7.1.2 **Local Consultant**: Strengthen the skills of CHWs, CAHWS, DLI, DLO, EPA etc. on OHRCCE Surveillance and Reporting tools: National Public Health Agency, MAFFS, EPA, MoH etc.	Chiefdom levels
	7.1.3 **External Consultant**: Develop one consolidated SOP on OHRCCE for use at district and chiefdom levels: National Public Health Agency, MAFFS, EPA, MoH, other MDAs)	National, District and Chiefdom levels
	7.1.4 **External Consultant**: Develop policies for gender mainstreaming in OHRCCE: EPA, MAFFS, NPHA, MoGCA, MoSW, etc.)	National and District levels
	7.1.5 **Local Consultant:** Assist districts develop annual workplan for OHRCCE activities.	District
2	7.2.1 **Local Consultant**: Strengthen skills of OHRCCE staff on basic laboratory skills.	National and District levels
	7.2.2 **Local Consultant**: Strengthen skills of CHWs and CAHWS on feedback mechanisms associated with laboratory services.	Chiefdom level.

References

The following is a list of documents that informed the content and objectives of this strategy. These documents are available online at https://healtheducationlibrary.dhse.gov.sl/index.php.

- Communication in Sierra Leone: An Analysis of Media and Mobile Audiences, BBC Media Action, May 2016.http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/research/mobile-media-landscape-sierra-leone-report.pdf.
- Emergency Preparedness, Resilience and Response, Concept of Operations.
- Ebola Virus Disease Lessons Learned.
- Government of Sierra Leone MOHS HED National Health Promotion Strategy of Sierra Leone, 2017–2021.
- Government of Sierra Leone Ministry of Health and Sanitation, Primary Health Care Program, Emergency Preparedness Plan, Bombali District, April 2018–2022.
- Health Education Division National Health Promotion Strategy of Sierra Leone (2017–2021), 2016.
- Joint External Evaluation (JEE) of IHR Core Capacities of the Republic of Sierra Leone, 2016.
- Ministry of Health and Sanitation Sierra Leone, Operational Guidelines and Procedures for Rapid Response Teams, 2016.
- MOHS All Hazards Public Health Incident and Emergency Response Plan.
- MOHS National Social Mobilization Pillar Terms of Reference.
- National One Health Platform: Governance Manual, October 2018.
- One Health Terms of Reference and Governance Manual.
- PHNEOC Sierra Leone Media and Communications Standard Operating Procedures, 2016.
- Republic of Sierra Leone National One Health Strategic Plan 2019–2023, September 2018.
- Risk Communication in the Event of Disease Outbreaks and Epidemics in the ECOWAS Region Strategic Plan 2019–2023. (draft)
- Situation Analysis of Health Risks Communication in the ECOWAS Region. (draft)
- Social and Behavior Change Communication Emergency Helix, Johns Hopkins CCP.
- Social and Behavior Change Communication Emergency Preparedness I-Kit, Johns Hopkins CCP.

- Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries, published by The Food and Agricultural Organization of the United Nations, The World Organization for Animal Health and the World Health Organization, 2019.http://www.fao.org/3/ca2942en/ca2942en.pdf
- Terms of Reference for The National One Health Coordination Committee in Sierra Leone Social and Behavior Change Communication.
- Terms of Reference for the PHNEOC Communications Pillar, Ministry of Health and Sanitation, Public Health National Emergency Operations Centre (SL).
- West Africa Risk Communication Strategy (Draft), Dec 2018.