


# Strengthening health system resilience: A practical toolkit for community engagement

Developed by the Institute for Development and the ReBUILD for Resilience consortium

ReBUILD FOR RESILIENCE

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This toolkit is a collaboration between the community stakeholders of Kailahun and Moyamba districts and researchers from Institute for Development (IfD), Sierra Leone, Queen Margaret University, Edinburgh, and Liverpool School of Tropical Medicine. We particularly acknowledge the contributions of:

- The District Health Management Teams (DHMTs) of Kailahun and Moyamba districts, and the District Medical Officers of Kenema, Tonkolili and Bonthe.
- Community stakeholders, including health workers, traditional leaders, youth organizations, women's groups, and civil society. Their voices helped make this toolkit practical and relevant.
- All field researchers and radio moderators in Kailahun and Moyamba who contributed their time and skills.
- The IfD research team who have worked in Kailahun and Moyamba - Michael Munu, Tamba Morris, Halimatu Kamara and Augustus Osborne. Thanks also to Augustus for drafting this toolkit.
- Dr Ayesha Idriss (Principal Investigator) for her leadership and Regina Mamidy Yillah (CEO of IfD) and her team for driving local implementation and advocacy.


Cover image: Story tree mural in Kailahun

# 1. How to use this toolkit

Welcome to the ReBUILD for Resilience Community Engagement Toolkit. This resource is designed to help you replicate the model for strengthening health systems through community dialogue, accountability, and action. Whether you're a District Health Management Team (DHMT), a local leader, or a development partner, this toolkit offers practical steps, templates, and real-world examples to guide you. Here's how to navigate it:

**Start with the basics:** Read the Background and Model overview sections to understand the context, principles, and core components.

**Assess your readiness:** Use the Self-Assessment tool and Readiness Checklist to determine where you stand and what you need to do to begin.

**Choose your track:** Decide whether a quick three-month startup or a deeper 12-month implementation suits your context.

**Troubleshoot and scale:** Refer to troubleshooting tips for common challenges and explore scaling strategies when you're ready to expand.

This toolkit is built to be flexible, so adapt it to your district's unique needs.

Reach out to Augustus Osborne at IfD at a.osborne@ifdsl.org/ +23279196837 for support.

Let's build resilience together!

# 2. About ReBUILD for Resilience, IfD, and partners

ReBUILD for Resilience worked to strengthen health systems in fragile and shock-prone settings. Since 2020, we've worked in Sierra Leone's Kailahun and Moyamba districts to foster community engagement, trust, and accountability. Our flagship innovation, "Radio for Resilience", alongside monthly stakeholder meetings, has transformed how communities and health systems collaborate to address local challenges. Institute for Development (IfD), our lead partner in Sierra Leone, drives this mission with a vision for a robust research and development sector. Founded in 2013, IfD supports decision makers by providing evidence on what works. Based in Freetown, IfD brings together local and international expertise in public health, gender, governance, and more.

### *What we did in Kailahun and Moyamba districts*

In Kailahun and Moyamba, ReBUILD for Resilience focused on building stronger connections between communities and health systems. Our key activities included:

- Implementing "Radio for Resilience", a community radio program designed to share health information, encourage dialogue, and address local health concerns in an accessible format.
- Facilitating monthly stakeholder meetings, bringing together community members, health workers, and local leaders to discuss challenges, build trust, and co-create solutions for health system improvements.
- Engaging community health workers, by training and supporting local health workers to act as bridges between communities and formal health systems, ensuring accountability and responsiveness.
- Conducting participatory research by working with residents to identify barriers to healthcare access and develop tailored interventions that reflect community needs.

These initiatives have provided valuable lessons and practical examples highlighted throughout this toolkit.

With our partners, including the DHMTs, Queen Margaret University, Liverpool School of Tropical Medicine and a network of research associates and local leaders, we have ensured that this model reflects Sierra Leone's realities. Together, we are committed to scaling impact across the country's 16 districts.

# 3. Evidence of ReBUILDs' impact

**Why evidence matters:** The ReBUILD for Resilience model, tested in Kailahun and Moyamba since 2020, has delivered measurable results, proving its potential for replication across Sierra Leone. These highlights show what's possible with community engagement.

### Summary of impact:

- Health-seeking behaviour: Facility-based deliveries in Kailahun rose after radio campaigns and stakeholder actions (DHMT Kailahun, 2024).
- Accountability: Most community-raised issues (e.g., drug stock-outs) were addressed by DHMTs during live radio broadcasts in Moyamba.
- Trust in health systems: Most surveyed community members in project areas reported greater confidence in health system responsiveness.
- Community-led initiatives: Moyamba organized more than 15 monthly clean-up actions, improving sanitation and reducing disease risks.

### Case Snapshot - Kailahun: Breaking barriers to maternal care:

**Challenge:** Remote access and cultural fears limited facility deliveries.

**Action:** Stakeholder meetings identified barriers, and "Radio for Resilience" broadcast solutions. Traditional birth attendants were trained to refer mothers to healthcare facilities, with DHMT improving staffing.

**Result:** District health management authorities report an increase in facility-based deliveries alongside growing trust in facility staff.

### Case Snapshot - Moyamba: Community action for sanitation:

**Challenge:** Poor sanitation increased cholera risks in dense areas.

**Action:** Stakeholders prioritized sanitation, using radio to rally action. Listeners suggested clean-ups, leading to youth-led campaigns with DHMT support.

**Result:** More than 15 monthly clean-ups since the project started, with residents noting improved confidence in governance.




Community impact of a clean-up campaign at Kailahun

# 4. Self-assessment and Readiness Checklist

**Purpose:** Before starting, assess your district's readiness to implement community engagement activities. This checklist helps identify strengths and gaps, guiding whether to begin with Track A, Track B, or build capacity first.

### Readiness checklist:

- ☐ DHMT has identified a focal person to lead engagement activities.
- ☐ Key stakeholders are mapped and willing to participate. These may include, as relevant to the local context and situation at that time, traditional leaders, youth groups, people with disabilities, women's groups, religious leaders, security personnel, teachers, district health sisters, district medical officers, town chiefs, drivers' unions, councillors, matrons, community health workers, secret society leaders or members, and representatives of different medical cadres, as well as any other relevant stakeholders.
- ☐ A local radio station or alternative communication platform is accessible for dialogue.
- ☐ Small budget or in-kind support (e.g., meeting venues) is secured for initial activities.
- ☐ Community trust in health systems is low, but there's openness to dialogue.

### Guidance on results:

- Fewer than three checked: Focus on building capacity or partnerships first (e.g., secure stakeholder buy-in, identify resources). Reassess in 1-2 months.
- Three or more checked: You're ready to start! Choose Track A (three months) for a quick start or Track B (12 months) for deeper impact.




The Moyamba story tree mural

# 5. Next steps after assessment

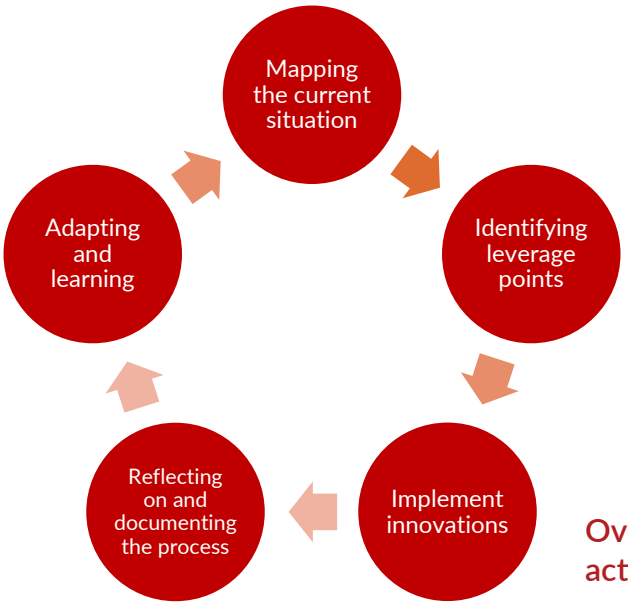
1. Document results in a workbook or notebook for reference.
2. If ready, move to Part 1 to convene stakeholders.
3. If not ready, reach out to IfD for support in addressing gaps.

**Tip: Be honest in your assessment of your readiness. Starting without minimum conditions, e.g. leadership buy-in, can delay your impact. Revisit the readiness checklist to help track your progress over time.**

***Example - Kailahun readiness***

District stakeholders checked four of five items in 2020, with a DHMT focal person and radio access secured.

The gap (budget) was addressed via in-kind community spaces, allowing a Track A start.




Overview of the participatory action research process

| Phase | Activity | PAR |
|---|---|---|
| Phase 1 | Document review | Mapping the current situation |
| | Workshop 1 – Power mapping – formal | |
| | Workshop 2 – Power mapping - informal | |
| | Workshop 3 – Power mapping - community | |
| Phase 2 | Workshop 1 – Problem tree | Identifying the leverage points |
| | Workshop 2 – Venn diagram | |
| | Workshop 4 – Pathway to change | |
| Phase 3 | Implementation phase; documentation, reflection and learning | Implementing innovations<br>Reflecting and documenting process<br>Adapting and learning |

The phases of activity in Kailahun and Moyamba and the participatory action research activities undertaken

# 6. Key principles for community engagement

**Why principles matter:** Successful engagement depends on shared values that guide how stakeholders collaborate and interact with each other, including the communities they impact or represent. These principles, drawn from Kailahun and Moyamba, ensure the process remains community-centered and effective in fragile settings.

## Principle 1 - Inclusivity

Continuously expand access and inclusion for all stakeholders, ensuring representation from diverse groups such as women, youth, marginalized communities, and persons with disabilities.

**Tip:** Set quotas to ensure representation of all groups at each stage of the process (e.g., 30% women) or host meetings in accessible locations.

## Principle 2 - Centering community voices

Focus on understanding local needs and encourage community input to shape health priorities, while recognizing that external expertise and evidence-based practices can provide valuable insights. Communities play a vital role in identifying their challenges, but in matters of health, their perspectives should be complemented by technical knowledge to ensure effective and accurate solutions.

**Tip:** Engage communities by using participatory tools like problem trees to capture authentic challenges and collaboratively develop solutions. Problem trees are a visual and interactive method that help stakeholders identify the root causes, effects, and potential solutions to a specific issue, ensuring that local perspectives drive the process.

### *How to use a problem tree: Step-by-step instructions*

A problem tree is a facilitated exercise, often conducted in a group setting to analyse a central issue by breaking it down into causes and effects. Here's how to implement it:

1. Gather participants: Bring together a diverse group of stakeholders, including community members, health workers, and local leaders, to ensure a wide range of perspectives.

2. Identify the core problem: Start by agreeing on the main issue or challenge to address (e.g., limited access to clean water). Write this problem in the centre of a large sheet of paper or board, representing the "trunk" of the tree.

3. Map the causes (roots): Ask participants to brainstorm the underlying causes of the problem. Write these below the trunk as the "roots." Encourage deeper analysis by asking "why" for each cause to uncover root issues (e.g., lack of infrastructure, funding shortages).

4. Map the effects (branches): Discuss the consequences or effects of the problem and write these above the trunk as the "branches." Again, dig deeper by asking "what happens because of this?" (e.g., increased disease, reduced school attendance).

5. Identify solutions: Once the tree is complete, facilitate a discussion on potential solutions for the root causes and ways to mitigate the effects. Note these ideas around the tree or on a separate sheet, prioritizing actions that are feasible and community driven.

6. Summarize and plan: Document the findings and use the problem tree as a visual guide to develop an action plan, assigning responsibilities and timelines for addressing key causes and effects.

Tips for success: Ensure a safe and inclusive environment where all voices are heard, use local languages or interpreters if needed, and keep the session interactive by encouraging storytelling and examples. This tool can take 1-2 hours depending on group size and complexity of the issue.

## Principle 3 - Building learning and feedback opportunities

Regularly review progress with data (e.g., issues resolved) and adapt based on lessons learned. Create feedback loops via radio, SMS, or in-person channels. This might include general updates from stakeholders and updates on action points during stakeholder meetings and embedded researchers following up on action points through regular phone call reminders.

**Tip:** Share updates on radio to keep communities informed and engaged.

***Example - Moyamba's community focus***

Moyamba's sanitation campaigns achieved significant impact because youth and women's groups led clean-ups, reflecting local priorities for women and young people. Monthly radio updates on progress reinforced trust, with residents reporting confidence in health governance.



Radio for Resilience, 2023

# Part 1 - Convening a stakeholder group

Before diving into the process of convening a stakeholder group, it's important to understand why this approach is effective. Stakeholder groups bring together diverse voices - community members, health workers, local leaders, and policymakers - to collaboratively address health system challenges. This inclusive method fosters trust, ensures accountability, and leverages local knowledge to create solutions that are both relevant and sustainable. By building a group for health, stakeholder groups can bridge gaps between communities and formal health systems, making them a powerful tool for driving change in fragile and shock-prone settings.

## Overview of the process

Convening a stakeholder group is a critical first step in strengthening health systems. This process involves identifying key individuals and organizations, facilitating dialogue, and establishing a shared vision for health improvements. In the context of our work in Sierra Leone's Kailahun and Moyamba districts, stakeholder groups have been instrumental in transforming community-health system dynamics through initiatives like "Radio for Resilience" and regular meetings.

## Step 1: Map out who should be in the group

**Objective:** To identify key actors who are active, powerful, and trusted in relation to health and well-being, broadly understood to include physical, mental, and social aspects. This should encompass not only health-focused individuals but also political actors like local government officials for policy support, and traditional leaders for cultural relevance and community trust. Equally important is the inclusion of vulnerable and marginalized groups or their representatives, such as women, youth, or persons with disabilities, to ensure equitable solutions that address their unique barriers and needs, fostering trust and sustainability in health interventions.

**Why it matters:** A diverse stakeholder group ensures that health priorities reflect real community needs and leverage local influence for action. In fragile settings, trust and representation are critical to overcoming barriers like weak governance, limited trust or constrained resources.

**Process:** Bring together local community members, DHMT staff, health professionals, and leaders for a mapping exercise. Ask: Who influences health decisions? Who is trusted by communities? Who has resources or networks? Think about formal actors (e.g., health workers) and informal ones (e.g., traditional healers).

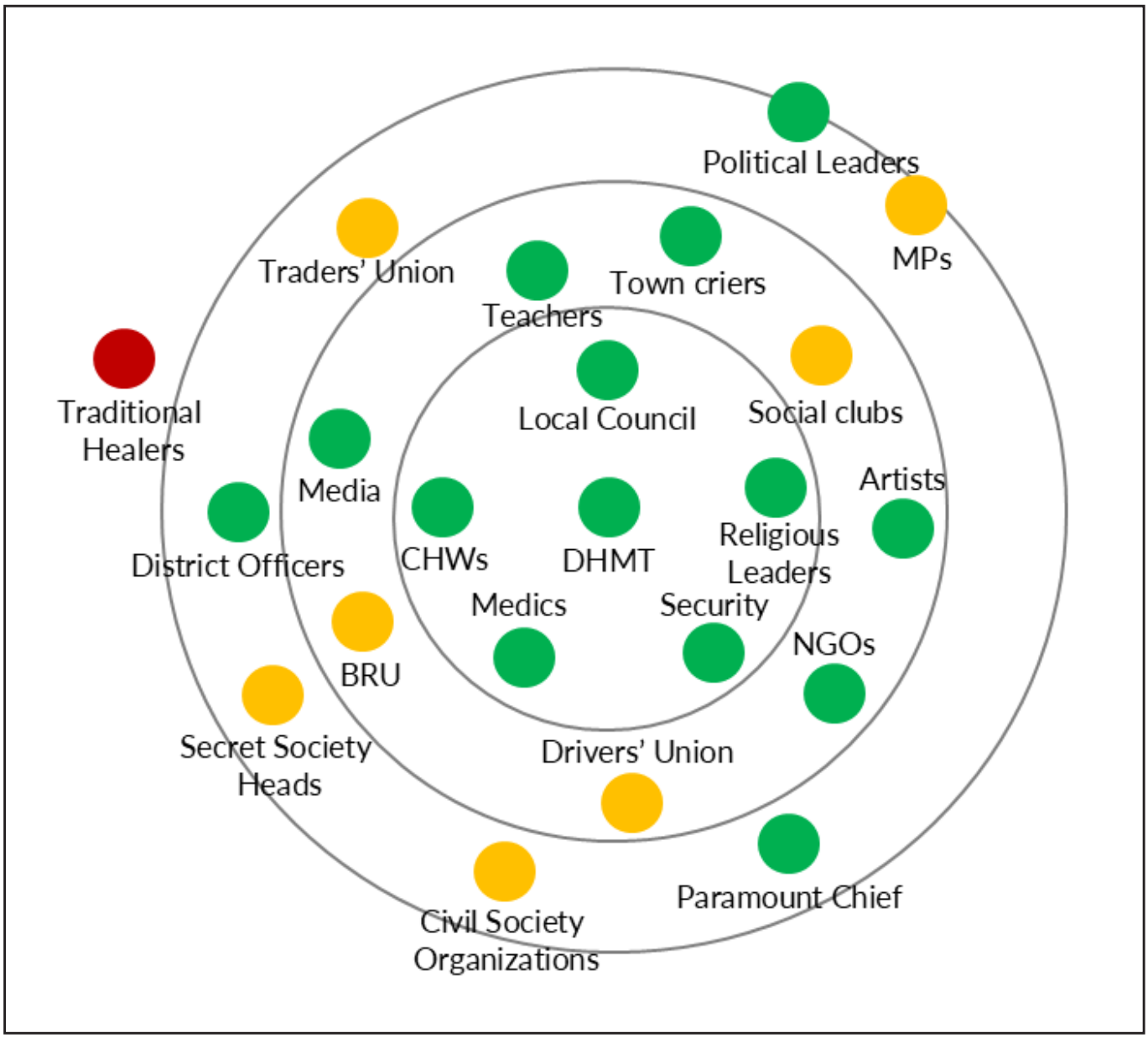
### Tool - Stakeholder Mapping Template

| Stakeholder Name | Role | Influence (High/ Medium/ Low) | Trust | Interest in collaborating for health (Willing/ Neutral/Reluctant) | Engagement Strategy |
|---|---|---|---|---|---|
| Example: Chief Kamara | Traditional Leader | High | High | Willing | Personal invitation to meeting |

**Tip: Aim for diversity and include women, youth, and marginalized groups. In practice, meetings will need to balance power dynamics carefully, but representation matters.**

***Example - Moyamba mapping***

In Moyamba, we asked communities who they trusted and had influence over their health and wellbeing. Our discussion was broad, and we tried to be as inclusive as possible. The aim was to ensure that remote voices were represented, to build early trust. As a result, we mapped more than 20 stakeholders, including traditional leaders, youth groups, and women's associations.




Power mapping exercise with formal leaders in Moyamba
(Green=high trust; yellow=medium trust; red=low trust)

## Step 2: Invite everyone to the group

**Objective:** Form an inclusive group by inviting mapped stakeholders to join.

**Process:** Use personal outreach, community leaders, or local announcements to invite 10-20 representatives. Clearly explain the purpose ("Work together to solve health challenges") and benefits ("Your voice will shape solutions"). Address logistical barriers like transport if needed.

***Example - Moyamba invitations***

In Moyamba, DHMT staff visited chiefdoms to personally invite leaders, while youth groups spread the word via WhatsApp, ensuring 15 stakeholders at the first meeting.

**Tip: Start with high-influence, willing groups to build momentum, then engage neutral or reluctant ones over time.**

## Step 3: Decide how the group should work

**Objective:** Establish clear processes for stakeholder group functioning to ensure sustainability and accountability.

**Process:** At the first meeting, agree on operational details:

- Frequency: Monthly meetings (or as feasible).
- Location: Neutral, accessible venue (e.g., community hall).
- Convener: DHMT focal person or rotating chair.
- Record-Keeping: Assign someone to take minutes for transparency.
- Communication: Set up a WhatsApp group or other low-cost channel for updates.

**Tool - Budgeting template for meetings**

| Item | Lean Option (Cost/ Month) | Enhanced Option (Cost/Month) | Notes |
|---|---|---|---|
| Venue | $50 (or in-kind community space) | $100 | Negotiate free spaces if possible |
| Refreshments | $30 | $50 | Optional but builds goodwill |
| Transport Support | $20 | $50 | For remote participants |
| Total | $100 | $200 | Adjust based on resources |

***Example - Moyamba stakeholder rules***

Moyamba's stakeholder agreed to meet monthly in a central community hall, with DHMT leading facilitation and a youth representative keeping minutes. A WhatsApp group shared updates, costing nothing extra.



Coalition meeting in Moyamba, 2023.

# Part 2 - Supporting the stakeholder group in setting and implementing an action agenda

## Step 1: Understand local health challenges and potential solutions

**Objective:** Identify community-specific health challenges and brainstorm actionable solutions collaboratively.

**Why it matters:** Participatory processes ensure solutions are grounded in local realities, increasing buy-in and effectiveness. In fragile settings, communities often know barriers (e.g., distance, cultural fears) better than external actors.

### Process (spread over two to three meetings for reflection):

1. **Identify challenges:** Host a two-hour workshop with stakeholder members (15-30 participants). Use simple tools like problem trees to map challenges affecting the community and their health and wellbeing.
2. **Brainstorm solutions:** Break into small groups (five to six people) to suggest solutions. Ask: What can we do? Who can help? What resources are needed?
3. **Reflect and match:** In follow-up meetings, refine ideas and see where one solution can address multiple issues (e.g., radio campaigns for both maternal health and sanitation awareness).

### Tool - Workshop Agenda:

- Welcome (10 min): Explain goal ("Identify and solve health issues together").
- Context sharing (20 min): Share data/stories on local health challenges (e.g., "40% of births outside facilities").
- Brainstorming (60 min): Small groups discuss challenges and solutions, report back.
- Closing (10 min): Summarize ideas, plan next meeting to prioritize.

**Facilitation tips:** Ensure quieter voices (women, youth) are given the floor. Ask the chair to respect everyone's right to speak, if needed, use anonymous idea submissions. Keep energy high by focusing on interactive tasks, e.g. ask everyone to write down solutions or come up with them in a short time, then share in a group.

***Example - Kailahun challenges***

In Kailahun, our first workshop identified the low rate of health facility births as a key issue. Using a problem tree, participants noted causes (distance, cultural fears) and effects (maternal deaths). Solutions included training traditional birth attendants for referrals and using radio to raise awareness of the risk factors for maternal deaths. Over three meetings, we refined these ideas, ensuring community buy-in.




IfD staff mapping health challenges, Kailahun 2022

## Step 2: Prioritize solutions and define an action agenda

**Objective:** Select feasible solutions and create a clear action plan with defined timelines and responsibilities.

**Process:** At a stakeholder meeting, review brainstormed solutions and prioritize actions based on urgency, feasibility, and impact. Use the dual-track approach to set timelines:

- **Track A (three months):** Quick start for urgent needs or limited resources.
  Focus on one or two actions (e.g., one radio show, one community campaign).

- **Track B (12 months):** Deeper engagement for sustained impact.
  Build robust stakeholder groups, multiple actions, and feedback systems.

**Specific action example - Radio for Resilience:** In Kailahun and Moyamba, radio discussions were chosen as a key action to amplify dialogue, ensure accountability, and reach remote communities. A typical two hour "Radio for Resilience" show includes:

- **Hour 1** - Discussion: DHMT and community reps recap meeting outcomes (e.g., "We're addressing drug stock-outs").
- **Hour 2** - Call-Ins: Listeners share concerns or ideas via phone/SMS, logged for follow-up.

**Impact:** In Kailahun, radio campaigns contributed to increase in facility deliveries.

**Tool - Action plan template**

| Issue | Goal | Actions | Responsible Party | Timeline | Resources Needed | Success Indicator |
|---|---|---|---|---|---|---|
| | | | | | | |

**Tool - Budgeting template for actions, with example actions:**

| Action | Lean Cost | Enhanced Cost | Notes |
|---|---|---|---|
| Radio Show | $50/show | $100/show | Negotiate free airtime if possible |
| Training | $100 | $300 | Seek in-kind support |
| Community Campaign | $50 | $150 | Use volunteers to reduce costs |

***Example - Moyamba action agenda***

Moyamba prioritized sanitation, launching more than 15 monthly clean-ups via community action and radio mobilization. Youth groups led efforts with DHMT support, reducing cholera risks.

## Milestone checklist for tracks

**Track A (three months):**

- ☐ Month 1: First meeting held, issue identified.
- ☐ Month 2: First action (e.g., radio show) launched.
- ☐ Month 3: Early win achieved (e.g., issue partly resolved).

**Track B (12 months):**

- ☐ Months 1-3: Stakeholders active, first actions started.
- ☐ Months 4-6: Multiple actions (two to three plans), feedback channels tested.
- ☐ Months 7-12: 50%+ issues addressed, sustainability planned.

# 7. Troubleshooting common challenges

**Why troubleshooting matters:** Community engagement in fragile settings often faces hurdles. Drawing from Kailahun and Moyamba, this section offers practical solutions to keep your efforts on track.

### Challenge 1 - Low stakeholder turnout:

**Issue:** Poor attendance at meetings signals distrust or logistical barriers.

**Solution:** Meet one-on-one with key leaders to build buy-in, offer transport support, or host meetings in community spaces closer to participants.

### Challenge 2 - Radio access issues:

**Issue:** Costly airtime or lack of radios limits community engagement.

**Solution:** Negotiate free slots with stations by highlighting public benefit, use alternatives (e.g., loudspeakers, SMS), or crowdsource radios for key listeners.

### Challenge 3 - Slow response to issues:

**Issue:** DHMT delays in addressing feedback erode trust.

**Solution:** Develop Service Level Agreements (SLAs) that outline realistic expectations for response times and issue resolution, such as aiming for an initial acknowledgment within a reasonable timeframe. Start by addressing smaller, manageable issues to build momentum, and consider acknowledging community and stakeholder efforts publicly, for example, through radio broadcasts, to foster trust and engagement.

### Challenge 4 - Power imbalances:

**Issue:** Dominant voices (e.g., elites) overshadow marginalized groups in stakeholders.

**Solution:** Use facilitation rules (e.g., equal speaking time), ensure quotas for certain groups (e.g., women or youth), and train moderators to actively engage all members.

### Challenge 5 - Funding gaps:

**Issue:** Budget shortfalls halt activities.

**Solution:** Prioritize lean options (e.g., in-kind venues), seek local government support, or pitch early wins to donors for funding.

**Tip: Document challenges and solutions in a log to enable learning over time. Contact IfD for additional support if bottlenecks persist.**

***Example - Overcoming trust gaps in Kailahun***

Early distrust in DHMT responsiveness slowed engagement. By mapping trust gaps and securing a quick win (restocking drugs after a radio complaint), participation grew within three months.

# 8. References, credits, and contact

## References and further reading

This toolkit is built on evidence and learning from the ReBUILD for Resilience project in Sierra Leone. Below are key sources that informed our model and toolkit development. While some data remains unpublished, these references provide a foundation for understanding the approach and its impact. For additional resources, users are encouraged to explore related materials or reach out for support. ReBUILD for Resilience Consortium Reports, 2020–25. Internal documentation on implementation research and participatory action learning in fragile settings. Available upon request via contact below.

## Further reading

- Explore policy briefs and case studies on health system resilience in fragile contexts at the ReBUILD for Resilience website: https://www.rebuildconsortium.com
- Review Sierra Leone's national health policies and community engagement strategies through the Ministry of Health and Sanitation for alignment with this model: https://mohs.gov.sl/
- Access curated readings and toolkits on community engagement from global health ecosystems via the IfD resource library: https://www.ifdsl.org

## Contact us

Why connect? Implementing this model is a collaborative journey. IfD is here to support you with using this toolkit, adapting the model, funding advice, localization guidance, or scaling plans across Sierra Leone. For support reach out to the following:

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Note: IfD is committed to supporting DHMTs and partners in replicating this model. Whether you need training materials, funding advice, or localization guidance, don't hesitate to get in touch.

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ReBUILD for Resilience examines health systems in fragile settings experiencing violence, conflict, pandemics and other shocks. We produce high-quality, practical, multidisciplinary and scalable health systems research which can be used to improve the health and lives of many millions of people.

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