PARES Case Study of Engagement & Involvement for Resilience

Case Study Title: **Sierra Leone, Lassa Fever, Social Learning**

Country/location: Sierra Leone, Eastern Province, Kenema District (Nongowa, small Bo and Lower Bambara chiefdoms).

Crisis/challenge type: Lassa fever

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PARES Domain illustrated by this case study:

Learning & Capabilities: Social (community) learning was enabled through dialogue, feedback and Visibility of positive outcomes

Recommended Actions

Communities: Share recovery stories to encourage care-seeking.
Government: Improve communication and referral practices to demonstrate tangible benefits.
NGOs/health programmers: Engage survivors as messengers and highlight community reporting successes.
Funders: Support survivor networks that normalise treatment and sustain trust beyond outbreaks.

Data for this case analysis

FGD (6), Key Informant Interviews (20), In-Depth Interviews (30), participant observation, document review and reflexive field journals; literature review.

Key Message

Visibility of positive outcomes reinforcing engagement and institutional trust: Observable benefits from improved care, survivor recovery and institutional responsiveness validate community engagement, reduce fatalism and stigma, and sustain collaboration for endemic disease management.

Case Study Summary

In Kenema District, communities had long associated the Lassa ward with poor outcomes, secrecy, and irreversible loss. Community engagement-supported changes in communication, referral practices, and patient-family interaction enabled communities to witness tangible positive results. These observations activated validation, as community members interpreted improved outcomes as evidence that engagement worked. Fatalism and fear reduced, encouraging earlier symptom disclosure. As recovery rates improved, survivors became community messengers, sharing testimonies during dialogues, radio programmes, and religious gatherings. Their presence created social proof, with isolation wards reinterpreted as pathways to recovery. Stigma gradually reduced, families became more willing to seek testing and comply with referral, and voluntary presentation increased. Visible improvements created reinforcing feedback loops; community engagement teams highlighted examples where reporting led to timely action, while communities observed institutional responsiveness. This in turn activated reciprocated trust, with both parties viewing collaboration as mutually beneficial.

Detailed Explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

Historical Lassa fever care in Kenema District was associated with poor outcomes, secrecy and irreversible loss, particularly at the dedicated Lassa ward in Kenema Government Hospital. This legacy generated community fatalism, fear of referral and isolation, and reluctance to engage with formal care pathways or disclose symptoms early. Communities had limited observable evidence that cooperation with health authorities could produce meaningful benefits, while health workers and institutions struggled to demonstrate positive results or maintain engagement beyond acute outbreak periods. Recovery from Lassa fever occurred but was often invisible to communities, with survivors remaining hidden due to stigma and shame. The community engagement team had capacity to support changes in communication, referral practices and patient-family interaction, and to facilitate survivor participation in outreach. Existing community structures including dialogue forums, radio networks and religious gatherings provided channels through which positive outcomes could be made visible and recovery stories shared. These conditions

meant that both communities and health institutions possessed potential for collaboration, but negative associations and invisible benefits prevented validation and trust, while stigma silenced survivor voices that could normalise care-seeking.

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

Community engagement transformed Kenema Government Hospital practices, replacing secrecy with respectful treatment, timely feedback and visible recovery. These institutional changes required community validation through reasoning to activate behavioural change. Witnessing tangible benefits shifted community perception from fear to trust, motivating early symptom disclosure and proactive reporting. Reduced fatalism increased confidence and engagement with surveillance. Simultaneously, survivors became outreach messengers, sharing recovery testimonies that normalised isolation as healing rather than punishment, gradually reducing stigma and increasing testing compliance. Feedback loops emerged as teams highlighted community reporting successes and communities observed institutional responsiveness, creating mutual trust. This reciprocated reliability sustained motivation beyond outbreaks through continued dialogue, surveillance collaboration and preventive practices. The combined mechanisms generated enduring community-institution relationships and enhanced capacity to manage Lassa fever as an endemic condition rather than serial emergencies.

Observed outcomes

Community engagement validation shifted health system perception from feared to beneficial, reducing fatalism and stigma through survivor testimonies and reciprocated trust.

Health outcomes included earlier symptom disclosure, increased testing compliance and voluntary care-seeking.

Systemically, this generated enduring community-institution relationships, enhanced endemic disease management capacity and sustained participation beyond outbreaks, preserving survivor messenger and feedback loop practices for future preparedness

Case Evidence

Vignettes # 5 in Sierra Leone – Lassa Fever Supporting Evidence document.

Related case studies

Social Relations and Structures
Sierra Leone – Lassa Fever – Legitimate, trusted leaders and intermediaries
Sierra Leone – Lassa Fever – Incorporation of local and scientific knowledge
Operational Systems
Sierra Leone – Lassa Fever – Information and Communication Systems
Sierra Leone – Lassa Fever – Multiple stakeholders and development of coordination platforms with local people enhance resilience
Learning and Capabilities
Sierra Leone – Lassa Fever – Institutional Learning

Other relevant case studies

Sierra Leone – Traditional-Biomedicine tensions – Knowledge systems alignment
Sierra Leone – Traditional-Biomedicine tensions – Social Learning
Sierra Leone – Malaria-CHWs – Trusted leaders
Sierra Leone – Malaria-CHWs – Social Capital
Sierra Leone – Malaria-CHWs – Resource Mobilisation
Sierra Leone – Water Insecurity – Social learning
Sierra Leone – Water Insecurity – Universities as enablers
Ethiopia – Covid19 – Multisectoral Collaboration
Ethiopia – Covid19 – Resource Mobilisation