PARES Case Study of Engagement & Involvement for Resilience

Case Study Title/ID: **Sierra Leone – Malaria-CHWs – Trusted and legitimate leaders and intermediaries**

Country/location: Sierra Leone, Kailahun District

Crisis/challenge type: Malaria-CHWs

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PARES Domain illustrated by this case study:

Social Relations & Structures: working with trusted elders & traditional leaders

Recommended Actions

For Communities:
Institutionalize participatory CHW selection through community meetings led by trusted leaders.
Strengthen Village Health Committees to actively support and monitor CHWs.
Promote community ownership of CHW services through regular dialogue forums.
Use local leaders to reinforce health messages on malaria.

For Government:
Formally integrate traditional leaders into health governance structures.
Develop policies recognizing leaders as health system intermediaries.
Strengthen CHW supervision systems by linking health- and community-leaders.
Ensure continuous supply of malaria commodities to maintain trust.

For NGOs & health program implementors:

Engage trusted leaders from program design to implementation.
Use leaders as co-facilitators in community sensitization and behaviour change.
Align interventions with existing community (health) governance systems.

For Funders:
Prioritize funding for community engagement and social trust-building interventions.
Invest in strengthening local governance structures.
Support long-term CHW incentive schemes to sustain trust and motivation.

Data for this case analysis

Primary data: 15 key informant interviews (KIIs), 12 in-depth interviews (IDIs), 16 focus group discussions (FGDs).

Key Message

Embedding CHW-led malaria services within trusted local leadership structures enhances health system resilience by leveraging social legitimacy, community trust, and collective accountability, thereby ensuring sustained service utilization, adaptive community response, and continuity of malaria care during periods of health system disruption.

Case Study Summary

Where local community leaders are trusted and have legitimacy, their involvement in recruiting and supporting Community Health Workers (CHWs) can strengthen CHW-led malaria services by enhancing social trust, acceptance, and accountability of their work. Through their endorsement, local leaders legitimize CHWs, reducing community scepticism and encouraging early care-seeking for malaria symptoms. They also act as mobilizers, reinforcing key health messages and promoting positive health behaviours. Additionally, leaders provide oversight and mediation, ensuring CHWs remain responsive and trusted. This collective trust, supported by strong social networks, increases service utilization and adherence to treatment. As a result, communities are better able to sustain malaria service delivery and respond adaptively during health system disruptions, ultimately improving continuity of care and reducing malaria-related morbidity.

Detailed Explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

In most communities of Kailahun District, access to healthcare is limited by long distances to PHUs, poor road networks, and periodic stock-outs of malaria commodities (such as RDTs and ACTs), challenges that are further intensified during the rainy season when malaria cases increase. Within this context, communities depend on strong traditional governance structures, including village chiefs, elders, Village Health Committees, and Facility Management Committees. In the study villages these leaders and structures are widely trusted and influential. These leaders facilitate the identification and selection of CHWs through participatory community meetings, where individuals known for integrity, commitment, and local familiarity are nominated. This process ensures that CHWs are seen as community representatives rather than external agents, thereby establishing trust and legitimacy essential for effective malaria service delivery.

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

Within this context, the involvement of trusted and legitimate leaders activates several interconnected mechanisms that enhance the effectiveness of CHW-led malaria services. Community leaders served as endorsers of legitimacy by publicly affirming the credibility and authority of CHWs. Their endorsement plays a critical role in reducing doubt and uncertainty among community members, especially in communities where externally introduced health interventions may otherwise be met with suspicion. This formal and informal validation increases confidence in CHWs and facilitates their acceptance within the community.

Secondly, leaders function as social mobilizers by leveraging community meetings, local gatherings, and informal communication channels to disseminate information on malaria prevention and the availability of CHW services. Through these platforms, they reinforce essential health messages, including the importance of early testing, adherence to prescribed treatment, and the consistent use of insecticide-treated nets. By repeatedly emphasizing these practices, leaders help normalize positive health-seeking behaviours and encourage timely utilization of CHW services.

Thirdly, trusted leaders serve as mediators and accountability agents within the community. They play a key role in resolving disputes, addressing complaints related to CHW performance, and ensuring that CHWs remain responsive to community expectations. This oversight function enhances transparency and accountability, fostering a sense of shared responsibility between CHWs and community members in sustaining effective malaria service delivery.

Finally, the presence of trusted leadership structures promotes a collective trust mechanism, where confidence in CHWs is reinforced through social networks and shared community experiences. As community members observe others utilizing CHW services successfully and becoming well, particularly with the endorsement of respected leaders, their own trust and willingness to engage with CHWs increases. This social learning reinforcement strengthens the overall uptake and sustainability of CHW-led interventions.

Observed outcomes

The activation of these mechanisms leads to increased community trust and acceptance of CHWs, resulting in higher utilization of malaria testing and treatment services and prompt care-seeking at symptom onset, which reduces

delays in diagnosis and treatment. There is also improved treatment adherence and health-seeking behaviour, as patients complete prescribed antimalarial regimens and follow preventive measures reinforced by both CHWs and community leaders, leading to better outcomes and fewer complications. The involvement of trusted leaders strengthens the resilience and continuity of malaria services, especially during health system disruptions such as stock-outs at PHUs, as communities continue to rely on CHWs. Additionally, community ownership and collective action are enhanced, with communities providing non-financial support such as food, transport, and livelihood assistance to sustain CHW activities. Ultimately, these outcomes contribute to reduced malaria morbidity and severity and improved overall community health, demonstrating the critical role of trusted leadership, social capital, and local governance in strengthening the effectiveness and sustainability of CHW-led malaria interventions. of CHW-led interventions.

Case Evidence

Vignette #1 In Sierra Leone – Malaria-CHWs – Supporting Evidence document

Related Case Studies

Social Relations and Structures
Sierra Leone – Malaria-CHWs – Social Capital

Operational Systems
Sierra Leone – Malaria-CHWs – Resource Mobilisation

Other relevant case studies

Malaria
Sierra Leone – Malaria-Science Shops – Universities as enablers
Sierra Leone
Sierra Leone – Traditional Medicine – Knowledge systems alignment
Sierra Leone – Traditional Medicine – Social learning
Sierra Leone – Water Insecurity – Social learning
Sierra Leone – Water Insecurity – Universities as enablers
Sierra Leone – Lassa Fever – Trusted Leaders & Intermediaries
Sierra Leone – Lassa Fever – Knowledge Systems Alignment
Sierra Leone – Lassa Fever – Communication and Information Systems
Sierra Leone – Lassa Fever – Multi-stakeholder Collaboration
Sierra Leone – Lassa Fever – Social Learning
Sierra Leone – Lassa Fever – Institutional Learning