PARES Case Study of Engagement & Involvement for Resilience

Case Study Title/ID: **Sierra Leone – Malaria-CHWs – Resource Mobilisation**

Country/location: Sierra Leone

Crisis/challenge type: Malaria-CHWs

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PARES Domain illustrated by this case study

Operational Systems: resources mobilised to sustain service delivery, through coordination & partnership between health workers, elders, and local leaders

Recommended Actions

For Communities: Strengthen community oversight and accountability mechanisms for cost-recovery schemes.
Conduct community sensitization on the importance of community health funds.
Establish transparent community health funds managed by Village Health Committees (VHCs).
For Government: Strengthen national supply chain management systems for malaria commodities.
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Establish buffer stocks of malaria commodities at district and community levels.
For NGOs & health program implementors: Promote community engagement and participatory decision-making in health financing mechanisms.
Support capacity building of CHWs and VHCs on supply chain management and financial accountability.
Facilitate training on management of community cost-recovery schemes and provide logistical support to strengthen last-mile commodity distribution.
For Funders: Provide sustainable financing for CHW programs and malaria commodities.
Support scaling up of successful community-based resilience models, invest in supply chain strengthening and digital logistics management systems.

Data for this case analysis

Primary data from 15 key informant interviews, 12 in-depth interviews and 16 focus group discussions.

Key Message

Decentralised CHW-led malaria services in Kailahun district facilitated the development of a cost recovery scheme which led to better and timely access to malaria drugs and commodities.

Case Study Summary

Decentralised CHW-led malaria services in Kailahun district improved timely access to malaria treatment, bringing testing and treatment closer to communities. Through Village Health Committees, communities established small cost-recovery schemes where households pay meagre fees to procure malaria drugs which are supplied by a local drug store owner during stock-outs to CHWs and their local health facility. This community-managed fund and supplies enabled CHWs to maintain the availability of essential malaria commodities and provide prompt treatment. As a result, communities experienced reduced delays in accessing care, improved continuity of malaria case management and strengthened the feeling of local ownership of health services which reinforced peoples' trust in using them.

Detailed Explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

Malaria is endemic throughout Sierra Leone. Persistent stockouts of malaria commodities (such as RDTs and ACTs) were experienced repeatedly at Peripheral Health Units (PHUs) at community level in Kailahun District.

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

Community leaders convened meetings with Village Health Committees (VHCs), DHMT members (Malaria focal point, CHW Coordinator), Community Health Workers (CHWs), Facility Management Committees (FMCs) to which the PHU–In charge is the secretary, and community members to discuss solutions for sustaining malaria services. During these discussions, the community agreed to establish a cost recovery scheme, where a memorandum of understanding was made with a local drug store owner for them to supply malaria commodities to the facilities and CHWs at level to ensure accessibility and affordability. Community members receive services at low cost at both community and PHU levels.

The VHC and FMC managed the fund from the sales and coordinated returns to the drug store owners, while CHWs used the commodities to continue testing and treating malaria cases within the community. An accountability structure ensured transparency in the management of the revolving fund and commodities. The VHC and FMC handled the day-to-day planning, management, and record-keeping, while PHU staff and community leaders provided oversight and periodically reviewed records and drug utilization. Community meetings also served as platforms for public accountability and reporting. Through this arrangement, the drug store owners who hail from the district and have networks of familial relationships became a central actor in ensuring continuous access to malaria commodities, enabling CHWs to maintain malaria services despite supply chain stock-outs.

Observed outcomes

The community cost recovery scheme, supported by a partnership with a local drug store owner, ensured continued access to malaria commodities (RDTs and ACTs) during supply chain stock-outs in Kailahun District. This enabled CHWs and PHUs to maintain malaria testing and treatment services, reducing delays in care. Community members accessed services at affordable prices, while VHCs and FMCs managed the funds to replenish supplies. As a result, malaria service delivery remained uninterrupted despite commodity shortages.

Supporting Evidence

Vignette # 3 in Sierra Leone – Malaria-CHWs – Supporting Evidence document

Related Case Studies

Social Relations and Structures

Sierra Leone – Malaria-CHWs – Trusted Leaders
Sierra Leone – Malaria-CHWs – Social Capital

Other Relevant Case Studies

Malaria
Sierra Leone – Malaria-Science Shop – Universities as Enablers

Sierra Leone
Sierra Leone – Traditional Medicine – Knowledge Systems Integration
Sierra Leone – Traditional Medicine – Social Learning
Sierra Leone – Lassa – Trusted Leaders
Sierra Leone – Lassa – Knowledge Systems Alignment
Sierra Leone – Lassa – Communication & Information Systems
Sierra Leone – Lassa – Multi-Stakeholder Collaboration
Sierra Leone – Lassa – Institutional Learning
Sierra Leone – Lassa – Social Learning
Sierra Leone – Water Insecurity – Social Learning
Sierra Leone – Water Insecurity – Universities as enablers