PARES Case Study of Engagement & Involvement for Resilience

Case Study Title/ID: **Sierra Leone – Malaria-CHWs – Social Capital**

Country/location: Sierra Leone

Crisis/challenge type: Malaria-CHWs

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PARES Domain illustrated by this case study

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

Recommended Actions

For Communities: Strengthen community engagement and trust in CHW services. Promote early care-seeking behaviour by encouraging community members to consult CHWs promptly when malaria symptoms appear.
Support CHWs with community-based surveillance, including reporting suspected malaria cases or outbreaks promptly and Promote community awareness and health education on malaria.
For Government: Strengthen policy and integration of CHW-led malaria services within the national health system.
Improve supply chain management to prevent stock-outs of and essential malaria commodities.
Ensure standardized training and regular refresher courses for CHWs on malaria diagnosis, treatment, and referral.
Provide incentives to improve CHW motivation and retention.
For NGOs & health program implementors: Support community mobilization and awareness to promote early malaria care-seeking.
Provide technical support, supervision, and capacity building for CHWs
Strengthen monitoring, evaluation, and digital reporting systems
For Funders: Provide sustainable financing for CHW programs and malaria commodities.
Support community engagement in Malaria programs.

Data for this case analysis

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

Key Message

Social capital is provided in the form of volunteer/minimally remunerated community-based health roles. Community-driven selection of community health

workers (CHW) and their training and deployment locally creates trust and strengthens community-based Malaria service delivery.

Case Study Summary

Communities often provide social capital in the form or volunteer (or minimally remunerated) community-based health positions. In Kailahun District community members gathered in village meetings to select trusted individuals to work as community health workers (CHWs), which created strong trust and ownership because the community health workers were chosen from within the community and by the community itself. After receiving training and being deployed, the CHWs regularly visited households, shared health information, and worked with community leaders and committees, strengthening cooperation, communication networks, and collective action around health.

Detailed Explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

In remote chiefdoms of Kailahun District, malaria burden remains high, seasonal spikes in Kailahun District, coupled with long distances and poor road access to Peripheral Health Units, limited timely access to diagnosis and treatment in remote communities. Acute shortage of trained healthcare workers in communities created the need for the identification, selection, and training of Community Health Workers (CHWs) for malaria diagnosis, treatment, and health education. CHWs receive performance-based financial incentives from the Government of Sierra Leone and partners such as UNICEF and PMI, alongside non-financial community support.

However, periodic health system disruptions, including stock-outs of malaria commodities, reduce service availability and delay treatment. Despite these challenges, strong social cohesion and local governance structures such as Village Health Committees and Facility Management Committees facilitate collective action. This context enables communities to adopt adaptive strategies, including cost recovery schemes, to sustain malaria service delivery during system shocks.

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

In communities across Kailahun District, the process of selecting, training, and deploying Community Health Workers (CHWs) triggered several collective actions that strengthened social capital and contributed to resilient malaria service delivery.

The community leaders and Village Health Committees (VHCs) organized open village meetings to select CHWs from among trusted community members. During these

gatherings, residents nominated individuals known for their integrity, willingness to serve, and familiarity with local households. This participatory selection process created a sense of community ownership and trust, as residents felt directly involved in choosing the individuals responsible for delivering essential health services. Once selected, CHWs participated in structured training programs organized by district health teams and implementing partners. After completing their training, CHWs returned to their communities and began conducting household visits, community sensitization sessions, and health education activities on malaria prevention, early treatment-seeking, and proper use of insecticide-treated nets. Through these activities, CHWs became knowledge brokers, sharing health information and strengthening communication networks within the community.

Furthermore, CHWs worked closely with Village Health Committees, Facility Management Committees, and local leaders to coordinate community health activities. Regular meetings were held to discuss malaria trends, identify service gaps, and plan responses such as sanitation campaigns, health outreach sessions, and referral support for severe cases. These collaborative activities encouraged collective participation and strengthened relationships between community members and local health structures. Also, the interaction between CHWs and households during routine service delivery—such as malaria testing, treatment, and follow-up visits—further reinforced social ties and mutual support. Community members increasingly relied on CHWs not only for health services but also for guidance during health challenges. This strengthened the trust and reciprocal relationships between CHWs and the communities they served.

Lastly, when communities faced challenges such as malaria drug stock-outs or increased disease burden, these established networks enabled rapid collective responses. Community leaders, VHCs, and CHWs mobilized meetings, shared information, and coordinated local solutions, including resource mobilization and support for CHW activities. Through these repeated interactions and shared problem-solving processes, communities developed stronger networks of cooperation, trust, and collective responsibility for health, which are key elements of social capital and resilience.

Observed outcomes

As a result of the participatory selection, training, and deployment of Community Health Workers (CHWs) in Kailahun District, communities developed stronger trust, cooperation, and shared responsibility for health services. CHWs became trusted providers, leading to increased acceptance of malaria testing, treatment, and

prevention messages. Regular interactions between CHWs, Village Health Committees, Facility Management Committees, and households strengthened community networks and participation in health activities. These stronger relationships enabled communities to mobilize collective responses during challenges such as malaria case surges or drug stock-outs. Ultimately, the strengthened social capital improved the resilience and continuity of community malaria services.

Evidence

Vignette #2 In Sierra Leone – Malaria-CHWs – Supporting Evidence document

Related Case Studies

Social Relations and Structures

Sierra Leone – Malaria-CHWs – Trusted Leaders

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