

Scaling-up Community Resilience: Lessons for Responders

Work with existing social relations and structures:

Work with trusted local leaders and authority structures that have legitimacy in people's eyes

Blend traditional/indigenous knowledge with "scientific" knowledge where-ever possible

Work with existing social networks and support systems, where they exist

Make operational systems more equitable & effective:

Collaborate with a wide range of stakeholders & coordinate actions

Use multiple, inclusive and co-created channels for communication

Strategically support & augment local resource mobilisation

Commit to building long-term resilience:

Embed institutional-community feedback loops & reflection

Support & commit to long-term presence of NGOs

Encourage survivor testimony & observational/experiential learning

Support & commit to universities and researchers being enablers for community-led work



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Building Partnerships for Resilience: Pathways to engage and work with local people to build resilience to public health crises in Africa



For more information

See the PARES website:

<https://www.lshtm.ac.uk/research/centres-projects-groups/pares>

or contact:

Prof Susannah Mayhew at the London School of Hygiene & Tropical Medicine, UK

Susannah.Mayhew@lshtm.ac.uk

Prof Freddie Ssengooba at the University of Makerere, Uganda

Sengooba@musph.ac.ug



This Research Brief summarises the findings of the PARES research consortium. It describes three groups of mechanisms through which engagement, involvement and empowerment of local people can be achieved, to build local resilience to crises.

Background

The PARES global health research group is funded by the UK’s National Institute for Health and Social Care Research (NIHR). Six partners are involved. The London School of Hygiene & Tropical Medicine, UK co-lead the consortium with Makerere University, Uganda. Other partners are: Jimma University, Ethiopia; Eastern Technical University, Sierra Leone; Blue Ventures, Madagascar; Wageningen University, The Netherlands.

Over four years, these partners worked together in four countries across eight kinds of crisis (natural hazards, infectious diseases, chronic crisis conditions). The identified 86 examples of mechanisms in action which have been detailed in 32 summary case studies. These are available from: <https://www.lshtm.ac.uk/research/centres-projects-groups/pares#learning-platform>.

The mechanisms identified have been clustered into three domains, present across multiple case studies and contexts. These are 1) Social relations and structures; 2) Operational systems; 3) Learning and Capabilities to support resilience. As illustrated in the diagram below, these Pathways collectively contribute to building local resilience.

his brief describes each of these three domains and their mechanisms and gives illustrative case examples.

Who can use this document?

Researchers, policy decision makers and programmers from across sectors can use this document. It will inform the user what types of actions and approaches can successfully build crisis-resilience and help protect health in these settings.



SOCIAL DYNAMICS AND STRUCTURES: who, what and how to engage

This refers to the underlying social structures and relationships that enable resilient community responses. Types of mechanism in this domain.

Trusted leaders and intermediaries: trusted authority figures can validate information, ensure compliance and mobilize collective action.

Drought preparedness in Ethiopia: In Borana zone, trusted “wise men” (who are part of traditional authority systems) facilitated drought-preparedness actions in communities by working with and reinforcing the messages of scientific actors which were previously ignored.

Aligned knowledge systems: blending traditional/ indigenous knowledge with scientific or technical knowledge systems enhances trust.

Flood & drought early warning in Uganda: in Kasese and Katakwi districts local leaders blended indigenous & scientific knowledge of impending flood & drought risks, to increase trust in the warnings and motivate action to secure health, food stocks and houses.

Social capital mobilisation: pre-existing social networks and mutual support systems provide the foundation for coordinated community responses & can be enhanced.

Post-cyclone flooding support in Madagascar: In Ambanja district informal networks were formed in communities to share food & safe housing. Support was limited by peoples’ poverty, but a locally operating NGO helped formalise self-help groups & provided financial management training at the request of communities.

OPERATIONAL PROCESSES AND SYSTEMS: structures and processes through which engagement happens

This refers to the functional mechanisms and processes through which communities organize and respond. There are three types of mechanism in this domain.

Multi-stakeholder collaboration: coordinated partnerships mobilise government, NGOs, traditional authorities & community organizations.

Uganda District Risk Committees mobilise rapid response to floods. In Kasese and Katakwi districts, NGOs and government actors collaborated to pre-position supplies and maintain flexible partnerships with community health workers. This enabled rapid adaptation of service delivery models during flooding to secure continuity of services.

Communication and information systems: multi-channel co-created communications are effective at sharing and coordinating information.

Community-led Lassa fever communication in Sierra Leone improved understanding & care-seeking: A didactic Lassa program redesigned its health communication together with communities to introduce participatory, two-way dialogue and deliver messages through local initiatives including drama, storytelling and survivor testimonies. This improved trust in messages and treatment facilities resulting in timely reporting of Lassa cases and improved outcomes.

Resource mobilization and management:

coordinated mobilization of internal resources and strategic engagement with external support builds resilience.

A locally initiated cost-recovery scheme improved malaria care in Sierra Leone. Frequent drug stockouts led people to use herbalists to treat malaria. Local leaders, health committee members and health staff meet to agree a local cost recovery scheme to sign MoUs with local Pharmacy owners to supply malaria drugs at cost. This improved continuity of care and trust in local community health workers.

LEARNING AND CAPABILITY DEVELOPMENT: actions and approaches that build and sustain resilience

This refers to how to embed resilience to achieve local ownership, sustained services and resilient crisis response. There are four types of mechanism in this domain.

Institutional learning and adaptation: Internal feedback loops & codesigned tools can achieve procedural change.

A Lassa fever program in Sierra Leone was transformed after embedding reflexive learning. Regular community feedback and staff reflection fed into management coordination meetings and operational planning. Community feedback was respected. This strengthened links between community experience and institutional response, enhanced trust and legitimised health system authority, leading to improved case reporting and treatment outcomes.

Embedded and equitable partnerships: Long-term presence of NGOs, equitable partnerships of locals & external responders, delegation of decision-making authority & skills- building supports long-term resilience.

Cyclone resilience in Madagascar: In Ambanja, embedded NGOs were trusted because of their committed presence and strong knowledge of local systems. This enabled them to work with communities to protect mangrove forests and related fishing stocks. Local people provided labour in exchange for required household utensils. Joint efforts on mangrove restoration led to increased fish production and decreased cyclone-wind damage.

Social learning for engagement: Survivor testimony, visibility of recovery & experience of treatment provide evidence that health-sector engagement “works”.

Survivor testimonies in Ethiopia (Covid-19) and Sierra Leone (Lassa fever) encouraged others to seek treatment from health facilities.

Traditional bonesetters in Kailahun, Sierra Leone learned that collaboration with health facility staff could be mutually beneficial: bonesetters knew from experience that patients with compound fractures need antibiotics, which only clinics can provide.

Universities as community enablers: Through promotion of CEI best-practice; embedding CEI in research & teaching; triggering community responses.

University staff used “science shops” in Sierra Leone and Ethiopia to bring malaria science to communities & co-create local solutions. Local scientists used hands-on activities to pool community and scientific knowledge on malaria. This led to local solutions including protecting water supplies and experimenting with local plant poisons to kill larvae (SL) and devising ways to collaborate more closely with health workers (E).

In Kailahun, Sierra Leone, researchers triggered community action on safe water through a recap of previous schemes, motivating the village Chief to seek help from health authorities.