HOW MISTRUST AND DISCONNECTIONS HINDER COMMUNITY ENGAGEMENT IN DEALING WITH HEALTH CARE ISSUES RELATED TO CLIMATE CHANGE IN SIERRA LEONE - AND HOW THIS CAN BE OVERCOME

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Introduction

- Trust, **mistrust**, and **distrust** influence **people's ability to utilize critical resources and make decisions** that are best for their **health** and well-being

- **This is when communities become vulnerable to internal and external shocks, and social dislocation becomes the catalyst for a disproportionate negative effect on health.**

- **Mistrust is deeply ingrained in the physical and social makeup of communities. It occurs more frequently when individual differences emerge, values and beliefs are in dispute, or resources become limited.**

Methods

- 4 case studies: Malaria, Lassa Fever, Primary Care, Herbal Medication
- Realist Evaluation approach to identify contexts in which people use & interact with health services, mechanisms of people's engagement with formal (and other) health systems, outcomes of this engagement.
- Range of qualitative and other methods:
  - Mapping of households
  - Ethnographic observations
  - Key informant interviews (community members, leaders and health providers)
  - Focus group discussions

DISCONNECTIONS BETWEEN HEALTH CARE PROVIDERS AND COMMUNITIES REGARDING:

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1- MALARIA

- Mistrust/disconnections between health care providers and communities regarding:
- Out of stock for the free treatment of patients in the community
- Rapid detection test (screening) of individuals and collection of drugs

2-Lassa fever

- The rodent control to prevent primary transmission of Lassa fever virus
- Issues related to early diagnosis of the infected individuals

DISCONNECTIONS BETWEEN HEALTH CARE PROVIDERS AND COMMUNITIES REGARDING:

3- TREATMENT OF HEALTH RELATED CONDITIONS/DISEASES AT THE Peripheral Health Unit

- Early closure of the health facility; health care workers not rendering services to patients after 3:00 pm
- Lack of training of technicians for the maintenance of provided water plant

4- Herbal medication and formal health system

- Disconnections between health care providers and communities regarding:
- Lack of drugs for treating especially children at the premises of formal system.
- Dispute between formal health system and the herbalists on the problem related to doses and/or measurement of herbal products.

BUILDING TRUST THROUGH COMMUNITY ENGAGEMENT

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- **Community engagement: It has been seen to promote well-being and health resilience against conditions posed by especially climate change related problems.**
- **Emphasizing a health-centred approach.** It includes seeking out and understanding what is important to the patient, their families, careers and support people, fostering trust and establishing mutual respect.
- **Community engagement by health systems: This is an important force that promotes community wellness and public health resilience when faced with a long standing or immediate health threat.**

OTHER TRUST-BUILDING MECHANISMS

- RAISING AWEARNESS: Making people be aware of existing situations as early as possible(**through one-on-one engagement and socially adjourned community participation)**
- Creating and /or strengthening existing community structures: (**e.g. Facility Management Committee, Health Development Committee etc.**)

(These actions should be developed in collaboration with local stakeholders and communities).

- Training of health care providers: (**e.g.continues 'hands-on-training' on Community Engagement and Information**)
- Reviewing health care training curricular by including CEI(**all healthcare training institutions in Sierra Leone using harmonized curriculum on CEI**)
- Provision of the required resources at all levels- e.g. National (**Ministry of Health**), District(**District Health Management**) and Community levels (**Peripheral Health Units services)**

THANK YOU

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