

The State of healthcare access in Freetown's informal settlements

Unequal access to healthcare

exacerbates poor health due to their living conditions of those living in informal settlements across Freetown.

This issue brief provides an insight into the current state of healthcare provision in Freetown's informal settlements. The Sierra Leone Urban Research Centre (SLURC) in partnership with Future Health Systems (FHS) recently completed a study in four informal settlements in Freetown to understand how living conditions relate to key health concerns of communities. The study also looked at whether socio-economic conditions of people living in informal settlements affect their access to health service provision. Two of the communities, Moyiba and Dwarzark are located on hillsides, while the two others, Cockle Bay and Portee-Rokupa are coastal communities.

Healthcare provision in communities

The primary way in which people deal with ill health in Freetown's informal settlements is through self-administered treatments, only later seeking care from hospitals or health centres when conditions get worse; or when self-treatment fails. These decisions are largely based on price – it can be expensive to both travel to, and obtain healthcare from formal facilities. Additionally, many are put off seeking formal care due to their own prior bad experiences, or the experiences of other people in their communities.

Traditional healers tend to be consulted for specific conditions e.g. Convulsion,



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A sick relative being carried on the back to the nearest PHC in Dwarzark.

“pile”, epilepsy, elephantiasis, witchcraft related conditions (“witch gun”/“fangay”), stomach aches, hernia, infertility, mental illness, ulcer, malaria, and blindness. People also often purchase drugs from peddlers (“pepe doctors”) for conditions like colds, headaches, fevers and malaria, as they do not have the money to pay for health services. Herb sellers, nurses living within communities and pharmacies are also relied on by people before they would seek care at Peripheral Health Centres (PHCs) or hospitals.

Like health conditions themselves, people's decisions about seeking healthcare is influenced by place. For example, in the upper areas of the hillside settlements of Dwarzark and Moyiba, pregnant women are often treated at home by traditional birth attendants due to the steep topography and long distances to health centres. Also, Cockle Bay has no PHC within the settlement, making it expensive and difficult to travel and visit one elsewhere. Obtaining a PHC

Priority actions

- 1 Revitalisation of Community Health Management Committees (CHMCs)
- 2 Joint advocacy to the Ministry of Health by health workers and communities around drug stocks and equipment availability
- 3 Health worker recruitment should consider gender balance to ensure that women and men are not shy to visit health facilities
- 4 Ethics training services for workers and communities to maintain confidentiality for people seeking health care
- 5 Enforcement of strict penalties against health workers who breach confidentiality of patients (e.g. including withdrawal of professional licenses)
- 6 A recruitment drive for trained health workers and boosting motivation among those already working
- 7 Inclusion of religious leaders in health sensitization activities through sermons

Key findings

- 1 People living in Freetown's informal settlements mostly self-treat before seeking any kind of health care. They then rely on a wide range of formal and informal healthcare provision, encompassing drug peddlers ("pepe doctors"), traditional healers, herb sellers, nurses living within communities, pharmacies, peripheral health centres (public and private) and private formal providers
- 2 Pregnant women and children aged below 5 years are more likely to seek care from formal health care services than men, who themselves are likely to seek care from informal services
- 3 People's decisions about what healthcare to seek are influenced by their prior experience and trust in service providers, the cost of treatment, and their physical terrain
- 4 Many are concerned about poor physical structure of formal health facilities, their limited and sporadic availability, and the state of equipment and supplies such as drugs
- 5 The biggest barrier to people accessing formal healthcare when sick or injured is high charges for treatment, although this intersects with other barriers depending on people's locations, such as long distances, difficult terrains, poor roads network, long waiting times, as well as social barriers related to religion and gender

is a community priority, yet tenure insecurity and the lack of appropriate space inhibits the expansion of service infrastructure.

Respondents report that PHCs, especially in the free health centre category, are regularly out of stock for drugs that are in high demand. Additionally, some lack basic storage for vaccines and also equipment such as scales for weighing children, or ambulances. Therefore, people are usually less inclined to visit the PHCs since all they will get is a prescription to purchase the drugs elsewhere. These, together with the perceived rudeness of staff, mean people in informal settlements are generally much more satisfied with private health facilities.

Access and barriers

When it comes to seeking treatment for ill health, there are a range of physical and material barriers that those in Freetown's informal settlements face when accessing healthcare – long distances, difficult terrains, poor roads, long wait times, and the main factor – high costs. The relatively high care seeking behaviour among pregnant women, nursing mothers and their children under five is largely attributed to the free health care policy pursued by the government.

There are also social barriers, for example the role of religious and cultural beliefs, coupled with gender imbalances in health facilities in preventing some from accessing formal care. Men belonging to secret societies can be put off seeking treatment if staff are female.

Community respondents identified that health workers' breaching confidentiality and poor attitudes were also barriers to accessing care. Health workers on the other hand, are experiencing high workloads, a lack of formal enrolment and low motivation.

Communication between communities and the Peripheral Health Units (PHUs) is rare. The main channel devised by the government for linking PHUs and the community is the Community Health Management Committees (CHMCs), yet these are largely not effective, meaning both health messaging and service accountability is sporadic and limited. There is rarely any mechanism for reporting grievances in the community; while the PHC leads expect to hear complaints about the health workers, the residents do not know who to report to. Therefore, residents find it hard to report the health workers for mistreatment.

All of these factors contribute to limiting access to formal healthcare by people in informal settlements in Freetown, and contribute to the growing burden of ill health communities experience.

CREDITS

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