Informal Healthcare Provision: Exploring Health Seeking Priorities for people Living with Chronic Health Conditions in Informal Settlements in Freetown, Sierra Leone



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Introduction

- Urban populations in Sierra Leone are becoming more exposed to chronic health risk factors
- High costs of healthcare make health seeking and disease diagnosis difficult
- In Freetown's informal settlements, informal healthcare use is huge but the drivers of utilisation for people with chronic health conditions are less explored
- It yet unknown how informal healthcare can contribute

Data Collection Procedures & Analysis

Study sites: Study will be done in 2 hillside informal settlements and 1 seafront settlement

Methods

- 10 policy interviews with Ministry of Health staff & NGOs/Civil society working on chronic health
- 18 Key informant interviews
- 18 narrative interviews with people with diabetes,
- to providing equitable care for people with chronic conditions (e.g. diabetes, stroke & hypertension)
- Moreover, the health system is over-formalised, less pluralistic with limited synergies with the informal health

Aim of the Study

The aim of this study is to apply theories of intersectionality and political economy to better understand how informal health service provision, utilization and governance is organised within informal urban settlements in Freetown, and how these impact on the health and healthcare access of people living with chronic health conditions.

Study Conceptual Framework

An intersectional approach will explore how people's conceptual understandings of health, socio-economic and health status inform their health seeking preferences; A political economy analysis will interrogate how the health system supports the healthcare needs of people from different social, spatial and health conditions.

hypertension and stroke; interviews will be done 3 times with 6 weeks intervals

Analysis

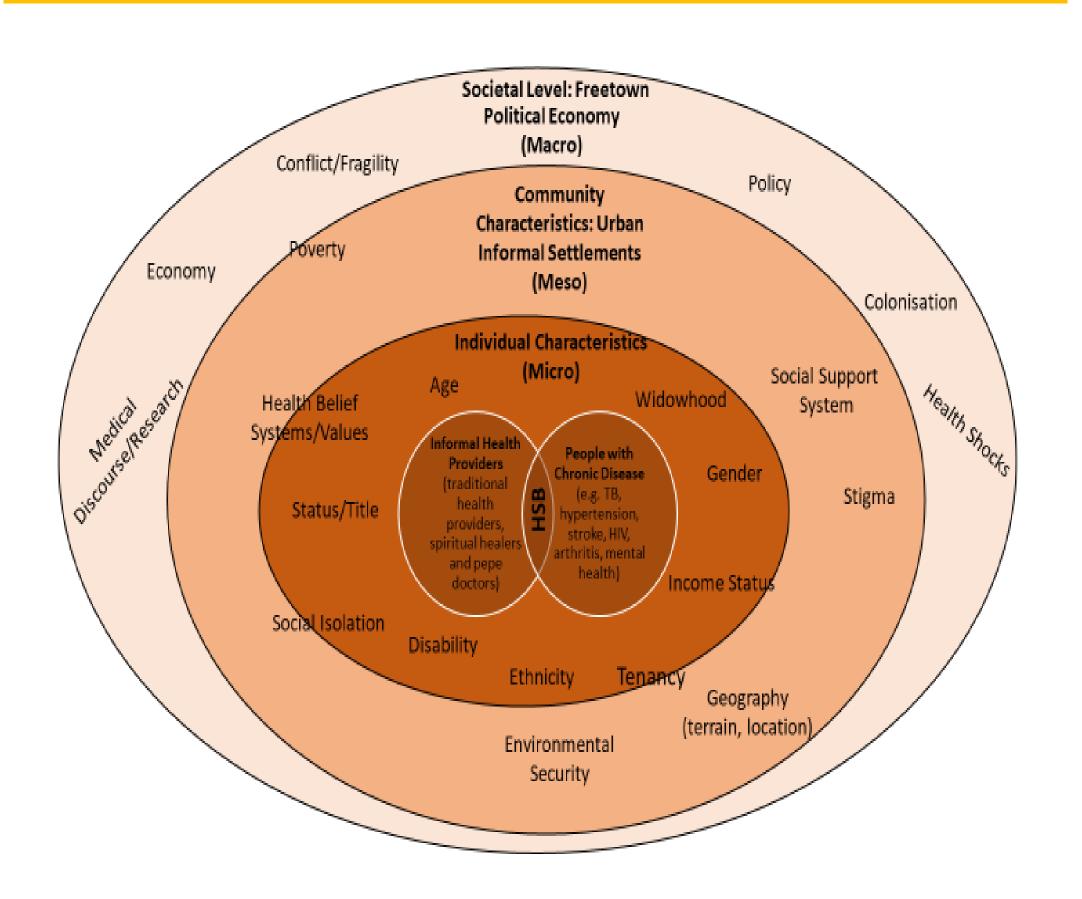
 Content & narrative analysis using Nvivo analysis software

Expected Outcomes

This study seeks to draw attention to the utilisation of informal healthcare services mostly by people on the margins of society who are often excluded from formal healthcare access. Through a cohort of people with chronic health conditions, the study will illustrate that an equitable and pluralistic health system can be of benefit to everyone.

References

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