

Executive summary

In the last sixty years international institutions explicitly recognised the primary role of healthcare for people's well being. In 1948, the United Nation in the Universal Declaration of Human Right declared that all the human beings are equal and that childhood and motherhood should be especially protected. In 1978, the World Health Organisation and UNICEF with the declaration of Alma Ata jointly confirmed that health is a fundamental human right. More recently the United Nations included in the Millennium Development Goals the goal to drastically reduce under five mortality. Despite the official documents, in Sub Saharian Africa 157 children every thousand births still die before reaching the age of five years old. Access to healthcare is the key to improve children's healthcare but also to alleviate part of women's daily burden of activities. The Italian NGO Emergency provide free and high quality healthcare in country such as Sierra Leone, where the rate of under five children mortality is of 288 every thousand.

This research is a qualitative study mainly based on primary data collected during a three weeks fieldwork in Sierra Leone. It explores the factors preventing or discouraging women from accessing the paediatric service provided by Emergency in the village of Goderich. The primary data for this study were collected through twenty-four semi-structured interviews, both with local women and with members of the Emergency staff.

The literature review introduces some theories used during the research such as the Gender and Development approach, the concepts of household level and care- seeking strategy and the theory of health as part of human capital. It furthermore includes a description of the main barriers to accessing healthcare service at individual, household and community level. A theoretical framework summarises the content of the literature and provides a tool to analyse the primary data. During the research it proved to be also useful to structure the checklist used for the semi-structured interviews.

The findings underline how the most important demand side barriers affecting the service are the indirect cost of accessing the service, but it should not be neglected the influence of informational, social and cultural factors. On the supply side, the strongest barrier is the attitude of part of the national medical staff working in the clinic. The final chapter answers to the research question and, based on the relevant literature, outlines some recommendations that could improve the access to the service.

Chapter one - Introduction

1.1 Rationale of the study and research objectives

On 10th December 1948, the United Nations General Assembly approved the Universal Declaration of Human Rights, stating in the first article that: “*All human beings are born free and equal in dignity and rights.*” (UN, 1948). In particular, article twenty five affirms:

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services [...]

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

(Article 25 Universal Declaration of Human rights, UN, 1948)

Between 6th and 12th September 1978, the international conference organised by WHO and UNICEF in Alma Ata, in the former Soviet Republic of Kazakhstan declared that:

[H]ealth, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right [...]
(Article 1, Declaration of Alma Ata, WHO-UNICEF, 1978)

It established, contemporarily, the target to provide access to basic health care for everyone by the year 2000. Thus, following the guidelines of the Alma Ata Declaration (WHO-UNICEF, 1978), any health intervention should be based on the idea of equity, accessibility, participation and inclusion of the poorest and marginalised people. Furthermore, it suggested that when planning and implementing projects and programs, a user’s perspective should be adopted. Twenty two years later, **the fourth Millenium Development Goal (MDG), approved during the UN Millenium Summit, has a target** to reduce, between 1990 and 2015, the mortality rate of under-five children by two thirds (UN, 2008). In Sub Saharian Africa the goal is **to reduce the infant mortality rate to 66 for every thousand**. Quite disappointingly, **according to** the last survey, in 2006, nine years before the fixed deadline, the rate was still 157/1000 (UN, 2008). This data underlines just how far children living in Sub Saharian Africa are from having access to an adequate level of healthcare. Accessibility is one of the determining factors of the level of healthcare. Therefore, addressing barriers undermining access to services is fundamental to improving the health care delivery. Moreover, reducing barriers to accessing paediatric service have the

double effect of improving children's well-being and to relieve part of women's reproductive burden.

The starting hypothesis of the research is that even if a paediatric healthcare service is free of charge, such as the one provided by the Non Governmental Organisation (NGO) Emergency, it does not mean that the access is completely unrestricted. There are other barriers that discourage or prevent users from using it. Hence, the primary question that structured the research is:

A. What sort of barriers affect access to the paediatric service provided by Emergency and by what factors are they influenced?

And secondarily:

B. What could be done to improve the access to the service?

Therefore, the main aim of the research is to examine if there are any kinds of barriers such as temporal, socio-cultural or financial that discourage or prevent people from using the Emergency Paediatric Out Patient Department (OPD) located in Goderich, Sierra Leone. Firstly, it is important to identify how women choose a child healthcare provider, what the barriers that affect the analysed service are. In the conclusion I will also outline some helpful recommendations to reduce the identified barriers.

1.2 Outline of the dissertation

Chapter two is a review of the international literature on barriers to accessing healthcare. It does not aim to be a complete description of all the barriers accessing healthcare, but tries to outline the most important barriers affecting the study case. The research is focused on the individual, household and community levels, therefore barriers at the national and international levels are not included. The barriers outlined in the chapter structure the theoretical framework used to analyse the findings and identify the final recommendations. This section also introduces the concepts of household, of care seeking strategy, the theory of human capital approach to health and the Gender and Development approach. Chapter three provides the background to the research, introducing a factual overview of the social situation in Sierra Leone focusing on health and poverty issues. The chapter also presents

a short description of the evolution of the activities undertaken by the Italian NGO Emergency in the country. Chapter four illustrates the methodology and the methods adopted during the data collection process, underlining the advantages and disadvantages of each one with the help of some methodological literature. Moreover, it delineates the ethical issues faced and the limitations of the study. Chapter five presents the findings on the main barriers undermining access to the paediatric OPD such as indirect costs, distance, lack of information and the attitudes of medical staff. The chapter also contains a discussion of the barriers in relation to the relevant literature review. The final chapter concludes the study by addressing the initial hypothesis and research questions. It also provides some recommendations as to how the service could be improved.