Access to maternal health services under the free maternal health policy in the Kassena-Nankana municipality of Northern Ghana

Philip Ayizem Dalinjong

A thesis submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy

Centre for Midwifery, Child and Family Health
Faculty of Health
University of Technology Sydney, Australia

June 2018
Certificate of original authorship

I hereby certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the thesis.

I also certify that the thesis has been written by me. Any assistance that I have received in my research work and the preparation of the thesis itself has been acknowledged in full. I declare that all information sources and literature used are indicated in the thesis.

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Dedication

To the memory of my late mother, who saw the start of this journey, but could not see the end.
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Images

Image 1: Focus group discussion with women

Image 2: An in-depth interview with a midwife
List of Abbreviations

ANC: Antenatal Care
CHPS: Community-based Health Planning and Services
DMHIS: District-based Mutual Health Insurance Schemes
FGDs: Focus Group Discussions
GH₵: Ghana Cedis
GHS: Ghana Health Service
GSS: Ghana Statistical Service
HIV/AIDS: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IDIs: In-depth Interviews
KNEDA: Kassena-Nankana East District Administration
MDGs: Millennium Development Goals
MMR: Maternal Mortality Rate
MOH: Ministry of Health
NHDSS: Navrongo Health and Demographic Surveillance System
NHIA: National Health Insurance Authority
NHIS: National Health Insurance Scheme
OOP: Out of pocket
SDGs: Sustainable Development Goals
UHC: Universal Health Coverage
UN: United Nations
UNICEF: United Nations Children's Fund
UTS: University of Technology Sydney
WASH: Water, Sanitation and Hygiene
WHO: World Health Organization
Publications arising from the thesis and authors’ contributions

Peer-reviewed articles


Philip Ayizem Dalinjong, Alex Y. Wang and Caroline S. E. Homer, The free maternal health policy: acceptability and satisfaction with quality of maternal health services during pregnancy in rural Northern Ghana (*accepted 03 January 2018, Journal of Public Health in Developing Countries*).

Philip Ayizem Dalinjong, Alex Y. Wang and Caroline S. E. Homer, Demand- and supply-side factors affecting the use and provision of maternal health services under the free maternal health policy: Views and perceptions of women and health providers in rural Northern Ghana (*under review, Journal of Health Economics Review*).

Philip Ayizem Dalinjong, Alex Y. Wang and Caroline S. E. Homer, Are health facilities well equipped to provide basic quality childbirth services under the free maternal health policy? Findings from rural Northern Ghana (*Revised and submitted, 29 March 2018, BMC Health Services Research*).
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Authors’ contributions
Study conceptualisation: Philip Ayizem Dalinjong, Alex Y Wang and Caroline SE Homer
Data collection and analysis: Philip Ayizem Dalinjong
Write up: Philip Ayizem Dalinjong
Critical review and supervision: Alex Y Wang and Caroline SE Homer
Abstract

Introduction
Ghana implemented the National Health Insurance Scheme (NHIS) in 2005 to improve access to health services, for the achievement of universal health coverage. A free maternal health policy was implemented under the NHIS to enhance access for pregnant women. It is unknown if the policy has reduced access barriers regarding affordability, availability, acceptability and quality of care. Therefore the aim of the study was to explore factors affecting access in the form of affordability, availability, acceptability and quality of care under the NHIS policy.

Methods
A cross-sectional survey was conducted in the Kassena-Nankana municipality of the Upper East region of Ghana. The study used parallel mixed methods; it collected and combined quantitative and qualitative data. Questionnaires were administered to women (n=406) who gave birth in facilities (n=353) and at home (n=53). In-depth interviews (IDIs) were carried out with health providers (n=25) and insurance managers (n=3), while focus group discussions (FGDs) were held with women (n=10). Descriptive statistics were used for the quantitative data. The qualitative data were analysed using a thematic analysis process.

Results

Affordability
Women made out of pocket payments (OOP) under the policy, averaging GH¢17.50 (US$8.90) and GH¢33.50 (US$17.00) respectively, during pregnancy and childbirth. About 36% (n=145/406) of women incurred what was classified as ‘catastrophic’ OOP payments over 10% threshold of household income, affecting their welfare.

Availability
Distance and time were barriers to care seeking. Infrastructure, laboratory services, accommodation, equipment, basic drugs and supplies were limited and often inadequate. The community-based health planning and services compounds were particularly challenged. Of
the 14 study facilities, only two (14%) had a source of clean water, and five (36%) had a regular power supply. Emergency transport for referral was also unavailable.

Acceptability
Women perceived facilities to be clean despite the limitations in infrastructure. Providers were perceived to be respectful and friendly. Eighty-nine percent (n=314/353) of women revealed a lack of privacy at childbirth, which was confirmed in IDIs.

Quality of care
Overall, 74% (n=300/406) and 77% (n=272/353) of women were very satisfied or satisfied with quality of care during pregnancy and at childbirth respectively, which was supported in FGDs. Providers reported being dissatisfied, due to the challenges associated with service provision.

Conclusion
Despite the policy, findings showed that out of pocket payments still existed and one third of women were significantly disadvantaged by the payments. Nevertheless, most women were satisfied with their care, although this could be because they were unaware of what high quality care might include. Providers were aware of the limitations of care provision and many reported being dissatisfied with the service they could provide. The government of Ghana, the National Health Insurance Scheme and other stakeholders should embark on resourcing facilities as well as infrastructural improvements. These would improve access to services and staff satisfaction, for the achievement of universal health coverage.