



Assessing quality of care for pregnant women in northern Ghana

Overview

This information note has been prepared by the Technology for Maternal and Child Health (T4MCH) project, funded by Global Affairs Canada with support from the Ghana Health Service (GHS). The project team works with GHS staff across 33 health facilities in nine districts in Northern, Upper West and Volta Regions with the goal of helping to reduce maternal and child mortality (See: <http://savsign.org/index.php/technology-for-maternal-and-child-health/>).

Study design

The quality of care (QoC) study was conducted in November 2018 to assess pregnant and new mothers' experience of care in five health care facilities in northern Ghana. QoC – defined as care that is safe, effective, efficient, client-centered, timely and equitable – is based on World Health Organization (WHO) 2016 standards. The goal of the research was to provide preliminary insight into elements of client satisfaction, and perceived obstacles, to supplement the logic model and performance management framework of the T4MCH project and to provide insights for T4MCH managers and Ghana Health Services (GHS) staff to increase responsiveness. QoC indicators that need further study are also highlighted.

WHO standards of care: routine evidence-based care, decision-supported data, appropriate referrals, effective communication, respect and dignity, emotional support, skilled caring staff, equipped

The study used a qualitative research approach involving 88 women (aged 19-40 years) in facilitated focus group discussions in five health facilities (15-20 participants per facility) located in peri-urban and rural settings. A total of 26 individual follow up interviews were also conducted. Focus groups provided insight into issues of concern to pregnant women and new mothers, with interviews providing data on attitudes towards QoC.

Study Highlights

- ➔ Quality of Care (QoC) – care that is safe, effective, efficient, client-centered, timely and equitable – contributes significantly to reducing maternal morbidity and mortality.
- ➔ The study investigated women's perspectives toward QoC in five health facilities in the northern region of Ghana.
- ➔ Women in interviews and focus groups generally expressed confidence in health staff – respecting their abilities and degree of client-centered care.
- ➔ Main concerns of women were lack of medications and equipment, and unhygienic conditions.
- ➔ Priority needs for women were more time with staff, more information from staff that would improve their health literacy, and better timeliness of staff at clinics.
- ➔ Women expressed agency – adopting personal health strategies to maximize the quality of care they receive, particularly in situations where they are concerned about QoC at their local health facility.
- ➔ Women will utilize health facilities for ANC, childbirth and PNC if facilities are accessible to them – unanimously preferring skilled staff and formal facilities over alternatives.

The study makes four recommendations in support of hearing women's voices and improving QoC:

- ➔ Focus on health literacy
- ➔ Increase safety (hygiene, maintenance)
- ➔ Increase effectiveness by streamlining care procedures
- ➔ Provide continuous professional development for health staff to enhance a client-centered approach.

➔ For more information contact: info@savsign.org or info@salasan.com

Summary of findings:

The study population

The 88 women participating in the study were between 19 and 40 years old (about two thirds aged between 20 and 30). None of the women lived in isolated rural areas, though four participants cited distance from the facility and/or transportation as a barrier to receiving care. Twenty percent of the women had between three and six years of formal education, with the remainder evenly divided between having no or less than three years, or more than six years, of education. All but one of the women had one or more children, and fewer than half had a formal occupation outside of the home.

Participants identified “good” quality of care as:

- ✓ **professional**
- ✓ **client-centered**
- ✓ **timely**
- ✓ **respectful**
- ✓ **responsive**
- ✓ **safe and hygienic**

QoC Indicators

Focus group priorities for QoC were: well-equipped facility including medications and staff and in-house ultrasounds; appropriate and sufficient information; respectful treatment; timely treatment and wait time; and safety and cleanliness.

Barriers to good QoC

The barriers to good QoC closely paralleled the QoC indicators. The focus group findings included: availability of medicines and services and need to go outside the facility to purchase medicines or services, too impoverished to purchase medications and services and birthing items, timeliness, wait times, access to/availability of staff during night time hours, clinic open hours, lack of ultrasound equipment requiring a second trip to the hospital, condition of facilities (e.g., cleanliness and overcrowding), no local health insurance office, lack of transportation including no ambulance and long walks, lack of respect (in some cases), and limited information.

Women’s control/decision-making

Women’s control and decision-making was considered with respect to involvement in their own maternal health care:

- ✓ 73 % made their own decisions following discussions with others (husband, family, health care staff)
- ✓ 18 % said husband or in-laws make the decisions (i.e., financial control)
- ✓ 9 % made decisions on their own

Women’s own responsibility for their health care

The women identified their self-care responsibilities during the focus groups as: birth preparedness (remembering birthing kit items); active National Health Insurance Services (NHIS) card; transportation arrangements; attending health facility early during labour; good hygiene; nutritious diet; taking prescribed medications; asking health care staff for information; involving partners and family in pregnancy and ANC visits; attending ANC and PNC; and delivering in a health facility.

Study recommendations

Involve women in their own health care:

- ✓ Focus on health literacy
- ✓ Ensure basic safety at health facilities
- ✓ Take steps to increase effectiveness of health care
- ✓ Offer continuous professional development to nurses and midwives

Reference:

World Health Organization (2016). Standards for improving quality of maternal and newborn care in health facilities. Available from https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/