BARRIERS TO PROVIDING HEALTH CARE IN THE KINTAMPO NORTH DISTRICT: HEALTH PROVIDER AND PATIENT PERSPECTIVE

Tisha Barnett
MSIV Stony Brook SOM
GE/NMF Scholar 2011
OUTLINE

- Introduction
- Methods
- Results
- Discussion
- Recommendations
- Study Shortcomings
- Acknowledgements
- References
INTRODUCTION

- Ghana Millenium Development Goals: Reduction of Poverty and Creation of Wealth
- 5YProgram Of Work 2007-2011 builds on principles of primary health care and general health systems development
- Focus on scale up of health delivery and human capital development while contributing to poverty reduction and wealth creation
- Ghana’s National Vision for health is to “Create wealth through health and contribute to the national vision of attaining middle income status by 2015”
5YPPOW OBJECTIVES

- Promoting an individual lifestyle and behavioral model for improving health and vitality by addressing risk factor and strengthening multi-sectoral advocacy and actions
- Rapid scaling up within the existing capacity, high impact interventions and services targeting the poor, disadvantaged and vulnerable groups.
- Investing in strengthening health system capacity to sustain high coverage and expand access to quality of health services
- Promoting governance, partnership and sustainable financing
To identify key challenges faced by health care providers in the provision of care in communities

To ascertain reasons for inability of patients to access health care promptly
Kintampo North District is located in the Brong Ahafo region of Ghana and divided into seven sub-districts.

- Has a population estimate of 112,255 people.
- As of the 2010 annual report for the district, 73.1% of the population lives in the urban areas while the remaining 29.1% live in the rural areas.
- Major occupations of residents: agriculture, commerce, industry, and public service.
<table>
<thead>
<tr>
<th>Sub district</th>
<th>Total # Communities Served</th>
<th>Population Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Busuama</td>
<td>24</td>
<td>8,307</td>
</tr>
<tr>
<td>Dawadawa</td>
<td>15</td>
<td>10,103</td>
</tr>
<tr>
<td>Gulumpe</td>
<td>14</td>
<td>25,482</td>
</tr>
<tr>
<td>Kadelso</td>
<td>18</td>
<td>10,440</td>
</tr>
<tr>
<td>Kintampo</td>
<td>22</td>
<td>38,728</td>
</tr>
<tr>
<td>Kunsu</td>
<td>22</td>
<td>14,144</td>
</tr>
<tr>
<td>New Longoro</td>
<td>12</td>
<td>5,051</td>
</tr>
</tbody>
</table>
Methods

- Interviewed the Disease Control Officer and Public Health Nurse of District Health Office
- Compiled list of constraints faced by each sub-district in the Kintampo North Municipality from first quarter review meeting held for the January-March 2011 period.
- Conduct a questionnaire of 28 patients in outpatient department
Key constraints identified at the sub-district sites are:

- Inadequate facilities,
- Broken refrigerators for vaccine storage
- Transportation/fuel allocation
- Authorities not addressing these issues over the years due to lack of finances to support their services
Are you satisfied with the health services you receive at the hospital? Yes or No
Have you ever had to seek alternative form of treatment? Yes or No. If yes in what form?
Has there ever been a reason to delay coming to the hospital for treatment? Yes or No. If yes what was the reason for the delay?
Are you aware of the presence of health officers on your community? Yes or No.
Do you participate in the services they offer? Yes or No. If No, why not?
What form of social mobilization informs you of the health services that are being run in your community?
RESULTS

26/28 (93%) of respondents said that they were satisfied with the care that they received at the hospital facility

13/28(46%) of respondents stated that they have used alternative forms of therapy

10/28(36%) of respondents delayed coming to the hospital for treatment of their illnesses
28/28 (100%) of the respondents state they are aware that there are health officers offering service in their communities.

12/28 (43%) stated that they attend health talks or immunization mobilizations given by the officers.

Social Mobilization:
- Local FM radio stations
- Opinion leaders in their communities
- Local gong gongs
- Television
- Cars coming through the village with PA systems.
Financial constraints play a major role in both providing care and gaining access to services.

Lack of easily available transportation services for both parties also make things difficult.

Collaboration efforts between health providers and community leaders is effective in getting the message out to residents.

The Millennium Development Goals: Creation of wealth through health is feasible through collaboration efforts.
**Recommendations**

- Increase the number of Community-Based Health Planning and Service Centers (CHPS)
- Utilization of Community Based Service Volunteers should be increased
- Lobbying Municipal Assembly and private donors for financial support
- Maintenance system for refrigerator repair
- Financial reimbursement should be done in a timely manner
- Initiation of more community durbars
STUDY LIMITATIONS

- Bias- The translator was an employee of the hospital.
- Satisfaction question could have been scaled 1-10 for increased accuracy.
- Some respondents did not qualify for some of the community outreach efforts.
- Language barrier
- Sample size
MEDASE

Thank You
REFERENCES

- *The Health Sector in Ghana Facts and Figures 2009* Ghana Health Service
  [http://www.moh-ghana.org](http://www.moh-ghana.org)
- Kintampo North Municipal 2010 District Annual Report
- Kintampo Health Research Centre Annual Report 2009
ACKNOWLEDGEMENTS

- Dr. Damien Punegukire
- The staff and Management at Kintampo: Municipal Hospital
  - Municipal Disease Control Officer
  - Municipal Public Health Nurse
  - Municipal Health Information Officer
- My mentor Dr. Oduro-Boatey
- GE/National Medical Fellowships,