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

**Presenting Author**: Philip Ayizem Dalinjong

**Institution**: Faculty of Health, University of Technology Sydney, Australia

**Email**: Philip Ayizem.Dalinjong@student.uts.edu.au

**Alternative email**: padalinjong@yahoo.com

**Phone number**: +614055066065

**Co-authors**: Alex Y Wang and Caroline SE Homer

**Abstract**

**Background**

Ghana implemented the National Health Insurance Scheme (NHIS) in 2005 to assist improve access to health services and achieve universal health coverage (UHC). A free maternal health policy was implemented under the NHIS to enhance access for pregnant women. It is unclear if the policy has reduced access barriers.

**Objective**

The study explored factors affecting access in terms of affordability, availability, acceptability and quality of care.

**Methods**

A study was conducted in the Kassena-Nankana municipality of Ghana. It was a parallel mixed methods; collected and combined quantitative and qualitative data. Questionnaire were administered to women (n=406) who gave birth in facilities and at home. In-depth interviews (IDIs) were carried out with 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 thematically.

**Key findings**

*Affordability*

Women made out-of-pocket (OOP) payments, averaging GH¢17.50 (US$8.90) and GH¢33.50 (US$17) at pregnancy and childbirth, respectively. About 36% (n=145/406) of women incurred what was classified as ‘catastrophic’ OOP payments, given a 10% threshold.

*Availability*

Distance and time were a barrier to care seeking. Infrastructure, laboratory services, equipment and basic drugs were limited. 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. Sixty-six percent (n=234/353) of women revealed lack of privacy, 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.

**Main conclusions**

Despite the policy, OOP payments still existed and one-third of women were significantly disadvantaged by these payments. Most women were satisfied with care, although this could be because they were unaware of what quality of care might include. Providers were aware of the limitations of care provision and many reported being dissatisfied. The government of Ghana, the NHIS and other stakeholders should embark on resourcing facilities as well as infrastructural improvements. These would improve access to services and staff satisfaction, for achieving UHC.