# **Collaboration between community social organizations and health providers improves maternal care quality in community-based primary health care: Evidence from Ghana**

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**Background:** Despite significant advances in community-based primary healthcare programs implementation in low- and –middle-income countries, poor service quality of these programs is increasingly seen as a barrier to realizing the full potential of promoting maternal health access, use and outcomes. As systematic efforts to improve maternal care quality of these programs continue, we explored and discovered how collaboration between community social organizations (CSOs) and health providers provides a useful opportunity to strengthen maternal care quality in one such program – Ghana’s community-based primary health care program.

**Methods:** This paper reports qualitative findings drawn from data in a large multi-case study using exploratory sequential design to investigate how and why institutional, community and health provider factors shape Ghana’s community-based primary health care implementation in terms of quality, access and use. Data was collected from in-depth interviews with health providers and focus group discussions with purposefully sampled community key informants: traditional authorities, health volunteers, members of social organizations and women. Inductive and deductive coding technique resulted in wide ranging themes including maternal care quality at the interface between CSOs and providers.

**Findings:** Quality of maternal health service delivery enhanced as CSOs and health providers harnessed local resources to operate a community emergency transport system (CETS) to respond to emergency obstetric cases. CETS facilitated maternal health service access and use, and discouraged home deliveries in emergency situations, especially among the poor. Maternal education through community social networks by the CSOs and health providers enabled timely initiation of first antenatal visit, male involvement in antenatal visit, and increased preference for facility-based delivery. Such education also worked out to break down socio-cultural and male-controlled barriers to maternal health service use and increased community trust in health providers leading to sustained efforts at home visits. Finally, CSOs worked with health providers to initiate the transmission of pregnancy health tips and reminders for antenatal visits through text messaging.

**Conclusion:** Findings highlights the importance of promoting stronger collaboration between community social organizations and health providers for improving maternal health service quality in community-based primary health care.