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Barriers to home visit health care services in Techiman Township, Ghana: A cross sectional study

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ABSTRACT

Community-based health service programmes are being launched and expanded throughout Sub-Saharan Africa, yet clinic-focused services remain the mainstay of most of these programmes despite several convincing demonstrations that community-based health services can be more effective if static services are augmented with active provision of doorstep care. Thus, the objective of the study was to ascertain the barriers that confront health workers in the pursuance of home visit. A cross-sectional design that made use of in-depth interviews among 16 community health officers was employed for the study. The interview tool was pre-tested in two locations with similar characteristics. The data recorded was transcribed and the final result presented as theme-based summaries and quotations. findings showed several barriers preventing the delivery of home visit by health care personnel including: 1) lack of planning for home visit; 2) poor supervision of community health officers; 3) lack of feedback to community health officers; 4) fear of dogs; 5) inadequate home visit logistics; 6) inadequate community health officers. Home visits by community health officers were low partly due to lack of proper planning, inadequate home visit logistics, lack of supervision and feedbacks, and fear of the safety of peoples' homes among others. Thus, the need for stringent planning of home visit activities and the provision of basic home visit logistics is urgently needed. Moreover, the strengthening of supervision and feedback systems is an additional attention that is needed for the overall improvement in the home visit health care delivery system.

Keywords: Barriers to home visit, Health care services, Techiman Township, Ghana

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INTRODUCTION

Community-based health service programmes are being launched and expanded throughout Sub-Saharan Africa (SSA), yet clinic-focused services remain the mainstay of most of these programmes despite several convincing demonstrations that community-based health services can be more effective if static services are augmented with active provision of doorstep care through home visit [1]. Home visit is a professional contact between the Community Health Officer (CHO) and the family. This contact allows the CHO to assess the home and family situations in order to provide the necessary nursing care and basic health related services [2].

Home visit health care services have a long and proud tradition in promoting health care delivery and preventing diseases across all sectors of the society. With its focus on children and families, and an approach which encompasses all that is best in individual and community development, home visit health care providers have always been at the forefront of public health [3]. Home visit helps to discuss other actions that perhaps were not considered important at the time of visiting the clinic, and at the same time identify both positive and negative forces in the home that could affect the health of the individual or the family.

Extending the coverage of basic and primary health care services to every Ghanaian home has been the priority of the Ministry of Health (MoH) since the Alma Ata conference on "Health for All" in 1977 [4]. In 1999, Ghana adopted the "Community-Based Health Planning and Services" (CHPS); the Navrongo Health Research Centre (NHRC) initiative, which recommended that, reorienting and placing Community Health Officers in convenient community locations (known as CHPS zones in Ghana), will reduce geographical access gap and contribute to the reduction of preventable deaths [5]. The goal of CHPS in Ghana is to transform the health care service delivery from health care providers who passively wait for patients in health facilities into active doorstep health care services through home visit activities.

According to the 2015 Techiman Municipal Health Directorate (TMHD) report, the Techiman Township has been demarcated into 16 CHPS zones where CHOs have been re-orientated and re-deployed to provide outreach and home visits health care services in their delineated zones. Unfortunately, the CHOs are not able to discharge their home visit duties to the expectation of the health directorate. A review of the 2015 health directorate's home visit activities indicated that, the CHOs in the Techiman Township conducted between one (1) to three (3) scheduled home visits in a month, a situation the Municipal Health Directorate describes as very worrisome. In order to achieve the home visit target, knowledge on the barriers contributing to the current state of home visit is critical. Quality primary information from CHOs is essential to guide middle level health managers to prioritized CHOs activities and implement plans with

the limited resources [6]. Thus, the objective of this study was to ascertain the barriers to home visit health care services in the Techiman Township, Ghana.

MATERIALS AND METHOD

Study design and setting

A qualitative cross sectional study was conducted in Techiman Township in the Techiman Municipal of Brong-Ahafo Region, Ghana. In-depth interviews were employed in the data collection. Techiman Municipality is one of the twenty seven (27) Municipalities/Districts in the region. It has a land surface area of 649.0714sq.km and a population of 166,497 projected from the 2010 population and housing census. Health services are provided by a blend of health facilities (public and private sectors) including the CHPS zones. The Techiman Township is delineated into sixteen CHPS zones as in Table 1.

Table 1: CHPS zones with corresponding number of CHOs in the Techiman Township, 2015

NAME OF CHPS ZONE	NUMBER OF CHOs
Wangara-Line	2
New Tunsuase	3
Tunsuase	3
Abanim	2
Konimase	3
New Dwomo	2
Hausa-Line	1
Dagomba-Line	1
Denteso	2
Dwomo	1
Ahenbronoso	2
Hansua Bridgate	2
Anynabirem	2
Kenten	2
Takofiano	2
Sansama	3
Total CHPS zones = 16	**Total CHOs = 33**

Sampling procedure

Techiman Township was selected because of its poor performance in the home visit activities as compared to other sub-metros in the Techiman Municipality. Purposive sampling was employed in the selection of sixteen participants for the study. All the 16 CHPS zones in the Techiman Township were contacted and enrolled in the study. One CHO each was interviewed in each CHPS zone. In every CHPS zone were more than one CHO was assigned, only the CHO designated as the head of the zone was interviewed. There were no refusals and thus, a total of 16 CHOs took part in the in-depth interviews.

Data collection instrument and procedures

The researchers' self-developed Focus Group Discussion (FGD) guide was used for data collection. The instrument was designed to include questions on; background characteristics of CHOs, services provided by CHOs, planning of home visit activities, motivation of CHOs and home visit challenges. The instrument was reviewed and certified by the Techiman Municipal Health Director and was also pre-tested prior to the actual data collection process. Data was collected through face-to-face interview technique. The tool was composed of detailed and clearly stated questions that were initially addressed to each participant. This was done to standardize the wide range of opinions from respondents. The researchers probed further issues mentioned by the interviewees and came to the discovery of some other hidden information not captured by the data instrument. Note taking and voice recording were employed in capturing the data. All the interviews were conducted at the CHPS compounds and in settings were only the researchers and the participants interacted without any interference. Each interview lasted about 50 minutes. Data was collected in November 2015.

Operational definitions

Allawa assignment: This refers to assignment that attracts allowances either than the normal salary.

Samansaman: this refers to an Environmental Health Officer.

Data processing

The data recorded was transcribed. The information gathered from the interviews was classified using an analytical framework guided by the research objective. The process involved identifying the main ideas expressed for issues and then identifying the most important points and classifying them accordingly. The four components; 1) Services provided by CHOs, 2) Planning of home visit activities, 3) Motivation of CHOs and 4) home visit challenges, were the major themes for the analysis. Guided by these major themes, sub themes were developed after reviewing the field notes and the transcribed materials.

RESULTS AND DISCUSSION

The final results were presented as theme-based summaries and quotations while maintaining respondent confidentiality. Sixteen CHOs were interviewed and they were all females with educational level up to the tertiary level. Fourteen of them were Community Health Nurses (CHNs) and two Field Technicians (FTs). Eleven of them had less than five years working experience as CHOs and only three of them had worked for five years or more in the Techiman Township as shown in Table 2.

Table 2: Characteristics of CHOs in the Techiman Township, 2015

Variable	Frequency	Percentage
Grade of staff		
FT	2	12.5
CHN	14	87.5
Number of years worked as a CHO		
<5years	11	68.8
5 year and above	5	31.2
Number of years worked in the Techiman Township		
<5years	13	81.3
5 year and above	3	18.7

Services provided by CHOs

The interviews sought to elicit the services that are rendered to clients during home visit health care activities and the following were the results; identify and provide services to clients who default from routine health services (n =16), attend to the aged (n=7), provide counselling on basic health issues (n=11), provide immunization services (n=13), provide health education (n=15), assess individual and family problems (n=5) and provide referral services (n=3). These were some of their expressed sentiments;

"When we go for home visits, we take the opportunity to trace our defaulters and also provide immunization services" (CHN).

".sometimes you have to take the referred client to the facility yourself judging the emergency of the situation and even at times you have to provide some small financial support just to make sure the right thing is done"(CHN).

"We do counselling and also provide health education to them" (CHN).

"*We give immunizations, education, counselling, assess the aged and provide the needed services to them" (FT).*

Planning for home visit activities

Home visit, like any other activity must be planned. Planning for home visit will make the CHOs not to perform other functions to the neglect of home visit activities. The interviews sought to find out whether CHOs have home visit itinerary that indicate the number of home visits to be conducted each month and as to whether they follow this itinerary. Of all the 16 interviews conducted, there was no proof of home visit itinerary. Majority (n=12) of the respondents cited that, even though they do not have home visit itinerary, they do home visit on every Friday when they are free. These were some of the quotes in support of the above finding;

"*I do not have itinerary but any time I am free, I can go for home visit" (CHN).*

"*.....you can even have the itinerary and will not follow it, so it is just as not having" (FT).*

"*This our work, sometimes you will have your own plan and before you know they give you some assignment that will make you not follow your itinerary, so sometimes you don't even see the need in wasting time drawing itinerary" (CHN).*

Motivation of CHOs

Motivation is one of the drivers of performance. There are various forms of motivation that can be employed outside monetary to keep CHOs happy and satisfied in the conduct of their duties including home visit. In trying to find out whether CHOs are motivated to do what they are assigned to do, four sub themes emerged; salary, supervision, feedbacks, and allowance. On the issue of salary, all respondents indicated that, they receive their monthly salary every month. With supervision, majority (n=13) said the district level staff don't visit them but the rest indicated that the district level staff sometimes pay a supervisory visit to them. On the part of providing feedbacks to the CHOs from the district office, they said they don't get feedback on the data they send to the district office (n=9), only one respondent said she gets feedbacks through phone calls. Aside the monthly salary, certain assignments like National Immunization Days (NIDs) and workshops come with allowance for those who take part. Majority (n=11) of the respondents said they are usually excluded when it comes to these allowance earning assignments, only few (n=3) said they always take part in NIDs. Some quotations from the respondents are:

"*the only supervision or feedback they will claim they do is when they find fault with your monthly report and call you on phone to seek some clarification" (FT).*

"*The only thing about us that they are interested in is the report we generate and not the activities that lead to the report. .....even with the report, they don't give us feedback" (CHN).*

"They don't come for supervision and what this means is that we can even sit in our offices here and cook figures for them but they can't catch us" CHN).

".....we are killing ourselves here but when it comes to some "allawa assignments", they know the people to select for such assignments" (CHN).

"*Since my posting here about two years ago, I have never been supervised. The only way I interact with the district officers is when they call me on phone or when we meet at some gatherings. To be frank with you some of us don't even know the district supervisors" (CHN).*

Challenges in home visit

The study again sought to find out challenges that hinder the conduct of home visit activities from the perspective of respondents. The interviews yielded the following; fear of dogs (n=7) area being a business center (n=10), inadequate home visit logistics (n=15), lack of transport arrangement (n=9), inadequate CHOs per zone (n=4), colour of uniform (n=4) and frequent rainfall (n=3). These were some quotations from the interviewees in relation to these findings;

"*There is a distance between my area of stay and the CHPS zones I am assigned to. This means that, I will have to get to my CHPS zone through some form of transport arrangement but unfortunately that is not made available for me" (CHN).*

"The area is a business center. In fact, it is usually difficult to meet people in their homes or for them to even have time for you when you meet them at home because they have to go to the market" (CHN).

"Some of the houses have wild dogs and as such making it difficult for us to enter such houses" (CHN).

"Because our uniform looks like that of "samansaman", people see us as "Samansaman" and hide or refuse to grant us the audience we need. You know, when people see these Samansaman workers, they tend to hide thinking that they are coming to reprimand them" (CHN).

"S*ome basic logistics that are needed for the conduct of home visit activities are not provided and this makes home visit services very frustrating. You can't do home visit without items like BP apparatus, you see" (CHN).*

"*Because of other assigned duties in the course of our work, working here as the only CHO is very difficult" (CHN).*

Discussion

According to Chalmers, home visits should be commissioned as a universal service that work in partnership with families to support parenting and address key public health priorities and in doing so help to safeguard children, women, young people and the aged [3]. Home visit health care service delivery is a multifaceted and complex process that can face challenges at any stage of the process, contributing to poor doorstep health care services [3].

An assessment of the Techiman Township home visit activities identified several barriers that need attention to bring about improvement in home visit. The major issues that emerged from this study included lack of planning for home visit, poor supervision of CHOs, lack of feedback to CHOs, non-inclusion of CHOs in "allawa assignments", fear of dogs, inadequate home visit logistics, inadequate CHOs and lack of transport arrangement.

Some of the issues that we identified may be beyond the control of the CHOs and need to be addressed at the district, regional and or national level. It came out that, CHOs do not have a scheduled plan that they follow for home visit activities and this is a major barrier to health care delivery as supported by the World Health Organization [7].

Motivations such as supervision of service delivery and the provision of feedback to those who provide the services are very important in the improvement of both coverage and output. The outcome of the study revealed that, motivation of CHOs in the study area was poor in view of the fact that, majority of them were not being supervised by district staff and as well did not

receive feedback on the information they send to the district level and also the non- inclusion in "allawa assignments". This may have contributed to the low home visits in the study area. This assertion is supported by Plochg and Klazinga, who said in their study that, transport and logistics constraints complementing with low motivation are among the reasons why health staff fail to live up to expectation in the home visit component of health care services [8].

The study also revealed that, basic home visit logistics are inadequate and this could be a major reason why CHOs performed poor in the conduct of home visit activities. This claim is supported by a study conducted by Chalmers, which found that, resources are inadequate; this might cause home visit health service personnel to limit health awareness-raising action to avoid creating client demands that cannot be met [3]. Inadequate staffing in any programme can hinder its successful implementation. Some of the CHPS zones reported inadequate CHOs as a reason for poor performance. Drastic declines in staffing levels and extreme difficulties in recruitment continue to be reported as having contributed to giving rise to extreme concerns about the quality and safety of home visit service provision [9].

The safety of the working environment is an important concern for continuity in service delivery. If the site of the service delivery is perceived not to be safe, there is the likelihood that staff will avoid such places. It was revealed in the study that, fear of dogs in people homes prevented CHOs from visiting such homes. This is confirmed by findings from previous studies that, if the health worker is exposed to infection, physical injuries and hazards in the homes, home visit activities may be performed poorly [10].

Limitation of the study

The qualitative study is obviously limited by its size as more staff at the district level could have also provided useful information. However, the depth of the interviews yielded clear issues that are useful for the study area, Ghana and the research community.

Conclusion

In conclusion, home visits by CHOs in the Techiman Township is low partly due to lack of proper planning, inadequate home visit logistics, lack of supervision and feedbacks, and fear for the safety of peoples' homes among others. Thus, the need for stringent planning of home visit activities and the provision of basic home visit logistics is urgently needed. Moreover, the strengthening of supervision and feedback systems is an additional attention for the overall improvement in the home visit health care delivery system.

List of abbreviations

CHN: Community Health Nurse

CHO: Community Health Officer

CHPS: Community-Based Health Planning and Services

FGD: Focus Group Discussion

FT: Field Technician

MoH: Ministry of Health

NHRC: Navrongo Health Research Centre

NIDs: National Immunization Days

TMHD: Techiman Municipal Health Directorate

SSA: Sub-Saharan Africa

Declarations

Ethic Approval and Consent to participate

An introductory letter and approval was received from the School of Allied Health Sciences, University for Development Studies, Tamale, Ghana. In addition, permission letter was obtained from the Techiman Municipal Health Directorate upon a written request and explanation of the protocol and methods. At the individual level, the protocol, methods and approach were explained in English and a written consent was obtained from each respondent before the interview was conducted. Respondents were informed that participating was voluntary and it was their right to stop at any time. They were also informed of data confidentiality by not using any personal identifiers.

Consent for publication

Not applicable

Availability of data and materials

Please contact author for data request

Competing interests

The authors declare that they have no competing interests

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Authors' contributions

BB conceived the topic and designed the study. Both BB and EB conducted the study and collected the data. EB, IMH and JLL performed the transcriptions. All authors took part in the analysis and report writing, and also in the planning, writing and revision of the manuscript. All four authors have read and approved the final version of the manuscript.

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