

Technical Efficiency of Primary Health Facilities in Providing Adolescent Mental, Sexual and Reproductive Health Services (AMSRH) in Ghana: a case study of selected districts in the Greater Accra Region

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BACKGROUND

In Ghana, adolescents (10 – 19) years, comprise approximately 22% of the population yet health care for this group remains limited. While efforts have been made to improve AMSRH services in Ghana, several challenges still exist. Limited access to modern contraceptive methods and information about STIs are among the critical challenges. For instance, according to the 2017 Ghana Maternal Survey, only 18% of sexually active adolescents aged 15-19 used modern contraceptive methods, and only 31% of sexually active adolescents received information about STIs in the past 12 months.

Furthermore, the same survey showed that approximately 14% of adolescent girls aged 15-19 had already begun childbearing, and more than half of these pregnancies were unintended.

According to a World Health Organization report, in 2020, Ghana integrated mental health into primary care, providing services through 423 outpatient units. Of the 49,635 individuals treated, primarily for schizophrenia and mood disorders, 11% were children or adolescents.

Primary healthcare (PHC) systems can play a crucial role in promoting and improving the health of adolescents in Ghana, particularly in addressing the specific needs related to their mental, sexual, and reproductive health.

PHCs have the potential to reach far more people with the most basic care within the limited resource envelope. Harnessing the benefits of PHC systems requires that, among others, resources are used in the most efficient way to avoid wastages.

Improving technical efficiency of PHCs will not only improve healthcare delivery but create fiscal space within existing resource envelopes – a critical option in the presence of scarce resources with competing needs.

This brief seeks to provide evidence on the technical efficiency of PHCs in providing adolescent mental, sexual and reproductive health services.

METHODOLOGY

4 districts in the
Greater Accra Region

53 PHCs (33 Health centers and CHPS,
19 Clinics and hospitals)

The stochastic frontier analysis (SFA) technique was used for efficiency analysis. A Tobit model was used in the second stage to identify predictors of technical efficiency.

For the SFA technique, a multi-stage sampling design was employed, considering urban and rural differences. The SFA model measured technical efficiency, using a Translog production function. Variables such as outpatient attendance, staff time, facility resources, and environmental factors were considered. This approach aimed to identify inefficiencies in health service delivery to adolescents in the region.

WHAT DID WE FIND?

Efficiency of Primary Healthcare Facilities

- With an average technical efficiency score of 0.6, the results suggest that PHCs produce (in terms of outpatient services) a little over half of what their current capacity could produce.
- The level of technical efficiency was higher for health facilities in rural areas and with public ownership compared to urban and privately owned facilities. (Rural: 0.630 vs. Urban: 0.561; Government: 0.627 vs. Private: 0.561).
- This may be explained by the fact that PHC facilities are designed to serve mostly rural populations where physical access to health care is a challenge and are mostly publicly owned.
- We did not find substantial difference in efficiency by gender of facility head. (Female: 0.602 vs. Male: 0.585)

Internal Factors and efficiency.

- Improved efficiency was associated with availability of health facility infrastructure. For instance, facilities with a higher number of consulting rooms had better technical efficiency scores on average.
- This also underscored field observations that majority of the facilities did not have adolescent health corners that ensured privacy during care seeking.
- The findings suggest that facilities that had a wider range of AMSRH services available were more efficient in using their resources.
- Primary care facilities focused on provision of adolescent sexual and reproductive health services and there were little or no arrangements for and provision of mental health service provision
- This was the case even when facilities had primary care mental health workers at post

External factors and Technical Efficiency

- Facilities located in a better economic environment (measured as district economic inequality) were relatively likely to be efficient.
- Better health insurance coverage within the community was associated with improved technical efficiency.

RECOMMENDATIONS ACROSS MENTAL, SEXUAL AND REPRODUCTIVE HEALTH AND WELLBEING

1. Reallocate health care infrastructure to ensure they are aligned with need.
2. Adolescent primary health care services need to be more holistic rather than predominantly focused on sexual and reproductive health. This should include Mental health. Though few there are mental health workers such as community psychiatric nurses and community mental health nurses among others; available at the primary care level in Ghana
3. Areas with more resource needs should be allocated more to avoid redundancy and improve efficiency.
4. Efforts to encourage service uptake to reduce resource redundancy. E.g. through ensuring privacy and respectful care.
5. Many of the facilities do not have adolescent corners which may discourage care seeking.

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