

**LIBERIA HEALTH SYSTEMS STRENGTHENING
PROJECT**

**FOCUS GROUPS ON COMMUNITY PERCEPTIONS OF SECONDARY
HOSPITALS: BASELINE DATA COLLECTION**

ABSTRACT

From February 12 - March 16, 2014, a team of nine research staff coordinated and conducted qualitative focus groups in communities throughout catchment areas of hospitals targeted by the World Bank's Health Systems Strengthening Project (HSSP) Impact Evaluation in Liberia—namely, secondary hospitals in Montserrado, Bong, Nimba, Maryland and Lofa counties. The primary objective in collecting these data was to document community members' perceptions of these hospitals prior the implementation of HSSP components. Areas of discussion included: ease of access to facilities, quality of treatment and services, provider behavior, attitudes and competencies, patient privacy and confidentiality, and the decision-making process surrounding delivery of care at hospitals.

In accordance with the HSSP's Impact Evaluation emphasis on maternal and child health outcomes, purposive sampling was used to identify mothers who recently delivered at the hospital, mothers who recently delivered outside the hospital, and male partners of women represented under these categories. Additionally, communities within catchment areas were identified in part based on their proximity to the hospital – i.e. communities that were close, and others that were at least 10 kilometers from the hospital were targeted. In total, 25 focus groups were conducted (5 groups per site), ranging in size from 6 to 10 discussants per group.

The following report contains a thematic content (textual-quoting) analysis based on this data collection process. It applies a grounded theory approach, whereby overarching themes were inferred by aggregation from smaller textual units, using an iterative process of open and axial coding. The Executive Summary synthesizes findings across hospital sites, comparing and contrasting community perspectives from different catchment areas. Following this, five site reports are offered, one from each catchment area. Individual focus group reports are available in Appendix I. Appendices II and III provide further details on data collection methodology and demographic information of focus group discussants.

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FOCUS GROUPS BY SITE AND VILLAGE

Redemption Hospital, Montserrado County

- FGD #1: Female Respondents, Delivery at Hospital, Proximal Community: New Kru Town
- FGD #2: Male Respondents, Partner Delivered at Hospital, Proximal Community: New Kru Town
- FGD #3: Female Respondents, Delivery Elsewhere, Proximal Community: New Kru Town
- FGD #4: Male Respondents, Partner Delivered Elsewhere, Proximal Community: New Kru Town
- FGD #5: Female Respondents, Hospital-Based Delivery, Distal Community: New Kru Town*

**Note: Based on the urbanicity of Monrovia, it was not possible to purposively sample within individual communities. FGDs were held in New Kru Town, but respondents lived in a range of communities.*

Phebe Hospital, Bong County

- FGD #1: Female Respondents, Delivery at Hospital, Proximal Community: Suakoko
- FGD #2: Male Respondents, Partner Delivered at Hospital, Proximal Community: Suakoko
- FGD #3: Female Respondents, Delivery Elsewhere, Proximal Community: Suakoko
- FGD #4: Male Respondents, Partner Delivered Elsewhere, Proximal Community: Suakoko
- FGD #5: Female Respondents, Hospital-Based Delivery, Distal Community: Gbatala

Tellewoyan Hospital, Lofa County

- FGD #1: Female Respondents, Delivery at Hospital, Proximal Community: Telbomai
- FGD #2: Male Respondents, Partner Delivered at Hospital, Proximal Community: Telbomai
- FGD #3: Female Respondents, Delivery Elsewhere, Proximal Community: Selega
- FGD #4: Male Respondents, Partner Delivered Elsewhere, Proximal Community: Selega
- FGD #5: Female Respondents, Hospital-Based Delivery, Distal Community: Tenebu

Jackson F Doe Hospital, Nimba County

- FGD #1: Female Respondents, Delivery at Hospital, Proximal Community: Gibson Town
- FGD #2: Male Respondents, Partner Delivered at Hospital, Proximal Community: Gibson Town
- FGD #3: Female Respondents, Delivery Elsewhere, Proximal Community: Gibson Town

- FGD #4: Male Respondents, Partner Delivered Elsewhere, Proximal Community: Gibson Town
- FGD #5: Female Respondents, Hospital-Based Delivery, Distal Community: Volay Town*

**Note: Volay Town was mix of women from small near communities of Miller's farm and Zeogehn*

JJ Dossen Hospital, Maryland County

- FGD #1: Female Respondents, Delivery at Hospital, Proximal Community: Hoffman Station
- FGD #2: Male Respondents, Partner Delivered at Hospital, Proximal Comm.: Hoffman Station
- FGD #3: Female Respondents, Delivery Elsewhere, Proximal Community: Hoffman Station
- FGD #4: Male Respondents, Partner Delivered Elsewhere, Proximal Comm.: Hoffman Station
- FGD #5: Female Respondents, Hospital-Based Delivery, Distal Community: Barriken

ABBREVIATIONS

FGD: Focus Group Discussion

PBF: Performance-Based Financing

IE: Impact Evaluation

FND: Focus group of females who live in a community nearby to the site hospital and recently delivered at the site hospital

MND: Focus group of males who live in a community nearby to the site hospital and whose partner recently delivered at the site hospital

FNH: Focus group of females who live in a community nearby to the site hospital and recently delivered at home or another location other than the site hospital

MNH: Focus group of males who live in a community nearby to the site hospital and whose partner recently delivered at home or another location other than the site hospital

FFD: Focus group of females who live in a community farther from the hospital and recently delivered at the hospital

RESEARCH FINDINGS I: CROSS-SITE SYNTHESIS

EXECUTIVE SUMMARY

World Bank Health System Strengthening Project in Liberia

Following the conclusion of the Second Liberian Civil War (1999-2003), Liberia has endeavored to make substantial strides in expanding health coverage to its citizens. However, this has not been without immense challenges. Much of the physical infrastructure of Liberia's health system was damaged or deliberately destroyed as a result of the internal conflict, and many health professionals immigrated to other countries over the course of the war. As a result, Liberia presently is listed towards the bottom of global rankings for maternal and child health outcomes. For example, Liberia ranks 174 of 181 countries on maternal mortality, despite the fact that maternal mortality ratio has declined from 1000 maternal deaths per 100,000 births in 2007 to an estimated 770 per 100,000 in 2010. Likewise, while under-five mortality rates have almost halved in the past twenty years – in large part due to improved health access under the government's free health care policy, roughly one in ten children still die before their fifth birthday.

Paramount in the effort to strengthen Liberia's health system, including in the areas of maternal and child health, is the improvement of hospitals throughout the country. Many hospitals are in relatively poor condition, staffed with insufficient numbers of productive, responsive, and qualified staff in key areas of competence, and have long waiting times as well as shortages of effective medicines and new medical technologies. This dynamic is particularly alarming at secondary hospitals, in part due to a paucity of funding. Roughly one-fifth of the government's total health budget is allocated exclusively to tertiary care at JFK Hospital in Monrovia, and 85% of external funds are targeted towards primary care at local community facilities, leaving secondary hospitals comparatively worse-off.

The primary objective of the Health Systems Strengthening Project (HSSP) is to improve quality of care at secondary hospitals throughout Liberia, using two primary mechanisms. The first mechanism comprises a Graduate Medical Residency Program (GMRP) and the scale-up of in-service trainings, which targets the cultivation of health worker skills and competencies. The second mechanism represents a modification in secondary hospitals' provider payment scheme to a mode of Performance-Based Financing (PBF). Studies have found that PBF arrangements have the potential to signal health priorities, strengthen information systems, motivate staff and enhance accountability.

Motivation and Methods for Qualitative Data Collection

As part of the HSSP, an Impact Evaluation (IE) was designed to quantify the effects of intervention components. Given that there were no control sites to which

beneficiary hospitals can be compared, a key emphasis was placed on process components—i.e. linking inputs to outputs and studying whether outputs translate into expected outcomes over time. Additionally, in order to understand *how* and *why* the project was successful (or not), qualitative data collection was conducted in ten communities throughout the five hospital site catchment areas.

The qualitative data collection component of the IE sought to ascertain why and in what circumstances communities within hospital catchment areas chose to utilize facility resources. We anticipated that utilization of these resources would be linked to community member satisfaction under several domains: (1) accessibility, including traveling distance and means of transportation, (2) quality, scope and availability of services, (3) perceived knowledge, attitudes and behaviors of providers, (4) interactions with other decision makers in the household, (5) monetary issues, and (6) the arrangement of the facilities, including privacy afforded, cleanliness and general presentation.

Semi-structured focus group discussions (FGDs) were selected as the mode of data collection, for three reasons: First, the configuration of FGDs facilitates dialogue on set topics among individuals with shared characteristics; and this configuration was well-suited for the defined objectives. Second, given the power dynamics implicit in the members of a large-scale health systems project meeting with individuals from local communities, the FGD arrangement provides a supportive, socially-oriented and natural mode of dialogue. Third, FGDs are logistically flexible; they take place in local community settings, allow for multiple interviews at one time, and permit exploration of unanticipated issues as they arise in the course of conversation.

In total, twenty-five focus groups were conducted—five per site. A purposive sampling procedure was used to identify young mothers who recently delivered at site hospitals, young mothers who recently delivered at locations other than site hospitals, and male partners of these two populations. Additionally, individuals were interviewed based on their proximity to the hospital, in order to discern whether those traveling farther reported greater barriers in terms of transportation and associated costs. Baseline FGDs were conducted from February 12 - March 16, 2014. The following sections present a summary textual quoting analysis of key findings under seven thematic headings, allowing for comparisons across sites.

Findings: Accessibility – Distance and Transportation

Respondents reported on the existence of an ambulance associated with each hospital, but for all hospitals except Jackson F. Doe (JFD) this mode of transportation was reported as unreliable at best, and virtually non-existent at worst. The reason varied by site. For example, at Redemption Hospital, it was stated that the ambulance was typically used to transport individuals to and from the main tertiary hospital in Monrovia: JFK Hospital. At other sites, competing demand for the ambulance reduced

the likelihood of availability, or else the ambulance would be out of fuel altogether. “When you call the ambulance, they can say no gas (Tellewoyan: FND, R9).” This led individuals to seek other modes of transportation such as motorbikes, cars, wheel barrows and walking.

Absence of subsidized transport was seen as more of a barrier at some sites than others. For example, several respondents in communities surrounding Jackson F. Doe reflected on financial challenges. “From Gibson to Catholic [clinic] it na far, but from here to the big hospital (JFD) some they will pay fifty dollar (JFD: FNH, R3).” It was also repeated noted as a barrier among women who delivered their children out of the hospital: Many stated that they would have delivered at the hospital, had they been able to contact an ambulance in time. “So me I plan to deliver to the hospital, but the time what I was in pain, now no way for me to go to the hospital (Tellewoyan: FNH, R5).”

At all sites, respondents identified other, smaller clinics as a more convenient first-line of contact for health services. “For me, the drug store that right here, when I sick they can do my blood pressure, everything... It better for me to pay my money to the drug store than to say I going Phebe (Phebe: FNH, R6).” Nevertheless, across sites it was understood that certain services were only available at secondary hospitals and so would necessitate visitation. “Redemption, I na care, you force to go there. No way dodge it (Redemption: FFD, R2).”

Findings: Treatments, Services and Medicines

Medicine Stockouts. There was a collective frustration, across all sites, regarding the lack of free medicines. However, the level of rhetoric varied widely from one site to the next. For example, at Jackson F. Doe, respondents generally accepted that treatment would cost money and offered a level of resignation “As for me I can’t go there quick quick. I can only go there for check-up because I don’t have money (JFD: FND, R1).” Others at JFD were content that medicine for children under-five was freely available, and two respondents shared stories of the hospital waiving medical bills when administration understood they couldn’t afford to reimburse for services. At the opposite end of the spectrum were respondents at Redemption Hospital, where respondents were outraged. “You take them to the hospital hoping that maybe they will be able to help you but all they will tell you that you need so and so drugs... and maybe your son or daughter will be dying (Redemption: FFD, R4).” Numerous respondents at Redemption Hospital and Tellewoyan Hospital stated that staff members would steal existing drugs and then sell them on the street or to nearby pharmacies. “The nurses that are there they can always steal the drugs (Tellewoyan: FND, R6).”

For several individuals in different communities, the regularity of stockouts made them question the utility in traveling to the hospital at all: “Two, three day I can

fall down with malaria. But each time I go Phebe they will tell me say I must go buy the medicine... So myself too now the best thing I know now to just be buying the drugs to the drugstore than to be going to Phebe (Phebe: FNH, R3)." For others, personal narratives were shared in which there was a tragic ending because resources were not available. "When she was having the belly they say yellow jaundice na catch her so the child die in her stomach. When we came to the hospital, they say she was na having blood, and they say there was no blood to the clinic... They couldn't make until the girl she die, so that what I know about them (JJ Dossen: FNH, R3)." At Redemption and Phebe Hospitals, even basic medical supplies like bandages were stated as unavailable. "After my operation, the plaster they can use on the sore, nothing was in the hospital... The blood started wasting, no plaster was there to hold the sore. They said I should cut the lapa and tie it on the sore (Phebe: FFD, R5)."

Medicine Quality. Although free medication was rarely available at most facilities, at two sites (Redemption and Jackson F Doe) respondents commented that the potency of the medicines they did have available were typically much stronger than those sold at other clinics. "The only thing the people medicine strong that all it can bless people some time. The medicine what they can give strong. Drugstore them medicine na strong what they selling on the sun (Redemption: FFD, R6)." "Yes when I was pregnant to Catholic they say that shisto I get they give me shisto medicine. That shisto medicine use me I almost die. Then they say I must go to the big hospital (JFD). When I go they say that the same shisto. So the other medicine they give me to Catholic it was na good (JFD: FNH, R3)."

Wait Time. Wait time was the second most commonly expressed concern. While the duration seemed to vary by site, there was broad consensus across sites that wait time was frustratingly long. "I was in new Kru Town they build Redemption Hospital. We was so happy building Redemption we said I mean we have hospital in our community now. But when you go there they will waste your time ever so long until you will even forget about going to Redemption for the second time (Redemption: FFD, R6)." "I will tell you say go soon in the morning you go register. You soon you leave here the sun come up you can't get the number (Tellewoyan: FFD, R4)."

At Phebe and JJ Dossen, wait time was linked to staff not arriving on time. "My daughter swallow the bakayoko beans. I carry her to Phebe, but the process too long. You will sit in the line from in the morning to twelve before your see doctor. If you will even go to the doctor, the doctor na there (Phebe: FFD, R8)." "The doctor, they sometime go to work late. And we the patient we can be there waiting for them for a long time before they come in... They always be slow (JJ Dossen, FFD, R6)." Yet others linked wait times to willful neglect of staff. "I carry my child to the hospital, the child faint. [The nurse] say 'I eating oh, and when I finish eating my food I will digest before I even look at that child.' So I was sitting there waiting for him, he eat fine. The time he

got through eating he take his radio and walk from out of the place (JJ Dossen: FND, R1)."

At several sites, bribing staff was seen as a common and strategic practice to reduce wait times. "If we na get money to bribe them, that us can be the last because when you na get money they can't even look at your face (Phebe: FFD: R5)." For Redemption Hospital, bribery was perceived as the status quo. "When you seriously sick self and you na give something, nobody will attend to you (Redemption: FND, R4)." Preferential treatment was mentioned at every site except Jackson F Doe. "You want to know somebody there or you will just be sitting down. When you not lucky, that day you will sitting down there whole day (Tellewoyan: FND, R5)."

Admission Process. Linked to wait times was an often rigid admissions process. At several sites, respondents stated that registration of the patient was enforced even in emergency situations. "Even I na care if the person dying, you will register the person you go get the card (Redemption: FND, R2)." This contrasted with other sites, where exceptions appeared to be made. "My bigger brother had wounded through grinding stone, his hand got broken. We went there the first thing they did, they put the man straight emergency room, they carry him straight they operate his hand quick quick, carry us to surgical ward they say, 'you be here we bringing your drugs' quick they feed the man (JFD: MND, R2)."

Receipt of Diagnosis. Respondents consistently expressed satisfaction that hospitals could perform lab tests in order to understand patients' cause of illness. "Redemption me what mainly I can go Redemption when my child feel feverish, to get the lab result and know (Redemption: FFD, R4)." "I feel that you go to the hospital and you know what happening in your body before you can even think about going elsewhere (Phebe: FFD, R2)." This was contrasted with local clinics and drug stores where such diagnostics were not available. "Because certain time can reach they say no medicine to Tellewoyan, but it better for you to go to Tellewoyan, when you to Tellewoyan you will know your problem or the child problem. When you got they check the person, they put the medicine name on the paper, you can go buy it but it na good for you to pass and go in the drugstore to buy medicine (Tellewoyan: FNH, R5)."

Findings: Provider Attitudes, Behaviors and Knowledge

Hostility of Staff. Across sites, there were repeatedly vocalized concerns about the belligerence and hostility of staff towards patients—particularly at Redemption and JJ Dossen; at these hospitals, respondents were almost unanimous in this perspective. For example, one woman from New Kru Town stated about Redemption Hospital: "That only to deliver business I go Redemption, just for that card, because when you go the way they can talk to you. I was in pain my stomach was hurting - not small cuss, they cuss me. They cuss us good (Redemption: FFD, R8)." At JJ Dossen, there were several narratives shared that bordered on abusive treatment. For example, one woman in labor

was unassisted to her bed and the staff let her crawl on her hands and knees. Another was labeled as 'dirty' by staff and made to deliver on the hospital floor: "They will be talking, say, 'Move from here so you can't dirty our place.' That how I move from there before my child head was coming down... That on the ground I deliver there self, I deliver my child. So that thing they do to me (JJ Dossen: FNH, R2)." At other sites, sentiments were more ambivalent, with respondents variously describing staff members as 'aggressive' and 'abusive', while also noting a few others who were more compassionate and patient. At Phebe Hospital, for example, younger, recent graduates from Cuttington University were perceived as more derisive towards patients. "The oldma them know how to talk to people, but the younger girl them... hum (Phebe: FNH, R4)." Attitudes of staff were reported most favorably at Tellewoyan and JFD.

Attention to Patients. There was also a wide range of views expressed about the attentiveness of providers to the needs of their patients. For example, at JFD it was remarked that staff were always punctual and communicative with patients. "You carry to the doctor, then the doctor tell you your result. What happening to you then the doctor will explain everything to you and they give you the treatment for it (JFD: FND, R5)." This was in stark contrast to remarks made at JJ Dossen, where there was widely reported neglect. For example, one woman reported being abandoned after her delivery, left bleeding in a hospital bathtub. "I bled after delivering. I bled the whole night until the day was clear. So my people carry water and thing for me. I went to take bath, because of the bleeding I fell off in the bathroom... One of [the nurses] came she said 'Oh but who ask you to take bath? But you will remain in that bathroom there.' So that how come she walk out. In that position I was to myself I was just there (JJ Dossen: FND: R9)." Sentiments were similar at other sites, particularly Redemption, where it was stated that "doctor not paying attention to the patient they just sitting whole day (Redemption: FND, R3)." At several locations, this was tied to the need to bribe staff to receive services. For example, one nurse at Redemption was commented as saying, "You na get money your daughter can die (Redemption: FNH, R3)." It was also remarked by several respondents that the level of inattentiveness and belligerence on the part of staff may be linked to being overworked and underpaid. "Some nurses are very kind at Phebe Hospital in talking to patient but some do not know to talk to the patient at all when the hospital is very pack with patient (Phebe: FNH, R5)."

Provider Knowledge. In contrast to other areas, respondents expressed a high regard for the level of knowledge possessed by the staff, even at hospitals where respondents generally viewed the attitudes and behaviors of providers in a negative light. For example, regarding Redemption Hospital, one female remarked: "The nurses will come up because they need to tell you what to do and what not to do, what to eat and what not to eat (FFD, R4)." Similar responses were offered at Phebe. "When you go among them you explain your problem to them they will start explain it to you good, good (Phebe: FNH, R5)." The only qualifications made were regarding staff who

appeared to be in training from university. For instance, “Some of them [students] not know their job. Your blood pressure level they something it they not know the number they can ask their friend. (Phebe: FNH, R4).”

Findings: Decision Making in Delivery

Preference for Hospital-Based Delivery. Across all sites, women collectively stated a preference for hospital-based delivery insofar as there were services available in the event of emergency, and also that the mother and infant were carefully monitored by staff. “If you go deliver to the hospital and that delivering hard... they can go run for you. They operate on you at the same time all the medicine they give you it (Tellewoyan: FFD, R6).” Others were past nine months and went to the hospital out of concern. “I born this baby the time the thing na want to come so I go there (JJ Dossen: FFD, R6).” At several sites, respondents also stated that delivery at the hospital was preferable because they would be given a card for their child to receive free vaccinations, which would be denied to those who delivered out of the hospital. “If you even go to the clinic they can’t give you the vaccine. So like for the children them now, when nine months come you have to go Redemption (Redemption: FFD, R4).

Out-of-Hospital Delivery. The decision to deliver out of the hospital varied considerably from one site to the next, although the most common reason (as mentioned above) was lack of transportation, especially when the onset of labor was sudden, occurred in the evening, and there was no ambulance available for transportation. “My pain grab me midnight. I went to the oldma (*midwife*) and the problem I was in I couldn’t get over the bike (Tellewoyan: FNH, R4).” Others, at several sites, reported an unwillingness to deliver at the facilities because of the hostile attitudes of the nurses.

At Redemption Hospital, a number of women reported that babies are stolen or swapped, and so they refused to deliver there. “The doctor them as you deliver they can take your child; they sell your child to another people. They are doing bad thing (Redemption: FNH, R1).” At Jackson F Doe, several noted that Catholic Hospital was closer and they had been going there to receive antenatal care. “My own reason because I was taking treatment to Catholic so that there, where I go to deliver (JFD: FNH, R6). On female at JFD, and several males at different sites, stated that many women are also afraid to deliver at the hospital because they don’t want to be operated on. At JJ Dossen, one participant stated that she tried to deliver at the hospital, but she was turned away because the staff were not ready; others stated that the cost of hospital-delivery was probative.

Findings: Patient Privacy and Confidentiality

Confidentiality. Sentiments about privacy and confidentiality differed between sites. In general, respondents from Redemption, JJ Dossen, and JFD expressed favorable

sentiments about confidentiality. “They can keep secret. Even myself when they hear you explaining about your friend they can put stop to it (JFD: FND, R6).” Sentiments were more mixed about Tellewoyan and Phebe. For example, one female respondent at Phebe remarked “The nurses these days do not keep patients’ secret (Phebe: FND, R6),” while another commented “Like if somebody get AIDS, the doctor people can hide it (Phebe: FNH: R6).”

Privacy. Privacy was a more common problem, based on the crowded nature of hospitals. This was perceived as a problem at most sites, including Redemption: “When the place crowded up, I na care how you talking self the person near you will hear the thing you talking. Each patient should be entitle to their own room (FND, R4).”

Findings: Perspectives of Male Partners

Role of Government. By and large, males expressed perspectives similar to their female counterparts in terms of concerns about transportation, medicine availability, financial issues, and provider attitudes. However, there were a few additional themes that emerged from the male groups that were not covered in the female groups. For example, several men in different groups attributed the troubles of hospitals to underfunding and lack of attentiveness by the central government. For example, one individual from Telbomai remarked: “The services poor just because of money, so the central government have to actually cater to the health workers so most of these things can be curtailed (Tellewoyan: MND: R3).” Similar comments were made at other facilities. “Because of, for the people talking that government can’t pay staff, nor medicine self, when it come it can’t remain here and be kept in stock here...at the end of the day no medicine (JJ Dossen: MNH, R7).”

Decision-Making. Decision-making power within the household was another key area of discussion – who decides when to visit a hospital. A majority of men actually deferred to their female partners, as they were the most attuned to their own needs and the needs of the children. “You know most often mothers are taking care of their children in the home, okay. And if a person happen to get sick, or the child is in the process the first thing the mother, I make sure most of the contacts be done through the mother because she is the best caretaker of the child (Tellewoyan: MND, R5).” A smaller representation of men tried to affirm their primary authority in the process. “I decide which hospital to go to, I only decide... So I am the man in the house, I’m the decision making body, I decide where my woman should carry this child to get better treatment (JFD: MNH, R4).” Another: “God created the world, man and woman and He give man the dominion and power, so the man has the authority over the woman, so the man decides who stays and who goes. Are you getting me (Redemption: MND, R4)?”

Financial Considerations. A third area of dialog related to financial considerations, a repeated topic perhaps because male partners typically managed the household budget. Many expressed this as a chief concern in considering whether to go to the

hospital, including during delivery. “Sometime you don’t have money that when you go to the hospital you will pay so much money sometime. So you go to the nearby clinic first, if really they can’t make it then you can decide now to go to the hospital, mostly that what people does (JFD: MND, R2).” “The decision making you will look at especially in our country now it very expensive. Phebe hospital right here is a government hospital that little bit less expensive, so in this case your look in your cupboard (Phebe: MNH, R3).”

Findings: Other Areas of Comment and Concern

Cleanliness. Cleanliness of the hospital was an issue discussed at 3 of 5 sites – Tellewoyan, Phebe and Redemption. This was particularly true regarding restrooms, a problem which was perceived, in part, as a result of patients not understanding how to correctly use the facilities. “Sometimes when you go in the bathroom then they finish, people na know how to sit over the commode to toilet, they can just pupu all over inside (JFD: FND, R5).”

Payment of Staff. A second recurring topic at several sites was the underpayment of staff. This was often attributed as a potential reason for the poor work ethic and attitudes of staff. “So maybe that their pay may be that their salary get problem because I believe that maybe if they really paying then the money that they want maybe they will render services correct to us. Because real life they not treating us well (Redemption: FFD, R2).” “Yes, the people that there they need to have salary. Because certain time in this week they said they na given them good money so they will not treat nobody they will close the hospital down (JFD: FNH, R4).” This discussion was closely linked to the recently ended national health worker strike, which took place at secondary hospitals.

Conclusions

In sum, the satisfaction of those in communities varied by site, with the greatest level of discontentment vocalized at JJ Dossen and Redemption, ambivalence expressed at Phebe and Tellewoyan, and generally favorable views at Jackson F Doe. The primary concerns raised by participants related to medication stockouts, which precluded their ability to access free treatment in the event of medical emergency. Additionally, sites often had long wait times for patients, and staff were repeatedly described as hostile, aggressive and unsympathetic. Given this dynamic, for many respondents they perceived little upside in traveling considerable distance to these facilities, when they could just pay money and receive medicine more efficiently at the local clinic. The only consistently voiced benefit was receiving a formal diagnosis as concluded from interviewing with physicians and nurses and reviewing the results of lab tests.

Logistical issues, including transportation, were primary barriers to hospital-based delivery. Secondary issues included the costs associated with delivery, the

negative attitudes and behaviors of staff, and – at Redemption Hospital – tales of doctors swapping and selling infants. Numerous respondents recommended to focus group facilitators that hospitals provide in-service trainings to staff on how to appropriately dialog with patients to instill a supportive atmosphere at the hospital. This, coupled with greater availability of medicines, were the primary intervention points recommended by those who were interviewed.

RESEARCH FINDINGS II: INDIVIDUAL SITE REPORTS

REDEMPTION HOSPITAL SITE REPORT

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Neither traveling distance nor transportation to Redemption Hospital were vocalized as paramount issues in any of the three FGDs, including among discussants from distal communities. However, members from each FGD did express some concern that transport by ambulance was seldom an option for those with a serious medical condition. “In that Redemption I know they get no ambulance what can go for people them. As for me I na playing fun - they na get ambulance, they na get (FNH, R1).” Others mentioned that the ambulance for Redemption Hospital would typically be prioritized to transport individuals to and from JFK Hospital.

Commonly cited modes of transportation to Redemption Hospital included the use of a wheel barrow or motorbike, or –if financially feasible– paying for a taxi. A repeated sentiment was that, even though transport was a challenge, for certain health conditions there were no other viable treatment-seeking options. “Redemption, I na care, you force to go there. No way to dodge it (FFD, R2).”

TREATMENT, SERVICES AND MEDICINES

The most routinely expressed frustration was the unavailability of free medicines, a concern shared by almost all members across FGDs. “So you take them to the hospital hoping that maybe they will be able to help you but all they will tell you that you need so so and so drugs, oh... and maybe your son or daughter will be dying. (FFD, R4).” Respondents in two FGDs reported an absence of basic medical equipment. “The most important thing that suppose to be in hospital, the drugs... When your patient sick the person is on bed, they na suppose to be telling you say go buy syringe. Hospital na suppose to tell you say go buy the needle for that something (FND, R1).” This led a number of women to state that they save time and frustration by just going directly to a clinic. “When you go in the morning as the girl just said you go there you will sit down there, they will not give you good medicine. The clinic I can carry my child, that Banjal, there where I can go (FFD, R8).”

Respondents expressed a similar level of frustration about the admission process and associated wait times, including the seeming lack of flexibility in emergency medical situations. “When you get to the hospital the first thing there is, you will have to go

register the patient. Even I na care if the person dying, you will register the person you go get the card (FND, R2).” The duration of the wait time was also a point of contention for many: “I was in new Kru Town they build Redemption Hospital. We was so happy building Redemption we said I mean we have hospital in our community now. But when you go there they will waste your time ever so long until you will even forget about going to Redemption for the second time (FFD, R6).” It was noted that, at other (private) hospitals and clinics, wait time would be shorter. “When you go to the Catholic Hospital... When you finish registering you can go to the doctor you explain whatsoever that happen to you (FNH, R1).”

Respondents linked absence of medicines and long wait times to compulsory bribing of staff. “When you seriously sick self and you na give something, nobody will attend to you (FND, R4).” “Sometimes you go there soon morning they ask you and you want go soon you must pay small thing before you move from there. You na get small thing, sometime there three, five you will move from there (FFD, R3).” It was also suggested by two individuals from separate FGDs that staff would steal medicine to turn a profit at pharmacies. “The medicine can be there but they take medicine and carry it (FFD, R2).” “Most of them that working Redemption, they get their pharmacy. Everybody get pharmacy (FNH, R7).”

There were two positive dimensions of health care at Redemption Hospital that were mentioned. First, several respondents from different FGDs mentioned that, if they were to purchase medicines from the hospital, they would typically be more efficacious than medicines from other clinics and pharmacies. “The only thing the people medicine strong that all it can bless people some time. The medicine what they can give strong. Drugstore them medicine na strong what they selling on the sun (FFD, R6).” The second, which there was wide consensus about, was that it was still sometimes preferable to go to Redemption because they had a laboratory, which permitted informed diagnoses: “You say that this so so, and so problem you having then the lab will make it clear for you. That why they can send you to the lab (FND, R4).” “Redemption me what mainly I can go Redemption when my child feel feverish, to get the lab result and know (FFD, R4).”

Lastly, women from different FGDs had several narratives in which Redemption Hospital was instrumental in stabilizing the health of someone they knew. “For me my sister was on bed there. She was sick. She was seriously sick. They carry her Redemption. At least they did their best because, later on one other woman told us that she couldn’t make it. But Redemption try their best and today, today she living from Redemption (FND, R2).” However, others had countervailing stories, most recently during the national health worker strike: “After eating she just fell off when they was

rushing her to Redemption, the people na know say Redemption close, I tell them say you don't go Redemption... When they carry her JFK, just now as we sitting down here, they go bury her in Caldwell, she die with the pregnancy. Just now oh (FNH, R3)."

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

The most commonly voiced concern about Redemption was the demeanor of staff at the hospital, which was singularly perceived as hostile and belligerent. Respondents from all FGDs provided detailed illustrations: "That only to deliver business I go Redemption, just for that card, because when you go the way they can talk to you. I was in pain she my stomach was hurting - not small cuss, they cuss me. They cuss us good. Because by that time my ma say my stomach it small - She not believe it (FFD, R8)." Another, from New Kru Town: "Eh, fix yourself, go yourself, like this, the abusive words them they can be using. You seeing it, but they suppose to talk to you in the way that you yourself will understand, they suppose to pet you, give you kind words but they can't do it (FND, R4)." And one women from the home-based delivery FGD: "When you sitting they call your name you not hear it because of the noise, then when somebody say oh that you that you that woman was calling just now... She will tell you say go outside, get outside you not ready yet. In fact say give me your paper, they will put the paper under the paper them. Which mean you going to the last (FNH, R3)."

Others provided stories highlighting staff's seemingly lack of concern for patients. "Turn to the patient then we will know that they working. But when you go hospital in the morning seven o'clock then you coming around four o'clock, doctor not paying attention to the patient they just sitting whole day (FND, R3)." These sentiments were closely tied to the need for offering bribes to staff: "[The nurse] start shouting, you na get money your daughter can die (FNH, R3)." "As for me, when I sick, but when you go there, they don't really look at you. Most of the time that money. They don't know how to really talk to you until you can give them money (FND, R4)."

One exception, raised by FGD discussants that recently delivered at the hospital, pertained to the maternity ward. Several respondents stated that the nurses there provided more attention and educated their patients. "When you go for big belly (*pregnancy*) treatment there, the nurses them they will come up because they need to tell you what to do and what not to do, what to eat and what not to eat (FFD, R4)." "Like for the pregnant women, the nurses can really talk to them. They can talk to them good. They can tell them how to dress, not to wear heels (FND, R4)"

DECISION MAKING IN DELIVERY

There was a wide range of attitudes on delivering at Redemption Hospital. Among those groups that elected for hospital-based delivery, several mentioned that the only reason they chose to deliver at Redemption was to receive a free vaccination card for their newborn infant. "If you even go to clinic they can't give you that vaccine. So like for the children them now, when nine months when their nine months come you have to go to Redemption (FFD, R6)." A number of others mentioned that it is safer in the event of complication, and that the associated checkup received is beneficial: "That only biggest hospital in this here. And they do all the test. When you call for operation, they will carry you (FFD, R3)."

For the women who chose to deliver outside the hospital, there were three primary reasons offered. Several respondents expressed the first, and most alarming; that newborn infants would be swapped or stolen by the staff. "The doctor them as you deliver they can take you child; they sell your child to another people. They are doing bad thing (FNH, R1)." Another was similarly suspicious: "One of my neighbor she was get belly (*pregnant*), she deliver, she born triplets. When the girl deliver now to Redemption Hospital, the girl people go for the baby, they say the children die. The people say we want the body, we want see the body. We want carry to go bury. They na give the body (FNH, R4)." Another joined in and provided a specific example she had witnessed: "The girl that they took from on the bed before putting me there to push my child outside, the girl give birth to boy child, the lil boy was healthy big baby. I see it with my own eye, the baby was crying... What happen, they take girl child different baby – young baby, but the baby small. They take the girl child and carry the girl child to girl say that her baby. The girl say - but you tell me say that boy, then why now your bring girl to me? The argument was not small argument, not was small noise (FNH, R3)."

Another reason for avoiding delivery at the hospital, expressed by two respondents, was the attitude of the nurses: "Maybe your stomach you not able to shave, your man was supposed to shave you, your man not around, after pain grab you they carry you there, they will be cussing you, look at this big rusty one here, she not able to shave herself. Look at this type of thing, look at (FNH, R3)." Lastly, two of the respondents expressed concerns about cost. "My reason not to deliver there, because they say that free, and now it na free. And you seeing it, you have to pay money (FNH, R2)." The other stated that nurses would steal belongings: "Then when you deliver the things them they will tell you say you should carry four lappa, then you carry cortex, two cortex, you carry Clorox, detol, all that things them they will na use it on you, they will go on keep it (FNH, R5)." Theft was also mentioned in other contexts over the course of the FGDs.

PATIENT PRIVACY AND CONFIDENTIALITY

Patient privacy was raised as a concern in two FGDs, particularly when the hospital had many patients; multiple patients would be in the same room, separated only by a thin divider: “But when the place is crowded up, I na care how you talking sef the person near you will hear the thing you talking. Each patient should be entitle to their own room (FND, R4).”

Confidentiality was not raised as an issue in any of the three FGDs. Much of the language was couched in normative terms: “You know in some of our community when you know somebody, the person get TB, they start don’t go near that girl or that boy having TB. So like Redemption or any other hospital it shouldn’t be like that. They should keep the person secret (FND, R4).” Descriptive statements made in FGDs were in the affirmative that confidentiality would be maintained. “Even to the big belly place, when you get AIDS or do your check up and they tell you say you get AIDs they will tell you say thing that we talk here nothing must na go outside, you must na tell anybody, you must keep it by yourself (FFD, R4).”

PERSPECTIVES OF MALE PARTNERS

Male perspectives were largely similar to those of females, with the three salient topics raised relating to: lack of access to free medicines, treatment of staff towards patients and the decision-making role of men in determining whether to seek treatment. Regarding availability of medicines, this was expressed as a concern by a number of discussants, with two remarking that it discouraged them from going to the facility altogether. Said one interviewee: “Maybe it’s late at that hour, maybe that’s what cause some people not to go, they may say - well if I get to redemption they will tell me go buy, the drugstore close, where do I get my drugs” (MNH, R3).

Men were similarly negative when remarking on the behavior and attitudes of staff. One male partner stated, “You will see girls who sleeping on duty will carry personal laptop be playing Zuma, while others on facebook they are just browsing, gossiping on the internet, or they will be discussing their home affairs; you know, those things are not call-for (MND, R3).” Another, making a more general remark, said: “majority of those people in Redemption Hospital are using the medical profession as a spring boat to go to another area and so they don’t have passion and they don’t love the work, and many of them are using it for themselves aggrandizement (MNH, R2).”

Decision-making with respect to treatment-seeking behavior varied. Most felt that it was the role of the man in the household, as the authority figure, to make final

decisions. “God created the world, man and woman and He give man the dominion and power, so the man has the authority over the woman, so the man decides who stays and who goes. Are you getting me? (MND, R4)” However, from a practical perspective, most also agreed that the woman stays at home while the man is working; and therefore the woman would have a better sense of what to do. “It’s only in a strange situation that you will see men carrying children to hospital but most of the time the woman do it because they remain home and knows the children (MNH, R2).”

One notable departure from the female FGDs was the frequency with which men remarked on the rapid response of staff in the event that a patient arrived in grave condition. For example, one respondent stated: “The moment we got there as soon as the car entered the fence the nurses were already there with the stretcher, they put the boy inside and started treating (MNH, R1).”

OTHER AREAS OF COMMENT AND CONCERN

Across FGDs, respondents mentioned that the hospital was kept in fair condition. “Then for the janitor them... I don’t have problem with them, they can take good care of the place. They can clean the place (FNH, R1).” However, a smaller number of respondents posed specific objections: “Where they can put the body. The bathroom for the women and the man all that area, them supposed to be corrected (FNH, R7).”

Respondents also expressed concern about the underpayment of staff, which had recently resulted in a health worker strike across Liberia. It was speculated, for example, that negative provider attitudes, and their demands for small bribes, may be related to poor and irregular wages. “So maybe that their pay may be that their salary get problem because I believe that maybe if they really paying then the money that they want maybe they will render services correct to us. Because real life they not treating us well (FFD, R3).”

CONCLUSION

The large majority of viewpoints expressed about Redemption Hospital were negative. The most common frustration related to the attitudes and behaviors of staff, which were seen as aggressive, unsympathetic and at times derisive. This led many to say they sought treatment elsewhere whenever possible, and several even suggested that workshops be given for hospital staff on appropriate provider-patient communication. There was also substantial concern about the unavailability of free medicines; numerous respondents stated that they would not bother with the long waits and negative staff attitudes when, ultimately, they could pay the same price at another hospital or clinic.

Nevertheless, individuals still expressed some basic benefits available at Redemption Hospital, including certain treatments that could not be found elsewhere, as well as laboratory facilities that were of benefit for informing diagnoses.

PHEBE HOSPITAL SITE REPORT

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents stated that the most common and reliable way to travel to Phebe Hospital was by a hired car, or else finding a friend who owned a vehicle. Respondents across all three FGDs stressed the unreliability of the hospital's ambulance: "They call the ambulance, when no ambulance, you need transport your patient to go (FFD, R2)."

Individuals from different communities expressed that, while accessibility is poor, there are no other viable options for facilities when medical attention is required: "No other hospital, that the only hospital force you go (FND, R4)." However, for those from Suakoko who had easy access to a knowledgeable pharmacy, almost all participants voiced that their preferable was to go to the pharmacy: "For me, the drug store that right here, when I sick they can do my blood pressure, everything. Then the sickness that in me, he can charge oh. My sickness that in me, he can tell me the sickness. Then I will pay my money he treat me well. It better for me to pay my money to the drug store than to say I going Phebe (FNH, R6)."

For those from the distal community of Gbartala, comparisons to other hospitals were more relevant. For example, one person stated: "Once you go Ahmadiyya Hospital in town, the doctor is regular. You will always see him going outside and coming inside to pay attention to the patient (FFD, R2)."

TREATMENT, SERVICES AND MEDICINES

There were a number of frustrations expressed across groups concerning access to healthcare at the hospital. Almost everyone stated that free medicine is seldom available. Those from the FGD who delivered at home were the most agitated: "Two, three day I can fall down with malaria. But each time I go Phebe they will tell me say I must go buy the medicine... So myself too now the best thing I know now to just be buying the drugs to the drugstore than to be going to Phebe (FNH, R3)." Another from the same group: "My daughter was sick. I carry her, they call us to the place they can check the children. All I thought they was sending us in lab, but they never send us to the lab... When I went

to the pharmacy they people told me oh, but no medicine here oh. And the lil skin was hot over plus (FNH, R3).” Stock-outs even appeared to extend to basic supplies: “After my operation, the plaster they can use on the sore, nothing was in the hospital...The blood started wasting, no plaster was there to hold the sore. They said I should cut the lappa and tie it on the sore (FFD, R5).”

However, some other groups expressed more of a resignation, even bordering on acceptance: “It’s Africa. If you go to the outpatient department and the drug finish, you go to the inpatient department and they ask you to buy drug (FNH, R5).” One person in the distal community of Gbartala speculated that nurses collude with the pharmacies to make a profit. “They will come and describe the medicine and they will tell you to buy it from a particular drug store. And according to people they are connected to that drugstore (FFD, R4).”

Respondents collectively expressed frustration about waiting times. “I won't lie to you, that long process because if that twenty-five chairs you will sit in all that chair before you reach (FNH, R2).” This was linked by some, particularly those from Gbartala, to the absence and irregular hours of physicians: “My daughter swallow the bakayoko beans. I carry her to Phebe, but the process too long. You will sit in the line from in the morning to twelve before your see doctor. If you will even go to the doctor, the doctor na there (FFD, R8).” Discussion in this particular FGD moved towards the fact staff are not paid regularly by the government and therefore do not arrive on time. “They use to be on time, but to me that their pay business now they na want be on time... Because they say they na getting their pay (FFD, R1).”

There were also several comparisons between the inpatient and outpatient facilities at Phebe. It was expressed that the inpatient unit was faster and would take more immediate action as necessary. “If they know that the person critical, then their self will take it and run with it, with the card while you standing there. When they run with it, with the card, then they call the doctor at the same time (FFD, R3).”

Despite frustrations about medicine stock-outs and wait times, many respondents stated some basic utility in visitation to Phebe. For example, receiving a diagnosis was perceived as beneficial. “I can say all better, because the hospital will tell you the sickness that in your body (FNH, R3).” Often this related to the fact that the hospital would run lab tests. “When they do your lab, any sickness that on you, you will know (FFD, R3).” Others shared personal stories associated with their delivery, in which Phebe helped them. “When I went Phebe once they check me they say oh you got pressure. They say today bad, you na going. Because when you go you will lose your life. So I thank Almighty God for Phebe Hospital and my life (FFD, R5).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Almost all respondents stated that they trusted the knowledge and expertise of the majority of physicians and staff. “Yes, when it come to their job, they know their job (FFD, R4).” This was even true among those in the home delivery group who were the most agitated about medicine shortages: “When you go among them you explain your problem to them they will start explaining it to you good, good (FNH, R5).” There were some concerns, though, that a few nurses did not understand their duties very well. “Some of them not know the job. Your blood pressure level they something it they not know the number they can ask their friend. They say ma please help me (FNH, R4).” A couple respondents stated that those with difficulties are most likely those in training from Cuttington University.

There was a wide range of sentiments about the attitudes and behaviors of staff. Across groups, respondents stated that the younger nurses, including recent graduates, were relatively impatient and hostile: “The oldma them know how to talk to people but the young girls them. Hum (FNH, R4).” “They can’t talk to you, this way our young friends can’t even address. But the older people that being in this nurse work for long, they can really talk to you good (FFD, R7).” Some had very specific memories: “For me one of the nurses do it to me my son was sick when we went straight us the lil boy was crying. [The nurse] got vex and said carry your son outside when your son close his mouth then you bring him back he never talk to me good that time. Anytime I go there I will not go to him, before he make me shame. When I go there and he there I will go back home (FNH, R3).”

Some respondents across groups linked this to staff being overworked and underpaid. “Some nurses are very kind at Phebe hospital in talking to patient but some do not know how to talk to patient at all they talk to them when the hospital is very pack with patient (FNH, R5).” Others expressed a broad absence of communication skills among nurses. “Only the doctor, only him explain what I shouldn’t do, what are should do (FFD, R5).”

In two of the three FGDs, preferential treatment was highlighted as a frustration: Those patients who had a social connection with staff in the hospital received expedited treatment. “The only way you will not stay long there when you know someone there, then you go straight to that person (FNH, R2).”

DECISION MAKING IN DELIVERY

Respondents from two groups noted that hospital delivery is preferable because they would receive a vaccine card for free child vaccinations: "If you deliver outside of the hospital or any clinic, the child, they will na give the child medicine. They will not give the child vaccine (FFD, R7)." Others, across groups and including those who delivered at home, expressed that the hospital is the preferred location for delivery in that it is safer and more sanitary. "'If you pregnant you go to Phebe to deliver, all those things that they requesting for it for your very self because they want to make you clean, you can't deliver in the dirt (FFD, R3)."

Those who delivered at home largely attributed this to the level of pain they were in and inability to find transportation. For example: "The time I was in pain no way for me to go now, I already ready to deliver (FNH, R7)." "It was late and it was raining (FNH, R2)." Most acknowledged the benefit of delivering in Phebe, had they been able. "Yes it important to deliver to the hospital. Sometimes the baby will be coming different and when the nurses observe it, they will try to find some means for you to help you (FNH, R1)."

PATIENT PRIVACY AND CONFIDENTIALITY

There was disagreement across groups regarding the level of patient confidentiality and privacy. Some stated that they would see the doctor one at a time and so would have privacy afforded to them, while others stated that there would be numerous people in the same room, separated only by thin dividers: "They get partition when you laying down. It can cover you, but you will be there hearing one another (FNH, R5)."

Similarly, there were somewhat discrepant views on confidentiality; among those in Suakoko it was raised as a problem: "The nurses these days do not keep patients' secret (FND, R6)." In contrast, another respondent from the same community stated: "Like if somebody get AIDS, the doctor people can hide it (FNH, R6)."

PERSPECTIVES OF MALE PARTNERS

Male perspectives were largely homogenous, across both groups. The most repeated point pertained to the cost of care, including medicines and supplies. One young man remarked, "Sometime the women are pregnant going there, time to deliver they will tell you to carry the tissue, you provide the chloride, provide alcohol. The pregnant woman herself will provide these thing." Coupled with this was a concern about wait times. "Even you will spend, you not lucky that day you will spend the day there for nothing, you will never even get from there; so it's very difficult, very very difficult (MND, R1)."

Several male respondents also said that patient wait times were associated with staff attitudes. For example, one male discussant stated, "I went I sat down over there, from the morning hour up to 3 o'clock I was unable to see the doctor, the next day when I went I sat there from the morning hour up to 12 noon the doctor came, to see doctor, start to tell me again I'm going for lunch, you see how difficult it is? You see? So those are things that are really happen to us at the hospital. They don't spend time, they don't spend time with their patient (MNH, R2)." Summarized by another: "They are under, I mean performing, they don't perform up to our expectation (MNH, R5)."

OTHER AREAS OF COMMENT AND CONCERN

One other commonly expressed area of concern was the unsanitary condition of the restrooms. This was linked, in part, to patients' ignorance about how to properly utilize the facilities. Others feared that the drinking water might even be contaminated as a result. "I was drinking water, it not safe. Because let the toilet here, the pump here... the scent from that toilet it going in that pump. The toilet stink (FNH, R3)."

CONCLUSION

Perspectives about Phebe Hospital were decidedly mixed. Respondents stated that free medicines were almost never available, which provided them with little incentive to pay for transportation to the hospital and wait in long lines. Coupled with the irregularity of ambulance availability, sporadic attendance of some staff, hostile attitudes of (younger) nurses, and unsanitary restrooms, there was a pervasive level of frustration. Yet, there were also a number of respondents, across all FGDs, who had positive stories to share: nurses who were supportive and attentive, potential health crises averted, and interactions with doctors they perceived to be highly knowledgeable.

TELLEWOYEN HOSPITAL SITE REPORT

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Distance was repeatedly vocalized as a problem for those living far from Tellewoyan, in the community of Tenebu. While there was access to vehicles such as cars and motorbikes, the cost of transport was often deemed prohibitive. “Distance from here to go, the car we pay too much (FFD, R5).” In comparison, those from communities proximal to the hospital (Telbomai and Selega) expressed more modest frustrations.

All groups noted that the ambulance operated with irregularity, in large part due to fuel shortages. “When you call the ambulance, they can say no gas (FND, R9).” While those close to the hospital could take a motorbike, some stated that they may have been in too much pain to use this mode of transportation, particularly when in labor. “So me I plan to go deliver to the hospital, but the time what I was in pain, now no way for me to go to the hospital (FNH, R5).” Others stated that, if they couldn’t afford to take a motorbike, they would just see a ‘community doctor’: “If you get money, it better you get over bike, or if you not won’t get over bike you go to the doctor in the community (FFD, R3)” However, discussants in all FGDs agreed there is no facility in the area comparable to Tellewoyan in terms of services available.

TREATMENT, SERVICES AND MEDICINES

Discussants repeatedly stated that, compared to going to the pharmacy and being given medicine, at Tellewoyan you would be provided with details on your diagnosis through face-to-face interactions with nurses and physicians, and through lab tests. “Because certain time can reach they say no medicine to Tellewoyan, but it better for you to go to Tellewoyan, when you go to Tellewoyan you will know your problem or the child problem. When you go they check the person, they put the medicine name on the paper, you can go buy it but it na good for you to pass and go in the drugstore to buy medicine (FNH, R5).”

However, all groups stated that medication shortages were a consistent problem. When the hospital had medicines available, they would provide them on a limited basis; if not, the staff member would write a prescription and send the individual away. “Sometime this blood tablet them, the paracetamol, because the problem you will explain that the one they will look at – they tell you say go buy medicine if it not there (FFD, R1).” However, there was not a significant amount of animosity over this dynamic;

respondents seemed to trust that the hospital provided medications whenever possible. "Because certain time can reach they say no medicine to Tellewoyan, but it better for you to go to Tellewoyan (FND, R5)." However, a few respondents in one group (Telbomai) stated that staff sometimes steal medicines and then sell them to patients outside the hospital. "When it come to myself, they treat me, they can always steal the drugs. The nurses them that are there they can always steal the drugs (FND, R6)."

Respondents from different groups raised the issue of long wait times. It was seen as essential to arrive at the hospital at the earliest possible time in the morning, in order to receive a ticket. "I will tell you say go soon in the morning you go register. You soon you leave here the sun come up you can't get the number (FFD, R4)." Often, respondents would spend the whole day waiting to be seen, unless they knew someone who worked at Tellewoyan. This sentiment was widely expressed. "You want know somebody there or you will just be sitting down. When you not lucky, that day you will sitting down there whole day (FND, R5)."

It was likewise suggested by several that, if you bribe the staff, treatment was expedited. "If we na get money to bribe them, that us can be the last because when you na get money they can't even look at your face (FFD, R5)." There were different perceptions on how to deal with preferential treatment. Some stated the importance of making a lot of noise and commotion to draw attention to yourself and the amount of pain you were in. Others stated the importance of being patient.

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

There was a general consensus that staff talked in a positive manner with their patients and did a good job looking after their wellbeing. "They will be talking to you good until that time reach. When that operation, they will be behind you until they operate. When they bring you back they will be talking to you fine until they put you down (FFD, R6)." Several discussants from the Telbomai FGD stressed that staff also provided patients with useful advice on self-care: "Before they start any treatment they can talk to you, can be sitting down in group first. You can have devotion then they can start talking to you how to take care of yourself in the community and how to live in the community. They can talk about it every day when people go there they can talk about it (FND, R2)."

In several instances, respondents did note that staff members occasionally became angry and agitated. It was suggested that this might have been linked to understaffing and frustration as staff try to balance the demands of many patients. "That one bad, I na want lie that the patient can be plenty, because when they be over this over one they

calling them outside they finish bring some of the patient they have to run on that side again (FFD, R6).” As mentioned above, observations pertaining to bribing providers and preferential treatment towards some patients were additional indications of untoward dynamics in provider attitudes and behaviors.

Provider knowledge was tacitly acknowledged in many of the comments given by respondents, including as reflected in their willingness to return to the hospital. It was also reflected in some respondents’ reluctance to say anything negative about staff attitudes. “What I mean they people know their job how I will talk about them I will not talk bad about them (FND, R1).”

DECISION MAKING IN DELIVERY

All discussants seemed to agree it is ideal to deliver at Tellewoyan. Women commonly reported that hospital delivery was safer because the mother and child would receive a full checkup and had access to doctors if a complication were to occur: “But if you go to deliver to the hospital and that delivering hard, you can’t able to deliver for yourself, they can go run for you; they operate on you at the same time all the medicine they give you it (FFD, R6).” It was also expressed that the hospital provided comforts for new mothers: “I say the one this Tellewoyan can do, they can fix food there; they fix tea. They fix our bed. We lay down there, we sleep. You coming from far off you there you will be satisfy (FFD, R4).”

Among those who delivered at home, the main reasons were that they were in too much pain to be transported to the hospital, or that the labor had progressed too far to make transportation feasible. “I deliver in the night. My pain grab me midnight. I went to the oldma (*midwife*) and the problem I was in I couldn't get over bike (FNH, R4).” This was, in part, linked to pregnant women waiting for a midwife to arrive and diagnose the problem, rather than going immediately to the hospital at the onset of labor. “In the night I was in pain, so my people them say let go to the oldma so they can go check you. So when we was going now, they woman say your wait for me to the house let me come check. So when the woman come check...I wasn’t making it. I deliver (FNH, R6).”

PATIENT PRIVACY AND CONFIDENTIALITY

In general, privacy and confidentiality were not raised as major concerns in FGDs. One exception to this related to a few members from Telbomai, who stated that confidentiality was a significant concern of theirs. “Yes in the HIV room me for me I can hear it different people that na working in the hospital mainly people that get HIV then who then carrying the secret out (FND, R9).”

PERSPECTIVES OF MALE PARTNERS

Male perspectives overlapped and departed from those of females in several areas. For example, males expressed similar frustrations about the irregularity of the ambulance for transportation and the extensiveness of medicine stock-outs. "Tellewoyan hospital is lack of drugs now as we are looking at. The fastest area is the clinic because if you go there the drugs that you want to get to the Tellewoyan hospital you won't get that particular drugs (R8)." Likewise, they expressed general satisfaction with the services and counsel delivered by staff, provided one could afford these. "If I'm describing Tellewoyan Hospital to anybody to go there I will tell you that Tellewoyan is the hospital that can diagnose your sickness - provided if you can go to Tellewoyan Hospital with money you will get the best treatment that you wish to get (R2)."

Men were somewhat more negative when speaking about the behavior and attitudes of staff—and were particularly concerned about the neglect of patients. "No, the people take their own time, when you go to that hospital even if that emergency they will just come look at you and go back (R4)." A couple also raised issues with the government and funding of hospitals more generally: "The services poor just because of money, so the central government have to actually cater to the health workers so most of these things can be curtailed (R5)."

When discussing the decision-making process for attending facilities, several male respondents stated that it would entail a conversation with their partner, but that ultimately they would defer to the partner because she was responsible for herself and her children, and would therefore be the best informed. "You know most often mothers are taking care of their children in the home, ok. And if a person happen to get sick, or the child is in the process the first thing the mother, I make sure most of the contacts be done through the mother because she is the best caretaker of the child (R3)." Others noted that, as the household member responsible for finances, they would need to look at their budget before deciding.

OTHER AREAS OF COMMENT AND CONCERN

Members in two of the three groups stated that the restrooms were frequently unsanitary. "For me the toilet, that I see that the main area that they suppose to fix (FNH, R4)." Those coming from the farther community of Tenebu Town also expressed frustration about power outages, which led to underutilization of new technologies. "When somebody there, they say they want operate on the person, before you look they

say no fuel oh. Fuel finish. The light finish going. Your will be there before the light come on the person die (FFD, R4)."

CONCLUSION

In sum, the overall view of Tellewoyan was mixed, but mostly positive. Respondents expressed the importance of receiving a diagnosis from a hospital, that the staff were generally concerned for the wellbeing of patients, and that medication was provided when available. However, there were a range of frustrations expressed—including transportation issues, medicine stockouts, preferential treatment, power outages, and a couple illicit activities, including bribes and stealing medicines.

JACKSON F DOE HOSPITAL SITE REPORT

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents did not perceive transportation or distance as a major barrier to accessing Jackson F Doe (JFD) Hospital, including for those traveling from Volay Town. The ambulance was emphasized as a primary mode of transport: "Yes, sometimes they can call the ambulance. When ambulance na there, motorbike can carry you the sick person. Sometimes car (FFD, R6)." "If the person na able to walk you can call the ambulance number, they will come for the person (FNH, R6)." For individuals not requiring immediate medical attention, respondents stated that you could walk or take a motorbike.

A few respondents mentioned that other facilities in the area were closer and less expensive, and as such represented a first line location for consultation: "Because from Gibson to Catholic it na far, but from here to the big hospital (JFD) some they will say pay fifty dollar, sometimes that forty dollars (FNH, R3)." However, another respondent noted that, before the arrival of JFD, it would take a much longer time to be transported to adequate hospital facilities: "If to say the hospital na coming to be in town here, that one there, that different thing because anything happen to you they say let carry you in Ganta. What time they will reach in Ganta then nothing there for you. So [JFD] is really doing well for us (FND, R1)."

TREATMENT, SERVICES AND MEDICINES

Respondents almost univocally expressed a high regard for the services available at JFD Hospital. The majority stated that, if you travel there, you will receive sound medical advice and medicines. “They can check the boy, the sickness that in the boy that the medicine they can give and when they give the medicine you give it to the child that it can help the child, the child will get cure (FNH, R5).” “Surely what they have being saying, that truth. When you sick you go there your problem will be solve (FFD, R5).” Several shared personal testimonies: “For me that true because without the hospital more people not making it. Me I was sick, this belly I was carry it to the big hospital (JFD). I was sick I leave small to die. But so say if that not the big hospital time like this then by now I na sitting down (FFD, R3).”

Comparative costs and quality of the medicines at JFD was a repeated topic of discussion. All respondents across FGDs seemed to accept the reality that treatment was not fully subsidized; however, financial barriers were nevertheless a concern insofar as several stated they could not afford care. “As for me I can’t go there quick quick. I can only go there for check-up because I don’t have money (FND, R1).” Among those who delivered at JFD, there was a particular frustration that they were not even provided with basic supports: But when you go there, even down to the kortex you give birth there you will buy it in the hospital. The kortex and things them it suppose to be free at least. But we can buy all in the hospital (FND, R4).” However, several female respondents expressed contentment with the fact that care seemed to be partially subsidized for young children, which was not the case elsewhere: “Yes, when you go to the clinic like Catholic or Baptist, just how you go when they tell you say the child skin hot... they will not say child will pay this one and big person pay this one. You can pay the same (FNH, R4).” “When you carry the children them to Baptist clinic, you can pay money before they give you medicine. But when you carry them to the big hospital, you will not pay money (FFD, R5).”

Others, from each FGD, told stories where the medication provided at other locations were ineffectual, making them more inclined to seek treatment at Jackson F. Doe. “Yes when I was pregnant to Catholic they say that shisto I get they give me shisto medicine. That shisto medicine use me I almost die. Then they say I must go to the big hospital (JFD). When I go they say that the same shisto... So the other medicine they give me to Catholic it was na good (FNH, R3).”

Waiting time was raised as a concern in two of the three FGDs. “We sit down there, we went there round six o clock in the morning we left from there six in the evening. We was waiting for the doctor throughout (FNH, R2).” However, none of the respondents

raised concerns about preferential treatment whereby bribes or having a connection at the hospital expedited the wait time.

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Across all FGDs, respondents offered varying opinions on the attitudes and behaviors of staff. The majority stated that some staff were kind and friendly, while others were less so, and still others were hostile. “My own the time I was there, they use to take care of me. For me they na do any bad thing to me, they use to take care of me. They take care of me, they wah friendly with me and all (FFD, R5).” “Yes oh the time they carry me there, some girls them there, they friendly they can talk to people good... But some of the girls them there, when they really to shout at you just like you na sick, you na sick patient. They can be talking to you rough way (FND, R3).” When you sick you go to them, they look at you fine, then you will feel free to talk to them. But some them people when you go to them, they can spoil their face to you then they will na know how to talk (FNH, R7).” Several shared specific narratives illustrating the concern (or lack thereof) of specific staff members: “Yes, the woman, where I can carry my son friendly, when you go there, she can be free, she can’t shout at you. When she touching the child she can be happy. When she ask you some questions when you answer like that, that how she writing, mean time she can playing with the child (R5, FNH).”

In contrast, all respondents felt that the staff, in particular the doctors, provided significant expertise; this led them to desire going to the hospital when possible. “JFD Hospital if you get any problem you go there, they can solve the problem. The people that there they can solve the problem (FND, R1).” “Yes I have trust in it because they do their job good with all their talking, talking to people harsh way they can still do their job good. When they treat your child the child can well (FNH, R2).”

Respondents from Gibson Town who delivered at the hospital also provided several additional remarks: First, several respondents stated that staff members were always punctual. Second, there was some debate about the level of medical knowledge provided to patients. For example, one remarked: “You carry to the doctor, then the doctor tell you your result. What happening to you then the doctor will explain everything to you and they give you the treatment for it (FND, R5).” However, another respondent claimed, “When you go for the lab test they just give you the paper. It leave with you for you yourself to explain to yourself before carry it to the person (FND, R4).”

DECISION MAKING IN DELIVERY

Across all FGDs, including those who did not deliver at Jackson F. Doe, respondents agreed that there is a benefit in home delivery – particularly in the event of medical complication. “It is important to give birth to the hospital. Because when you give birth to the hospital when you be sick they can keep you there for some time for them to be giving you medicine for you to be well. But when you give birth in house, the people na know if sickness in you (FNH, R3).” “It good to deliver to the hospital than home. Because when you deliver to the hospital when any problem on you that giving you hard time doctor can see it and help you there. But that not home (FND, R4).”

Among those who opted to deliver at JFD, several shared engagements with other hospitals and midwives, with which they were dissatisfied and so led them to JFD. For example: “[The midwife] say go home the baby laying alright. Myself I was na feeling fine that how I got up I went to the big hospital the doctor tell me say oh the baby na laying down good. He show me some exercise to be taken it. That how myself too I just decide to stay away because she in the community... Time for me to give birth I went there (FND, R5).” The only frustrations expressed by those delivering at JFD were that none of the supplies were free, including tampons, and that the hospital was not able to perform circumcisions. “But that the only thing that make me vex about the hospital all my money I spend they na circumcise my son (FND, R2).”

Among those who delivered outside of JFD, there were two primary reasons expressed for this. The first was that several of the women had been receiving antenatal care at Catholic Hospital and therefore opted to deliver there. “My own of reason because I was taking treatment to Catholic so that there, where I go to deliver (FNH, R6).” The second related to logistics – specifically the timing of delivery, distance to JFD, and rapid onset of labor. “I was in pain in the night. The oldma them say we must go but I was na know how to walk so that It make I deliver to the house (FNH, R3).” “My own that was in the night, that was, the oldma tell me say let go the clinic over there. I na able to walk. But since I deliver I go there (FNH, R5).” One respondent also vocalized that it is much cheaper to deliver at the clinic than to deliver at the hospital. “When you deliver to Fieyah Doe you can pay plenty money. When you deliver to the clinic you can’t pay plenty money. When you deliver to Jackson F. Doe, you can pay more than five thousand dollar, but you deliver to the clinic that only I know seven fifty (FNH, R4).”

PATIENT PRIVACY AND CONFIDENTIALITY

Respondents across all FGDs only had positive words to offer about patient privacy and confidentiality. For example, in terms of confidentiality: “They can keep secret. Even myself when they hear you explaining about your friend they can put stop to it. They

can say the day, like one time I met some group was talking about someone own na sickness. They got vex (FND, R6).” Regarding privacy: “You be on this side when the doctor come to you. They sit down side you, they explain the person that on this side they will not hear it (FFD, R3).”

PERSPECTIVES OF MALE PARTNERS

Males offered perspectives very similar to those of their female counterparts – that the hospital provided a wide array of services, and that they had a high regard for the quality of care and education of staff. Men spent slightly more time discussing costs of care, generally stating that prices were reasonable and if necessary would be subsidized by the hospital: “My bigger brother had wounded through grinding stone, his hand got broken. We went there the first thing they did, they put the man straight emergency room, they carry him straight they operate his hand quick quick, carry us to surgical ward they say “you be here we bringing your drugs” quick they feed the man for that one month period and his hand was cure. And before that, after he was cue they give your bill, and the bill, the \$15,000 the people will not get all, we talk to them we give few they forget about it they say “You go, you poor people, we’re here to help the nation (R1).””

Males had discrepant views about hospital-based delivery. Several stated that they prioritized going to Catholic Hospital because it was closer, less expensive, and their partners had been receiving antenatal care there and were therefore more comfortable with the facilities. “You sometime say you should go to clinic or hospital base on your, on the money you have, yeah. Sometime you don’t have money that when you go to the hospital you will pay so much money sometime. So you go to the nearby clinic first, if really they can’t make it then you can decide now to go to the hospital, mostly that what people does (R4).”

Men also diverged on their views about household decision-making power. Several stated that they were the head of the household and final arbiters. “I decide which hospital to go to, I can only decide say oh go JFD, go Catholic, so so so thing. So I the man in the house, I’m the decision making body, I decide where my woman should carry this child to get better treatment (R5).” Others said that women were more attuned to their own needs and the needs of their children, so they deferred to them. “Mostly that the woman who have the child mostly, because for us we the men we are not you know at how you know quick because sometime we go out, so mostly the decision maker ehn you know is the woman (R2).”

OTHER AREAS OF COMMENT AND CONCERN

Several respondents, in each FGD, commented favorably about the cleanliness of JFD. "Every night and day they there cleaning. The cleaner cleaning. In the bathroom just how your move from there, they come clean the area. Day break your move from there they come clean the area (FNH, R2)." However, some respondents were concerned that there was no free drinking water, and so patients would drink dirty water from the tap. "The time I went there no drinking water beside the water in the bathroom, and some of the baby ma that there some of the water they can drink, and the child, it no safe for the child (FNH, R5)."

Those who did not deliver at JFD also raised some concerns about the level of staffing and the salaries that the staff received. For example, one remarked: "Yes, the people that there they need to have salary. Because certain time in this week they said they na given them good money so they will not treat nobody they will close the hospital down (FNH R4)."

CONCLUSION

In summary, respondents generally possessed a favorable view towards JFD Hospital. All respondents felt that the quality of services and quality of medicines were very good, and that they trusted the diagnoses and expertise of the staff. Additionally they stated that the hospital was clean; the ambulance would transport individuals in the event of emergency; patient privacy and confidentiality was protected; and there was no indication of preferential treatment or dishonest practices by providers. However, a number of those interviewed did vocalize that specific staff would sometimes be curt or hostile. Failure to deliver at JFD had little to do with the perceived value, but instead related to logistical obstacles in terms of transport, timing, accessibility and payment.

JJ DOSSEN HOSPITAL SITE REPORT

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents from both close and far communities had mixed views on accessibility to JJ Dossen Hospital. Those in each FGD remarked on the existence of an ambulance and instances in which the ambulance was available to address a need, but others stated that it was not always available for use. “Sometimes you when you call the hospital they can say no ambulance there so you must try to carry the person to the hospital (FND, R5).” A couple shared personal narratives where transportation was in fact the primary barrier for receiving services. “To even take motorboy I was no able. I walk on my feet to go to the hospital. But when I reach there, the people say they were not working. I walk to come back in the house, before I reach in the house it was time to born the child so that how I deliver to the house (FNH, R8).” A few respondents also remarked that the local clinic is a shorter distance than JJ Dossen and so it is the initial point of contact for medical services.

TREATMENT, SERVICES AND MEDICINES

There was a range of views expressed on the treatment and services available at the hospital. Most FGD discussants were preoccupied with the fact that medicines were seldom free. For some, this was a significant deterrent such that they generally refused to visit. ““They can give you paper for you to go buy the drugs. And when they give you the paper, the money that you na get that why make you never be going to [JJ Dossen], you force to go buy drugs for yourself. So that why some of us when we pregnant like that, we can’t want go there for checkup, because when you go there, that paper they can give you. So some, as for me I can go to the drugstore (FNH, R2).” For others, they were content enough with the general services provided that they were willing to accept the cost of medicines. “Yes, I went there, the people take care of me good, but that only the medicine they na give me. They give me paper for me to buy the medicine. So that the medicine I buy. But they take care of me good, they do everything. That just the medicine problem (FFD, R2).” However, the majority of respondents were discontented, and several shared personal narratives that were quite tragic: “When she was having the belly they say yellow jaundice na catch her so the child die in her stomach. When we came to the hospital, they say she was na having blood, and they say there was no blood to the clinic... They couldn’t make until the girl she die, so that what I know about them (FNH, R3).”

Apart from monetary concerns, there were discrepancies across FGDs regarding the general quality of care. Those from the distal community of Barriken expressed the most positive sentiments. “They give me paper for me to buy the medicine. So that the medicine I buy. But they take care of me good, they do everything (R2, FFD).” Another woman from the Hoffman Station community who delivered at home reiterated this sentiment. “I will tell them they say they can treat people. They can give you medicine or when the medicine na there they can give you paper, they write on paper they give you it, you buy it in the drug store (R4, FNH).” However, many individuals in this FGD and the other FGD from Hoffman Station were concerned with the care they received. “As for me people talk about J.J. Dossen that their services sometime they are not correct and sometimes their services correct. I my very self I went there during my pregnancy and also when I take sick. Sometimes the people their services toward people, it can be, their services toward their patient it can’t be (FND, R3).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

The vast majority of sentiments about providers were negative—staff were perceived as hostile, belligerent and insulting. Many women shared specific, and sometimes shocking, stories. For example, one pregnant woman reported being forced to crawl on her hands and knees to a hospital bed: “From there I left her, I lie down on the bed, preparing myself to push before she came she say ‘I wanting you come do on this bed here. What wrong with this woman here? Get yourself from on the bed let go in the room there. I crawl on my knees, the child was between my legs, I crawl on my knee to go to climb on the bed. I was climbing, I stumble (FND, R1).” One woman shared that the staff labeled her as ‘dirty’ and made her deliver her child on the hospital floor: “The child will be coming out, they will say the doctor self must be there. I go to her I say ‘Aunty you come check me oh.’ They will be talking, say, ‘Move from here so you can’t dirty our place.’ That how I move from there before my child head was coming down. That my own friend say, people you come, you come see this girl here. That on the ground I deliver there self, I deliver my child. So that thing they do to me (FNH, R2).”

Several women also shared stories of neglect by staff, who were preoccupied watching the television or listening to the radio. For example: “I carry my child to the hospital, the child faint... When we carry the child, we met a man he was eating. He say: ‘Why you na go pay money to the clinic, then you bringing this child? Be there I eating oh, and when I finish eating my food I will digest before I even look at that child.’ And that he was suppose to look at the child before I carry the child in the other room. So I was sitting there waiting for him, he eat fine. The time he got through eating he take his radio and walk from out of the place (FND, R1).”

Despite these stories in the FGDs from Hoffman Station, individual staffs were identified as being more receptive and friendly to patients. “When I see doctor, I tell him hello, I tell her morning. Her self she tell me morning. When they see me they can’t frown (FNH, R5).” Additionally, a majority of respondents from Barriken offered positive views of staff—this was closely linked to the level of knowledge possessed by staff. “Yes, from the time I come from there, that time all my friend them I can see, I tell them. I say when any of your in that pain o, or that any kind of sickness o, when they carry you J.J. Dossen don’t be afraid. They can work on people good (FFD, R3).”

DECISION MAKING REGARDING DELIVERY

Many women who delivered at the hospital delivered out of fear that delivery at home may result in a complication that could not be resolved. “Some of us when we give birth we can be bleeding, that the reason we can go there to deliver (FND, R7).” A number of others also remarked that they were past nine months pregnant, and their level of concern drew them to JJ Dossen. “I born this baby the time the thing na want to come so I go there (FFD, R6).” “Yes, me I deliver here oh well, but the placenta was giving problem it can’t come, that why they carry me over there to the hospital (FFD, R5).”

Several who delivered at the hospital had negative stories associated with the experience and expressed some level of reluctance about returning. For example, one woman who delivered was left by staff to bleed in the hospital bathtub. “I bled after delivering, I bled that whole night until the day was clear. So my people carry water and thing for me. I went to take bath, because of the bleeding I fell off in the bathroom, but before falling off in the bathroom, a girl was with me there, she was going out for water, so I give her the message I say tell the nurse that my eye turning. So when she went she told them, one of them came she said ‘Oh but who ask you to take bath? But you will remain in that bathroom there.’ So that how come she walk out. In that position I was to myself I was just there. One of them came again. So she thought I had strength so she lift up my hands say ‘You girl, wake up, let go,’ but my hand everything was weak on me. That how come she yell (FND, R9).”

Women who delivered at home expressed divergent reasons for failing to deliver at JJ Dossen. One of them stated that she traveled to the hospital and was turned away by staff, who said she was not ready to deliver yet. “For me I na decide to deliver in the house. I went there Thursday. They said ‘That the next month. Your time na reach so you must come back next month.’ Friday night I deliver. So day break na, I na able to go there (FFD, R3).” Another said she was unable to afford the cost, while a third stated that she was afraid to be operated on.

Despite these stories, most respondents – across all FGDs – agreed that it is better to deliver in the hospital in case there is an emergency situation, and also because the hospital will offer free vaccinations for your children. “It good to deliver to the hospital because when you deliver to the hospital they can give you treatment. They can treat you good they give you medicine. Sometimes injection and right away they can give the child vaccine. The vaccine important for the child. So that why it important for you to deliver to the hospital (FFD, R8).”

PATIENT PRIVACY AND CONFIDENTIALITY

Despite the concern about provider attitudes and behavior, all respondents across all FGDs stated that the staff maintains confidentiality with their patients, and that there is a sufficient amount of privacy afforded at JJ Dossen. For example, one respondent stated: “One person entitled to a doctor. So you move from there, your friend go there. But me I never hear any secret about anybody (FND, R1).”

PERSPECTIVES OF MALE PARTNERS

Males held views very similar to those of their female counterparts. The most commonly expressed concern related to availability of free medicines, or any medicines at all—regardless of cost. Said one person: “If they need blood there is no blood, you have to provide blood. And there are some other drugs if the woman need there, they can give you the recommendation say go and buy this drugs, always (MNH, R3).” Likewise, another remarked, “These days there is no medicine at all, so if you go they test you and thing, they just write the medicine you go to the drug store and buy (MND, R1).”

In fact, the extent of stock-outs left many with the conclusion that it was better off not to go at all. “That people afraid say, ‘When I take this girl there, there will be no good treatment.’ So they stay at home, and what not supposed to happen it can happen (MNH, R5).”

A second extended area of commentary related to the treatment of staff towards their patients. Several shared stories of flagrant mistreatment by nurses. This was particularly true among younger staff. For example, one male participant noted, “For us, we trust the old people that still long in the field, yeah, they know the job, for the old people. But the new, recently we started hearing that people was dying, the women when they deliver the babies them will die, sometime they go cut the navel they cut it some kind of way and what have you (MND, R4).”

OTHER AREAS OF COMMENT AND CONCERN

Almost all respondents stated that the hospital was well-maintained and kept clean; for example: “The cleanliness, they trying with the cleanliness. The women them can clean the place (FND, R3).” In contrast, one area of concern expressed by several of those from Barriken was that the hospital did not provide any food for its patients. “Yes they say they use to feed the patient them, but since I went no one feed me... (FFD, R3).”

CONCLUSION

In sum, perspectives were discordant among respondents, both within and across FGDs. The majority were concerned about medicine stock-outs and the absence of any medicine subsidies, and there were a number of shocking stories shared about the aggressive and degrading behavior of staff members. Those from Barriken had somewhat more positive views of JJ Dossen, but in general respondents expressed high levels of dissatisfaction and a preference to avoid the hospital when it was possible.

APPENDICES

Appendix I: Focus Group Reports

Appendix II: Focus Group Guides

**Appendix III: Characteristics of Focus Group
Discussants**

Appendix I: Focus Group Reports

REDEMPTION HOSPITAL FOCUS GROUP #1:

FARTHER COMMUNITIES, RECENT HOSPITAL DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents identified several modes of transportation for arriving at Redemption Hospital. However, the general sentiment was that an ambulance was often not an option. Alternatives were to flag a car or motorbike, or to use a wheelbarrow or carry the person: “Big person you put them in wheel barrow or you put them on your back and rush them (R2).” Most respondents stated that, in the context of an emergency, they would seek out an alternative health care source, but there isn’t one. “Redemption, I na care, you force to go there. No way to dodge it (R6).”

TREATMENT, SERVICES AND MEDICINES

There was palpable frustration among all respondents that free medicines were almost never available at the hospital. This was brought up repeatedly, even when questions were only tangentially related: “So you take them to the hospital hoping that maybe they will be able to help you but all they will tell you that you need so so and so drugs, oh... and maybe your son or daughter will be dying. (R4).” This led several to say that, if they had a sense of the medicine they need, they would simply go to a nearby clinic. “When you go in the morning as the girl just said you go there you will sit down there, they will not give you good medicine. The clinic I can carry my child that Banjal, there where I can go (R8).”

Several others stated that, even with stock-outs, for certain problems like TB and pneumonia, you have no choice but to go there. “Sometime some people get TB and thing them you force to go there because they get the treatment them. Even they talk you will bear it and take it because they get the treatment there (R6).” Likewise, respondents stated they would travel there because of the availability of lab tests to make diagnoses. “Redemption me what mainly I can go redemption when my child feel feverish... to get the lab result and know (R4).” It was also noted by one respondent that, even if one could purchase medicines elsewhere more quickly, they are more efficacious at Redemption Hospital: “The only thing the people medicine strong that all it can bless people some time. The medicine what they can give strong. Drugstore them medicine na strong what they selling on the sun (R7).”

Another area of discussion was the process of admission and associated wait time. It was repeatedly expressed that the wait time was frustratingly long. “I was in new Kru

Town they build Redemption Hospital. We was so happy building Redemption we said I mean we have hospital in our community now but when you go there they will waste your time ever so long until you will even forget about going to redemption for the second time (R6).” Additionally, even in the case of emergency, it was stated that the doctors wouldn’t attend to the patient until registration had been completed. “Even in the emergency room they carry they child they will say go register. Maybe in going register the child, the child fall off or if the child die on that bed because the child na register business, you will, the first thing when the person carry the child, the first thing we can see it even when we witnessing show in the western world can be rushing on the child (R5).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

The most commonly expressed sentiment about Redemption concerned the hostility and aggression of the staff towards patients. This was by far the most commonly mentioned reason for avoiding Redemption Hospital and an unwillingness to return; everyone was unanimous on this. “As for me the nurses at Redemption don’t know how to talk to people. They talk to you in a harsh manor (R7).” “If you go there they will not take care of you they will cuss you, this that how you useless, this so you small girl you get pregnant (R1).” This led several to state their intentional avoidance of the hospital. “That only to deliver business I go Redemption just for that card because when you go the way they can talk to you. I was in pain she my stomach was hurting na small cuss they cuss me. They cuss us good. Because by that time my ma say my stomach it small. She na believe it (R8).” Most had specific stories: “Mistakingly you pass this way to get to this place when they butt with you, you stupid, and you know say you suppose to... you say I don’t know that say you need to know you can’t read, you can’t write (R3).” Others qualified their statements, saying that not all of the staff were belligerent. One person shared a story in which her cousin, who was having a seizure, was immediately attended to without being registered.

A few respondents offered ways to improve their situation, stating the importance of being patient: “So whenever they talk to us self, we can still bear it...we keep on bearing patience (R6).” This was linked to statements by a couple other respondents, who felt that the negative attitudes, frustration and desperation of some patients made it difficult for staff: “When we get some kind of rude talk from our mouth... where get temper, he will give it back (R2).” Several respondents also stated that providers don’t have time or spend time communicating many details to their patients. The common exception to this was during pregnancy: “When you go for big belly treatment there, the nurses them they will come up because they need to tell you what to do and what not to do, what to eat and what not to eat (R4).”

DECISION MAKING REGARDING DELIVERY

Respondents expressed differing reasons for delivery at the hospital. Two stated that it was in order to acquire free vaccinations for their infant, which could only be obtained at Redemption: "If you even go to clinic they can't give you that vaccine. So like for the children them now, when nine months when they're nine months come you have to go to Redemption (R1)." Others stated their willingness in case of complication and because the hospital could perform lab tests. "That the only biggest hospital in this here, that one. And they do all the test. When you call for operation, they will carry you (R8)." However, even in this circumstance, reluctance was expressed by some. "As for me I only go Redemption if I pregnant. They only thing I want them to do to talk to the nurses to learn how to talk to people. They are very aggressive (R3)."

PATIENT PRIVACY AND CONFIDENTIALITY

There were conflicting views about confidentiality and privacy. Two stated that staff emphasized the importance of keeping secrets, while another said that she overheard two nurses gossiping about one of the patients. Likewise, two stated that there was privacy insofar as patients are seen one at a time, but two others clarified that, when the hospital would be busy, you would have multiple people in one room separated by thin dividers. "They dividing you when you go... so just like that but there are about three in one room in Redemption (R5)."

OTHER AREAS OF COMMENT AND CONCERN

One repeated theme, expressed by most respondents, was the need for bribery or offering small amounts of money to staff in order to expedite services. "Sometimes you go there soon morning they ask you and you want go soon you must pay small thing before you move from there. You na get small thing, sometime there three, five you will move from there (R3)." "I will say oldma that going where you going to that hospital you must just get lil money in your pocket because you na get money you will sleep there (R8)." "We go in the morning that way six o'clock we come there, that paper they will give you, you na give money oh they will cuss you they say you sit down (R1)." Two suggested that medicines were stolen by staff and sold outside or to drug stores, in part because staff were underpaid or pay would be forgone altogether. "The medicine can be there but they take the medicine and carry it (R2)."

A final area of concern related to staff payment. This was seen as a possible reason why staff would steal drugs and also why they were frustrated all the time. "So maybe that their pay may be their salary get problem because I believe that maybe if they really paying than the money that they want maybe they will render services correct to us. Because real life they not treating us well (R4)." Others were less sympathetic, particularly with regard to the ongoing strike by hospital staff because of low wages;

they noted that patients were sick and dying because of the strike: “They should carry them on workshop for serious advise. That number one despite anything they shouldn’t abandon saving human life (R6).”

CONCLUSION

In conclusion, most individuals in the focus group had a negative attitude about Redemption, most specifically about the belligerence and hostility of the staff that work there. Coupled with unavailability of medicines, requirement for bribes and long wait times, most of the respondents seemed to prefer going elsewhere for medicines and care unless it was a critical emergency or for delivery.

REDEMPTION HOSPITAL FOCUS GROUP #2:

PROXIMAL COMMUNITIES, RECENT HOSPITAL DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents did not dwell long on discussing access to Redemption Hospital, in large part because of its proximity. One respondent remarked: “The good thing they say about Redemption because Redemption is nearby hospital like when you sick in the night they rush you redemption you don’t have to go other area (R2).” The possibility of an ambulance was not discussed, and the majority referenced using a wheel barrow or carrying sick individuals. “Yes, sometimes if the person is, if the person don’t have the strength like that, sometimes you use like wheel barrow (R4).” In terms of the decision to travel to the hospital seeking care, there was a range of responses. Most said that they informed someone in the household but personally would choose to travel there. “Myself, that myself, I can carry my son there for medicine. I can tell [his father]. Me and him can go (R3).”

TREATMENT, SERVICES AND MEDICINES

Respondents’ dialogue tended to gravitate toward the unavailability of free medicines. “Hospital shouldn’t go out of drugs. They say hospital, then you go to hospital they give you paper. Go buy medicine maybe you can’t afford that you go to government hospital. Then when you go government hospital, government hospital giving you paper for you to go buy medicine outside (R2).” All respondents raised this issue in turn and even extended it to basic medical equipment: “The most important thing that suppose to be in hospital, the drugs... When you’re patient sick the person is on bed, they na suppose to be telling you say go buy syringe. Hospital na suppose to tell you say go buy the needle for that something (R1).” Respondents tied absence of medicines

to staff payment through small bribes and incentives to receive treatment. “When you seriously sick self and you na give something, nobody will attend to you (R4).”

Another point of discussion was the admission process and wait time. It was mentioned by two respondents that patients must be registered on a card before receiving treatment, even in emergency situations: “When you get to the hospital the first thing there is, you will have to go register the patient. Even I na care if the person dying, you will register the person you go get the card (R1).” Another noted that the wait time was not unjustifiably long. “Sometimes it can’t really be too long. But the thing here is you have to wait for your time (R2).”

Several positive aspects of treatment access were highlighted. The most common was with regard to the lab facilities. “Yes, one the lab. When it come to tablet, they don’t give. That the lab can make me satisfy (R1).” “You say that this so so, and so problem you having then the lab will make it clear for you. That why they can send you to the lab (R4).” Additionally, it was expressed that when medicine was provided or purchased at the hospital, it was typically very efficacious. “So when you ask me I will say they can give good medicine there and she too when she go make sure they can give good medicine she will continue to be going there (R3).” Lastly, there were a few stories shared where the hospital delivered timely care at a moment of need. “For me my sister was on bed there. She was sick. She was seriously sick. They carry her Redemption. At least they did their best because, later on one other woman told us that she couldn’t make it. But redemption try their best and today, today she living from Redemption (R2).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

There was consensus that the most disagreeable aspect of Redemption Hospital pertained to the demeanor of the staff. “Eh, fix yourself, go yourself, like this, the abusive word them they can be using. You seeing it, but they suppose to talk to you in the way that you yourself will understand, they suppose to pet you, give you kind words but they can’t do it (R4).” “As for me, sometimes I went to Redemption Hospital, the nurses that there they can’t talk to people good. Always they will tell you words that will make you vex (R1).” One referenced the usage of derogatory language in front of her child: “They can be putting mouth on the child. What they na suppose to talk in their mouth, they can start talking. And we force to bear it because our child sick (R3).” “Even the person in pain. Oh you woman close your mouth. They will be talking to you rough way (R2).” This was also contrasted with the attitudes of nurses at other hospitals: “For me I was sick, I went to Mawah they carry me there in the night around about one in the night they carry me there. My stomach was hurting me they put me on

bed. The doctor that was on ward that night, they really cater to me. They was talking to me like they know me before (R2)."

Provider behavior was also linked to preferential treatment, whereby those who bribed staff would be treated better, seen first and provided with medicines. "As for me when I sick, but when you go there, they don't really look at you. Most of the time that money. That money and other people... They don't know how to really talk to you until you can give them money (R4)." "Redemption Hospital, the time I was having this boy pregnancy and I can go there. The woman say she can't give me the medicine. I don't know what thing I do to her, she na give me the medicine. The last time I was coming then she call me back for my medicine then she say because I na give her small thing that for it business she na want give me the medicine... She say I must give her small thing first (R3)." However, it was also stated that this method of earning money was not different from other hospitals: "I went to big Catholic, I went to small Catholic. You go to small Catholic you will sit down, if you na give somebody money for your number to go in, you will not go inside soon you will be sitting down (R2)."

There was disagreement about the level of knowledge and dedication of the staff. One woman commented that she noted they would be tracking admitted patients with the usage of charts, and she saw this as a positive indication. Another stated "Like some doctor when you go to them, they talk to you, if you enter they will explain the thing that happening to you (R1)." However, another stated that doctors never seemed to be paying attention to them, suggestive of their lack of concern or knowledge. "Turn to the patient then we will know that they working. but when you go hospital in the morning seven o'clock then you coming around four o'clock, doctor not paying attention to the patient they just sitting whole day (R3)."

A few respondents suggested that those in the maternity ward provided more counsel and advice: "For the big belly (*pregnancy*) side, they can do well because they can talk to the big belly them how to take care of that self (R1)." "Like for the pregnant women, the nurses can really talk to them. They can talk to them good. They can tell them how to dress, not to wear heels (R4)."

DECISION MAKING REGARDING DELIVERY

The majority of the conversation among respondents regarding hospital delivery focused on the hostile attitudes of nurses attending to those in labor. "For delivering the nurses they can't talk to people good. The one that can deliver, they always talk to you rough way they can't give you time (R4)." From these conversations, the general impression was that respondents were disinclined to return in the future.

PATIENT PRIVACY AND CONFIDENTIALITY

One respondent voiced concern about lack of privacy: “But when the place is crowded up, I na care how you talking self the person near you will hear the thing you talking. Each patient should be entitled to their own room (R4).” Respondents only spoke in normative terms about patient confidentiality; they discussed how staff would be expected to act—i.e. maintain secrecy—but did not reflect on how this played out at Redemption Hospital.

OTHER AREAS OF COMMENT AND CONCERN

The hospital was perceived as well-kept and clean, with the exception of one area. “When you really like you went to go visit patient in the hospital, if you really walk around, you will some place that is not clean in Redemption, where they got the body (R3).”

Another positive dimension of Redemption Hospital mentioned by one person was a nutritional program for children: “Her son was seriously sick and I na know which one of the program that came they was sharing the peanut butter, one of the thing them, they can give it (R4).” It was also expressed that, while the quality of staff behavior was poor, the hospital appeared to be well-staffed: “Redemption the workers that there they plenty. So like the time we carry my sister there, plenty workers was over her (R2).”

CONCLUSION

In sum, FGD participants expressed a general aversion to Redemption Hospital and tried to seek out services elsewhere when possible. This primarily had to do with the attitudes of the staff: “Like talking to you nice, the way they will talk to you that will make you, you will trust them (R4).” Moreover, the unavailability of free medicines and request for ‘fees’ by staff made the respondents wary of returning except for under serious medical circumstances.

REDEMPTION HOSPITAL FOCUS GROUP #3

PROXIMAL COMMUNITIES, RECENT HOME-BASED DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents described several modes of transportation to and from the hospital, including using a wheelbarrow and motorbike. “When wheel barrow there we can put the person on wheelbarrow, but when no wheel barrow, when bike available or motorbike available the person put you right near the person wah driving then the other person be behind you (R3).” One respondent was agitated there was no ambulance. “In that Redemption I know they get no ambulance what can go for people them as for me I na playing fun. They na get ambulance, they na get (R1).”

TREATMENT, SERVICES AND MEDICINES

All of the respondents were frustrated by the unavailability of medicines at the facilities. For example: “When you go there, they can’t give you no pills to take. They can say the medicine finish, and here paper, they write the medicine name on the paper, they will send you in the pharmacy in front Redemption... Now the sickness continue be in them and until death carry them (R4).”

It was also expressed that the process of registration was frustratingly long, even in the case of an emergency. “When you carry your patient, like when the person seriously sick you rush them in, sometimes they will not allow you to go in. And if they allow your to enter, they will not pay attention to you on the scene (R4).” This rigidity was reflected in other aspects of receiving treatment, such as the usage of vaccine cards for children: “My certificate, they na give my certificate back to me yea. I been going there, they say I should pay money, then I carry there, they na want give it (R7).”

Following registration, there was an expressed annoyance with the duration of the wait time. Several compared this to wait times at other hospitals. “When you go to the Catholic Hospital... When you finish registering you can go to the doctor you explain what so ever that happen to you. The people that [at Redemption], the really, they get problem. I don’t know why they get serious problem. They really need to check on the workers (R1).”

One person at Redemption also surmised that workers were stealing medicines from the hospital and colluding with the pharmacies: “Most of them that working Redemption, they get their pharmacy. Everybody get pharmacy. Some of them na get

pharmacy, but the pharmacy right here in front of Redemption, they can carry the drugs there (R4)."

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

The most common facet of discussion pertained to the negative attitudes and hostility of staff members. Numerous respondents had personal stories to share. For example:

"When you sitting they call your name you not hear it because of the noise, then when somebody say oh that you that you that woman was calling just now... She will tell you say go outside, get outside you not ready yea. In fact say give me your paper, they will put the paper under the paper them. Which mean you going to the last (R3)." Another shared a story from when she was sick and the staff was annoyed with her: "My stomach was hurting. It was seriously, it was hurting me just like they was hauling my intestine, but when I go there the woman say: And you, I not coming look at anybody here oh." The sentiments were closely tied to money accepted by staff as bribes: "She start shouting, you na get money you daughter can die (R3)."

This frustration also extended to other staff, including security guards at the gate: "That other security to their gate they really need to call them to workshop no joke about it some of them are rude some of their security them na know how to approach people (R1)." Several also mentioned stories of willful neglect by the staff. "My lil sister her daughter almost die. We was rushing her to the hospital that day. Them people was in meeting, the other woman say, we begging you oh, we in meeting here. We have our serious meeting, we na paying attention to no child here (R1)."

Some of the respondents mentioned specific instances where certain staff members were kinder than others. "Ma Comfort can take care of some people well and even me that been going there she been taking care of me well. On the family planning she can help (R7)." "The one man when I got there he ask me what happen to me. I went I explain to him in detail. He sat and sat me down. He explain to me make me to understand (R1)." Those in the maternity ward were also perceived more favorably: "To the big belly side, they can talk to you well, they can tell you the food to eat, the food not to eat (R4)."

These perspectives were well summarized by one of the respondents, who said "Give me good treatment, the attitude that inside them – when they change it, behaving good to us. Giving us good treatment. Behaving good to me, that will be one of the good things (R7)."

DECISION MAKING REGARDING DELIVERY

There were several reasons expressed by respondents as to why they did not deliver at

Redemption Hospital. One that was discussed by many was that infants would be swapped or sold. "The doctor them as you deliver they can take you child they sell your child to another people. They are doing bad thing... (R1)." Another was similarly suspicious "One of my neighbor she was get belly (*pregnant*), she deliver, she born triplets. When the girl deliver now to redemption hospital, the girl people go for the baby, they say the children die. The people say we want the body, we want see the body. We want carry to go bury. They na give the body (R4)." Another joined in and provided a specific instance she had witnessed: "The girl that they took from on the bed before putting me there to push my child outside, the girl give birth to boy child, the lil boy was healthy big baby. I see it with my own eye, the baby was crying... What happen, they take girl child different baby – young baby, but the baby small. They take the girl child and carry the girl child to girl say that her baby. The girl say - but you tell me say that boy, then why now your bring girl to me? The argument was not small argument, not was small noise (R3)."

Several other sentiments were expressed that concerned disinclination to deliver at Redemption. One was that the nurses would harass and make fun of women: "Maybe your stomach you not able to shave, your man was supposed to shave you, your man not around, after pain grab you they carry you there, they will be cussing you, look at this big rusty one here, she not able to shave herself. Look at this type of thing, look at (R3)." Another, likewise, stated that the nurses would treat her poorly, and so she opted not to deliver there: "That the place they can take it from, whip you fine that na me send you there. They na get feeling for you. That why me I decide, I na get patience for it (R5)."

Another mentioned the expense of delivery: "My reason not to deliver there, because they say that free, and now it na free. And you seeing it, you have to pay money (R2)." One other respondent stated that nurses would steal belongings: "Then when you deliver the things them they will tell you say you should carry four lappa, then you carry cortex, two cortex, you carry Clorox, detol, all that things them they will na use it on you, they will go on keep it (R5)." Theft was mentioned in other contexts over the course of the FGD. For example, one stated: "And some things them when you carry there to go for your own personal use. When you carry there, at the end of the day they give it to different person or you will na see it (R1)."

OTHER AREAS OF COMMENT AND CONCERN

There were several other areas of discussion and commentary. For example, respondents had conflicting views on the cleanliness of the hospital. One stated: "Then for the janitor them, for the janitor them... I don't have problem with them, they can

take good care of the place. They can clean the place (R1)." Others strongly disagreed: "Where they can put the body. The bathroom for the women and the man all that area, them supposed to be corrected (R7)."

Several people also discussed the health worker strike taking place in Liberia at the time, and that refusal to treat patients was resulting in deaths. "My sister I can say we in the same community but the old yard, in my old yard side catholic hospital. She pregnant, she in her seven month but she, after eating she just fell off when they was rushing her to Redemption, the people na know say Redemption close... When they carry her JFK, just now as we sitting down her, they go bury her in Caldwell, she die with the pregnancy. Just now oh (R3)."

An additional, repeatedly discussed topic was preferential treatment, whereby staff would expect bribes or tips, or else would neglect patients. "Small thing like hundred dollar, fifty dollar any one you get you should just buy them soft drink that all. Then when you go they person will be going to you (R1)." "If you na having that small thing, they na get time for you (R7)." Others stated that, for certain types of people, they are immediately seen or entirely neglected. "The motorbike children they can say anytime the children have accident and they carry them to Redemption they can say they na get time for the motorbike children them, because they can drive rude way (R4)." One said that she was the first in line in the morning, but someone with more money came and was attended to first: "That number one ticket I get, because I na get money, I na get gold chain on my neck, another woman just come pack her car outside... They will say here the woman we talking to (R3)." This was compared with other hospitals that didn't practice this preferential behavior: "Okay when you Catholic Hospital, they get the same number there, but just how you go that how you will come (R4)."

CONCLUSION

Respondents were clearly agitated by the current standing of the hospital. First and foremost, they were upset by the way the staff treated them: "The way you will treat them person will make the person get trust in you (R4)." This led most people to say that they would try to avoid Redemption Hospital as much as possible, except for when seriously ill: "The only time I go Redemption, except I really really sick that I will na be able to help myself (R1)." While there were a few positive perspectives, including individual staff members who acted kindly towards others, most were discouraged by the bribery, unavailability of free medicines, preferential treatment and bureaucratic process.

TELLEWOYAN FOCUS GROUP #1:

TENEBU TOWN (FAR LOCATION), RECENT HOSPITAL DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Distance was a repeated concern for respondents from Tenebu Town, and was closely associated with cost; traveling far was a problem primarily because it was not cheap. “When you leave in the village you deliver, you go to the hospital you will pay one thousand five hundred (R6).” “Distance from here to go, the car pay too much (R5).” While group members noted that there are a variety of transportation modes that make the hospital accessible – ambulance, car and motorbike – the most common mode was motorbike.

Despite transportation barriers, those interviewed stated they had no other viable option; if they had a problem and needed medicine inexpensively, Tellewoyan was the only choice. “When you get up sick you have to go Tellewoyan, you get belly you have to go. You can't go different area (R4).”

TREATMENTS, SERVICES AND MEDICINES

The primary concern with treatment related to routine medication shortages which necessitated patients to go to the nearby pharmacy. “Sometime this blood tablet them, the paracetamol, because the problem you will explain that the one they will look at they tell you say go buy medicine if it na there (R1).” Others vocalized frustration about the duration for which one had to wait for care. Two of these respondents emphasized the importance of arriving at the hospital as early as possible to receive a better ticket number for registration. “I will tell you say go soon in the morning you go register. You soon you leave here the sun come up you can't get the number. Go soon you sit down you get the number you register (R4).” Wait time was further linked to understaffing of providers. “That one bad, I na want lie that the patient can be plenty, because when they be over this, over one, they calling them outside they finish bring some of the patient they have to run on that side again (R6).”

Preferential treatment, particularly associated with wait time, was a point of discussion raised by two respondents. Most commonly, this related to having a social connection at the hospital. “You will spend whole day sitting down so long you na know somebody there (R4).” Additionally, those with money were offered expedited service through bribes, according to a couple participant: “If we na get money to bribe them, that us can be the last because when you na get money they can't even look at your face (R3).”

Nevertheless, respondents generally voiced a willingness to return because they believed they would receive a useful diagnosis and they trusted the medication they would receive. “The treatment they giving me and my sickness it get cure; that what will make me to go back there (R5).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Respondents were, for the most part, favorably disposed when discussing provider attitudes and behaviors. Several stated that the providers are highly attentive to the needs of the patients and would stay with them and listen to them. “They will be talking to you good until that time reach. When that operation they will be behind you until they operate. When they bring you back they will be talking to you fine until they put you down. The thing that they na get that one they can you we na get this one, buy this one. But they talk to you good (R6).”

There was also a general satisfaction with provider competence and trust in the hospital to be able to address the health concerns of patients. “I will tell you say my friend the way you going outside to go buy medicine but when you go to the hospital they will check you good. They will check you before they give you medicine (R6).”

There was also considerable discussion about how patients should behave in order to receive positive and helpful feedback from providers. Several noted that it is beneficial to be vocal about your complaints: to ‘sing and dance’ to receive expedited treatment. “When you register, then you will be dancing until the sweat. When you na dance or you na sing you will na get the tablet (R4).” However, it was also noted that, if you complain too much, you may agitate the staff and be neglected: “When you act frisky they forget about you (R3).”

DECISION MAKING REGARDING DELIVERY

Almost all participants stated the importance of delivering at the hospital. The primary reason offered was in case of complication. “But if you go to deliver to the hospital and that delivering hard you can’t able to deliver for yourself, they can go run for you, they operate on you at the same time all the medicine they give you it (R6).” A few others also noted that there are plenty of supports, including food, tea, blankets, and staff that stay with them. “I say the one this Tellewoyan can do, they can fix food there, they fix tea. They fix our bed, we lay down there we sleep. You coming from far off you there you will be satisfy (R4).”

Female respondents were discordant in their responses as to who was part of the decision making process in delivering at the hospital. Some noted family members who

had suggested it. One person mentioned her partner, and others said it was a personal decision.

PATIENT PRIVACY AND CONFIDENTIALITY

Respondents noted that there was sufficient privacy when being seen and treated by staff. “Your friend can't be inside you go there, they will halla on you. They say that secret area here, don't come there (R6).” Likewise, confidentiality was seen in a positive light. “Between their self they can know but they na going talk it outside (R4).”

OTHER AREAS OF COMMENT AND CONCERN

There was concern expressed by two respondents that – due to power shortages – patients may not be receiving the best care possible; in some cases, the consequence might even be tragic: “When somebody there, they say they want operate on the person, before you look they say no fuel oh. Fuel finish. The light finish going. Your will be there before the light come on the person die (R4).”

Given the distance involved in traveling from Tenebu Town to Tellewoyan, several also mentioned the importance of preparing for the journey, stating that - if you are unclean and don't have enough clothing – you will be embarrassed. “Any time you take the belly you want go Tellewoyan you na set you there they will make you shame. Any time you going take that two lappa the bathing soap you take. Panties them clean ooh, towel you put it inside. You na do it they will make you shame (R5).”

CONCLUSION

In sum, respondents were generally favorably disposed towards the hospital. They found the staff to be caring and supportive, and they trusted that they would be provided with correct diagnoses, treatments and medicines, when available. However, they also expressed that they lacked a useful comparator because there were no other facilities in the area. Primary concerns related to distance and associated cost of travel, medication and electricity shortages, and preferential treatment to those with connections in the hospital and those who would offer small bribes.

TELLEWOYAN FOCUS GROUP #2:

SELEGA (PROXIMAL), RECENT HOME DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Distance and transportation barriers were not vocalized as a large concern for those in Selega village. Most reported using the hospital on a regular basis, in part because of accessibility. “For me it easy to get to Tellewoyan hospital (R5).”

TREATMENT, SERVICES AND MEDICINES

There was general satisfaction expressed with the services available at Tellewoyan, although this was often couched in language suggesting there were regular stock-outs on medicines. “When I go there with my child, I can get treatment from them. And when they can't get they can put it on paper they give it to you, you go you show it to some drug store you buy it. For myself, if I go there they talk to me fine (R4).” This in part related to the fact that the hospital can do tests and labs to discern your exact problem and give you medicine accordingly; this is not possible at the pharmacy. “Because certain time can reach they say no medicine to Tellewoyan, but it better for you to go to Tellewoyan. When you to Tellewoyan you will know your problem or the child problem (R5).” It was also twice noted that there aren't other hospitals to which services can be compared.

One common frustration related to payment for services. Several stated that they had expected that their care would be free and were upset to discover payment was required: “The time I wah pregnant me I use to go to the hospital here Tellewoyan. I plan self to go deliver there. They na tell me about money business (R6).” Yet, others stated the benefit of going to the hospital to receive free medicine and care, when available. “Me the time I was pregnant I use to go there, they give me treatment. When it not there they put it paper they tell me say go buy it (R1).” “I say Tellewoyan can help the poor people because when you na get money you go there, you will get treatment you get well. Because when you na get money you go to any other hospital, so long you na get money they will not give you treatment. But Tellewoyan you there, you na get money self, they will give you small medicine (R4)”

All the participants in this FGD, save for one person, stated that – when they have visited the hospital – it was their own decision. They also mentioned bearing direct responsibility for their children, and so, making the decision on behalf of them when necessary: “You their mother. If the child sick and the child with you, you get the burden you seeing the child not well (R4).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Respondents had a favorable attitude towards providers. However, instances of preferential treatment by providers were noted – specifically that patients would be seen more quickly if they knew someone there. This was particularly disconcerting because of the potential duration over which patients might have to wait for care. “You na know somebody there na you will just be sitting down. When you not lucky, that day you will sitting down there whole day, you will not get medicine they will tell you say go come back tomorrow (R5).”

Some of them had a more positive attitude, though, saying that – as long as you are patient – you will receive good care. “You will sit sown, sit down, sit down, sit down now any hour that doctor coming that the hour they will come see you. That what they say you that sick, you just have to bear patient (R3).”

DECISION MAKING REGARDING DELIVERY

Home delivery was largely based on the fact that respondents did not have enough time, or else were in too much pain, to travel to the hospital: “As for me I was in pain they call the car but it was too late. I left here I deliver (R3).” Another: “So me I plan to go deliver to the hospital but the time what I was in pain now no way for me to go to the hospital (R5).” Part of the burden of transport related to the fact that females were dependent on motorbikes for mobility and were not in a condition to ride on them. “I deliver in the night. My pain grab me midnight. I went to the oldma and the problem I was in I couldn't get over bike (R4).”

There was also some indication that women weren't educated enough about the source of their pain to know that they should take immediate action and travel to the hospital. Instead, they contacted a midwife to come, and by the time the midwife arrived it was too late. “In the night I was in pain, so my people them say let go to the oldma so they can go check you. So when we was going now, the woman say you wait for me to the house let me come check. So when the woman come check, the woman say she in pain. So one person was there the person try try no way so they call the ambulance. The woman wait, let me carry the person, I come. I didn't make it. I deliver (R6).”

Despite this, the women vocalized that there are benefits to delivery at the hospital: that it is cleaner, more comfortable, and the infant can be examined: “To deliver in the hospital it good too. But when you deliver in the hospital, they will see about the child, check the child any problem on the child bad they can settle it and yourself they can see about you to clean you too that you can alright (R4).”

PATIENT PRIVACY AND CONFIDENTIALITY

Little was discussed about patient privacy and confidentiality, suggesting that it was not a primary area of concern. The few comments that were expressed were favorable. For example: “They can only call one one... You can't be two or three there. They can only call one one (R1).”

OTHER AREAS OF COMMENT AND CONCERN

One other area of concern was vocalized: specifically, the upkeep of the restrooms, and that they were often in a state of disrepair. This was in part attributed to patients who did not clean up after themselves. “For me the toilet that I see that the main area that they suppose to fix. Because the toilet that I went to that day to get peepee to carry it, I was not feeling please about the area (R4).”

CONCLUSION

In summary, respondents possessed a favorable disposition towards Tellewoyan. The fact that they did not deliver at the hospital was largely a reflection of challenges in access and in identifying a need to go the hospital before it was too late. The patients trusted the doctors’ advice, and they did not report transportation issues. There were some reported frustrations about preferential treatment, long waits, unsanitary restrooms, absence of medicines and the occasional need to pay (unexpected) fees. However, the focus group discussants seemed largely to accept these as realities and to be of the mindset that, if you are patient, you will receive good care.

TELLEWOYAN FOCUS GROUP #3:

TELBOMAI (PROXIMAL), RECENT HOSPITAL-BASED DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Despite the relatively close distance of the community, respondents expressed a level of frustration concerning transport. Several noted that the ambulance is rarely available because it doesn’t have gas: “When you call the ambulance they can say no gas (R9).” Most stated that the common mode of transportation to the hospital is a motorbike. If they couldn’t afford a motorbike, they might forgo visitation to the hospital altogether: “If you get money it better you get over bike or if you na won’t get over bike you go to the doctor in the community (R3).”

TREATMENT, SERVICES AND MEDICINES

Reported access to medicines appeared to vary. Some noted that they could get medicines for free, while others expressed much more frustration about the lack of

availability. One surprising remark, confirmed by multiple respondents, was that nurses would steal drugs from the hospital and then sell them outside. "When I come to myself they treat me they can always steal the drugs the nurses them that are there they can always steal the drugs (R6)." "The medicine place no drugs there they can always take it and go and be selling it to others so each time you go there they will say no drugs there (R3)."

It was speculated by two participants that this may be, in part, driven by underfunding of the hospital and the staff, leading them to seek this as a source of income: "Four months they na pay them, so they close for 2 weeks (R9)."

Absence of free medicines was closely linked to overall patient satisfaction. One respondent summarized it this way: "Sometime it can satisfy us and sometime it cannot satisfy us (R2)." "Sometime when you go there they will na give you can't give you drugs to satisfy you but the can put on paper they say go buy it outside. It can make you feel bad (R9)."

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

A repeated theme expressed by participants was that providers give useful advice to patients, along with offering medicines. For example, one person remarked "Before they start any treatment they can talk to you can be sitting down in group first you can have devotion. Then they can start talking to you how to take care of yourself in the community and how to live in the community they can talk about it every day when people go there they can talk about it (R2)." Another put it more simply: "Oh they use to tell me say how to take care of myself (R8)."

A few of the respondents stated that the staff were sometimes belligerent and unfriendly. "Some of them they too hot. When you go there they will be insulting you the nurses that are to Tellewoyen they hot (R2)." This frustration was linked, by one participant, to understaffing and the overwhelming stress placed on staff members. "Sometime the patient them can be more than the nurses and the nurses can't take care of the patient. Some of them self when you feeling pain you call them... they will talk to you like you were the one who made them vex (R9)."

However, most also expressed that it is important to visit the hospital, because the staff possess knowledge about diseases and their treatment. "I want to know about my system, my body, what's the sickness that is in my system I will not just sit down and know like what sickness doing me... so I go Tellewoyan to know about my body, to know the pain that in my body (R9)." Another: "As for me the one I use to go there for I

use to go there for them to check me if your baby laying down good or your baby cross in your stomach (R4).”

DECISION MAKING REGARDING DELIVERY

The decision to deliver at Tellewoyan was partly linked to the provision of vaccination cards, which permitted free vaccines for their children. However, one participant expressed frustration about the inconsistent way this was enforced, leading her daughter to be deprived of a vaccine. “My own I go there these few days self I deliver with this lil girl. I go there for the vaccine card, them men say if you na give the money, we will na give you vaccine. I come home I na get the vaccine card (R7).”

Remaining participants were relatively vague in clarifying their decision to deliver at the hospital. For example, one stated: “Yes when you be in pain you go there when you deliver before you come outside (R3).” Another stated that she went in part for the check-up and in hopes of free medicines. “When you be pregnant you go there before they give you any tablet, they will have to check you or sometime the tablet na there they will put it on paper they say go buy it (R2).”

PATIENT PRIVACY AND CONFIDENTIALITY

Several participants in this group voiced dissatisfaction with the confidentiality provided by staff. Said one: “Yes I get problem with that side the nurses they cant keep secret (R5).” This included testing for HIV/AIDS: “In the HIV room me for me I can hear it different people that working in the hospital mainly people that get HIV then who then carrying the secret out (R9).” In comparison, privacy was not raised as an issue.

CONCLUSION

Overall, this group provided mixed feedback about Tellewoyan. They were dissatisfied because of medication shortages, thought in part to be caused by staff who steal the medicines; and they were upset that the ambulance was usually out of gas. If they couldn’t afford transportation on motorbike, they might not travel. Several vocalized that the staff were knowledgeable and provided useful advice to patients for taking care of themselves, and they tacitly expressed trust in the staff in that members recognized the importance of going to the hospital if a serious health problem were to present itself. However, a few also expressed that staff can become hostile at times, perhaps because the hospital was understaffed and could not keep up with patient demands.

PHEBE FOCUS GROUP #1:

SUAKOKO (PROXIMAL), RECENT HOSPITAL-BASED DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents stated that the best way to get to the hospital was by car, but that this was often unaffordable or unfeasible. It was also stated that the ambulance runs only intermittently and unreliably: “As for me when I went through surgery my stomach open, when they carry me back, it was not easy that day to find car (R3).”

TREATMENT, SERVICES AND MEDICINES

Discussants expressed that there would often be a significant wait before receipt of treatment. “When you go there now, everybody can go to the emergency. But when you go your child sick, when you go to the hospital, they will send you there to the big hospital... The security will say you are not allow to enter; they will say wait for time if you go like 12 you will stay 2 to 3. They will delay you (R5).”

Once admitted, treatment and services were stated as depending on the caseload and medicine stock-outs. “Yesterday myself one women go there but she say no treatment because they people say they were not giving tablet only operation to the ER. Even big belly (pregnant women) and those that get sickness for operation there only (R7).” However, this level of limited availability was not a sore point for some respondents; two clarified that that stock-outs were simply a reality of the healthcare system in Africa: “It’s Africa... If you go to the outpatient department and the drug finish, you go to the inpatient department and they ask you to buy drug (R5).”

The general consensus among those interviewed was that, if you have a serious health problem, it is important to go to the hospital because they can treat you and operate on you. “I will tell the person Phebe is a good place. When you get to Phebe Hospital you will see some good good doctors (R1).” It was also expressed by several respondents that there aren’t other comparable facilities around, so Phebe is the only option if you are in need of serious medical care: “No other hospital, that the only hospital force you go (R4).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

There was a wide range of views about provider attitude and behavior. Several stated that the staff were generally supportive and attended to their needs. “They treat people there well and give you good treatment. They comfort you when you are sick or on bed; they will talk to you to feel fine (R7).” However, others expressed strong frustrations. One respondent (R1) stated that she and her sick son were not be seen by staff because she did not have money for purchasing medicines; another was so embarrassed by the

behavior of one of the nurses that she stated an aversion to returning: “For me one of the nurses do it to me my son was sick when we went straight us the lil boy was crying... [The nurse] got vex and said carry your son outside when your son close his mouth then you bring him back he never talk to me good that time... anytime I go there I will not to him before he make me shame. When I go there and he there I will go back home (R3).”

One respondent related this to staff being overworked: “Some nurses are very kind at Phebe Hospital in talking to patient but some do not know how to talk to patient at all they talk to them when the hospital is very pack with patient they can be impatient... (R5).” Related to this, two respondents emphasized the importance of being patient in order to have the best chance of being seen quickly and treated in a positive manner: “I will tell person to go [to Phebe] but they should bear patient that’s all (R1).”

Most of the respondents stated that the staff was very knowledgeable and quick to act in case of emergency. “As for me when I got in labor I went there, the nurse I meet she really take time, she was with me through I never really got in that labor room with bleeding case. And as soon as I got there she told me the sign was a very bad sign, we needed a doctor so she hurried up and called the doctor the doctor was able to diagnose my case and they took me to the operating room (R5).” However, a few expressed that, when students in training would see patients, they sometimes made errors that needed to be corrected by staff and doctors: “Sometime when they prescribe medicine for the sickness but when you carry it to the doctors see it they will say no cancel it do different one (R2).”

DECISION MAKING REGARDING DELIVERY

Respondents only indirectly discussed the merits of delivering at Phebe as opposed to home delivery. Several stated that they were in pain and felt that Phebe Hospital would provide a more supportive environment in the event of a complication. “As for me pregnant when I went there to take treatment and they people told us that anytime that we pregnant we should go there and to deliver we should go there to deliver la how when I was in pain I want there and they operate on me there (R6).” Similarly: “For me they get good doctor there for operation for me when I was doing my own I never felt pain. And the doctors them took good care of me (R3).”

PATIENT PRIVACY AND CONFIDENTIALITY

Several participants expressed concerns about lack of confidentiality: “The nurses these days do not keep patients’ secret (R6).” Similar concerns were expressed about privacy. “They get partition when you laying down it can cover you but you will be there hearing one another (R5).”

CONCLUSION

Overall, the general sentiment of FGD discussants from Suakoko was mixed. There were several concerns about the attitudes and behaviors of providers, including that they were hostile and did not maintain patient confidentiality. However, others stated that many nurses were kind and gracious, and most respondents stated the staff to be knowledgeable and competent to perform operations. Most would recommend others to attend the hospitals, but to be patient because the wait may be long and medication may not be available.

PHEBE FOCUS GROUP #2:

SUAKOKO (PROXIMAL), RECENT HOME DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

While discussants were not exceedingly far from Phebe Hospital, several stressed that the nearby drug store was more convenient and often provided a sufficient level of expertise: “For me, the drug store that right here, when I sick they can do my blood pressure everything, then the sickness that in me, he can charge oh. My sickness that in me, he can tell me the sickness. Then I will pay my money he treat me well. It better for me to pay my money to the drug store than to say I going Phebe.”

Others conceded that calling an ambulance was not an effectual approach, and you often had to pay for a car: “You can find car, sometimes you call the ambulance they can carry you, maybe if they na be able to come, they you can pay your way to go (R2).” In terms of the impetus for travel, several remarked that family members had been integral in persuading visitation to the hospital when sick. Most stated that their parents were the most vocal.

TREATMENT, SERVICES AND MEDICINES

Several respondents noted that the first step in the process of receiving hospital care entailed an extended waiting period. “I won't lie to you, that long process because if that twenty-five chairs you will sit in all that chair before you reach.” Frustration over waiting was closely linked to unavailability of medication at the other end of diagnosis: “The first thing they will say, we sending you in the lab. When they send you in the lab, your will spend almost the whole day in the lab. When they bring the lab paper, they will say you should go for medicine. The medicine you going for sometimes, they will say no paracetamol. Then they put it on paper, go buy paracetamol (R3).”

All respondents expressed palpable levels of frustration about absence of free medicines.

For some this was linked to acute personal needs: “Two, three day I can fall down with malaria. But each time I go Phebe they will tell me say I must go buy the medicine. So myself too now the best thing I know now to just be buying the drugs to the drugstore than to be going to Phebe, because you will just be spoiling the money to be going there coming back (R4).” Others shared stories about their children become extremely ill as a consequence: “My daughter was sick. I carry her, they call us to the place they can check the children. All I thought they was sending us in lab, but they never send us to the lab. She only ask me how long the sickness been on the child? I say oh that just last night the baby skin get hot. She say that malaria, she wrote the quinne syrup behind. When I went to the pharmacy they people told me oh, but no medicine here oh... And the lil skin was hot over plus (R3).” Following the recounting of these stories, almost all participants stated that one was better off just going to the drug store: “The drug store, the clinic better (R1).”

The one aspect of treatment that was seen as positive was that the hospital could provide valuable check-ups to offer a diagnosis of your problem. “I can say all two better, because the hospital will tell you the sickness that in your body. The clinic will only be there to help you with some tablet (R6).” Another: “Yes me, for me the thing Phebe can do I satisfy with it, the lab test (R1).” However, others disagreed with this sentiment. “They can't explain my problem to me. They can't spend no time with me. That Phebe people there, everybody I can't understand them (R3).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Almost all of the respondents vocalized problems about the attitude and treatment by the hospital staff. This sentiment was particularly expressed about the younger staff: “The oldma them know how to talk to people but the young girls them. Hum (R4).”

“Aggressive ways they get in them. I will na mine my sister working in the hospital, all of them aggressive (R6).” It was also expressed that the level of expertise is lacking among some of the staff. “Some of them not know the job. Your blood pressure level there something it they not know the number they can ask their friend they say ma please help me (R5).” However, the sentiment wasn't entirely negative. Even those voicing frustration tempered some of their remarks: “When you go among them you explain your problem to them they will start explaining it to you good, good (R5).”

DECISION MAKING REGARDING DELIVERY

Delivery at home largely related to the level of pain respondents were in and inability to acquire transportation. For example, one said: “The time I was in pain no way for me to go now, I already, ready to deliver (R7).” Another: “It was late and it was raining (R2).” They nevertheless acknowledged the benefit of delivering in the hospital, had they been able. “Yes it important to deliver to the hospital. Sometimes the baby will be coming

different and when the nurses them observe it, they will try to find some means for you to help you (R1)."

PATIENT PRIVACY AND CONFIDENTIALITY

Respondents didn't express particular frustrations about privacy or confidentiality. A few stated that there may be instances in which multiple patients will be in the same room, but this wasn't framed in a way that indicated annoyance. "We can be in the same room, as for me the time I was pregnant they admitted me (R6)." Others had different experiences, meeting one-on-one with the doctor: "you can sit down in line, when they call the person, the person go inside they talk (R7)."

Several discussants indicated that confidentiality was maintained well. "Like if somebody get AIDS, the doctor people can hide it (R6)." "When sickness be on you hard you na want your friend them know, they can hide it (R4)."

OTHER AREAS OF COMMENT AND CONCERN

An additional concern vocalized related to the cleanliness and sanitation of the hospital. Said one respondent: "I wah drinking water it not safe. Because let the toilet here, let the pump here... because the scent from that toilet it going in that pump. The toilet stink (R3)." Others stated that there is preferential treatment whereby knowing a staff member leads to more rapid care: "The only way you will not stay long there when you know someone there, then you go straight to that person (R2)." In contrast, people only had positive feedback about privacy and confidentiality. For example: "Like if somebody get AIDS, the doctor people can hide it (R6)."

CONCLUSION

The overall perceptions from this focus group were decidedly negative. Respondents saw relatively little utility in paying money to go to the hospital in order to wait for a very long time and receive no free medicines; it is cheaper and faster to go to the drugstore. The only perceived added benefit related to receiving lab tests and a diagnosis. The respondents largely expressed a hostile demeanor presented by the staff, and also noted preferential treatment and unclean restrooms.

PHEBE FOCUS GROUP #3:

GBARTALA (DISTAL COMMUNITY), RECENT HOSPITAL-BASED DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

The mode of transportation to Phebe most commonly identified was paying for a car, or asking a friend who has one. One person mentioned the possibility of an ambulance but that it wasn't always available or functional. "No, when you get to the clinic, they call the ambulance. When no ambulance, you transport your patient to go (R2)."

Accessibility to other hospitals was reported as even more restricted, though, so respondents didn't have a useful comparator. "When people sick they can go to the hospital most of the time. Because that the only hospital we get near here (R7)."

Another mentioned having been transported to another hospital, which was found to be in worse shape than Phebe. "The only time I been to other hospital that the time I had the accident and then they took us to Rennie. But I think Phebe better more than Rennie. Because when they carry us to that hospital when we had that accident, no nurses there, the only thing they saw the thing them on us they forget about us (R5)."

TREATMENT, SERVICES AND MEDICINES

Limited access to subsidized medicines resurfaced as an issue throughout the course of the FGD. The general sentiment was that free medicine was almost never available, even for basic fever reducers: "And when sick you go in the hospital they will say the medicine not there. Sometimes you can go paracetamol all outside. They will tell you say it not there (R5)." One participant speculated that nurses collude with individuals who work at pharmacies in order to receive additional pay. "They will come and describe the medicine and they will tell you to buy it from a particular drug store. And according to people they are connected to that drugstore... But according to people they are connected with that person in that drugstore (R4)."

Of equal concern was the frequent unavailability of doctors and technicians. Several participants had personal narratives to share when doctors were nowhere to be found: "Like January first my daughter swallow the bakayoko beans that on her hair. I carry her to Phebe but the process too long. You will sit in the line from in the morning to twelve before your see doctor. If your will even go to the doctor, the doctor na there (R8)." Another: "So when in the line we waited, we waited it was after two doctor never came. Four before the doctor came he saw us, he say we must go for x-ray. We went to the x-ray, nobody was there. We waited from four to seven the x-ray person never enter (R1)." One person vocalized that another hospital in the area had much better staffing. "Once you go Admadiya Hospital in town, the doctor is regular. You will always see

him going outside and coming inside to pay attention to the patient (R2).” It was speculated by several participants that the absence of staff was due to irregularities in their payment, which they blamed on the government: “They use to be on time, but to me that their pay business now they na want be on time. Because they say they na getting their pay (R1).”

Several participants commented that the admission process itself was slow, and that there were often long waits. However, they distinguished between the outpatient clinic at Phebe and the larger inpatient unit. “If you go to the big hospital way, the process different, but the small clinic, that the small clinic get the problem (R1).” It was expressed that, in emergency situations in the ER, the staff are quick to act: “If they know that the person critical, then their self will take it and run with it, with the card, while you standing there. When they run with it, with the card, then they call the doctor at the same time (R3).” Yet, even in the case of surgeries, basic resources such as bandages did not always appear to be available: “After my operation, the plaster they can use on the sore, nothing was in the hospital. The blood started wasting, no plaster was there to hold the sore. They said I should cut lappa and tie it on the sore (R5).”

Despite the frustrations expressed, there was a consensus that Phebe could provide labs, tests and knowledge to yield a diagnosis. “When they do your lab, any sickness that on you, you will know (R3).” “I feel that you go to the hospital and you know what happening in your body before you can even think about going elsewhere (R2).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

There was a wide array of views expressed regarding the attitudes of providers. Several stressed that the young, more educated nurses were hostile and did not treat them well, whereas the older nurses were more decorous. “They can’t talk to you, this way our young friends can’t even address. But the older people that being in this nurse work for long, they can really talk to you good (R7).” Another stated that the nurses didn’t provide her with any counsel; only the doctor offered useful information: “Only the doctor told me when I was to the hospital when I was coming home now, that only him explain what I shouldn’t do what are should do (R5).”

There was a consensus that the doctors themselves were well-educated and knew how to make appropriate diagnoses: “Yes, when it come to their job, they know their job (R4).” This was juxtaposed with expressions of frustration that the staff, though knowledgeable, were not always there or available to see patients in a timely manner.

DECISION MAKING REGARDING DELIVERY

Most women stressed the importance of delivering at the hospital in case of complication. It was also expressed that Phebe is much cleaner and more sanitary than home-based delivery: "If you pregnant you go to Phebe to deliver, all those things that they requesting for it for your very self because they want to make you clean, you can't deliver in the dirt (R3)." Another stated that there was a strong incentive to deliver at the hospital because, if they didn't, they would not receive a vaccination card for their child to receive free vaccines. "If you deliver outside of the hospital or any clinic, the child, they will na give the child medicine, they will not give the child vaccine (R7)." A few respondents also remarked that they were indirectly charged for costs related to delivery: "Like when you deliver to the hospital, they will tell you say bring this amount of money, bring this one here, bring one thousand, bring five hundred, I na know what thing they doing with the money there. That my own question there (R8)."

PATIENT PRIVACY AND CONFIDENTIALITY

Privacy and confidentiality were not discussed in great detail. The only indirect language concerning these subjects indicated that the level of privacy and confidentiality were contextual. For example: "For me they na get special area to keep you. But when the problem on that person they will bring the curtain, they drawn it, the close the area and meet you one to one. Then you talk your friend will never know about it till the people go and you discuss with your friend. But when the problem not critical, while you're there you getting well na all of you they will only come and see you when your friend them sitting there (R3)."

OTHER AREAS OF COMMENT AND CONCERN

A few additional frustrations came up over the course of the focus group discussion. Specifically, several people mentioned the poor sanitation of the restrooms, attributable in part to patients who do not use the facilities appropriately. One respondent also mentioned preferential treatment – shorter waiting time – if you knew someone in the hospital, while another mentioned room privacy as an issue: "One person can't be in the room there. They got four, five bed in one room. Yes so when they problem great they can bring the something, they divider, they divide the area. They see the condition of you then then explain it (R5)."

CONCLUSION

In summary, perspectives on Phebe Hospital were mixed. Respondents recognized that Phebe Hospital was an important source of health care, and that they should rely on the hospital in case of emergency or if they needed to understand the source of their health problems. In this respect, they trusted the expertise of the staff there. However, there was frustration about the unavailability of free medicines, wait times, absence of staff (particularly doctors) during hours of operation, and hostile attitudes of the younger

nurses. Individual respondents vocalized additional concerns regarding sanitation of the restrooms, preferential treatment for some, and limited patient privacy.

**JACKFON F. DOE (JFD) HOSPITAL FOCUS GROUP #1:
GIBSON (PROXIMAL), RECENT HOSPITAL-BASED DELIVERY**

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents did not perceive transportation as a major barrier to accessing JFD Hospital. Several stated that they could walk, if they weren't in too much pain, and in case of emergency the ambulance would come with a considerable degree of regularity. "When you sick seriously, they can call the ambulance but when the sickness not too much, you can walk by yourself you go (R5)." Accessibility was viewed in a somewhat relative manner, comparing what would have been accessibility to a hospital, had JFD not been built: "If to say the hospital na coming to be in town here, that one there, that different thing because anything happen to you they say let they carry you in Ganta. What time they will reach in Ganta then nothing there for you. So the hospital is really doing well for us (R1)."

TREATMENT, SERVICES AND MEDICINES

All FGD participants had favorable opinions about treatment and services at JFD Hospital. It was repeatedly expressed that the quality of treatment was very good, with respondents indicating a high level of trust in the hospital. "Surely what they have being saying, that truth. When you sick you go there your problem will be solve (R5)." One respondent credited the hospital with saving her life: "For me that true because without the hospital more people not making it. Me I was sick, this belly I was carry it to the big hospital (JFD). I was sick I leave small to die. But so say if that not the big hospital time like this then by now I na sitting down (R3)."

The one contrary sentiment, voiced by several respondents, was resignation about the requirement to pay for services that they sometimes could not afford. Even this was framed in a rather positive light: "The only way your problem can't be solve when you na get the money they charge you, because when you be sick they see the problem, the drugs that they giving you, you na get the money to pay for all the drug, that the only time you face problem (R5)." Some, who perhaps had less money, were more upset by this dynamic: "As for me I can't go there quick quick. I can only go there for check-up because I don't have money (R6)." Several participants raised a particular frustration about the fact that, when delivering at the hospital, one even has to pay for diapers and tampons. "But when you go there, even down to the kortex you give birth there you will buy it in the hospital. The kortex and things them it suppose to be free at least. But we can buy all in the hospital (R4)."

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

It was unanimously agreed that the providers were well-educated, which led staff to make accurate diagnoses. "JFD Hospital if you get any problem you go there, they can solve the problem. The people that there they can solve the problem (R1)." Another reaffirmed this sentiment: "The people know their work, they doing their work good. Everything in order (R4)."

There was some debate about how much medical information the staff actually conveyed to patients. Some related experiences in which the doctor provided important insights about their conditions. "You carry to the doctor, then the doctor tell you your result. What happening to you then the doctor will explain everything to you and they give you the treatment for it (R5)." However, another respondent claimed, "When you go for the lab test they just give you the paper. It leave with you for you yourself to explain to yourself before carry it to the person (R4)." This perspective was debated. "For me they na do it to me like that. That bright man that there, when he send me to the lab, when I went they do my lab, they brought the paper he explain everything to me (R1)."

The friendliness and courteousness of staff was another topic of dispute. Several of the respondents stated that some staff were polite, while others were not: "Yes oh the time they carry me there, some girls them there, they friendly they can talk to people good... But some of the girls them there, when they really to shout at you just like you na sick, you na sick patient. They can be talking to you rough way (R3)." Others had specific stories of individual staff members who were belligerent towards them. "Other people there when they come see you, when you baby diaper not pack, everything na pack. They will start talking to you.... They will be talking to you just like say, they will be cussing you (R6)."

Several respondents also mentioned that the staff were punctual, arriving on time each day. "They accurate on the time. When they show them time that the time they can come (R5)." Overall, the general sentiment of respondents was one of satisfaction with the staff. It was summarized by one mother this way: "I will say when you say you want go there, you can go there. When you na want go there, you want go to the small small clinic, you can go there. But that the place they can treat me so when they treat me I can feel fine, so when I get sick I can go there. Once my children them get sick I can carry them there (R2)."

DECISION MAKING REGARDING DELIVERY

Respondents endorsed the importance of going to the hospital when delivering. Several noted that it was safer in the event of an emergency. "It good to deliver to the hospital

than home. Because when you deliver to the hospital when any problem on you that giving you hard time doctor can see it and help you there. But that not home. When you deliver up interior, the oldma them can do plenty thing to people there (R4).” One also mentioned that the staff were kind to her: “It good to deliver to the hospital, but whole day they will be talking to you. You will not push this baby (R3).”

Several respondents offered personal narratives of interactions with others involved in maternal care, in which they were less satisfied, and this led them to seek out care at JFD Hospital. “[The midwife] say go home the baby laying alright. Myself I was na feeling fine that how I got up I went to the big hospital the doctor tell me say oh the baby na laying down good. He show me some exercise to be taken it. That how myself too I just decide to stay away because she in the community... Time for me to give birth I went there (R5).” Another recounted an encounter at Catholic Hospital: “My parent carry me there to catholic, I told my parent that na here I use to take. They two midwife that there, when I enter, when my parent enter with me, the other woman left there she say that na you the one will work today, that my time to work on this girl, that my daughter here. They started making confusion over me. So I tell my ma them say, this thing here it too much. That how we call my aunty she call the ambulance they carry me to the big hospital (JFD) (R2).”

The only frustration, repeated among mothers, was that JFD was unable to provide circumcisions for newborns. For example, one respondent remarked: “The treatment they do it fine to me, they treat me fine because I was very sickly in pregnancy. So all the medicine they give me it help me a lot. But that the only thing that make me vex about the hospital all my money I spend they na circumcise my son (R2).”

PATIENT PRIVACY AND CONFIDENTIALITY

All respondents agreed that staff members do well in maintaining patient confidentiality. One respondent even remarked that the hospital staff would intervene if they thought a patient were spreading information about others: “They can keep secret. Even myself when they hear you explaining about your friend they can put stop to it. They can say the day, like one time I met some group was talking about someone own na sickness. They got vex (R6).” Privacy was not discussed in detail.

OTHER AREAS OF COMMENT AND CONCERN

The only additional area of discussion raised by respondents was a positive perspective on the cleanliness of the hospital. Five of the six discussants all remarked, in turn, how well kept and organized JFD was. For example: “The hospital clean, 24 hours the people them sweeping, cleaning the place (R1).

CONCLUSION

Respondents expressed a very high regard for JFD Hospital. All stated that they would recommend others in need of treatment to attend the facilities because the staff were knowledgeable and could perform labs that gave accurate diagnoses. Many had stories of when the hospital was of direct help to them during illness, and they felt supported by and safe to be in the hospital during their deliveries. The only frustration pertained to the cost of treatments. However, all respondents understood that the hospital prices were not negotiable and accepted this dynamic.

JACKFON F. DOE HOSPITAL FOCUS GROUP #2: GIBSON (PROXIMAL), RECENT HOME DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

FGD respondents collectively expressed that, in the event of a medical emergency, one is able to contact JFD Hospital for an ambulance. “If the person na able to walk you can call the ambulance number, they will come for the person (R6).” However, if one doesn’t have the phone number or a phone, individuals have to resort to a car or motorbike. “Sometimes, you get the people that get the ambulance you na get their number, you put the person over bike you rush the person (R7).” A couple others mentioned that other facilities in the area are closer and less expensive, and so may be a first line location for consultation: “Because from Gibson to catholic it na far, but from here to the big hospital some they will say pay fifty dollar, sometimes that forty dollars (R3).”

TREATMENT, SERVICES AND MEDICINES

A number of respondents highlighted the portfolio of services available at the hospital, a key emphasis of which was on access to medicines. “They can check the boy, the sickness that in the boy that the medicine they can give and when they give the medicine you give it to the child that it can help the child, the child will get cure (R5).” Several had personal narratives: “yes I carry my daughter there we make one week there. They take care of her good, the malaria was giving her hard time. Then they put the medicine on her (R2).”

A related benefit, noted by several discussants, was that medicine was less expensive for children; at other locations such as Catholic Hospital, this was not the case. “Yes, when you go to the clinic like catholic or Baptist, just how you go when they tell you say the child skin hot... they will not say child will pay this one and big person pay this one. You can pay the same (R4).” It was also stated that other locations didn’t have the

same selection of medicines. "Because the clinic, you go there most of the medicine they na get it. When you go to Fieyah Doe they their self will check you... they give you the medicine they suppose to give you. That one Fieyah Doe better than the clinic (R4). It was likewise expressed, by two respondents, that the medications are more effective at JFD Hospital. "Yes when I was pregnant to Catholic they say that shisto I get they give me shisto medicine. That shisto medicine use me I almost die. Then they say I must go to the big hospital (JFD). When I go there they say that the same shisto... So the other medicine they give me to Catholic it was na good (R3)."

Several respondents raised wait time for treatment as a concern, although there was no mention of preferential treatment through bribes or social connections. "We sit down there, we went there round six o clock in the morning we left from there six in the evening. We was waiting for the doctor throughout (R2)." However, ultimately patients were satisfied with the quality of the treatment they received and so were willing to endure the long wait. I na care how they talk you, when they give medicine to your child, the child can get well (R7)." "Yes I will tell them how they can treat people there. Good treatment they can give to people. For example if someone sick they looking for area to go, I say go to Jackson Fieyah Doe because they can treat people there well. If they give you treatment, the treatment agree with you then your sickness will cure (R4)."

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Respondents had a range of views on provider attitudes and behaviors. Several reported cases in which the staff were somewhat hostile. "When you sick you go to them, they look at you fine, then you will feel free to talk to them. But someone people when you go to them, they can spoil their face to you then they will na know how to talk (R7)." Others shared stories that were much more endearing of the staff. "Yes, the woman, where I can carry my son to friendly, when you go there, she can be free, she can't shout at you. When she touching the child she can be happy. When she ask you some questions when you answer like that, that how she writing, mean time she can playing with the child. That the mean time she can say don't be afraid. When the child sef be crying she will pet the child (R5)."

Despite disagreements concerning the attitudes of some particular staff members, the respondents were united in their positive regard for provider knowledge and expertise. For example, one woman stated: "Yes I have trust in it because they do their job good with all their talking, talking to people harsh way they can still do their job good. When they treat your child the child can well (R4)." "I carry my daughter they take care of her good they give her medicine and all. The people talk to me good (R2)."

DECISION MAKING REGARDING DELIVERY

There were two primary reasons offered by respondents as to why they did not attend JFD for delivery. The first was that several of the women had been receiving antenatal care at Catholic Hospital and therefore opted to deliver there. "My own of reason I na go Doe because the distance far from me, so I was taking treatment to catholic. So the time the pain grab me in the night we go there (R7)." "My own of reason because I was taking treatment to Catholic so that there, where I go to deliver (R6)."

Others stated that they were in too much pain to travel the distance: "I was in pain in the night. The oldma them say we must go but I was na know how to walk so that It make I deliver to the house (R3)." "My own that was in the night, that was, the oldma tell me say let go the clinic over there. I na able to walk. But since I deliver I go there (R5)." One respondent also vocalized that it is much cheaper to deliver at the clinic than to deliver at the hospital. "When you deliver to Fieyah Doe you can pay plenty money. When you deliver to the clinic you can't pay plenty money. When you deliver to Jackson F. Doe, you can pay more than five thousand dollar, but you deliver to the clinic that only I know seven fifty (R4)."

Nevertheless, most respondents indicated the importance and benefit of a hospital-based delivery, even if this didn't translate into action. "It is important to give birth to the hospital. Because when you give birth to the hospital when you be sick they can keep you there for sometime for them to be giving you medicine for you to be well. But when you give birth in house, the people na know if sickness in you (R3). "It good for you to give birth to the hospital because when you give birth to the hospital the experience you can get from there, than home. They can give you good medicine (R6)."

PATIENT PRIVACY AND CONFIDENTIALITY

Privacy and confidentiality were only briefly discussed by respondents. One person summarized the hospital layout this way: "They get special place they can call you inside. They get special, in the room, that the doctor can ask only two of you to be there. Different people can't be there and the doctor can be there. You explain your problem to the doctor, that your own self will come tell your friends them outside that I get so so and so problem on me, but they will not come and tell anybody outside."

OTHER AREAS OF COMMENT AND CONCERN

Several respondents commented on the cleanliness of the facilities. "Every night and day they there cleaning. The cleaner cleaning. In the bathroom just how your move from there, they come clean the area. Day break your move from there they come clean the area (R2)." However, others noted a few inadequacies in the hospital's structure. One stated: "The building there you reach to some areas it na crack just to say it coming

fall down now (R4)." Two others noted that there was no free drinking water in the hospital, and so patients would sometimes drink dirty water from the tap. "When you go there sometimes water can't be there you have to come outside to come buy water (R6)." "The time I went there no drinking water beside the water in the bathroom, and some of the baby ma that there that some of the water they can drink, and the child, and it no safe for the child (R5).

The level of staffing and stocking of medicines were two additional areas of discussion. Some respondents felt the hospital was understaffed, based on the waiting times. "The patient are more than the people. Because sometimes when you will not see medicine there, they will say go come back tomorrow (R6)." Others indicated that the rotation of staff was one of the strengths of the hospital. "They use to change shift every day, every night we use to see new, new faces (R4)." However, this same individual also raised concern that salaries weren't distributed in regular intervals and may led to the neglect of patients. "Yes, the people that there they need to have salary. Because certain time in this week they said they na given them good money so they will not treat nobody they will close the hospital down (R4)."

CONCLUSION

In summary, respondents had a generally favorable view of JFD Hospital. They all felt that the quality of services and quality of medicines were better than that found anywhere else, and that they trusted the diagnoses and expertise of the staff. The hospital was kept clean; the ambulance would transport individuals in the event of emergency, and there was no indication of preferential treatment or dishonest practices by providers. Several did vocalize that specific staff might sometimes be hostile; others had differing perspectives. Failure to deliver at JFD had little to do with the perceived value, but instead related to logistical obstacles in terms of transport, timing, accessibility and payment.

JACKFON F. DOE HOSPITAL FOCUS GROUP #3:**VOLAY (FAR), RECENT HOME DELIVERY****ACCESSIBILITY – DISTANCE AND TRANSPORTATION**

The majority of respondents averred that transport by ambulance is typically available for those in emergency medical situations, among whom several provided personal experiences. In the absence of an ambulance, several other modes were suggested. “Yes, sometimes they can call the ambulance. When ambulance na there, motorbike can carry you the sick person. Sometimes car (R6).” Most women also indicated that, despite living in a more distal community from JFD, access was not a paramount issue: “It easy for you to get to the big hospital (R1).”

TREATMENT, SERVICES AND MEDICINES

All respondents were in agreement that a wide array of treatments and services were available for sick individuals at JFD Hospital. Most women related this to their experiences during pregnancy. “When I went there for treatment, the people can check me good. They check the baby that in my stomach. They check it good, how it laying down, they can do everything (R6).” Two others compared JFD with other hospitals in the region, noting their preference for JFD, based in part on costs and in part on quality of care. “As for me pa, the hospital that there, that other road, I na know that born again road or that catholic mission. Okay, when I went there the last time they never give me good treatment (P2).” “When you carry the children them to Baptist clinic, you can pay money before they give you medicine. But when you carry them to the big hospital, you will not pay money (R5).”

A few FGD discussants expressed their contentment that care for children is subsidized. “They can treat you good. They can give plenty medicine, they can pay money. You care your child there you can’t pay money, but yourself when you go there that the time you can pay money (R3).” This dynamic appealed to many individuals, and several stated this as a reason they would recommend JFD to others.

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Most women in the FGD stated that the providers were friendly and supportive. “My own the time I was there, they use to take care of me. For me they na do any bad thing to me, they use to take care of me. They take care of me, they wah friendly with me and all (R5).” “One woman over there, that they call ma hawk, she short black, huge. Okay

that woman she talk to me nice when they operate on me, I wah laying down crying with my stomach, she came she sat down with me, she persuade me, talk with me (R2).” However, some of these same respondents identified individual workers who were relatively more hostile and belligerent. “I don’t know... That Nigerian woman there, that woman can cuss people. How you dirty oh, how you stinking baby ma o she can be insulting people (R2).”

Several other aspects of providers’ behavior were also mentioned. First, three respondents stated that the staff were knowledgeable and trustworthy. “The one they know that I can trust them, some, because I was pregnant they check me, they told me that you will born twins, and I went I born the twins (R1).” Second, another two respondents provided examples of the attentiveness of staff to the needs of their patients, including providing counsel. “For me the time I was there, when I deliver the doctor come for them to come give medicine that the time they can stay long there. The thing that happen to me, he explain everything. He can stay long on me (P4).” “The thing that make the place important. When you be there, when you go there you be seriously sick, doctor, as soon as they carry you in the room the doctor them can follow you they go treat you (P3).” Lastly, two additional women mentioned family planning as an area in which staff provided specific education and knowledge: “I went there the last time with my son, my children them, one doctor man there, he black. He talk to us about the family planning business.”

DECISION MAKING REGARDING DELIVERY

For three FGD members, delivery at JFD was not planned. Instead, they had intended to deliver at a different facility but were redirected by nurses and midwives to deliver at JFD. “When the midwife woman check me, the midwife woman say you will not deliver by yourself until they carry you to Jackson F. Doe. That how ambulance come for me, they carry me there. That how they operate on me (R2).” “As for me I was visiting catholic. Pain grab me here. I was bleeding pain grab me. One that his car self carry me to that place there, to Jackson F. Doe. I go there they give me three injection before I deliver (R3).”

All discussants acknowledged the importance of a hospital-based delivery, stating that it was safer in the event of emergency. “Yes, when you be pregnant it good for you to go to the big hospital because anywhere you deliver the people na get drip to hang it over you. They na get injection to give it to you but when you go to the big hospital they can do everything then you deliver by your self safely that what make some people we went to the big hospital (R6).”

PATIENT PRIVACY AND CONFIDENTIALITY

FGD discussants reported favorably on patient privacy and confidentiality. Regarding confidentiality: “When they come outside they can’t explain it outside, you can’t hear it (R1).” Another, speaking about the level of privacy afforded by the hospital, stated: “You be on this side when the doctor come to you. They sit down side you, they explain the person that on this side they will not hear it (R3).”

OTHER AREAS OF COMMENT AND CONCERN

Several respondents stated that they were pleased with the cleanliness of the hospital. “The area can be clean, the place you can go to go free yourself. The area can be clean. Anytime you come in it can be clean (R5).” However, a few of these same individuals noted that the toilet was sometimes dirty because patients did not use the facilities appropriately: As for me that the bathroom oh, because the time I was there, sometimes when you go in the bathroom then they finish, people na know how to sit over the commode to toilet, they can just pupu all over inside when you go you sit down over it (R5).”

A few other women stressed the importance of family planning and accessibility of contraception. Said one female discussant: “We want the family planning for them to give it to us. They way I sitting down here like this , I wan go to school back. So when I move from here today I go to that big hospital I say I come for family planning for your to help me. I want go to school back, I na know they will give it to me free or I will pay money (R3).”

CONCLUSION

Respondents reported favorably on almost all aspects of Jackson F Doe. They found the hospital accessible, services and provider knowledge to be excellent, and most providers’ attitudes and behaviors to be directed towards the benefit and interest of patients. Interestingly, several women appeared to have originally determined to deliver elsewhere; it was only when medical staff and midwives at other locations told them to go to JFD did they actually deliver there.

JJ DOSSEN FOCUS GROUP #1:

HOFFMAN STATION (PROXIMAL), RECENT HOSPITAL-BASED DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents had mixed views on accessibility to JJ Dossen. A few women remarked that one could contact the ambulance, but others expressed ambivalence about the viability of this option: “Sometimes you when you call the hospital they can say no ambulance there so you must try to carry the person to the hospital (R5).” A few individuals also remarked that the local clinic is a shorter distance than JJ Dossen, and so it is the initial point of contact for medical services.

TREATMENT, SERVICES AND MEDICINES

Little was said about the treatment and services available at the hospital. Respondents were largely preoccupied with the fact that treatment and services came at a high price; nothing was free. “Thank you if you go in the clinic, the people can take good care of you. They take good care of you, but when you go to J.J. Dossen, because sometime you will not have money, your child will be sick and you will say let me go to J.J. Dossen, so that when you go to J.J. Dossen, the people can’t take care of you. So the clinic sometimes it better than J.J. Dossen (R1).” Said another respondent: “Because, let me add to her. When you go to J.J. Dossen, the money that you never have to buy your child tablet or to carry your child to the hospital than the clinic, and which you went to J.J. Dossen for, the people can’t give you the medicine, they can just give you paper say you should buy the medicine. So if you come home you don’t have the medicine you can just, by God grace, your child can get better (R6).”

Two other respondents expressed a more general concern about the quality of care, apart from money. For example, one respondent remarked: “As for me people talk about J.J. Dossen that their services sometime they are not correct and sometimes their services correct. I my very self I went there during my pregnancy and also when I take sick. Sometimes the people their services toward their people, it can be, their services toward their patient it can’t be, sometimes they can be angry toward their patient as other said and I saw it with my own eye (R3).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Provider attitudes and behavior were the largest and most discussed concern among FGD participants. Some were reserved in the information they would share because the situation appeared to be so egregious: “I can just give you advise, when I tell you maybe you will say not want believe it, I will tell you to go see it. When you come you will say oh the thing you talk that true (R9).” Several women shared personal stories. For example, one pregnant woman was forced to crawl on her hands and knees to a

hospital bed: "From there I left her, I lie down on the bed, preparing myself to push before she came she say 'I wanting you come do on this bed here. What wrong with this woman here? Get yourself from on the bed let go in the room there. I crawl on my knee, the child was between my legs, I crawl on my knee to go to climb on the bed. I was climbing, I stumble (R1)." Another was accosted by a staff member because she was too ill to go to the bathroom to vomit: "I started trembling, I started vomiting. The woman came, she say 'Fine girl what happen you vomit on the floor? Tomorrow you will call your people let them come and clean it.' So I say 'Oh I na mean it. It rush me that why I vomit on the floor.' The woman she started insulting me (R2)."

Others shared stories of neglect by staff: "I carry my child to the hospital, the child faint... When we carry the child, we met a man he was eating. He say: 'Why you na go pay money to the clinic, then you bringing this child? Be there I eating oh, and when I finish eating my food I will digest before I even look at that child.' And that he was suppose to look at the child before I carry the child in the other room. So I was sitting there waiting for him, he eat fine. The time he got through eating he take his radio and walk from out of the place (R1)." Similar observations were made by additional respondents. "All that thing they doing, what the thing name, I na know that video they looking at. The show in front them, then you dying in the corner here, they will never look at you (R9)." It was also mentioned that doctors do not always come into work on time. "The doctor, they sometime go to work late. And we the patient we can be there waiting for them for a long time before they come in... They always be slow (R6)." A few respondents were willing to specify a couple staff who were more kind towards them, but the overall sentiment of the group was that the staff were notoriously aggressive, degrading and neglectful.

DECISION MAKING REGARDING DELIVERY

Women largely delivered at JJ Dossen out of fear that, if they delivered at home, a complication may occur that could not be resolved. "Some of us when we give birth we can be bleeding, that the reason we can go there to deliver (R7)." Others were prompted to deliver by family members and partners. "Because my mother na wanted for, my mother she say go to J.J. Dossen Hospital (R2)."

However, women generally had negative stories related to their delivery and seemed reluctant to return in the future. For example, one women who delivered was left by staff to bleed in the hospital bathtub. "I bled after delivering, I bled that whole night until the day was clear. So my people carry water and thing for me. I went to take bath, because of the bleeding I fell off in the bathroom, but before falling off in the bathroom, a girl was with me there, she was going out for water, so I give her the message I say tell the nurse that my eye turning. So when she went she told them, one of them came she said 'Oh but

who ask you to take bath? But you will remain in that bathroom there.’ So that how come she walk out. In that position I was to myself I was just there. One of them came again. So she thought I had strength so she lift up my hands say ‘You girl, wake up, let go,’ but my hand everything was weak on me. That how come she yell (R9).”

One respondent tried to distinguish behavior among hospital wards, stating that some were worse than others. “The big belly (*pregnancy*) area they will check you whether the child on the right position they will tell you or they give you paper to see to go to the lab there for malaria and some other fever. When you get it like blister and things they will check you. But the delivery ward, when you meet the bad one there, they not care, they will continue to cuss you till their time will be over they leave (R6).”

PATIENT PRIVACY AND CONFIDENTIALITY

In comparison to other aspects of staff behavior, FGD discussants had favorable words about patient privacy and confidentiality. For example, one woman stated: “One person entitled to a doctor. So you move from there, your friend go there. But me I never hear any secret about anybody (R1).”

OTHER AREAS OF COMMENT AND CONCERN

As with patient confidentiality, respondents expressed a favorable attitude about the cleanliness of the hospital. “The cleanliness, they trying with the cleanliness. The women them can clean the place (R3).”

CONCLUSION

In summary, discussants were largely unsatisfied with the hospital because of the behavior and attitudes of the staff. Coupled with the unavailability of free medicine and wait time resulting from staff not showing up on time, respondents had a decidedly negative view of the hospital, with the exception of the hospital’s cleanliness and that they felt their confidentiality was ensured by the doctors there. One FGD discussant summarized her sentiments this way: “Yes they suppose to change their attitude, then they will get more patient because when they continue it we that here too we will discourage our friends them, telling them say when you go there that how they do to you. They will not like to go there (R7).”

JJ DOSSSEN FOCUS GROUP #2:

HOFFMAN STATION (PROXIMAL), RECENT HOSPITAL-BASED DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Respondents had divergent views on hospital accessibility. A few women debated ambulance accessibility. For example, one said: “When no motor boy, the other means that we get ambulance here (R4)”. This was immediately met with the following response: “The ambulance can’t reach here (R7).” This latter sentiment was exemplified in one of the stories shared by a young mother, who attempted to walk to the hospital in order to deliver her child. “To even take motorbike I was no able. I walk on my feet to go to the hospital. But when I reach there, the people say they were not working. I walk to come back in the house, before I reach in the house it was time to born the child so that how I deliver to the house (R8).”

TREATMENT, SERVICES AND MEDICINES

Similar to accessibility, respondents had discrepant views about hospital services. A few women stated that they felt the hospital was relatively useless because they couldn’t afford anything there. “I na get money that what business I come here. The people say ‘Go we na treating you, we na giving you medicine’ (R3).” “When I go there they can’t do anything (R10).” This perspective was closely tied to the cost of medicines. “They can give you paper for you to go buy the drugs. And when they give you the paper, the money that you na get that why make you never be going to [JJ Dossen], you force to go buy drugs for yourself. So that why some of us when we pregnant like that, we can’t want go there for checkup, because when you go there, that paper they can give you. So some, as for me I can go to the drugstore (R2).”

A few respondents had personal narratives from when absence of money and resources at the hospital translated into tragic consequences. “When she was having the belly they say yellow jaundice na catch her so the child die in her stomach. When we came to the hospital, they say she was na having blood, and they say there was no blood to the clinic... They couldn’t make until the girl she die, so that what I know about them (R2).” This was juxtaposed with statements quite to the contrary: “I will tell them they say they can treat people. They can give you medicine or when the medicine na there they can give you paper, they write on paper they give you it, you buy it in the drug store (R4).”

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

FGD discussants generally had a negative view about providers with regard to their behaviors and attitudes. A few stated that the staff were insulting towards patients:

“You in pain self they will na deliver you. And baby ma you go to the hospital side like me they can be shouting at you, ‘Who tell you say you must go born child at your age?’ They can be talking to you, making you to feel bad (R3).” One woman even shared that the staff labeled her as dirty and made her deliver her child on the hospital floor: “The child will be coming out, they will say the doctor self must be there. I go to her I say ‘Aunty you come check me oh.’ They will be talking, say, ‘Move from here so you can’t dirty our place.’ That how I move from there before my child head was coming down. That my own friend say, people you come, you come see this girl here. That on the ground I deliver there self, I deliver my child. So that the thing they do to me (R2).”

Some of the other respondents had more favorable narratives to share about individual staff members. “When I see doctor, I tell him hello, I tell her morning. Her self she tell me morning. When they see me they can’t frown... (R5).” “As for me my first time going there, when I went I spoke to them, they speak to me well they ask for my body (R8).”

Two other sentiments shared by individual respondents were that, if a patient had a social connection at the hospital, their services would be expedited (R4); and another stated that doctors did not come to work on time. “Always when you go to J.J. Dossen Hospital... The doctors can be taking their own time they can’t come soon. You will wait for them. And some of them know the job, but some of them not know the job (R1).”

DECISION MAKING REGARDING DELIVERY

Women expressed a range of reasons for failing to deliver at JJ Dossen. One of them stated that she traveled to the hospital and was turned away by staff, who said she was not ready to deliver yet. “For me I na decide to deliver in the house. I went there Thursday. They said ‘That the next month. Your time na reach so you must come back next month.’ Friday night I deliver. So day break na, I na able to go there (R3).” Another said she was unable to afford the cost, while a third stated that she was afraid to be operated on. “My big sister deliver over there. When the pain grab you, you suppose to feel the pain to say yes the child coming... But the people when you suffering, then they just calling people them to operation on you, that what make it I na go there (R4).”

Despite these stories, most respondents agreed that it is better to deliver in the hospital in case there is an emergency situation, and also because the hospital will offer free vaccinations for your children. “It good to deliver to the hospital because when you deliver to the hospital they can give you treatment. They can treat you good they give you medicine. Sometimes injection and right away they can give the child vaccine. The

vaccine important for the child. So that why it important for you to deliver to the hospital (R8).”

PATIENT PRIVACY AND CONFIDENTIALITY

Patients mostly commented indirectly about patient privacy and confidentiality, typically in a positive regard. Two women specifically stated that the staff were able to keep patient information secret: “They can keep people secret (R6).”

CONCLUSION

The perspectives of respondents were decidedly mixed, but largely negative. Many did not see a real reason to go to the hospital when the staff were belligerent and medications were not given out for free. Others held a different view: “So you go there, I na care they cussing you, they treating you, you must just be there for your child to be cure. Don’t answer them. You must just bear patience (R7).” Nevertheless, there were a few modest signs of hope expressed by several FGD discussants, including a couple staff who were more friendly, that the hospital was kept in good condition and that the doctors would protect patient confidentiality.

JJ DOSSEN FOCUS GROUP #3:

HOFFMAN STATION (PROXIMAL), RECENT HOSPITAL-BASED DELIVERY

ACCESSIBILITY – DISTANCE AND TRANSPORTATION

Accessibility was debated among participants as an issue. A few respondents mentioned the availability of an ambulance for transport, and another stated that, when the ambulance was unavailable, one would sometimes send for a car. “When the people that in this clinic here, when they do their own thing it can’t better. Then they send for the car, when the sickness too much, they send for car, they put the person inside they carry them. That what I know (R5).”

TREATMENT, SERVICES AND MEDICINES

Respondents possessed ambivalent attitudes about treatment. Most stated that they were pleased with the quality of care, but that the absence of medicines frustrated them. “Yes, I went there, the people take care of me good, but that only the medicine they na give me. They give me paper for me to buy the medicine. So that the medicine I buy. But they take care of me good, they do everything. That just the medicine problem (R2).”

Some individuals shared personal narratives of when medication shortages put them in a difficult position: “Me was here, they deliver me the child but that the medicine

business it was hard. They say I must buy the medicine but I say, the small thing I bring I use everything. So I beg you, you must give me medicine. I be sitting down there, but they say buy the medicine, the blood medicine, but we na able to give you it free, you must buy it. They say that one fifty but I was na having the money, I tell them, I say no money, they na give it to me (R5)."

PROVIDER ATTITUDES, BEHAVIORS AND KNOWLEDGE

Respondents had somewhat polarized responses in their commentary on staff. This was true even within individuals. For example, one woman commented "Yes, as for me when I went, they take care of me good. They serve me good so I was happy too. That the one I can hear about them that they can do well for them... for the pregnant women and the baby ma (R4)." Then, several minutes later, she remarked, "They can holler in your face, so that one it na make me satisfy and I came home (R4)."

Most of the respondents seemed to trust the knowledge and advice of their providers, which led to a higher regard for them despite the staff's moderately caustic nature. "Yes, from the time I come from there, that time all my friend them I can see, I tell them. I say when any of your in that pain o, or that any kind of sickness o, when they carry you J.J. Dossen don't be afraid. They can work on people good (R3)." Another: "When you go there, don't be afraid because I who the first person, my first time going there, the people treat me well so when you go there, don't be afraid, they will be friendly with you...(R6)."

Little was said about the attentiveness and punctuality of staff. One person made a favorable remark, stating: "Me when I went, because I was in pain so the people too they rush on me, and they was too action to turn to me. So they, they turn to me well (R4)."

DECISION MAKING REGARDING DELIVERY

Several respondents all stated the same reason for delivering at JJ Dossen – namely, that they had passed nine months and were concerned and so sought out medical attention. "I born this baby the time the thing na want to come so I go there (R6)." "Yes, me I deliver here o well, but the placenta was giving problem it can't come, that why they carry me over there to the hospital (R5)." There was a certain reluctance expressed by two participants, in terms of going to the hospital; it seemed as if there was a preference for home delivery: "Me the old ma that here, she was pecking me but since the child time not reach then the people who was there they say we come, we coming call ambulance. I was scared, tell the oldma say I beg you, I beg you old ma tell the people say, they must not call the car, the ambulance."

Despite this reluctance, when asked about positive and negative aspects to hospital-based delivery, most stated that it is preferable to deliver at a hospital in case there is a medical complication. “When that any problem, when you here the people not able, they can take you to the big hospital to solve problem, that why we move from here and go there (R4).”

PATIENT PRIVACY AND CONFIDENTIALITY

FGD discussants had little to say about patient privacy and confidentiality, but the modest amount they communicated was positive: “Yes me the time I went there, they keep my secret because I na hear it outside I left from there. So I know say the doctor them can keep secret (R3).”

OTHER AREAS OF COMMENT AND CONCERN

Two other areas of dialog came up during the course of the FGD. The first was a group sentiment that the hospital was kept in good condition and was cleaned well: “Yes I will tell my friend them say because that man himself that there clean the place good. When you put dirt somewhere they can take it, they can clean the place (R5).”

A second issue that came up for several participants was a ‘feeding program’ – implying that those who were staying at the hospital should be provided with basic meals. A few expressed frustrations that such a program did not exist, and this was their primary concern when asked how the hospital could improve. “Yes they say they use to feed the patient them, but since I went no one feed me... (R3)”

CONCLUSION

Respondents portrayed ambivalent and sometimes conflicting perspectives on hospital conditions. They indicated that doctors were knowledgeable and able to address medical problems, and several mentioned that the staff were friendly and attentive. However, others felt that providers were hostile and belligerent, and they were frustrated by medication shortages.

APPENDIX II: EXAMPLE FOCUS GROUP GUIDE

WOMEN RECENTLY VISITING HOSPITAL FOR MCH

INTRO

We are here today so that you can share *your* thoughts and impressions of [Hospital]. This is an open discussion, and we want everyone to feel comfortable to share their own views and opinions. By agreeing to the Informed Consent, we have all agreed that the conversation we share today will be kept just to us; it is not to be shared with other people outside of this group. We don't work for [Hospital] or the Ministry of Health, we are working for the World Bank. Any views expressed today will be kept private—neither your name nor any identifiable information will be shared with [Hospital].

The goal of our project is to understand how those in this community think about [Hospital]—for example, aspects you might like and dislike, ways the hospital could be better—which is why it is so important that you are here today. So please feel welcome to express whatever you wish. There are no right or wrong answers, and everyone's opinion is valid, so we are asking that you actively contribute to the dialogue. We will be recording this conversation, but your responses will be kept confidential so please speak freely.

Does anyone have any questions before we begin?

Facilitator Checklist

Mention all of the following:

- **Your name**
- **Goal of project**
- **We work for WB**
- **We don't work for hospital**
- **We don't work for MoH**
- **Confidentiality**
- **No right or wrong answer**
- **Use of audio recorder**
- **Discussion ground rule**

WARM UP

1. Let's start by telling the group a little about yourselves. We don't have to go in any set order. We can go around the group as you feel ready:

- Let us know your name, where you are from, and something about yourself.

[TRANSITION] Thank you. Now that we have all introduced ourselves, let's begin talking about some things that may be important for understanding how you and those in your community think about [Hospital]...

KEY PROMPTS

2. Familiarity: How do women in this community, such as yourselves, know and hear about [Hospital]? What sort of services do / *don't* mothers and pregnant women receive at [Hospital]?

Areas to Probe:

- i. Services the hospital does NOT provide
- ii. Other hospitals / clinics: Do they provide similar services? Different services?
- iii. Frequency that people in the community attend [Hospital]

3. Ease of Access: How do those in your community get to [Hospital] if they are sick or in an emergency?

Areas to Probe:

- i. Convenience of hospital's location / transport to hospital
- ii. Convenience compared with other hospitals and clinics in the area

4. Arrival: What is it like / what happens when you arrive?

Areas to Probe:

- i. Promptness / ease with which intake was done
- ii. The admission process - what happens before you see the doctor

5. Quality of Services. Now let's talk about the staff at the hospital – for example, the doctors, nurses and attendants. What were your impressions of the staff at the hospital? How would you describe these individuals?

Areas to Probe:

- i. Friendliness and warmth of the staff
- ii. Timeliness and responsiveness of the staff to patient needs
- iii. Expertise and knowledge of staff / trust in staff
- iv. Investment of staff – amount of time spent with patients, amount of explanation given to patients about condition and steps to take after leaving

6. Quality of Services. How would you describe the hospital itself to someone who hasn't been there before?

Areas to Probe:

- i. Cleanliness of facilities
- ii. Number of staff compared to number of patients
- iii. Orderliness and management of facilities
- iv. Patient privacy (ex. separate room) and confidentiality (keeping info secret)

7. Quality of Services. What do you think of the care or services you received at the hospital? In what ways were you satisfied or dissatisfied?

Areas to Probe:

- i. Patient trust in services provided and advice given
- ii. Willingness to return to facilities in the future

8. Decision. What are the reasons you decided to attend [Hospital] when you did?

Areas to Probe:

- i. Feelings about the importance of delivery at a facility
- ii. Patient trust in services provided
- iii. Ease of access and utilization of services

9. Decision. Who decides if you or someone else in your household, like your child, goes to [Hospital]? Do you discuss the decision with your partner? How does this conversation go?

Areas to Probe:

- i. Household decision-making process
- ii. Financial considerations

10. Strengths & Weaknesses. Are there things the hospital does particularly well? Are there benefits of going to this hospital as opposed to somewhere else?

Areas to Probe:

- i. Attitudes, behaviors or practices of the staff
- ii. Ease of access and utilization of services
- iii. Trust in quality of care and satisfaction with services received

11. Strengths & Weaknesses. What are areas that you feel can be improved at the hospital? What are disadvantages of going to this hospital compared to somewhere else?

Areas to Probe:

- i. Financial costs of going to hospital
- ii. Attitudes, behaviors or practices of the staff
- iii. Ease of access and utilization of services
- iv. Trust in quality of care and satisfaction with services received

12. Looking Forward. In what sort of situation would you / do you plan on returning to [Hospital]? What advice would you give to someone thinking about going to [Hospital]?

CLOSING

- If [Hospital] were going to improve something, what do you think would be the most important thing?
- Are there any other things important to you about [Hospital] that I haven't asked you about? Please feel free to tell us anything else before closing.

THANK YOU FOR TAKING THE TIME TO HELP US WITH THIS PROJECT

PROBES

Elaboration

- *Silence and eye-contact*
- Could you tell me more about that?
- Why do you think this?
- How so?
- Could you provide me with an example of when this has been the case?
- What was that like for you?
- How did that make you feel?

Clarification

- Could you be more specific about this?
- What do you mean by that?
- *Echo – rephrase and summarize*

Opening Up

- *Look around the room at all participants*
- Does anyone else have a similar or different experience / point of view?
- Is there anyone who hasn't spoken on this subject and would like to now?

Redirection

- Thank you for sharing this. Let's return to the primary question...
- Why don't we move on to talk about [topic]?
- Let's stay focused on [topic].

APPENDIX III: CHARACTERISTICS OF FOCUS GROUP DISCUSSANTS

	Redemption	Phebe	Jackson F Doe	JJ Dossen	Tellewoyan
Demographic Information					
Average Focus Group Discussion Size	8.6	7.4	6.4	8.0	7.0
Average Participant Age	29.3	28.2	30.3	29.0	27.7
% with No Formal Education	16.3%	2.7%	12.5%	27.5%	34.3%
% who Cannot Read	14.0%	8.1%	25.0%	35.0%	28.6%
% who Currently Have Partner / Spouse	62.8%	62.1%	78.1%	67.5%	71.4%
Maternal Health Outcomes					
Average # Pregnancies	2.7	3.0	4.3	4.2	3.0
Average # of Children	2.0	2.5	3.5	3.6	2.6
% Stillbirths—Last Delivery	2.6%	5.6%	6.3%	0.0%	0.0%
% Hospital-based—Last Delivery	63.2%	61.1%	50.0%	57.5%	62.9%
Average # Antenatal Visits—Last Delivery	3.9	4.0	4.3	4.1	4.1
Hospital Satisfaction					
Hospital Satisfaction Score (Range: 0-56):	35.1	33.6	47.3	31.1	40.4