QUALITATIVE ASSESSMENT ON HEALTH SYSTEM TRUST AND HEALTH SERVICE UTILIZATION IN LIBERIA

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HEALTH COMMUNICATION CAPACITY COLLABORATIVE

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Photo: Ebola Recovery (Liberia). Courtesy of USAID.

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I. INTRODUCTION

The Health Communication Capacity Collaborative (HC3) is a global project funded by the United States Agency for International Development (USAID) through a cooperative agreement with the Johns Hopkins Center for Communication Programs (CCP). It is designed to strengthen the capacity of developing countries to implement state of the art social and behavior change communication (SBCC) programs.

In Liberia, HC3 is assisting the Liberian Ministry of Health (MOH) to rebuild its health services post-Ebola and to address the secondary effects of the outbreak. HC3 was originally engaged to support the Ebola response through SBCC, and with additional funding, continues to provide SBCC technical support as the country transitions from an emergency response to one focused on the restoration of health services and the building of more resilient health systems.

HC3 continues to collaborate with the MOH, implementing partners, civil society, and the private sector to address the secondary effects of the Ebola outbreak, generate demand for an Essential Package of Health Services (EPHS) while rebuilding trust in health systems that in turn will support improved health outcomes for all Liberians. In particular, HC3 activities will support timely use of available health information and services and promote preventive behaviors that reduce illnesses and address barriers to health-seeking behaviors, which include addressing any mistrust between health care providers and community members.

In order to inform program development, HC3 conducted a rapid qualitative assessment to complement available quantitative studies to explore both health care provider and client perspectives towards the health system as efforts are made to restore health services since the Ebola outbreak. The data collected in this assessment will be used exclusively to provide input into planned communication activities, specifically the National Healthy Life Campaign, in conjunction with the MOH.

HC3 activities focus on six counties: Montserrado, Margibi, Lofa, Nimba, Bong, and Grand Bassa. As USAID partners are working to improve the service delivery of health services in these six counties, HC3 will promote these services while also supporting the work of general community health volunteers (gCHVs).

II. RESEARCH OBJECTIVES

The rapid qualitative assessment results will complement available quantitative studies by exploring the following objectives:

1. To explore client perceptions of health care providers and client perspectives, including any Ebola-related stigma that may influence health-seeking behaviors;
2. To explore facility- and community-based health care providers' perceptions of service provision including fear, self-confidence, training/supervision, and trust in the health system.

III. METHODOLOGY

Data Collection

Both focus group discussions (FGDs) and in-depth interviews (IDIs) were used to conduct the qualitative assessment. All data collection occurred over three days of October 14th to October 16th, 2015 in the following counties: Grand Bassa, Bong, and Montserrado. Tables 1 and 2 below present the total number of FGDs and interviews by county and area of residence.

Focus group discussions

A total of twelve focus group discussions were conducted in the following three counties: Grand Bassa, Bong, and Montserrado. In each county, one rural community and one urban community were selected. In each community, a male discussion group and a female discussion group were conducted for a total of 4 discussion groups in each county, giving a total of 12 discussion groups overall. Discussion groups consisted of six to eight respondents.

Participants: participants in FGD included men and women between the ages of 18 and 49 who have children under five years of age. For each sex, two discussion groups were formed, one with younger participants (18-30 years of age) and one with older ones (31-49 years of age). (See Table 1).

Table 1: Discussion Group Breakdown

County	Rural	Urban	Total
Grand Bassa	Women (18-30)	Male (18-30)	**2**
	Men (31-49)	Female (31-49)	**2**
Bong	Men (18-30)	Men (31-49)	**2**
	Women (31-49)	Women (18-30)	**2**
Montserrado	Men (18-30)	Men (31-49)	**2**
	Women (31-49)	Women (18-30)	**2**
	6	**6**	**12**

In-depth Interviews

A total of nine IDIs were conducted in the urban areas of the three selected counties of Grand Bassa, Bong, and Montserrado; three per county. The 9 IDIs were distributed to cover facility-based health service providers (6 interviews) and Trained Traditional Midwives (TTMs) (3 interviews) (See Table 2).

Participants: facility-based health service providers included Officers-in-Charge (OIC), and nurses. Trained Traditional Midwives were identified through the OIC based at the facility.

Table 2: In-Depth Interviews Breakdown

County	Facility-based Provider	Trained Traditional Midwife	Total
Grand Bassa	2	1	3
Bong	2	1	3
Montserrado	2	1	3
	6	**3**	**9**

Selection of Communities & Health Facilities

Three rural and three urban communities were selected purposively, each within 5 to10 kilometres of the selected three study health facilities. Health facilities in areas that had a higher prevalence of Ebola were selected in order to speak to respondents who may have developed mistrust towards the health facility given negative experiences during the Ebola control effort. Specific health facilities were selected based on their accessibility as data collection occurred at the peak of the rainy season. Communities with a current general Community Health Volunteer (gCHV) who could assist with the community entry process and help identify appropriate respondents were selected for the focus group discussions (see Table 3).

Table 3: Selected Counties, Health Facilities and Communities

County	Health Facility	Rural Community	Urban Community
Grand Bassa	Little Bassa Clinic	Edana	Old-field
Bong	CB Dunbar Hospital	Sanoyea	Chief Compound
Montserrado	Duport Road Health Center	Careysburg	Brewerville

Study assessment Team

Three teams of two research assistants conducted the discussion groups and in-depth interviews in the three counties simultaneously with the support of the HC3 M&E field supervisor. Each pair of research assistants consisted of a note-taker and a facilitator. Research assistants were recruited from a local research firm, Resource Center for Community Empowerment and Integrated Development (RECEIVE) and had previous qualitative data collection and analysis experience through CCP. The training of the assessment team included procedural guidelines consistent with establishing the ethical conduct of research were developed to ensure IRB

protocols, the safety of the interviewers and community members during fieldwork, and also for purposes of ensuring quality control. These included: safety protocol, IRB approved consent forms, participant demographic profile template, and a supervisor tracking form. Although the IDI and FGD guides were developed by CCP, they were jointly reviewed by CCP, HC3-Liberia, and RECEIVE research assistants to make sure they were understood and consistent with Liberian English.

Data Analysis

All participants in interviews and discussion groups were consented before the interview and group discussion. Interviews and discussion groups were recorded with permission from the respondents. The same research assistants that collected the data completed verbatim transcriptions of all 12 discussion groups and 9 in-depth interviews immediately after the fieldwork. Transcripts were analyzed through manual coding and ATLAS.ti by three members of the HC3 research team. A preliminary codebook for analysis was developed to address the specific objectives as outlined above and which was expanded upon and refined as coding progressed. Preliminary results were presented at the Healthy Life Campaign design workshop in October 2015 with the overarching objective of outlining campaign details. At the end of the workshop, additional questions arose, and a second round of analysis was conducted with a revised codebook to address them. The results in this report include first, the summary of the initial round of findings and second, a specific write-up addressing the findings of the follow-up questions from the workshop participants.

IV. RESULTS: PART I

This section describes the findings and major themes that emerged from the first round of data analysis for the Healthy Campaign design workshop. The results are organized in the following way: first a description of participant's knowledge of treatment-seeking for children under five, with a focus on treatment-seeking habits by parents. The next section described treatment-seeking for pregnancy and delivery, highlighting the TTM's role on delivery and the quality of care by providers. Experiences with health care workers and health facilities is then described in the context of before, during, and post Ebola, followed by health information sources.

Treatment-seeking for Children Under Five

Treatment-seeking for children under five depends mostly on how the parents perceive the ***seriousness of the illness*** and whether or not they have ***money***. Desire for an accurate diagnosis also influences the treatment-seeking process.

Treatment-seeking habits

Parents seem to first treat non-severe symptoms, including fever, headache, cough, or running stomach, with drugs they have at home, apply first aid, give them a cold bath or use country medicine. If the symptoms worsen or the drugs do not work, then they carry the children to the clinic or hospital.

> *For me, I always like to keep tablet in the house even when my children are not sick; it can help you the parent. If the child comes down with headache, cough, cold or running*

stomach you can first give them the drugs if it does not stop then you can run to the hospital. For running stomach sometimes the child stomach is just dirty so if you give that child running stomach tablet it sometimes stop (Older Female FGD, Urban Grand Bassa).

*When my child skin hot because I had been hearing it, I wash cold water on him first and observe him before carry him to the clinic (*Older Male FGD, Urban Grand Bassa*).*

Parents rely on the drug store, especially when the clinic or health facility is closed. When a child falls sick in the evening, parents do what they can to manage the symptoms until they can reach a health facility the next day.

When our children get sick, we have drugs store around here. When it is at night and the child skin is hot you are able to rush there and buy tablet and give it to the child before the next day when you can take the person to hospital (Older Female FGD, Urban Montserrado).

Parents will carry their children directly to the hospital when they perceive the condition as being serious. One indication of a serious illness is when the child is convulsing, and this triggers a trip directly to the clinic.

As for me what I notice huh as I said previously the child we only carry the child when the child start conversing [convulsing] that we know that the paracetamol and the septrin [antibiotic] we are giving to them it can't work again than we seek clinic or huh drug store advice but as long you your paracetamol today the child skin go down we don't care to go to clinic neither drug store (Older Male FGD, Urban Montserrado).

[Another respondent continuing the conversation] just as the brother said, the only time you will see parent carrying their children to the clinic or drug store or hospital when that child is conversing or very sick but they don't take their child sometime for checkup before the time to know the you know what is really happening except that child is very sick (Older Male FGD, Urban Montserrado).

Parents also buy drugs from the drug man passing by ("black bagger" – a traveling salesman who sells medicine from their black briefcase) as they are cheaper, and the drugs at the pharmacy and hospitals are viewed as expensive. Parents expressed the need to plan ahead, and buy paracetemol from the "drug man" whenever he comes through to be sure to have them on hand for future illnesses.

The question you ask, the first thing we do as a parent is they see the drugs passing they buy it for tomorrow sake because not every day you will have money the man is passing with the paracetamol twenty, fifteen you buy at least up to fifty dollars, hundred dollar so you keep it in case of anything if your child get sick the first thing you do, you do your first aid (Older Male FGD, Urban Montserrado).

When asked in what types of situations do parents take their children under five to the community health volunteer when they are sick, respondents from Montserrado and Grand Bassa indicated that they did not have, or know of, a CHV in their community.

> *No, we have not seen any community volunteer in our town here* (Older Male FGD, Urban Grand Bassa).

> *No. we don't have anybody in this community who can talk to us about the health issue* (Older Male FGD, Urban Montserrado).

Overall, when parents are "financially equipped," they will go to the clinic first. If not, they will go to another provider in the community. There are often private nurses or doctors in the community to whom parents can take their children and then pay them later if they do not have the money on hand. Participants in group discussions commented they were not aware of people in the community who would talk to them about health issues. This seems to be consistent to their relying on the drugs they can find, and go to the clinic when it becomes necessary and they can find the money.

Finding care for children when needed: Barriers and Benefits

When asked if they felt that they could find care for their children tomorrow if they needed it, most people said yes. Participants were aware of the location of the closest clinic, and indicated that when necessary, they would carry their child there. However, it was noted that the clinics are often out of drugs or people are sent to other hospitals further away.

> *I will say yes because uh in our community they have a clinic and another adjacent [to the] the city we have a hospital to we either take them to the clinic, or if they cannot be taken to those areas than we have private areas that we take them (Respondent two, MR-DG-M-002)*

> *For me I say no because if you are sick the doctor suppose to check you but since the Ebola came the doctor can no longer check us. The last time I was sick and I go to the clinic for treatment but the medicine was not in the clinic so they refer me to Buchanan but I have to go to Monrovia to get good treatment* (Young Female FGD, Rural Grand Bassa).

Other barriers that prevent parents from obtaining the care they need for their children include unforeseen expenses or fees at the health facility and time spent waiting. Although such public services are supposed to be provided for free, participants expressed that they get charged before they are seen. The time spent at the clinic is often viewed as wasted when parents don't receive medicine for the children, which can deter them from seeking care in the future.

> *When you go to the clinic and your card lost the nurses will send you back even if you appeal to them with LD$50 they can refuse until you pay LD$75 before they treat your child* (Young Female FGD, Rural Grand Bassa).

> *For me the last time my and some children make convulsion and he got hurt so we take him to the clinic but the nurses told us that we pay money first before they treat him so we carry LD$500 before they treat him. And the whole thing again for me I have four children all the time when I sent my woman to the clinic and I come from fishing she tell me they nurses keep us there for whole day and when I ask her where is the medicine she can show only two tablet. So I can tell her this thing here I think it is better we just be buying tablet for our children than going to the clinic* (Older Male FGD, Urban Grand Bassa).

When discussing vaccinations for children, parents expressed not being provided with the child vaccination if they had no money to pay for it..

> *The main thing that making us feel bad about the hospital business here our pregnant women them when they deliver here you will pay the midwife then when you go the hospital for vaccine they will refuse us and say we should also pay money to them before they give the baby vaccine, if we do not have money to give them, the baby will not take vaccine* (Older Female FGD, Rural Bong).

Parents noted the challenges of taking their children to the clinic but they also highlighted the benefits. The most common benefit expressed about seeking care was to find out exactly what was wrong with the child when home treatment failed to make the child better. Parents then carry their children to the clinic in hopes of not losing them and getting a diagnosis.

> *When the child is weak that you see no strength then you can take the child to the clinic the clinic will test the child and tell you what is happening to the child* (Older Male FGD, Urban Grand Bassa).

> *When my children get sick I can try by all means to carry them to the hospital so that I can know the type of sickness they have before it get worse. But sometime I do what the hospital people say we much do to bath the child with cold water if the child skin is hot before carry the child to the hospital* (Older Female FGD, Urban Grand Bassa).

> *Some cause of taking the child to the hospital because the doctor talk about one plus malaria and four plus malaria and you parents do not know it so is good to take the child to the hospital to dynose [diagnose] the problem not to lose your child* (Young Male FGD, Urban Bong).

Another benefit of visiting a clinic is to receive care for more serious ailments. Several men indicated that when a child falls down, this is a sign that they are in need of treatment, and should be carried to the clinic.

> *What can be the cause to carry our children, some time the child will fall down sweating so you need to take the child to the hospital for treatment* (Young Male FGD, Urban Bong).

I do that to take my child to the hospital sometime in the day but you look at the man and his body is going down so you need to take them to hospital (Young Male FGD, Urban Bong).

Overall, parents cited challenges to getting appropriate care for children under five years of age which include: health facilities running out of drugs, health care providers refusing to treat their children until they pay, and other expenses that parents incur when seeking treatment such as having to pay for a lost card. The overarching benefit that emerged from the participants' discussions is diagnosis and treatment for a serious illness when parents are unable to treat it at home or with treatments from the drug store.

Treatment-seeking during Pregnancy and Delivery

Pregnancy

Overall, women seemed aware that they should go to the clinic for check-ups, but most commonly rely on the clinics only for emergencies or unusual situations including the following:

- Feeling funny ("I don't understand myself")
- Child not laying down good in the stomach
- Lacking blood
- When not feeling movement (the baby)
- Swollen feet/body
- Feeling weak
- Backache
- When the woman is not eating
- If the belly can't shake

Women community members expressed the need and appreciation for the doctor's advice on what to eat as well as the doctor conducting check-ups and telling them if anything is wrong. They also mentioned the importance of check-ups, and noted that they are encouraged by nurses to go to the hospital/clinic during pregnancy. The relationship between the patient and provider, and the patient's trust in the provider's skills, tend to play a role in deciding to go to the facility, as expressed here:

One of the things that affect women's decision to go to the hospital for care is that nurses and doctors are trained to provide good healthcare to pregnant women that help them through their pregnancy until delivery. The hospital has health materials and medicine that can help pregnant women. Some pregnant women want to deliver to the health facility where they had been taking treatment because the nurses and doctors already know and use to them (Young Male FGD, Urban Grand Bassa).

Many pregnant women decide a hospital that they get good treatment, experience doctors and nurses who talk to people good. Give good medicine and if you are in long pain they good waiting room that they can keep and observe you until you give birth (Older Female FGD, Urban Grand Bassa).

However, women also expressed relying on the TTM in their community. The TTMs are trusted and comforting, and more affordable as well. They are considered specialists and know their job, as expressed here:

> *We can go the midwife in this town because the old ma knows her job even the people working to the clinic depend on her to help them with delivery cases but she does not know book they don't want to put her on the government pay role. Most of the nurses to the clinic are not living here so when they are out or pregnant woman in pain in the night she the one we rush to for help* (Young Female FGD, Rural Grand Bassa).

> *For me when I am have problem with my pregnancy I know one TTM in the community she the one I can go to for advice. She knows her job and she is trained and the government gave her paper to do her job. Sometimes I even give birth in her hand to her house* (Older Female FGD, Urban Grand Bassa).

> *The TTM we had in our town was very good to us but she no longer there with us. Even if you are pregnant for a day and you go to her and say I am not feeling fine, she will check you and tell you exactly what is happening to you and if you doubt it and go the hospital, they will tell you the same thing there. So because of that trust that I have in her, I decided this is where I would be coming when I am pregnant* (Young Female FGD, Urban Montserrado).

For some community members, TTMs are simply more accessible than clinics or hospitals so they tend to be the first person pregnant women visit, as described here:

> *... I said previously where I live there is no clinic neither hospital so our women mostly they seek advice from the midwife sometime direct them uh to start doing some herbs or drinking some herbs so that it will carry them up to the time they will get to clinic, and sometime show them some training maybe that time the big belly is more than six months now going to their nine up to the time they will deliver they will show them some treatment so that at least they will be able to give birth freely. So for me what I notice that what the first step in my community because its easier to get to the midwife than to get to the clinic* (Older Male FGD, Urban Montserrado).

> *[Follow up: can you tell the difference between the midwife at the clinic and the one in the community?]*

> *Yeah as I was saying, we get to the one at the community first, the one at the community because that's the closest one than the one to the clinic because the clinic uh the distance form my community so the first they one who live with us, our women can quickly to get to them, than to go to the clinic. Even though they can go to the clinic but the first step in my community is to get to the midwife in the community* (Older Male FGD, Urban Montserrado).

> *Yeah in addition to just what the brother said, the midwife who live in the community usually you know you got to examine the child or I mean the pregnant woman, sometime they are very smart they say okay the person time not yet reach but you can still take the*

person to the clinic. So usually that the thing there so also they are also there the midwife in the community, they are there in case of emergency and there is no way you know and that person now almost about to give birth sometime that midwife in the community can help through that but they themselves they are, most of them had been under training, they have gone through in that area to me that is the difference I see. They are just there just there to assist the case. There is no way to further a pregnant woman to the hospital or clinic (Older Male FGD, Urban Montserrado).

As with seeking treatment at public health facilities for children, the most common expression about seeking treatment at a health facility during pregnancy was the fact that nurses charge for their services, although everyone is aware that the services should be free.

For me, my mother is a mid-wife she can deliver woman but the nurses say any time big mistake can happen and the mid-wife will not be able to protect the patient. So when my woman was in pain I take her to the clinic and delivered but the nurses tell me to pay LD$1500, I pay and take my woman home. Then I told my mother that I thought the government clinic was free but they tell to pay money and I paid LD$1500 (Older Male FGD, Urban Grand Bassa).

At times, women go into labor, and deliver their child at home or on the way to seeking help care because they were not able to reach the clinic on time. When this happens, parents often incur double expenses by asking a TTM for help and then taking their child to the clinic once it has been born.

If the people in pain they deliver on the road you go there to the hospital you will pay money if the person delivers here and later go there, they will pay money here and pay money there so we can be embarrassed (Older Female FGD, Rural Bong).

Delivery

Women indicated choosing where to deliver their child based on where they have confidence, where they trust the people, and where the people can talk to them well. Pregnant women mentioned choosing health care workers they perceive to be professionals, based in part on recommendations and information from friends.

Participants expressed two main views about delivery preferences. The first is that ***the clinic/hospital is the safest place to deliver*** as TTMs cannot always handle unexpected situations or complications in the communities. Women noted that you never know when a problem will come, so the hospital is safest, suggesting that women prefer to deliver at such facilities.

The second view is that the TTMs are ***trusted, comforting, and know how to talk to women***. Women mentioned doctors being rude and said that they insulted them frequently. One woman noted that she didn't want a man treating her. Women who prefer to deliver with a TTM go to the hospital only when there are complications.

Like me, me I don't want to lie. When I'm pregnant I go to the hospital on few occasion but I don't deliver at the hospital because the doctors are rude and some of the hospital you go to you receive a lot of insult. Even though they are doing the same thing you are

doing and when you're pregnant and go to deliver there, then they insult you. So I can always say that if I'm pregnant I can't go to the hospital to deliver there, my midwife (TTM) can always deliver me because that old lady know how to comfort you I don't care how it's tough on you. The midwives know how to talk to people not these this time doctors who talk to you any how like do this, do that, who send you to get pregnant, sit down that side when your time reach you will. They say all sorts of things. Because I have been to Redemption delivery room. One time my little sister was losing her pregnancy and I took her there, there was a lot of insults going on in the room. When you are a old person who have had many children and you tell them, it become worse for you. So I wouldn't tell a lie, all the time have given birth, I have never been at the hospital for that. I give birth at my midwife house (Young Female FGD, Urban Montserrado).

Yes, my first child I had, I deliver at the hospital and I was insulted. And for that reason; any time I go for delivery at the midwife (TTM) house she talk to me nicely so I decided I will no deliver anymore at the hospital. I only go there for treatment during pregnancy and time for delivery I go to the old woman (TTM) (Young Female FGD, Urban Montserrado).

Amongst the all-male Montserrado discussion group, the men discussed that financial constraints are one of the major reasons they would deliver at home (using a TTM), but complications would be one of the reasons they would go to a hospital for delivery.

Cash, because of financial constraints. Because of this constraint I cannot go further, I want it done in the home (Male FGD, Rural Montserrado).

Another condition could be maybe the woman she has some complications in delivering so she would say this midwife can't help me, so the best place for me to go is to go to the hospital. So complication is one of the conditions. By complication I mean, she may have problem, she may have hard time in giving birth… and maybe she said I know my problem, I don't want to go to that midwife, I want to go to the hospital because I'm a operation patient (Male FGD, Rural Montserrado).

TTM's Role in Delivery

All three TTM respondents described their role as helping women deliver safely. They all acknowledged that the clinic and/or the hospital is the safest place to deliver and that it is where they encourage women to deliver, if possible:

I check and deliver pregnant women and send them to the clinic whenever they are facing problems I cannot solve by myself. I also work with the clinic here when they call me to help with delivery. I sometime see 4 or 5 pregnant women every day. When they get pregnant and the blood get short they come to me and then I send them to the clinic for treatment. Because I am the TTM in this town I been in this work for long now and I was trained and paper was given to me to do this work but the war spoiled my paper (Traditional Birth Attendant, Rural Grand Bassa).

The reason why women in this town choose the clinic is because when you are pregnant you are two. So you need to go to the clinic because when there is a problem the doctor has all the materials in the clinic to solve that problem but if you deliver in the house when something happen the midwife does not have materials to solve that problem (Traditional Birth Attendant, Rural Grand Bassa).

In fact, focus group participants mentioned that a visit to a TTM is the first step in starting their pregnancy care, which often leads to a visit to a clinic or hospital for antenatal care (ANC) and delivery:

Let's take it step by step they first go to the midwife in the community, sometime they first thing when they lost their period, they sometime uh they first go to the midwife to tell them that oh time pass and I didn't receive and the midwife from their checking they will tell the person say oh you are pregnant and you got to go to the hospital, than from there that person will look for money, when they get transportation to go and confirm the actual information what the midwife had told them whether it's true or not. Then they go to the clinic for examination (Older Male FGD, Urban Montserrado).

TTMs also recognized the role they came to play during the Ebola period – they were trusted sources for delivery as many women were rejected from the clinic and had to deliver at home, as this TTM describes:

Where they wanted to deliver their baby? Hospital, everyone was looking hospital; everyone was looking for safe area. And when some went to the hospital and got turned down they went to other TTM in the bushes and other TTMs are not as advance as the TTM that was trained. Some people are trained midwives and some did first aid, while other are both trained midwives and first aid. So like me, I did first aid and I'm a trained midwife. So in the bushes the people there are midwives but without training like the TTM but they do deliver people and they been delivering people even before some of us started the practice (Traditional Birth Attendant, Rural Montserrado).

If we give up we look up to the clinics, if we give up we look up to the hospital. Because when we send cases to the clinics the clinics can also transfer them to the hospital but at that time there was no clinic and no hospital because everyone was afraid. So when the women come and tell me that the clinic refused them and they start to beg me like oh Ma Alice we beg you, we live in the same community help us, that how I accept them myself. Yes, they need my help more because at the time no hospital or clinic was accepting them (Traditional Birth Attendant, Rural Montserrado).

Quality of the Provider

In regards to delivery, the quality of the provider was found to be very important. Women highlighted wanting a skilled doctor or nurse to assist them and some women pointed out that the TTM in their community is well trained. They like to know that she is trained and skilled to handle childbirth situations.

Some women decide where to deliver because of the treatment, advice, medicine, trained nurses, PA that are working in the hospital. Again some of them go to the clinic because

other pregnant women told them that doctors and nurses at the clinic can do good work on women (Young Male FGD, Urban Grand Bassa).

For me the TTM in this community is very experience and trained. She been delivering many women in this community, she even has her own place to do delivery and get paper from the government. So many women go to her and they deliver freely. If there is any problem like operation that needed she refer the woman to the hospital (Older Female FGD, Urban Grand Bassa).

The discussions also revealed that women rely on other women for advice. When a woman is pregnant, she gets information about providers from her family and/or friends. However, participants in both the male and female groups in the rural community in Grand Bassa noted that they are obligated now to go to the clinic to deliver:

Before when the clinic was not built our women use to go to the midwives when they have problem with their pregnancy but since they built this clinic they pass a law that no woman should deliver in the town so all our women can go to the clinic now. Since they pass that law when you carry your women to the clinic to deliver and she deliver you pay LD$1500 for girl and LD$2000 for boy child (Older Male FGD, Urban Grand Bassa).

Another thing is that when you deliver to the hospital you pay LD$1500 for girl child and LD$2500 for boy child but when you deliver to the mid-wife your family some come and tell her thank you with LD$200 and she accept and put you down. But the big people pass law that no woman should deliver in the house again so when you go to the mid-wife she take you to the clinic to give birth or if it is emergency she deliver you and later go and report you to the clinic to do the remaining work and you pay the money before putting you down to go home (Young Female FGD, Rural Grand Bassa).

In conclusion, when discussing how community members decided where to seek treatment for pregnancy and delivery, both men and women highlighted similar barriers and benefits. Access to clinics and health facilities and unexpected fees were mentioned as some of the major barriers. As with other services that are supposed to be provided free of charge, respondents expressed frustration for having to pay for antenatal and delivery services. The clear benefit cited in all discussion groups was the quality of the care by the provider, resources, and medicines that are available at the clinics and health facilities. TTMs may not be able to attend the woman if complications arise, and the clinic is viewed as the safest place to be when a problem arises. It was also noted that more women are seeking treatment at the hospital now because although the TTMs are well-respected, the best care is at the hospital.

Now, when you go to hospital many patients that go for treatment are pregnant women because there are many problems pregnant women facing that the midwives cannot solve so refer them to the hospital so it is better to just go to the hospital one and for all (Older Female FGD, Urban Grand Bassa).

Health Care Workers and Health Facilities: Experiences Before, During, and After Ebola

Context before Ebola

The health care workers' duties were based on their respective departments. Overall, they described treating malaria, sexually transmitted infections (STIs), HIV/AIDS, hepatitis, measles, urinary tract infections, with health services at the three facilities providing ANC, family planning, post-natal hygiene, gynecology services, and immunizations. Prior to the outbreak, the health care workers described how they were not fearful of their patients, treated a variety of illnesses (such as malaria, STIs) and provided ANC. They did not always wear gloves or follow all the necessary hygiene practices. However, the Ebola outbreak changed all of this.

> *The facility is different now, before you enter there you have to wash your hands and the nurses make sure patients set far from one another. They tell everyone not touch anything in the clinic, even the door you should not close it. Before Ebola the clinic was not like that, nurses and patients use to set together and nurses even touch patients with their bare hands without fear of getting si*ck (Older Male FGD, Urban Grand Bassa).

Context during Ebola

During Ebola, health care facilities and health care workers were described in a negative manner, where patients were often refused or ignored. This was a significant shift from the way they were treated before Ebola, a time when clinics were described as friendly and health care workers treated patients well.

> *Before the Ebola time the clinic was a friendly place and during the Ebola time there was even a pregnant woman who was refused at that place they took her to one or two drug store and pharmacies here she was refuse it was a TTM in one of our villages who deliver that woman so what I can conclude here is that the attendance now is just like when like before, before the Ebola business* (Young Female FGD, Urban Montserrado).

> *What the previous speaker said is the same. First before the Ebola when your child is sick and you take them to the hospital the health worker treated them fine but during Ebola when your child is sick they will tell you put the chair over there and they will sit far from you before start to provide care for the child and at time they wouldn't even want to touch the child, they will abandoned you and the child and go sat somewhere else. But now we thank God again, you go to hospital now they do treat you good* (Young Female FGD, Urban Montserrado).

Health care workers described their facilities as either unable to cope with the patient load or observing a big drop in their numbers, which they attributed to community fears of exposure to an Ebola patient in a clinic or showing symptoms of Ebola. Health care workers described their fear of Ebola as the main reason for changing their dynamic with their patients:

> *Before Ebola I was working number one without fear. And for patients and nurse relationship it was most fine then now, most ok then now. Because in that, maybe I was*

touching and if possible patients were also touching me, hugging me and then I was working out of fear before Ebola (Female Health Worker 2, Urban Monterssado).

Yeah working with patients during that time it was not really easy because you are scare, you don't know the kind of patient that is coming in, you don't know the patient status, you understand me. Because the incubation period of this virus is two to twenty one days and now before this person can reach to this critical stage to break down you will not know who you are dealing with so it was like more people were just kind of like afraid. I wonder, I wonder, so for that reason you don't even want your patient to come close to you; no stand right there, go far, don't come close, you know, that relationship, that patient and nurse, health worker relationship that existed down the line, where you will go close to your patient telling them oh don't worry we will try to solve your problem, whatever we can't handle here we will send you to a bigger hospital, it was not happening like that yeah (Female Health Worker 1, Urban Monterssado).

Pregnancy care during Ebola

Women spoke of difficult times during Ebola, and several respondents lost babies. Due to the *no-touch* policy, health workers would just look at the women who were in pain and not provide the help they needed. Women were refused services and worried about where to go to deliver. Even finding a friend to help with delivery was hard because the fear of physical contact had become widespread.

But now the Ebola had made the relationship bad between patients and healthcare workers. They don't want to come near you when you go for treatment; to even touch a nurse now in the form of joke is not possible (Young Female FGD, Rural Grand Bassa).

Another respondent describes how she lost her pregnancy during the midst of the Ebola crisis:

As for me during the Ebola the pregnancy I had that I lost, I went to my doctor at St. Paul bridge and I told him I was not satisfied with myself, because when day breaks, I would sleep long and I will tired.. and that's how he suggested that he do my test and when he did the test he told me that I was one month pregnant. I said wow, and that's how I had that pregnancy until the heat of the Ebola. My sister died from the Ebola crises. She was sick and had cold which was something that use to bother her. She resided in Kakata. We try getting her to the Rennie hospital in Kakata but it was closed and when we try the community clinic, the man who had it refuse to attend to her because of fear - she's been sick for four days without been checked. So she was grieving and because the cold wasn't easy, she died. When she died we manage by all cost and buried her. In the midst of all that I was still pregnant. I was pregnant for up to for month before coming down with malaria and I was not taking treatment. Because Ebola was not easy around here, all hospitals were closed, even the man who was helping, who told me I was pregnant clinic was close down and you couldn't see him. His place was closed because one of his worker treated somebody and the person died. So all that make things very hard, I remain sick my sister died and I lost my pregnancy (Young Female FGD, Urban Montserrado).

People were scared to go to the clinic or to send their wives to the clinic during Ebola to deliver.

They were often rejected for care at hospital and clinics during the period of Ebola. As a result, many women turned to TTMs for care.

> *When Ebola came, if you are pregnant and go to the hospital, they don't touch you and if you're sick, they wouldn't look at you. Just imagine you are a big belly and you in pain. We even heard rumors that one pregnant woman give birth in a car because the health workers wouldn't touch her because of Ebola. This situation use to get people afraid especially when you are pregnant and taking about where to go and give birth. And the thing about delivery is that it needs comforting because you are between life and death. Pregnant women face many problem during the Ebola time, sometimes you go to the health center and they refuse you than you start to think where to go. But we thank God that now that Ebola s finished, the difference is that we are just thinking like the time things were normal. Because now if you are pregnant, you can go to any clinic and people would accept you. But during the Ebola time it was hard for people who were pregnant. I even had my friend who was in a saving club with us in this Doudo Town who was pregnant and had fever. Her husband was afraid so he called the ambulance and they took her and the next day we heard that she was dead. But we thank God things are ok now* (Young Female FGD, Urban Montserrado).

Respondents expressed a lot of gratitude for the hospitals being open again. While enjoying access to services again, the quality of treatment they receive there might be unsatisfactory. Community members view doctors and nurses as still being scared to touch people, and women are looked at from afar and given prescriptions to go get drugs. They found that facility providers are wearing gloves or Personal Protective Equipment (PPE) during deliveries now.

> *For me since Ebola came to Liberia, the treatment of pregnant women has changed. Before Ebola, the nurses really use to take care of women, when you go for treatment they laugh with you, check you well, and give you good medicine. But now nurses don't even want to see patients, when pregnant women go the hospital for treatment nurses stay far away from and ask them to explain their problems without even touching them. Sometimes the way they dress in the PPE before they come to touch you really make you discourage to be in the hospital* (Older Female FGD, Urban Grand Bassa).

Post Ebola Context

Post outbreak, health care workers described patients returning to the clinics for health services again but continued to stress the importance of community mobilization to continue building trust in the community, trainings, and additional resources at the facility level. They described receiving trainings from the MOH and international partners on safety and preventive measures (such as knowing signs and symptoms of Ebola and wearing PPE) as well as community outreach. Although they described slowly regaining community trust again, they also suggested community members are reluctant to trust the health facilities for all health services due to the lack of drugs and medicine available at the facility level.

> *Now that the outbreak has been contained, my major concern on the healthcare services is how to educate the community on family planning, teenage pregnancy, HIV and AIDs. The staff of this clinic should be trained to cater to more cases of pregnancy. For men*

mostly, they are treated for sexually transmitted diseases STD and we also treat them for cold and malaria. For the women they too received similar treatment with the men and the children carry the high rate of common cold, malaria and high fever. It is a priority because it concerns human life (Health Worker, Rural Grand Bassa).

Yes to some of the reasons are because the patients load we have some come we give them paper to go buy drugs, drugs can't be here sometime but the patient load is too heavy for us (Health Worker, Urban Bong).

During Ebola, people relied heavily on drug stores. Community members were still scared when the clinics re-opened, but people from the government came around to reassure them that they are safe. Respondents spoke often about how the health workers continued to engage in protective behaviors. One of the most common differences between being treated before Ebola and after Ebola was the overall distance doctors and nurses have with all their patients, not only pregnant women. Before Ebola, health workers touched their clients to see how they were and played with the children to make them happy. This was perceived as enabling them to give a better diagnosis and to put patients at ease.

Yeah before Ebola when your child get sick you carry them to the hospital, actually the nurses they used to be really concern to cater to your child or children but after the Ebola crisis or within the period of Ebola there was nothing like care because everybody was afraid of one another, they say don't touch so when your child get sick you carry to the clinic the child will not be treated only because of the fear but for now at least the nurses are trying, when you sick you go to the clinic or you carry your child to the clinic they can cater to your child if they have medicine for the child they will give it to the child if no medicine they prescribe than you go buy it. That's the difference I see (Older Male FGD, Urban Montserrado).

Other protective behaviors that respondents highlighted were the continued hand washing at health facilities and the fact that many health workers wear PPE or put on gloves before going near patients. These on-going protective behaviors not only compromised the overall patient experience, but made people think that the health workers are afraid because Ebola is still in Liberia.

But now thing has changed to the hospital before you even enter the hospital you need to wash your hands, doctors and nurses don't what to come closer to the child until they wear their gloves (Older Female FGD, Urban Grand Bassa).

Now I can feel discourage when I go to the hospital because since they said no Ebola in Liberia again and still wearing their PPE or keeping far from patients it make me think that Ebola is still in Liberia (Young Male FGD, Urban Grand Bassa).

First, when Ebola never came to Liberia if we go to hospital or clinic we never use to wash our hands. We just use go and will be treated but presently when you go to hospital or clinic you force to wash your hands even the doctor or nurses will be afraid to come

near you because some still think that Ebola still in town (Young Male FGD, Urban Grand Bassa).

Patient Perceptions of Health Care Workers

Perceptions of health care workers at health facilities varied, depending on individual experience. Community members said they feel positive about the health facilities and the health care workers and expressed gratitude that the clinics are there and that services have restarted. Community members recognized however, that the nurses have too many patients and that they are trying to see everyone. Overall, community members said service depends on which provider sees them that day.

> *Yes you know there are some of the time to be very frank to everybody, to positive there must be some negative. They have some of them who don't really speak to patients correctly at time. You know when the patient go, the person is already sick you telling the person do this, you tell the person calmly but some of them talk violently, they talk very harshly to the patient* (Male FGD, Rural Montserrado).

The community members described going to the clinic or local health facility to be tested and to find out what medicine was necessary, which would then be bought from the local drug store or "black bagger." Another description of utilization of health services was going straight to the drug store and explaining their symptoms in order to avoid the lines at the clinic (knowing they will be charged for their medication anyway). Though community members were able to identify their closest health facility and/or hospital, this was not the case for community health workers or volunteers. In the Montserrado area, community members described going to a hospital after they have been told by the clinic that they cannot be treated there. Access to resources, such as transport to the hospital or money for medications, was described as the main constraint to health service.

> *For me when I take my child to the clinic the nurses do not treat me well. If you don't have money they will not treat your child, they only give you white paper to go and buy drugs* (Older Male FGD, Urban Grand Bassa).

An issue community members expressed was their dissatisfaction of the interpersonal communication of health providers. Health care workers, such as nurses, were described as rude in the manner they spoke with patients.

> *All I have to say about the clinics around here is that some of the health workers, not all who work there but some should learn to know how to talk to people because some are very aggressive*(Young Female FGD, Urban Montserrado).

Amongst the Montserrado discussion groups, respondents recounted scenarios in which the attitude of the facility-based health care workers, including nurses and doctors, led women to prefer TTMs for delivery:

So I can always say that if I'm pregnant I can't go to the hospital to deliver there, my midwife (TTM) can always deliver me because that old lady know how to comfort you I don't care how it's tough on you. The midwives know how to talk to people not doctors who talk to you any how like do this, do that, who send you to get pregnant, sit down that side when your time reach you will. They say all sorts of things. Because I have been to Redemption delivery room. One time my little sister was losing her pregnancy and I took her there, there was a lot of insults going on in the room. When you are a old person who have had many children and you tell them, it become worse for you. So I wouldn't tell a lie, all the time have given birth, I have never been at the hospital for that. I give birth at my midwife (TTM) house (Young Female FGD, Urban Montserrado).

Yes, my first child I had, I deliver at the hospital and I was insulted. And for that reason; in time I go for delivery at the midwife (TTM) house she talk to me nicely so I decided I will no deliver anymore at the hospital. I only go there for treatment during pregnancy and time for delivery, I go to the old woman (Young Female FGD, Urban Montserrado).
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Health Information Sources

When asked where they would go to get information about health issues or services that are available to them in their community, respondents cited the radio. Respondents also stated that they go to the clinic or hospital for information, as there is no CHV in their community. However, the question may have been understood to refer only to where they go for medical advice or a diagnosis.

For me I go to the hospital to get information when I am not understanding myself. I go and explain my condition to the doctor and he advice me on what to do; if my condition need treatment he treats me (Older Female FGD, Urban Grand Bassa).

Other sources of information included the drug store, nurses in the community, people initiating community outreach ("people going around" the community), and family and friends.

V. RESULTS: PART II

Based on the discussions and group sessions during the HC3-supported Healthy Life Campaign Workshop in October, a concern was highlighted that patients were complaining about not getting a "high quality exam.[1]" In addition, a literature review on trust towards the health system revealed that Liberians consider a quality exam to be one of the most important factors to preferring seeking care at a clinic or health facility. It was recommended that more research was needed to explore how Liberians define a "quality" or "good" exam, and to understand their expectations when they do go the clinic or health facility. The first round of analysis involved reading the transcripts for emerging themes and capturing the overarching points. In the second round of analysis, additional codes were developed to explore the concept of quality exams in more depth. The compassion of health care workers, as indicated by fairness of treatment and attitudes toward patients, also emerged as a theme for the second round. Some of the information below has already been highlighted in Part I, but more detail and explanations are included here.

Perceptions on a Quality Examination

"Good" or "Quality" Examination

People often referred to getting "good treatment" in general but did not mention the examination specifically. Discussion group respondents highlighted several changes in health care provision since the time of Ebola that affect both the quality of the examination done by health care workers as well as how patients view the visit overall. The most significant observation related to the actual examination by the health care provider. Due to new safety procedures put in place during Ebola time, health care workers continue to maintain distance between themselves and the patients. Other issues, discussed in turn below, included lack of touching or intimacy during the exam, lack of confidentiality during examinations, and a marked decrease in the availability of medicines since Ebola.

Physical examination

While respondents discussed a variety of aspects of good treatment overall, the lack of physical proximity was highlighted as the biggest change since Ebola time. Community members stated that health workers now keep their distance from patients by sitting across the room or wearing some type of protective gear.

> *Yes what they are saying is true, before Ebola when patients use to go the clinic the nurses use to come and hold the patients and take the person in the room but now it has changed, nurses no longer touch patients without wearing their PPE because you know since Ebola left this country they say we should still be careful before the virus come back again. So the nurses are very careful knowing the number of health workers that die from Ebola* (Older Male FGD, Urban Grand Bassa).

[1] HC3 (2015). *Healthy Life Campaign Design Workshop Report.* Monrovia, Liberia.

Several respondents described how they must now simply explain their symptoms and situation to the health care workers in place of being physically examined.

> *…for me since Ebola came to Liberia, the treatment of pregnant women has changed. Before Ebola, the nurses really use to take care of women, when you go for treatment they laugh with you, check you well, and give you good medicine. But now nurses don't even want to see patients, when pregnant women go the hospital for treatment nurses stay far away from and ask them to explain their problems without even touching them. Sometimes the way they dress in the PPE before they come to touch you really make you discourage to be in the hospital* (Older Female FGD, Urban Grand Bassa).

Patients feel that in order to have a good examination, the health care worker must physically get close to them and touch them in order to fully understand what is going on with them. Not being touched during an examination is an indication that the exam is not as thorough as it should be.

> [When asked if they think they can get healthcare for their child tomorrow if they need it]: *...for me I say no because if you are sick the doctor suppose to check you but since the Ebola came the doctor can no longer check us.* (Young Female FGD, Rural Grand Bassa).
> *The way nurses can talk to pregnant women when you see it you don't want to born again. They don't check women like before. Sometimes they just ask you few questions when you explain what happen to you they write paper and give it to you to go and medicine outside. Before Ebola the clinic had plenty medicines and when you go there the nurses treat you with respect and encourage you to be coming for treatment until time for you to give birth* (Young Female FGD, Rural Grand Bassa).

In addition, physically touching and interacting with patients, especially young children, puts them at ease, and shows that they care for their patients.

> *Before Ebola, seeking treatment for my child was very easy. When I go to the hospital the doctors and nurses cared for our children; some even play with them to make them feel happy. They treat the child and gave you plenty medicine to carry home and tell you keep giving it to the child until the child gets well. But now thing has changed to the hospital before you even enter the hospital you need to wash your hands, doctors and nurses don't what to come closer to the child until they wear their gloves* (Older Female FGD, Urban Grand Bassa).

While respondents mentioned the lack of touching and a thorough examination, some respondents highlighted specifically how relationships between patients and health care workers have changed since Ebola due to this distance: an absence of encouragement and the loss of kinship-like bonds with health workers. The lack of contact appears to be most strongly felt among pregnant women.

> *Before Ebola nurses really used to encourage pregnant women, when you go for treatment they laugh with you, check you well, provided treatment for you and tell you*

when you should come back for another. But now the Ebola had made the relationship bad between patients and healthcare workers. They don't want to come near you when you go for treatment; to even touch a nurse now in the form of joke is not possible. Patients are not allowed to touch anything in the clinic even if you wash your hands before entering the clinic (Young Female FGD, Rural Grand Bassa).

Before the Ebola everything in the hospital was good. When you go there nurses, doctors, and patients had family relationship. Doctors and nurses encourage you by touching your skin, feeling your stomach and other parts of your body but now it has changed; that family ship is no more. Doctors or nurses keep away from patients while talking to them or wear their PPE before touching any patients (Older Female FGD, Urban Grand Bassa).

Confidentiality

Community members highlighted that since Ebola, a major change has been that doctors and nurses must now leave the door open during examinations. This makes patients feel as if their personal health information is not kept confidential, as anyone passing by can hear what is happening in the examination room.

After Ebola now one time I went to the clinic and wanted to close the door the nurse tell me don't touch that door. I say why, she says because if you touch the door and another person touch it someone might leave virus on the door so it is part of our preventive measures (Young Female FGD, Rural Grand Bassa).

Myself here that door opening business I am feeling bad about because your sickness on you only you and the doctor suppose to know about it but when the door is open other people hear what you are discussing with the doctor and come in the town and gossip about you (Young Female FGD, Rural Grand Bassa).

This can also play a role in a woman's decision to go to a health clinic or not, as described here:

Sometime due to uh the word confidentiality, sometime you carry your problem to somebody and at the end of the day you hear out there, so if that be in their case they don't carry their problem to such a person again, they will change direction. So they sometime selected a particular place where they feel the will be uh be secure whenever they carry their information there it will not be spread out so you find such a person always even if the person live five hours from you will always direct your partner I want to go to such area or to such clinic because you feel that you will be secure there. That some of the reason (Older Male FGD, Urban Montserrado).

Lack of medicine

One of the most frequently cited issues that respondents highlighted about the clinics is the lack of medicine. When patients go to a health facility, they have expectations of receiving medicine or drugs, and when they do not, their evaluation of the exam quality suffers.

For me I don't go that hospital for treatment because when you go there you expect to get good medicine but they will [give] you paper and say go and buy the medicine and that the only clinic we get in this town so they must be able to give us good medicine. Again when you go there you can be there for the whole day, sometime it make your sickness serious and they don't give you good medicine (Older Male FGD, Urban Grand Bassa).

And when we go to CB Dunbar, they can only write the medicine name on paper and give it to you and you can spend the whole day there (Young Female FGD, Urban Bong).

Respondents accused health care workers of taking hospital drugs that should be provided for free and selling the drugs in their private drug stores. Community members described several scenarios where they are sent off by the health workers to buy medicine for their family members in order to be treated at the clinic:

We can feel bad yeah oh because let me just say something this gone Wednesday last week, my little sister she gave birth she was seriously sick the baby was conversing I rush them to the clinic when I carry them to the clinic when the doctor went he saw my little sister. According to them they say they couldn't find the key. I don't know.. the place [where] the drugs packing, they couldn't find the key. Later on they find the key when they find the key they say the girl need drip.. when they find the drip, no drip line.. the girl was lying down.. I can say she was going slowly I have to run that just God bless up us we get motorcyclist here luckily I saw one boy he rush me to the drugstore when I went the woman say her drip line she cant give it to somebody that carry there.. […] I get on my kneel to beg her that how she, she sold that drip line to me so we can really bad (Male FGD, Rural Montserrado).

Health workers also recognized and agreed that the lack of regular medicine supplies is a significant issue in providing appropriate care to patients.

…Now I feel prepared but it is just the drugs supply is very slow since September we have not had drugs supply in this clinic only the small we have here we are managing so most of the times we send patients out to go and buy drugs. Sometimes we are afraid to give the patients paper because when you give one or two patients paper they rest of them can complain about going to buy drugs from outside and they are right.

Receiving medicine is associated with trusting the health care workers. Especially when their child gets better, parents have a positive experience and claim they will return the next time their child is sick.

The thing that make our parents to go the clinic because they can get good treatment, if the child has malaria and they give medicine and the child not get sick you will or that can make them to go there. So if the child sick again you will take them back to that same hospital (Young Female FGD, Urban Bong).

Like we are saying, the clinic does not have drugs and that medicine makes hospital. Anyone who is sick will expect to get good treatment from the hospital but patients can't

depend on our clinic here. When you go there for treatment they give you paper to go and buy drugs from people who sell drugs in the bucket. For the time spent I think this happen because the clinic does not have more staff but they are trained nurses who know their job. Sometime when there are drugs in the clinic and they treat patients, they give you enough drugs to go home and take so the information they give to patients can be trusted (Older Male FGD, Urban Grand Bassa).

Fees

Community members are well aware that all services and medicine at public, government health facilities are supposed to be free of charge. They often made reference to being told that it is free, implying that they have heard the messages about free services, but pointed out that this is rarely the case.

*For me when somebody get hurt in this and they take you to the clinic they don't want to treat you or before they treat you they say you must pay money first and that clinic is for government it suppose to be free but they can tell us to pay money (*Older Male FGD, Urban Grand Bassa*)*.

…There is nowhere in my community that somebody is there that they will buy their drugs maybe in their store you go and they treat or give it to you free and the bad part about it is they will demand you if they charge you like they charge you five hundred they will demand you to pay at least three hundred before they start treating that child. If sometime when it in the night, if it in the day at least you get place to go but when it in the night you know that the both of you are jam you the parent you are jam and they too they know beside them you will not go to another person they the only person there they will delay you to pay certain percent before they touch that child. So there is no where in my community that somebody ever huh volunteer to treat us free no)

In the end, the overall impression is that community members feel that they have to pay in order to receive good or quality treatment. At times, patients are waiting and asking for help for serious conditions but are completely ignored until they pay someone.

For me one of the good hospital in this city is the Catholic hospital, it is very expensive but if you have money and go there for treatment you get good treatment and you get plenty medicine (Older Female FGD, Urban Grand Bassa).

For me when I go to the hospital now I can feel very bad because of the treatment nurses are giving us. For us women, we can move from the hospital because we care for ourselves and our children. The way nurses are acting this time it full my mouth, I don't know it is because of the Ebola. It was not like that before. The last time I take my child to the hospital, I saw people bring one woman for emergency but the nurses could not even come to help the woman. Her family keeps calling for help but nurses were just passing by them until the family gave money before the woman was taken in the room for treatment (Older Female FGD, Urban Grand Bassa).

Waiting time

When talking about the wait time to be seen by a health care worker, community members raised three points. The first is that they often must wait for long periods of time. Second, they expressed frustration that during this time that they are waiting, they are ignored. It is often explained that the health care workers simply do not have time for them and do not care much about the people who are waiting, even when they are in pain. Finally, the third point was the fact that many clinics can only see a limited number of people per day – patients have to get there early enough to get a card/place in line.

> *I think like when we go to hospital we can be sitting, the people can tell to sit down and someone even died in my presence because of the time they can waste there before paying attention to you and I do not like it* (Young Male FGD, Urban Bong).

> *Sometimes when you go to the clinic before 8:00 am the nurses put your name down and after 12 noon they say they are going to eat. They all leave and go to their houses still there up to 2:00 pm while we are waiting for them. When they come now they take small and say we are out for the day the rest of the people go and come back tomorrow morning* (Young Female FGD, Rural Grand Bassa).

Compassion

Personal treatment

There are mixed opinions on how people are treated by the health care workers when they go to the clinics. Overall, respondents indicated that there are good health care workers and bad ones – some provide you with good service, while others do not. One of the most common examples respondents gave to support this view is how the health care workers speak to them. Respondents also indicated that they are aware that many clinics are understaffed and that the health care workers are trying to do their best with the limited resources that are available.

> *For me feel fine for the people who work to the clinic some of them, they always talk to me good so for me I feel good about them* (Young Male FGD, Rural Bong).

> *For me I feel good about them. They are not plenty but they can try to treat everyone that go to the clinic for treatment. The people working hard we must thank God for them. The only thing is that they should help take good care of the TTM in the town so when they leave she can take care of our pregnant women* (Older Male FGD, Urban Grand Bassa).

However, it was noted that patients who personally know a health care worker get better service.

> *Many of in the community feel bad about them because if you do not know somebody among them, they care less about you. Even if your condition is worse they just leave you in room without any treatment* (Older Female FGD, Urban Grand Bassa).

Health Worker Attitudes

Although attitudes varied depending on the participant's individual experience at the health facility, the main complaint was the way health workers spoke to their patients -- being described as not knowing how to talk to people and being quite rude to their patients. It was noted that this is more common with the younger, recently trained nurses, but not with the older ones. This led to respondents questioning the training of the aggressive health workers, such as the described here:

> *All I have to say about the clinics around here is that some of the health workers, not all who work there but some should learn to know how to talk to people because some are very aggressive. Because even Kpalla clinic the janitor that is there if he talk to you, you would think he's the doctor there so you wouldn't treatment, he's very aggressive and people go to the hospital with many problems that disturb their minds so health workers need to know how to talk to them. And for the delivery section, most of the nurses from the government side do not know how to talk to people except the midwives but the ones who are taking pay don't even know how to talk to people. Especially the six months nurses who just go and the next thing they are in the hospital. And I believe that the first thing nurses learned is counseling but it's like the people just waste their time because they come back without any training at all and when they wear that blue cloths, they even feel they are bigger than the PA (*Young Female FGD, Urban Montserrado).

> *Some people can talk to people good but some people in the clinic are very aggressive they can't talk to people good even older people if you want advice people call them in they come and advice them but they can talk to the people aggressively* (Young Female FGD, Urban Bong).

However, when the community members feel that the health care workers are trained, they express a more positive experience:

> *Well in this community we feel very good about our health workers. Our health workers at our community are very trained people. Another reason is most of them live Monrovia, so they sacrifice to come from Monrovia to render health services to us here. So we feel proud of them. We consider them as good people because the other people would say we want to be in Monrovia and assigned to other hospital or clinic but they come here to render health services to us, so we very proud, we feel good about them.*

Amongst the Montserrado discussion groups, scenarios were described how the attitude of the facility based health care worker (such as a nurse or doctor) has led women to prefer TTMs for delivery:

> *Yes, my first child I had, I deliver at the hospital and I was insulted. And for that reason; in time I go for delivery at the midwife (TTM) house she talk to me nicely so I decided I will no deliver anymore at the hospital. I only go there for treatment during pregnancy and time for delivery, I go to the old woman* (Young Female FGD, Urban Montserrado).

VI. KEY FINDINGS

Results from this rapid qualitative assessment on trust in and utilization of the health system highlighted barriers and benefits to seeking treatment for children under five years of age, barriers and benefits to seeking health services during pregnancy, how community members view changes in health care provision since Ebola, and how they view the quality of treatment and care they receive. When children under five become sick, parents often initiate treatment at home through store drugs, such as Paracetamol. They often prefer buying drugs from the "black baggers," which is faster and cheaper. Parents also engage in symptom-relieving behaviors such as bathing children in cold water when they have a fever. If the child's condition worsens, then they seek care at a clinic or health facility. Benefits to seeking care at a clinic include quality treatment for serious illnesses and getting a proper diagnosis when the home treatment fails. Barriers include access to clinics, fees to be seen by a health care worker, and time lost if there is no medicine available.

During pregnancy, most women heavily rely on clinics and health facilities for emergencies. As with their children, they go to clinics to find out what is wrong if they are not feeling normal. The greatest barriers are getting to a facility, especially when they go into labor at night or the baby comes very quickly, as well as having to pay fees once they arrive. Fees are incurred for both the service of being cared for and for vaccinations for their newborns. Despite the barriers, both community members and TTMs agree that the best place to deliver their baby is at a clinic or health facility as unforeseen complications are a serious issue that cannot be addressed by TTMs. Community members perceive clinics and health facilities to have quality personnel, equipment, and medicines in the event of an emergency. Since the end of Ebola cases, health workers have noticed community members returning to the facilities, which may suggest an uptake of maternal health services in the future. However, TTMs are often the most trusted figures of the community for pregnancy and delivery care. They often fill in the void for such services when a health facility is not easily reachable or affordable. Often when a health facility is available, the TTMs are the first line of contact with pregnant women and play the role of referring them for their delivery services. Overall, women wait to seek care until they are worried that something is wrong or are about to deliver their baby. No one discussed having a birth plan or thinking through steps at the first signs of labor.

Community members discussed their views on quality treatment, and respondents highlighted how quality has changed since Ebola. Respondents defined quality treatment as receiving a thorough physical examination, receiving medicines, and confidentiality of their visit. Since the Ebola epidemic, health care providers sit away from their patients and do not touch them to assess their ailments and conditions as they had done before Ebola. Most community members perceive the continued precautions, such as wearing gloves and PPE and relying on asking questions rather than physically touching patients, as compromising the thoroughness of their examination. The additional safety measure of keeping the door open during examinations makes patients feel as if there is no confidentiality. People complained about the lack of medicines available at the clinics and health centers since Ebola time. A quality exam includes receiving drugs, and if patients have to buy medicine elsewhere, the time at the clinic is seen as wasted.

Respondents expressed additional concerns about seeking care and using services at clinics and health centers: that patients have to wait a long time to be seen, that they often have to pay fees although child and maternal health services are promoted as free, and that healthcare workers are often rude towards patients. While respondents acknowledged that clinics and health facilities are understaffed and that many providers are trying their best, people are still scared of Ebola, and when they receive poor quality treatment or are charged for "free" services, they are less likely to seek care the next time it is needed. The confusion resulting from inconsistent and/or incorrect information about the cost of specific health services may contribute to a future lack of trust towards government health facilities.

Discussions around compassion revealed a mix of responses. Respondents often commented that it depends on which health care provider one sees: some are nice and some are rude. However, many stories were presented that indicate health care workers often speak condescendingly to their patients. It was also noted that patients receive better care when they know someone and are often completely ignored until they pay a fee.

Overall, barriers to seeking maternal and child health services center on access and financial barriers. Community members most often go to a clinic or health facility for emergencies and when they are unable to treat illnesses and symptoms at home. While respondents highlighted some negative treatment they endure from health care workers at clinics and facilities, they also recognize that clinics provide higher quality care than they can find in their local communities. Respondents highlighted that they take their children to the clinic when they do not know what is wrong.

VII. CONCLUSIONS

Community health workers and volunteers can present an opportunity to encourage parents to seek treatment for their children before waiting for symptoms to worsen. However, most of the discussion groups in Grand Bassa and Bong noted that they did not have or know of a community health volunteer in their community. As noted in the methodology section, communities with gCHVs were selected so that the research teams may rely on their assistance with community entry and identification of respondents. It is possible that community members are simply not aware that a health volunteer exists in their community. It may also be possible that they do not see these volunteers as health care providers or appropriate sources of medical advice. It is recommended that community health volunteers identify themselves widely in their communities, and find appropriate ways to spread their message of their availability and to explain what they have been trained to do.

There were no major indications that community members do not trust health care providers or that they are scared to return to health facilities since the time of Ebola. For pregnant women, they see health facilities as providing better services, and as being able to handle emergencies well, but they prefer the comforting relationship already built with their local TTM. They also often deliver quickly, and do not have time to reach health facilities. Not a single woman interviewed mentioned having a birth plan. It is recommended that this expected behavior change be highlighted in the *Healthy Life* Campaign.

When seeking care for children under five, parents clearly describe what they see as severe symptoms requiring immediate treatment at a health facility and regular symptoms that they should try to treat at home first. Health messages should focus on parents understanding and beliefs, it should be advocated that all fevers should be tested at a health facility in order to ensure their children receive the appropriate treatment within 24-48 hours. Community-based providers who are active and well-known in their communities are in an ideal position to help spread this message and to make appropriate referrals.

Overall, barriers such as cost and distance to health facilities continue to prevent caretakers of children under five and women from seeking care at an early stage of illness or to complete recommended number of visits for ANC care and immunizations. In addition, previous experiences with health providers greatly influence the decision of where to seek care the next time. If patients are treated rudely, they view the health facilities as not having enough staff to treat them in a timely manner. If the health facility is experiencing a drug stock out, patients are encouraged to seek care elsewhere the next time they need it. Finally, patients view the continued safety policies as preventing a thorough exam. It is recommended that messages should highlight the limitations that health care providers also face, and the efforts that have been put into place to improve health care services provision.

VIII. APPENDICES

Trained Traditional Midwife Guide

JOHNS HOPKINS CENTER FOR COMMUNICATION PROGRAMS

Health Communication Capacity Collaborative (HC3):
Rebuilding Trust in the Health System

In-depth Interview Guide: Trained Traditional Midwives

Date		**Interview No.**	
Interviewer Name		**Note-taker Name**	
County		**District**	
Male or Female (circle)	Female	Male	
Respondent Age			
Discussion time	Start	End	

County (A)	**Method (B)**	**Type [C]**	**No. (D)**
Rural Grand Bassa – **GBR** Urban Grand Bassa - **GBU** Bong Rural - **BR** Bong Urban - **BU** Montserrado Rural - **MR** Montserrado Urban – **MU**	In-depth Interview- **I**	Urban Health Worker – **HW** Rural TBA/TTM – **TB**	#

Introduction: Hi my name is <NAME>, and this is <NAME> (indicate the note taker). Thank-you for spending some time with us today to share your own thoughts and experiences in your community. We are part of a team from HC3, the Health Communication Capacity Collaborative. We are locally based in Monrovia and working in Liberia with the Ministry of Health to help them improve health services. We are conducing interviews with health care providers to better understand your experiences as a health care provider during this post-Ebola time.

If you agree to speak with me today, we will have a face-to-face conversation that should last about an hour. I will be asking you about your day-to-day work as a Trained Traditional Midwife, some of the challenges you may have in your work, and what you think would help you do your job better. I will also ask you about how your job and roles changed from before Ebola, to during Ebola time, and now after Ebola time.

There is no risk to you participating in this interview. We will talk in a place of your choosing that is private and comfortable. Your participation in this interview is completely voluntary, and you will not get paid. You may skip any question that makes

you uncomfortable. If you change your mind about wanting to talk with me, you may quit at any time.

While there is no direct benefit to you for speaking with me today, the information gathered from these interviews will help the MOH improve health services and encourage use of health care services for children and pregnant women.

There are no right or wrong answers to the questions we are asking today. All of the information you provide us today will be kept confidential, and we will not be recording your name. My colleague will be taking notes, and with your permission, we will audio-record this session to back-up the notes.

If you have questions you may ask the facilitator at any time or you may call the Program Coordinator, Anna Helland: 0775060171.

Do you have any questions? (Circle One)	YES	NO
Do you agree to participate? (Circle One)	YES	NO
Is it OK with you if we audio-record this session? (Circle One)	YES	NO

DAILY ACTIVITIES

1. Tell me about your work as a TTM.
    a. PROBE: Where do you work? (Probe: community, health facility, hospital)
    b. PROBE: How many women do you see each week?
    c. PROBE: What are the reasons why women come to you for help?
    d. PROBE: What do you do for the women who you see (pregnancy care, assist in delivery)?

ROLE DURING EBOLA

2. Think about the Ebola time, when Ebola was very bad in many parts of Liberia, what work were you doing as a TTM?
    a. PROBE: What did you do for the women you saw during the Ebola time?
    b. PROBE: Did your work change when Ebola came to Liberia? How so?

3. During the Ebola time, what were some of the reasons pregnant women needed your help?
    a. PROBE: Tell us more about what help women wanted during the Ebola time? Did your help change during the Ebola time?

4. During the Ebola time, where did women want to deliver their babies? (This speaks to terms of location of deliver)
    a. PROBE: Where did women find most comfortable for delivering?

5. During the Ebola time, what were some of the things women said about the health facility when they came to you?
    a. PROBE: Did where they say they should deliver change during the Ebola time? How so?

ROLE AFTER EBOLA

6. Now that Ebola has left Liberia, what work are you doing as a TTM?
    a. PROBE: What are you doing for pregnant women now that Ebola has left?
    b. PROBE: Has your work changed since Ebola left? How so?

7. Now that Ebola has left Liberia, what are some of the reasons pregnant women need your help?
    a. PROBE: Did the reasons women need your help change once Ebola left? How so?

8. Now that Ebola has left Liberia, where do women want to deliver their babies?
    a. PROBE: Where do women feel most comfortable for delivery after Ebola?

9. What are some of the reasons why women in the community are choosing these places for delivery?

10. Now that Ebola has left, where does the staff at the health facility say women should deliver?
    a. PROBE: How did this change since Ebola has left?
    b. PROBE: How does this change your work as a TTM?

11. Where do you think women should deliver now that Ebola is gone?
    a. PROBE: How do you feel about women giving birth at home?
    b. PROBE: How do you feel about women giving birth at the health facility?
    c. PROBE: How much influence do you have on where women deliver?

Facility-based Health Care Provider Guide

JOHNS HOPKINS CENTER FOR COMMUNICATION PROGRAMS

Health Communication Capacity Collaborative (HC3):
Rebuilding Trust in the Health System

In-depth Interview Guide: Facility-based Health Care Providers

Date		**Interview No.**	
Interviewer Name		**Note-taker Name**	
County		**District**	
Health Facility Name		**Respondent Age**	
Male or Female (circle)	Female	Male	
Role	Nurse	Other_____	
Discussion time	Start	End	

County (A)	**Method (B)**	**Type [C]**	**No. (D)**
Rural Grand Bassa – **GBR** Urban Grand Bassa - **GBU** Bong Rural - **BR** Bong Urban - **BU** Montserrado Rural - **MR** Montserrado Urban – **MU**	In-depth Interview- **I**	Urban Health Worker – **HW** Rural TBA/TTM – **TB**	#

Introduction: Hi my name is <NAME>, and this is <NAME> (indicate the note taker). Thank-you for spending some time with us today to share your own thoughts and experiences in your community. We are part of a team from HC3, the Health Communication Capacity Collaborative. We are locally based in Monrovia and working in Liberia with the Ministry of Health to help them improve health services. We are conducing interviews with health care providers to better understand your experiences as a health care provider during this post-Ebola time.

If you agree to speak with me today, we will have a face-to-face conversation that should last about an hour. I will be asking you about your day-to-day responsibilities, your views on how the health system has changed over the course of the Ebola epidemic, how safe you feel working at the health facility, and how your work-related behaviors have changed since Ebola.

There is no risk to you participating in this interview. We will talk in a place of your choosing that is private and comfortable. Your participation in this interview is completely voluntary, and you will not get paid. You may skip any question that makes you uncomfortable. If you change your mind about wanting to talk with me, you may quit at any time.

While there is no direct benefit to you for speaking with me today, the information gathered from these interviews will help the MOH improve health services and encourage use of health care services for children and pregnant women.

There are no right or wrong answers to the questions we are asking today. All of the information you provide us today will be kept confidential, and we will not be recording your name. My colleague will be taking notes, and with your permission, we will audio-record this session to back-up the notes.

If at any time you have questions you may ask the facilitator at any time or you may call the Program Coordinator, Anna Helland: 0775060171.

Do you have any questions? (Circle One)	YES	NO
Do you agree to participate? (Circle One)	YES	NO
Is it OK with you if we audio-record this session? (Circle One)	YES	NO

WORK DESCRIPTION

1. What are some of the things that you do each day at this facility?
    a. PROBE: What are some of the main illness that you treat (that people come in for treatment for)?

2. Can you tell me about what your work was like before Ebola?
    a. PROBE: How is your job different now than the time before Ebola?
    b. PROBE: What types of illnesses did people come to the facility to seek treatment for before Ebola? How is it different now?

3. Can you tell me about your work during Ebola?
    a. PROBE: Can you tell me about what it was like working with patients during this time?
    b. PROBE: What types of illnesses did people come to the facility to seek treatment for during Ebola?
    c. PROBE: How has this changed since Ebola ended?

EXPERIENCES WITH COMMUNITY MEMBERS

4. During Ebola time, how did the community react towards you and other health care providers?
    a. PROBE: How do they react towards you and your colleagues now?
    b. PROBE: Can you give me some examples?

5. In your opinion, what are some of the reasons why members of the community would not like to come to the health facility?
    a. PROBE: What can you do to encourage community members to come to the health facility for basic health care?

6. Do you think people in the community coming to the health facility as much as they did before Ebola?
    a. Why or why not?

PERCEPTIONS TOWARDS THE HEALTH FACILITY

7. Since the Ebola outbreak has been contained, how have you been prepared to continue practicing safe preventive behaviors?
    a. PROBE: How have you been trained to identify possible future Ebola cases? (probe for any trainings)

8. Can you tell me about any safety concerns you or your colleagues have had about working in this facility?
    a. PROBE: How do these concerns affect your ability to do your job?
    b. PROBE: Can you tell me about any particular health services that you do not provide (or do not want to provide) based on any safety concerns?

9. If there was another Ebola outbreak in the future, how has this health facility been prepared to handle it?
    a. PROBE: How have you been prepared? Do you feel prepared?

10. Now that the Ebola outbreak is being contained, what health topics do you think will need the most attention in your community?
    a. Probe for: What are the health priorities for men? Women? Youth? Children?
    b. [FOR EACH MENTIONED] What makes these health issues priorities?

11. What do you think can be done to encourage mothers to get their children immunized?
    a. By who? (PROBE: the government, NGOs, etc.)
    b. And how? Any suggestions.

Community Member Discussion Group Guide

JOHNS HOPKINS CENTER FOR COMMUNICATION PROGRAMS

Health Communication Capacity Collaborative (HC3):
Rebuilding Trust in the Health System

Discussion Group Guide

Date		**Interview No.**	
Interviewer Name		**Note-taker Name**	
County		**District**	
Rural or Urban (circle)	Rural	Urban	
Male or Female (circle)	Female	Male	
Ages (circle)	18-30 years of age	31-49 years of age	
Number of participants			
Discussion time	Start	End	
County (A)	**Method (B)**	**Type [C]**	**No. (D)**
Rural Grand Bassa – **GBR** Urban Grand Bassa - **GBU** Bong Rural - **BR** Bong Urban - **BU** Montserrado Rural - **MR** Montserrado Urban – **MU**	Discussion Group - **DG**	Male 18-30 - **MY** Male 31-49 – **MO** Female 18-30 - **FY** Female 31-49 – **FO**	#

Introduction: Hi my name is <NAME>, and this is <NAME> (indicate the note taker). We are part of a team from HC3, the Health Communication Capacity Collaborative project. We are locally based in Monrovia and working in Liberia with the Ministry of Health to help them improve health services. We are conducing discussion groups with community members with small children to better understand how you treat common illnesses and what you think about the health services that are available to you.

If you agree to participate today, we will have a group discussion with no more than 8 people. The discussion should last about an hour. We will be talking about where people in your community prefer to go when their children are sick and when women are pregnant. I will ask you some questions about health services in your area.

There is no risk to you participating in this discussion group. We will talk in a place that is private and comfortable. Your participation in this discussion group is completely voluntary, and you will not get paid. You may refuse to answer any question that makes you uncomfortable. If

you change your mind about wanting to participate in the group discussion, you may quit at any time.

While there is no direct benefit to you for speaking with me today, the information gathered from these interviews will help the MOH improve health services and encourage use of health care services for children and pregnant women.

There are no right or wrong answers to the questions we are asking today. All of the information you provide us today will be kept confidential, and we will not be recording your name. We ask that you also respect the opinions and comments of everyone else in the group. My colleague will be taking notes, and with your permission, we will audio-record this session to back-up the notes.

If you have questions you may ask the facilitator at any time or you may call the Program Coordinator, Anna Helland: 0775060171.

Do you have any questions? (Circle One)	YES	NO
Do you agree to participate? ** (Circle One)	YES	NO
Is it OK with you if we audio-record this session? (Circle One)	YES	NO

**If people refuse to participate, thank them for their time. Indicate how many people refused and the reasons for not agreeing to participate (if they provided them):

HEALTH SERVICES

1. To get started, I would like to get an idea of the types of health services that are available to you in your community. What are the services available?
    a. Can you tell me more about all the different types of health care workers that you know about in your community?
    b. PROBE: If they do not mention a health facility, ask: Where is the closest health facility or hospital? Have you been there?

2. What do parents in your community do for care or treatment when their **children under five** are sick?
    a. PROBE: In what types of situations do parents take their children to the *health facility or hospital* when they are sick?
    b. PROBE: In what types of situations do parents take their children to the *community health volunteer* when they are sick?

3. Do you think you can find care for your child if you need it tomorrow?
    a. PROBE: From where and how?
    b. PROBE: How is seeking care for your child different from before Ebola came to Liberia?

Thank-you, now I would like to ask you some questions about what women in your community do for care when they are pregnant.

PREGNANCY

4. Where do women go when they have questions about their pregnancy?

5. In what types of situations do women go to a health facility or hospital for care when they are pregnant?
    a. PROBE: What are some of the things that affect a woman's decision to go to a health facility or hospital for care when they are pregnant?

6. How do women decide where to go to deliver their baby?
    a. PROBE: In what types of situations do women go to the health facility or hospital to deliver their baby?
    b. PROBE: In what types of situations do women deliver their baby with a trained traditional midwife at their home?

7. How have the ways in which women get care during pregnancy changed since before Ebola came to Liberia?
    a. PROBE: Are women more or less likely to go to a health facility for care during pregnancy or to deliver their baby now? Why do you think that is?

HEALTHCARE WORKERS

8. How do people in your community feel about the healthcare workers at the health facility?
    a. PROBE: How do the health care workers act towards you?

9. What do people in your community think about the quality of service that the healthcare workers provide?
    a. PROBE for time spent, ability, trust on information.

HEALTH FACILITY

10. What do you think about the services at (nearest health facility)?
    a. PROBE: What concerns do people in your community have about going to the health facility?
    b. PROBE: How is the health facility different now than during or before Ebola time.

11. Where would you go to get information about health issues or services that are available to you in your community?

12. Is there anything else you want to tell me about the health facility?