# “They often take us for granted”: perceptions of Community Health Officers attitudes and discretionary power affecting implementation of Ghana’s community-based primary health care programme

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**Background:** Ghana is scaling up a community-based primary care programme built on community participation, volunteerism and use of Community Health Officers (CHOs) (Nurses reoriented and placed in the community to among others provide clinical sessions, home care, clinical outreaches and promotive and preventive care). In principle, CHOs are socially accountable to the community and district health leadership. In practice however, they enjoy relative autonomy in terms of choices and hold considerable discretionary power often exercised to the benefit or detriment of programme implementation. Drawing upon Likpsky’s street-level bureaucracy theory, we aim to explore and analyse how and why implementation of the programme is affected by factors embedded in the actions of these CHOs.

**Methods:** A qualitative study conducted in four communities in northern Ghana. In each community, we conducted in-depth interviews with CHOs (n = 10) and focus group discussions with a purposefully sampled community key informants: traditional authorities, district assembly members, community health volunteers and clients. Interviews were tape-recorded, transcribed verbatim and exported to Nvivo 10 for analysis. Two researchers independently coded the text deductively but allowing new codes emerging to be nested into existing ones. The final set of codes were aligned, organised into a hierarchical structure and reported.

**Results**: Findings show that regular access to health services was impeded by CHOs absenteeism, lateness at work and use of discretionary authority to determine when and how care should be administered. Furthermore, community members shared their experience about problems with CHOs relations, courtesy, cultural respect and personal commitment to the programme’s implementation. Such attitudes played out in undermining broad-based community participation in the programme. Some participants complained about frequent prescription errors which they attributed to lack of opportunity to question CHOs diagnostics and treatment. CHOs relational shortfalls partly resulted from weak administrative systems that compromised effective monitoring and supervision. Also, the nature of work and working conditions of CHOs produced incentives for such attitudinal problems.

**Conclusion:** Findings extend the utility of bottom-up theories to the implementation of community-based health programmes. The results suggest the need for CHOs to model the way and act as agents of social change at the interface with the community to influence participation in the programme.