

Towards strengthening a people centred health innovation: provider related factors affecting implementation of a close-to-client health intervention in Ghana

Abstract

Background: following an initial successful experimental design Ghana adopted and scaled-up a community-based health service model to move away from clinic-based care to doorstep care provided by a resident community health worker (CHW). This close-to-client programme implementation is seen as crucial for improving health outcomes. However, there are concerns regarding how CHWs use their discretionary decisions to alter planned delivery of care. Using Lipsky's theory of street-level bureaucracy this study explores how the dynamic attitude and practices of CHWs shape implementation process of the programme and how barriers emerging from their practices may be overcome.

Methods: six communities currently implementing the programme were randomly selected for the study. A semi-structured interview guide, in-depth interviews and focus group discussions were held with CHWs and opinion leaders of communities. The primary data together with relevant related secondary data were analysed thematically.

Results: a vast discrepancy existed between planned and actual implementation of the programme by CHWs. Rather than carrying routine mobile household visits to administer care some providers adopted the traditional static onsite delivery of care. The delivery of care was intermittently impeded by providers' absenteeism at post which could reach an average of seven days in a month. Also resources meant to facilitate mobile delivery of care were converted to personal use. Opinion leaders reported providers poor attitude; their use of discretion to determine if and when to administer care; low zeal to work towards improving health of target populations and their inability to establish effective social networks with communities as required by the programme.

Conclusion: we show evidence of how CHWs modify implementation of the programme to suit their interest overtime. Findings have implication for stepping up supervisory mechanisms to allow for accomplishing compliance with programme objectives and behaviour change relating to resource utilisation.