

4.0 Main Findings

This section provides the main results of the review in sub-sections.

4.1 Concept and Understanding of CHPS

Community-based Health Planning and Services is a system designed to improve health care access; to bridge equity gaps in accessing quality health services and to remove non-financial constraints to health care delivery. CHPS is the operational outcome of the GHS' "Close-to-client" system of primary health care delivery. Unlike the typical facility-based health care delivery, CHPS is a community-based, community-involved care system that enables DHMT's to adapt and develop approaches to community health care that are consistent with local traditions, sustainable with available resources, and that is compatible with prevailing needs.

The operationalization of the CHPS process demands systematic planning and execution of the DHMT, the SDHT and the community leadership as well as the citizenry, at large. A fifteen step-by-step activity sequence is provided as a guideline for implementation based on the Navrongo Experiment. As with any guideline, these steps can be modified to suit the specific needs in a given district. The 15 CHPS activity sequence is summarised in the Box 1.

Box 1: The Fifteen CHPS Activity Sequence

<p>Activity One: Program Planning</p> <ul style="list-style-type: none"> • Situation analysis and problem identification at the level of the DHMT • Consultation with District Assembly – the Chief Executive and the Social Services Sub Committee • Selection of Communities. <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> • The DHMT (DDHS & PHOs) <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> • Compiled Situational Analysis of Available Resources and Program Requirements. 	<p>Activity Six: Selection and Orientation of Community Health Committee Members; and Durbar for Approval of Community Health Committee</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> • Community Leadership and SDHT/DHMT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> • Community Health Committee Members Confirmed • Community Health Committee members Sign • Commitment Contract 	<p>Activity Eleven: Selection of Community Health Volunteers</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> • Community Health Committee Supported by the SDHT <p><i>Milestone /Indicator:</i></p> <ul style="list-style-type: none"> • Community Approval Obtained
<p>Activity Two: Consultation and Sensitization of Health Workers.</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> • DHMT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> • Health Workers Acceptance of CHO Concept 	<p>Activity Seven: Compilation of Community Profile</p> <ul style="list-style-type: none"> • Information on Geographic and Demographic Characteristic, Existing • Health Features and Facilities. <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> • DHMT,SDHT, and Community Health Committee and Leadership 	<p>Activity Twelve: Durbar for Approval of Community Health Volunteers</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> • Community Health Committee and SDHT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> • Community Approval Obtained

	<p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> Community Profile Brief and Register Established 	
<p>Activity Three: Dialogue with Community Leadership</p> <ul style="list-style-type: none"> District Assembly, Area Council and Unit Committee Members responsible for Communities, Chiefs, Elders, Elders, Women Leaders etc. <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> DHMT (DDHS/PHOs) <p><i>Milestone/ Indicator:</i></p> <ul style="list-style-type: none"> Community Leaders Acceptance Recorded 	<p>Activity Eight: Construction of Community Health Compound</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> Community Health Committee and Community Leadership <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> Community Health Compound constructed 	<p>Activity Thirteen: Training of Community Health Volunteers</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> SDHT/DHMT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> Certification of Community Health Volunteers
<p>Activity Four: Community Information Durbar</p> <ul style="list-style-type: none"> Community Discussion of the program and its Implications. <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> Community Leaders supported by the DHMT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> Informed Community Created 	<p>Activity Nine: Mobilisation of Logistics</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> DHMT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> Logistics Stocking and Management System Established 	<p>Activity Fourteen: Mobilisation of Logistics and Equipping the Volunteers</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> DHMT/SHMT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> Logistics Stocking and Management System Established
<p>Activity Five: Selection and Training of CHOs.</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> DHMT/SDHT <p><i>Milestone/Indicator:</i></p> <ul style="list-style-type: none"> Certification of CHOs 	<p>Activity Ten: Durbar for Formal Launching of the CHO Program</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> Chiefs, Community Health Committee and DHMT <p><i>Milestone/Indicator:</i></p> <p>Commencement of Community Health Compound and Doorstep Health Delivery.</p> <p>After Six Months Or More Of Operating The Cho Program The Development Of The Community Health Volunteer Program Begins</p>	<p>Activity Fifteen: Durbar to Launch Community Health Volunteer Program</p> <p><i>Responsible Institution/Official:</i></p> <ul style="list-style-type: none"> Chiefs, Community Health Committee and SDHT <p><i>Milestone /Indicator:</i></p> <ul style="list-style-type: none"> Community Health Volunteers Sign Commitment Contract Witnessed by SDHT Commencement of Community Health Volunteer Program <p>The DHMT and SDHT continuously monitor and supervise program activities throughout the entire process.</p>

Based on these CHPS activity sequence, six general implementation activities that change primary health care services from a sub-district clinic based operation to a comprehensive community-based programme are achieved. Each of the specific elements is referred to as a "CHPS milestone":

- 1. Planning:** "CHPS zones," geographical areas where services are to be delivered, are mapped district-wide, dialogue with communities about their health needs is held, and a situation analysis of the existing health services within a district is conducted.

2. **Community Entry:** Activities with chiefs and leaders residing within a CHPS zone are conducted in order to introduce and gain acceptance for the process, a durbar to introduce CHPS to the entire community is held, and a Community Health Committee, responsible for community-level and volunteer components of the CHPS process, is selected and trained.
3. **Community Health Compound (CHC):** This is the site where the CHO (described immediately below) will live and provide services. This phase includes securing funds for building or renovating a structure to serve as the CHC, selecting a site for the CHC that is acceptable and easily accessible to the entire community, and mobilizing communal labour for CHC construction.
4. **Community Health Officer (CHO):** This is the title given to a certified community health nurse who has received additional training in order to provide the full complement of CHPS services. This phase includes the training and deploying of the nurse to the CHPS zone and holding a durbar to introduce the CHO to the CHPS zone residents.
5. **Essential Equipment:** In this phase, equipment essential for conducting CHPS services is procured. This includes a motorbike for CHO community and home visitation and purchasing bicycles for health volunteers as well as essential service delivery equipment such as weighing scales, BP apparatus, thermometer etc.
6. **Volunteers:** These are community residents who will aid the CHO by conducting health promotion activities and providing basic services. This phase consists of selecting and training the community health volunteers, convening a durbar to introduce them, holding training for the Community Health Committee to oversee the work of volunteers and the procurement and distribution of their supplies, and training the CHO on how to work with health committees and volunteers. The training sessions for each group of worker usually combine all the components described above.

It is very important to note that each sub-district is demarcated into CHPS zones comprising up to 3 or 4 unit committees (i.e. population up to 5,000). A zone could include a health centre or a hospital which is crucial for the CHPS programme.

Completion of these six CHPS milestones heralds in a functional CHPS, ready to provide comprehensive primary health care services with strong health system strengthening at the community level. Evidence from the national, regional and district levels suggest these milestones were not achieved. However, the CHPS strategy was noted to be robust and a good service delivery approach. However, the definition and understanding of CHPS is not consistent across board. Among most stakeholders, particularly at the regional and district levels, CHPS is perceived as the construction of CHPS compounds. At the national level there appears to be some amount of confusion about CHPS and HIRD. This clearly portray in the emphasis on financing the building of CHPS compound by MOH/GHS, district assemblies and donors throughout the country. For instance, in the Ashanti Region, it was observed that the DHMT understanding of a functional CHPS was that as soon as zones are demarcated, CHPS are being constructed and a nurse is allocated to the zones, then CHPS programme has started. In sum, most of the CHPS programmes were focusing on building compounds for curative services and offering little outreach services, to the detriment of preventive and promotive health services.