

BRIEF ON STATUS OF CHPS IMPLEMENTATION

Ministry of Health, November 15, 2012

The Ministry of Health organised a joint monitoring visit with partners to some selected Regions and Districts to ascertain the status of Implementation of the **Community-based Health Planning and Services (CHPS)**.

The CHPS strategy is a community-based approach, which seeks to provide health services through partnerships between the health programme, community leaders and social groups. The CHPS programme was launched against the realisation that more than 70% of all Ghanaians lived over 8 kilometres from the nearest health care provider (Phillips J. 2002), a problem made worse by inadequate road and transport facilities. Thus accessibility to basic health care services was the key factor that influenced the initiation of the CHPS concept.

Since its inception in 2003, CHPS has been scaled up to a total of 1,863 functional CHPS zones by midyear 2012.

In 2009, the Ministry of Health initiated an in-depth study to provide an independent assessment of progress made towards meeting the objectives of the CHPS programme and how the CHPS programme can be expanded to provide delivery services.

Based on the report, some initiatives were undertaken to improve and expand the delivery of health services through CHPS to all communities. Key among these initiatives was the acceleration of training of CHOs to provide a critical mass of community-based health workers that will provide mainly promotive and preventive health care at the lowest level of the health system. Midwifery training for CHOs was re-

introduced to provide more impetus to the government's supervised delivery programme. A critical milestone in terms of numbers of CHOs trained has been achieved. The next is to improve efficiency in CHPS service provision.

As a result, the Ministry decided to reduce emphasis on CHPS compounds and instead shift attention to functional Zones, which is defined as a zone with all the elements of CHPS except a compound. Upon this re-positioning, the Ministry signed a performance contract in 2011 and 2012 with the Ghana Health Service to accelerate the rapid deployment of CHOs into demarcated CHPS Zones. The new zones are to be **coterminous** with the District Assembly electoral areas.

It is against this background that the Ministry decided to assess the status of implementation of the CHPS programme. The joint monitoring teams looked among others at

- Status of implementation following the repositioning of CHPS
- Challenges confronting the Regions and Districts in terms of distribution and deployment of CHOs.
- CHO contribution to service delivery
- CHOs career opportunities and HR implications for the health sector
- Demarcation of Zones

Key Findings include,

1. The policy to increase production of CHOs has significantly increased the number of CHOs
2. significant numbers of CHOs are not resident in Zones and this affects their

ability to interact more frequently with communities as expected,

3. There is an evident community demand for curative services, and with more than 1,200 OPD visits per month in some zones. CHPS zones with compounds are primarily occupied with providing curative service at the expense of preventive and promotive services.
4. There is generally poor supervision of CHPS programme and CHO work
5. The deployment plan is poor with little or no engagement with local and, opinion leaders
6. The attrition rate of CHOs is high in some communities with most of them having the desire to continue their education in other disciplines
7. The re-positioning message has either not reached the target officers or the concept is not clear.
8. Inadequate transport and equipment remains a challenge for service provision and supervision. A factor that may determine the future direction of CHPS.
9. A multiplicity of other cadre of staff currently exist at the CHPS zone level with no clear role definition

Conclusion

The implementation of the CHPS programme is not meeting expectations and the joint monitoring visits have identified a range of challenges, which needs to be addressed.

The findings of the 2009 in-depth study on CHPS are still relevant and efforts should be made to review the CHPS concept partly based on the in-depth review report and partly on the field reports.

A choice need to be made on a model of CHPS that is cost effective and addresses the needs of the community and and at the same time meet the desires and objectives of the Health managers

Syntheses of these options need to be done so that CHPS satisfies the expectations of the communities and the desire and objectives of the Ministry. The need to reiterate the new policy in clear terms is paramount.

Since the challenges of CHPS are rooted in different agencies (e.g. GHS, MOH-HR, NHIS) and similarly have implications for many stakeholders, we recommend an Inter-Agency Coordinating Committee on CHPS and tasked to provide strategic direction for the future of CHPS. The cost implications in delivering CHPS services in terms of any strategic direction taken should be evaluated.