The USAID Systems for Health project supports the Ghana Health Service (GHS) in implementing their Community-based Health Planning and Services (CHPS) model, which is designed to increase access to health services and promote universal health care. Technical support helps the GHS, communities, district assemblies, and other partners to advance along 15 steps of CHPS functionality (Table 1).

In the Northern and Volta regions of Ghana, Systems for Health is also constructing and renovating health facilities to eliminate geographical barriers to care. Community engagement before, during, and after construction ensures that the CHPS compounds become fully functional, deliver quality care, and are used by the community.

KEY INTERVENTIONS

- Technical assistance to 483 target CHPS zones
- Community Health Officer (CHO) capacity building through internships and on-site coaching
- Stakeholder engagement through community meetings and events
- Community Health Management Committee (CHMC) orientation
- Shared learning to identify and address service delivery gaps

KEY RESULTS

CHPS functionality

CHPS functionality is based on the achievement of 15 key implementation steps. Over the last two years, all 483 project-supported CHPS zones have made significant progress toward CHPS functionality, with each zone achieving an average of five new steps. The Greater Accra and Northern Regions had the largest improvements, where CHPS zones advanced an average of seven steps.

Overall, the majority of supported CHPS zones are well on their way to full functionality with 362 (75%) of supported zones having achieved at least 13 steps. Note that the steps (Table 1) do not have to be implemented in order.
CHO Clinical Competency

In May 2018, Systems for Health introduced a tool to support coaching on clinical skills during CHPS strengthening visits. Supervisors select from the tool’s available modules based on the specific needs of the CHOs. Modules include IMNCI, FP, malaria in pregnancy, and malaria diagnosis and treatment.

Since the tool’s introduction, 200 CHOs have received follow-up coaching and have generally shown good competency: 76% correctly classified and treated sick children; providers averaged 64% on counseling clients on FP according to guidelines; and 93% adhered to malaria test results and prescribed appropriate medications per national guidelines.

Utilization of essential routine services

The goal of the CHPS strategy is to bring health care to the doorsteps of Ghanaians, and it is working. CHPS zones are providing more preventive and primary care services than ever before. Compared to the baseline period (Oct. 2015 – 2016), skilled deliveries at CHPS have increased by 154%, postnatal care visits within 48 hours of birth by 87%, CWC registrants by 64%, ANC registrants by 45%, tests for suspected malaria cases by 24%, and FP new acceptors by 15%. These figures amount to more than 500,000 additional key services provided in the 483 project-supported CHPS zones this year when compared to Year 2 (Figure 3).

Figure 2. The average number of CHPS implementation steps (out of 15) completed by CHPS over the last two fiscal years

Figure 3. Key services provided in the 483 project-support CHPS zones, a comparison of project Year 2 to Year 4 (FY16 to FY18)