Update on CHPS Implementation in the AAK District

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CHPS Innovators Meeting
19-22 Jan 2005
Scope of Presentation

- Background
- The problem
- District Profile
- Key health issues
- Health facilities and manpower
- Objectives of the innovation
- Scope of work
- Other Innovations
- Failures
Background

- AAK DHMT started CHPS in 2000 with one zone
- Kumasi congress in 1999
- Study Tour to NHRC in 2000
- Support visit by DDHS Nkwanta to AAK
- Community Entry training by Johns Hopkins University
Demarcated the entire district
CHPS Implementation plan
Sensitization and orientation of key stakeholders (political authority, traditional leaders, NGOs, health workers, decentralized departments)
Resource mobilization plan (DA, DHMT/SDHT, NGOs, communities)
Background Cont’d

Stage of CHPS Implementation
- 7 zones (6 completed)
- About 36% of target set for the district
- 24% of district population

Difference in approach
- Successful demonstration of collaboration between the DA and the DHMT
- Mobilization of grassroots political support for CHPS
- Involvement of other MDAs in CHPS implementation
- Introduction of CDS in CHPS
The Problem

- Many districts still in planning stages
- Most districts have resource constraints in establishing CHPS zones
- Lack of effective collaboration between DA and DHMT
- Poor community involvement in the CHPS programme
- Lack of practical knowledge on CHPS implementation
- Lack of evidence that the CHPS initiative works
District Profile

- Capital: Abura Dunkwa
- Land Surface Area: 380 sq.km
- District Population: 97,903
- Growth Rate: 2.3
- Women in Reproductive age group: 23%
- Expected Pregnancies and Deliveries: 3.2%
- Most deprived district in the Central Region
Key health issues

- There are 4 Sub-districts
- 5 Health service delivery points- 1 Hospital, 1 Health Centre, 2 RCH Centres, 1 Community Clinic
- Major health problems facing the district are preventable
Key health issues

- Poor access to static facilities
- Poor utilization of static facilities
- In 1999 AAK recorded the lowest medically assisted delivery and pre and post natal care in the Central Region.
## Health facilities and manpower

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<th>BMC</th>
<th>No of CHPS zones</th>
<th>Level of implementation</th>
<th>Staffing situation</th>
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<td>CHO compound</td>
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Overall Objective

- The objective of the innovation is to build the capacity of other districts of Ghana to implement CHPS by relying on innovations which involve mobilizing grassroots political leadership.
Specific Objectives of Innovation

- To develop and provide on-site training programmes to 6 visiting District political leadership, DHMTs and CHNs for the practical demonstration of CHPS operations and the mobilization of grassroots support for CHPS.
- Assess the impact of CHPS on health behavior, health status and family planning.
- Promote and disseminate a comprehensive strategy for mobilizing grassroots political support for CHPS by developing a “Grassroots Mobilization Tool Kit”.
- Strengthen existing CHP zones
Scope of Work

- Counterpart exchanges for 7 district teams
  (Mfantisman, THLD, AOB, Cape Coast, Agona, AEE and Upper Denkyira districts)

- District teams comprised Assemblymen, DHMT, CHNs, SDHT leader, Rep from DA.
Scope of Work- Achievements

- 9 out of 12 districts have deployed at least one CHO
- All 12 districts submitted 3rd quarter CHPS returns for 2004
- Support in training health committees in selected districts
Scope of work

- Strengthening existing CHPS zones
- Refresher training for CHO(s)
- Refresher training for Health Committees
- Refresher training for Health Volunteers
- Supervision of CHO's
- Procurement of equipment
Scope of Work

CHPS Impact Assessment Survey

- 60 clusters were randomly selected
- 15 households per cluster were selected for interviews.
- 1393 women between the ages 15-49 were interviewed from these households
- Impact of CHPS on maternal health
Key findings from CHPS impact assessment survey

- CHPS has a positive impact on the quality of antenatal care and postnatal care. (3 and 2.1 times respectively)
- CHPS exposure does not influence the odds that a woman will have a supervised delivery
- CHPS exposure has a pronounced impact on FP utilization (2.8 times more likely to use FP)
- CHPS has a slight positive impact on HIV/AIDS knowledge (1.2 units increase in knowledge)
- Overall, CHPS appears to have an important impact on maternal health indicators
Failures

- Some trained districts still slow in implementing CHPS
- Grassroots Mobilization Toolkit almost complete
- Time constraints
Other Innovations

- Performance Assessment
- Awards for CHPS Zones
- Use of community based support workers increases uptake of services in CHPS
- Introduction of Adolescent services into CHPS
- Motivation of volunteers and health committee members
Other Innovations

- Improving community involvement CHPS-CDS
- In March 2003 CDS started in 33 communities
- Purpose of CDS is strengthen capacities of communities to use health information
- Goal of CDS in AAK is to reduce malaria Morbidity and mortality
CDS Cont’d

- Volunteers collecting information
- CHT consolidating information
- Sharing of information with community members
- Development of action plans to solve identified problems
- Evaluation
CDS – Key Findings

- Increase use of health information by community members to make decision concerning health
- Increased community participation in health programmes through the preparation of action plans to address health problems
- Increased awareness of malaria prevention and case management
- Pressure for the establishment of credit buying schemes for insecticide mosquito nets.
- Greater community cohesion through regular meetings and communal labour activities.
- Increased capacities of health workers to use health information.
Next Steps

- Establish 2 zones in 2005
- Train remaining districts in Central Region
- Conduct 2\textsuperscript{nd} CHPS Impact survey
Acknowledgements

- Dr Frank Nyonator
- Dr James Philips and Tanya Jones
- USAID and Population council staff in New York, Washington and Ghana
- Dr Elias Sory
Thank You