The healthcare advances of the past two decades have resulted in lifesaving improvements in the developing world. Despite dramatic gains — including a substantial reduction in maternal and child mortality — lack of access to essential healthcare remains a serious problem. Too often, programs target only specific health issues or diseases. In other cases, weak healthcare systems undermine well-meaning attempts to provide comprehensive community-based health services.

Fully comprehensive and functioning systems combine doorstep and community mobilization services with a range of clinical capabilities that span the life cycle health care needs of women, children, and adults. Comprehensive primary healthcare has a focus on maximizing service quality, expanding the range of choice, and addressing the priority health needs of impoverished populations.

THE PROGRAM MODEL

Building on the successes of the Ghana Essential Health Initiative Program (GEHIP), a National Program for Strengthening the Implementation of the Community-based Health Planning and Services (CHPS) Initiative in Ghana: CHPS+ aims to test the transfer of successful GEHIP strategies and systems capabilities from the Upper East to the Northern and the Volta regions. Constituted as an official program of the Government of Ghana and representing institutional commitment to the policy agenda, CHPS+ comprises a program of service delivery, research, and capacity building that converts the GEHIP proof of systems development into proof that these concepts can be used at scale with equivalently transformative impact on the survival of young children.
OUR WORK

Through an iterative process of “learning by doing,” CHPS+ aims to scale-up the pace of CHPS coverage to reduce maternal and child mortality by embracing four specific aims:

1. **Learning Platforms:** CHPS+ will develop learning platforms to foster systems thinking, resilient health systems development, and sustainable scale-up by combining catalytic financing, peer learning exchanges and the use of information for decision-making as a process for capacity building.

2. **Partnerships for Systems Development:** CHPS+ will develop links between ‘systems learning districts’ (SLD) and university-based learning processes. This partnership will utilize SLDs not only as training sites, but also as policy development field stations to create a national knowledge management system and coordinating unit to monitoring process and communicate results to key stakeholders.

3. **Data Capture and Utilization:** CHPS+ will implement a research strategy that integrates data capture, analysis, and use into peer learning operations. Project activities will build evidence-based programming capabilities that are decentralized, decision-oriented, focused on resilient systems planning; and used for building district leadership capabilities.

4. **Knowledge generation for use at the national level:** CHPS+ will use successful knowledge management tools from the GEHIP project to be piloted in SLD, and used in training to disseminate simple, low cost and rapid turnaround tools for impact monitoring that can inform policy and guide practical decision-making at all levels of the GHS system.

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**CHPS+: Researching the Utilization of Research**

*CHPS+ tests the transfer of systems strengthening strategies from a successful four district trial in the Upper East Region to a large scale implementation in the Volta and Northern Regions. Results will clarify appropriate strategies for national scale-up and assess the child survival impact of putting innovation to use.*

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OUR TEAM

We are an interdisciplinary team of practitioners and researchers with diverse scientific and programmatic expertise in the fields of public health, demography, epidemiology, medicine, and sociology.

CHPS+ implementation is spearheaded by the Policy Planning Monitoring and Evaluation Division of the Ghana Health Service. Technical support and expertise is provided by the Regional Institute for Population Studies at University of Ghana and the Mailman School of Public Health at Columbia University, in collaboration with the University for Development Studies, the University for Health and Allied Sciences, and the Tamale Teaching Hospital.

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