

# Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa



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# Community Based Practitioners: Evidence and Policy

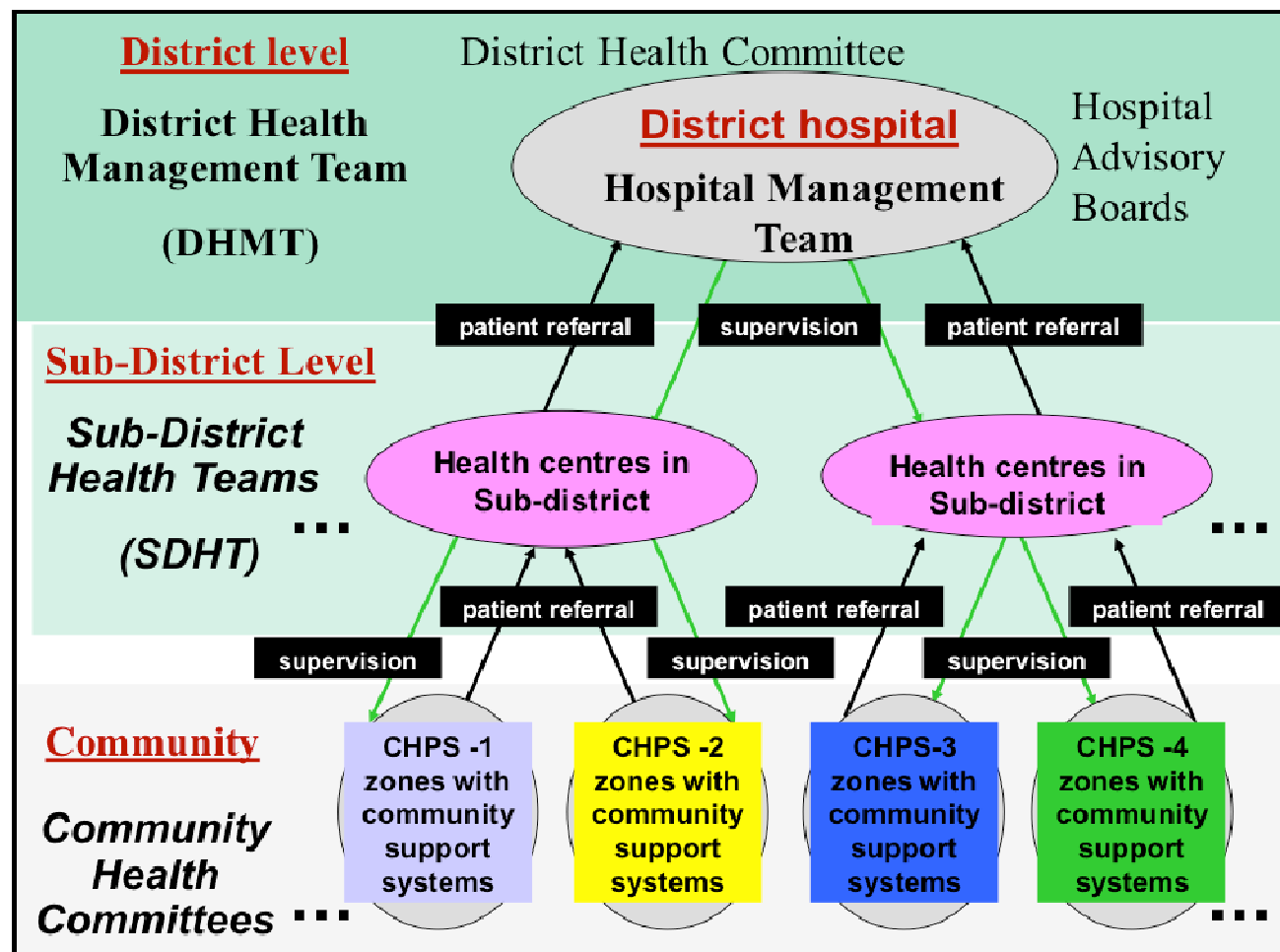
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*Ghana Health Service*



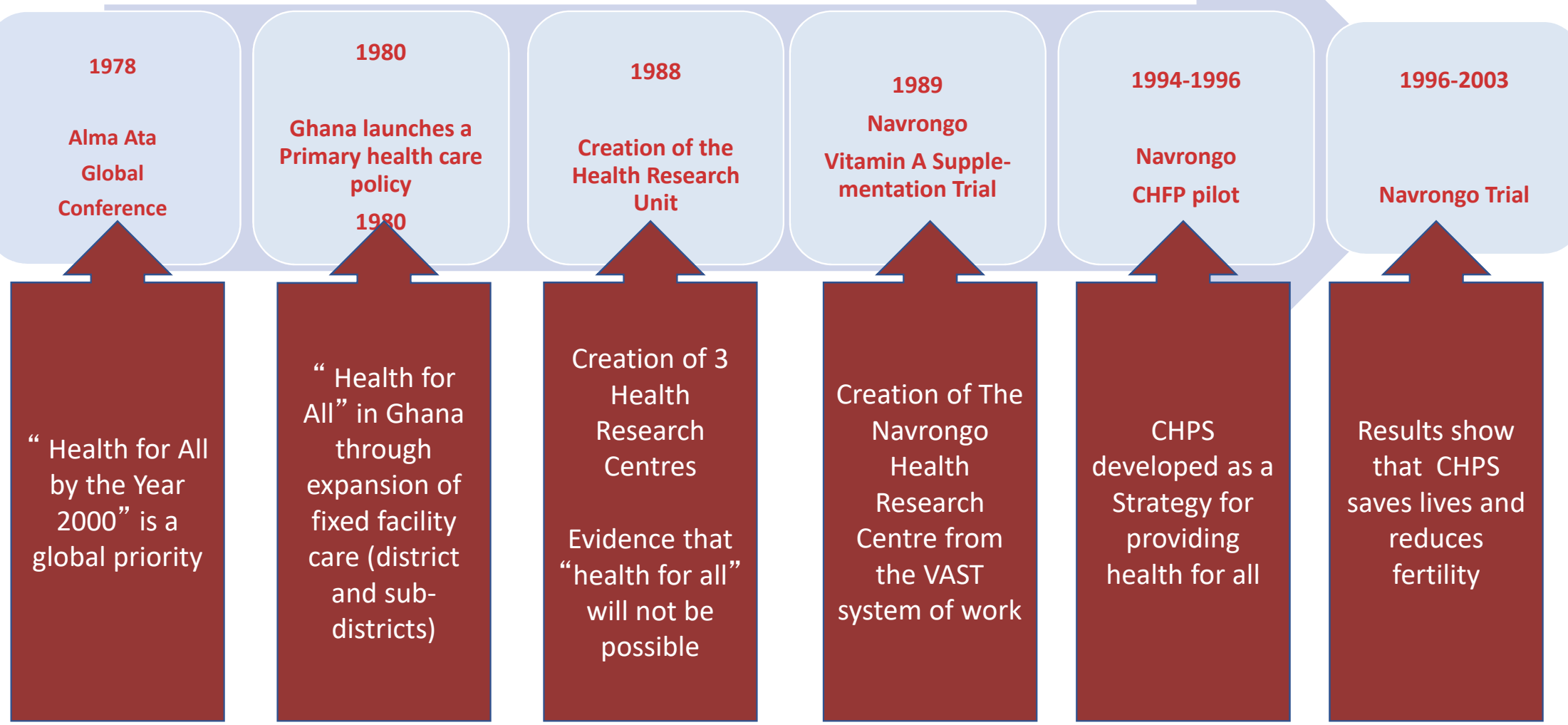
# Introduction

- GHS is decentralized consisting five-tier health delivery system:

- National,
- Regional,
- District
- Sub District and
- Community Level



# Events leading to the creation of CHPS



# The CHPS Concept

- CHPS is a close-to-client service delivery level of the GHS where Community Health workers are placed to live and work with community members with the help of community health volunteers.
- **The CHO in the community performs three main task at the community level:**
  - As Health Service Provider
  - As a leader
  - As a Manager
- **The CHV in the community performs the following**
  - Reporting of vital and unusual health events
  - Home Management
  - Community Outreach
- Community Health Management committee (CHV) also play a significant in the CHPS concept

# **General Principles of CHPS Implementation**

- Community participation, empowerment, ownership, gender consideration and volunteerism.
- Focus on community health needs to determine the package of CHPS services.
- Task shifting to achieve universal access.
- Communities as social and human capital for health systems development and delivery.
- Health services delivered using a system approach.
- CHO as a leader and community mobiliser.

# At the Centre of CHPS delivery.....



**The Community Health Officer (CHO)**

**The Real 'Foot  
Soldiers' In Health  
Service Delivery**



**The Community Health Volunteer (CHV)**

# **Purpose of the CHPS National Policy and Implementation Guidelines**

## **The Five CHPS Policy Directives**

1. Duty of Care and Minimum Package
2. Human Resource for CHPS
3. Infrastructure & Equipment for CHPS
4. Financing
5. Supervision, Monitoring & Evaluation

## **National CHPS implementation guidelines**

1. Three (3) core chapters (Implementation, community engagement and community managed referral systems)
2. Chapter five: Mgt responsibilities
3. Chapter six: Resource management :HR, finance, logistics, infrastructure
4. Chapter seven: Supervision
5. Chapter eight: Performance



# **Ghana's Approach to development of CHPS Policy and national Implementation Guidelines**

- Setting up of Technical Working Group
- Planning Meetings
- Development of Initial draft and dissemination
- Review of draft document
- Stakeholders Meetings
- Finalization of policy and Guidelines
- Dissemination

# Career Path & Progression of CHOs

- Basic Education (SHS) to gain entry into Community Health Training School
- Two Weeks induction training to become a Community Health Officer
- Levels of progression are as follows:

**Community Health Nurse (CHN) → Senior CHN → Principal CHN → Superintendent CHN**

## **Challenge:**

- For other nursing careers one can progress above these levels hence the current level of CHOs places a limit on their progression.
- Tendency of these CHNs is to branch to other nurses professions with more prospects for career enhancement.
- Currently there exist community health nurse diploma programmes but this is not formalized into career placement by the HR.

# Regulation of Community Health Workers

- The Nurses and Midwives Council of Ghana is mandated under the Health Professions Regulatory Act, 2013 (Act 857) to regulate in the public interest the highest standards of training for the nursing profession including that of Community Health Workers.

Among others:

- Prescribe and maintain professional standards and conduct
- Provide guidelines for the development of curriculum and training.
- Exercise disciplinary power over parishioners
- Monitor and inspect training institutions.

# Remuneration

- Community Health Worker compensation is provided by the Government of Ghana (GoG) and paid through the Controller and Accountants General department.
- There is non existence of a standardized incentives for the CHWs and those even working in the deprived areas.
- Incentives are seen to be very minimal and most of their rewards is gained from the level of recognition provided them by the communities.
- There are pockets of innovations to motivate these CHWs in some communities where they are given preferential treatment when they visit the health facilities.

# Challenges CHW Programme (CHPS)

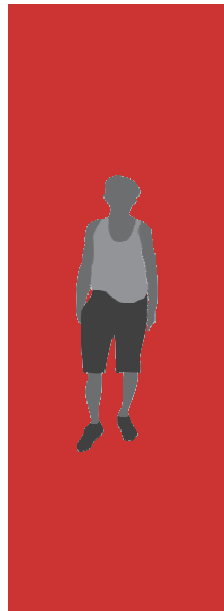
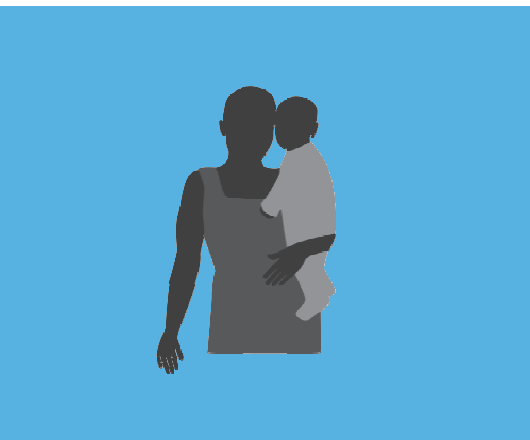
- Reluctant of some CHWs to reside in their operational zones especially in areas with absence of CHPS compounds.
- Poor community participation
- Weak supervision
- Inadequate logistics and equipment
- Increasing workload
- High attrition rate and desire to further their educational career in other disciplines.

# Conclusion

- There is a growing evidence for CHWs as an effective mechanism for achieving Universal Health Coverage.
- CHPS clearly represents one of a few attempts in Africa to translate findings from a research initiative into a national health reform program.



*Thank You*



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