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**TITLE: ACHIEVING MDGs THROUGH ADDRESSING
INEQUALITIES: THE ROLE OF CHPS IN THE BIRIM
NORTH DISTRICT OF GHANA**

BACKGROUND

It became glaring that the Alma Ata Declaration of Primary Health Care in 1978 has got its goal of “Health for all by the year 2000” not realized when the year 2000 was getting closer. Health authorities therefore started developing strategies that will facilitate the realization of this goal and address the inequalities that existed in health service delivery.

CHPS, which is an acronym meaning Community-based Health Planning and Services, emerged as a strategy to address the poor access to health care. The strategy started as a field trial on Family Planning services at the Navrongo Health Research Centre in the Upper East of Ghana between 1994 and 1998. The results of the field trials were shared with other District Health Management Teams at meetings. The dissemination of some of the success stories made the Ghana Health Authorities to declare CHPS as a strategy that every district must use from the year 2000.

THE BIRIM NORTH DISTRICT

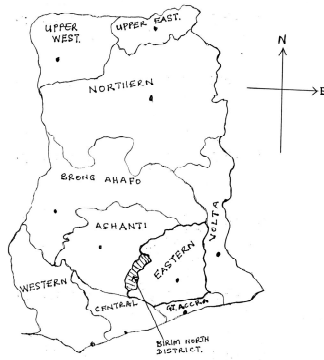
The Birim North District is in the Eastern region of Ghana. It has a population of 136,081 with a land surface area of 1,250 sq km. The district had four health centres with eight reproductive and child health centres. Although the total health delivery points were twelve, most of the people were not reached with health services. With the introduction of CHPS, the total health delivery points are now twenty-four.

ECONOMIC ACTIVITIES

The people of Birim North district are mostly farmers. Cash crops cultivated include Cocoa, Cola, Oil palm, Citrus and Rice. The food crops are mainly plantain, cassava, Cocoyam, Banana and Sugarcane. There are a few small-scale saw-milling installations in the district, processing wood to feed the furniture construction and building industries in the district.

Some gold deposits have been discovered in the district. A mining Company called Newmont has moved into the district and exploring the mineral resources. This has given employment to many energetic youth and migration of people into New Abirem.

LOCATION OF THE BIRIM NORTH DISTRICT IN GHANA



ROAD NETWORK AND TRANSPORTATION

The year 2004 saw a major improvement in road rehabilitation in the district. There are three major trunk roads from New Abirem to Oda and New Abirem to Kade. Roads connecting these major trunk roads to outreach communities are mainly laterite. They become dusty during the dry season, muddy and slippery during the rainy season and sometimes unmotorable. Transportation is mostly by public buses. There are, however, few private minibuses and taxi that ply the routes.

WHAT IS CHPS

CHPS is the mobilization of community leadership, decision making systems, and resources in a defined catchment area, the placing of a re-oriented health staff called CHO and volunteer systems with logistic support for close-to-client service delivery according to principles of Primary Health Care.

CHPS IN THE BIRIM NORTH DISTRICT

The Birim North District Health Directorate that was operating its health system through the Primary Health Care structure studied the CHPS concept from the Navrongo and Nkwanta structures and effectively adopted and adapted the process at the latter part of 1999. From the year 2000, most of the community health delivery strategy in Birim North district was centred on CHPS.

Existing Health problems

Before the CHPS concept was started in the Birim North district,

- The district was not effectively involving community members in health delivery.
- Most of the road networks to the rural communities are bad and health staff operated mostly on outreach basis.

- The major occupation of these rural people is farming and they therefore leave their farming communities early to farms. Health workers therefore arrived to meet only few of the people in the communities.
- Family Planning coverage was very low because most people do not have access to the devices.
- Antenatal care attendance was very poor and ranged between one and two with some not having any ANC attendance.
- Most deliveries were performed by untrained midwives and some by the husband as an assistant.
- There were frequent reports of injection abscess to the Health centre level from activities of quacks and drug peddlers.
- The Birim North district was second to the Kwahu North district in terms of infection rate of guinea worm.

OBJECTIVES OF THE CHPS APPROACH

- To create access to health care seeking.
- To bring health care to the door-step of people.
- To reach the deprived mainly women and children who are unreached.
- To involve community people in taking decision about their health.
- To allow qualified health workers attend to clients.
- To bridge the inequality gap that existed in the health indicators.
- To have a healthy workforce for the district for wealth creation and realization of the MDGs.

METHOD

The District Health Management Team and the District Assembly got involved from the initial stage to analyse the poor health outcomes of the district. Areas that were not easily reached have been identified

- Communities that were more than 5 km from a health facility were sensitized to get involved to find accommodation for a nurse, who would stay in the CHPS compound and operate within a catchment area.
- The concept which started with two CHPS compounds in 2000 has now reached twelve as at 2007.
- Community members selected a volunteer who works with the CHO/Nurse.
- A Health Committee is formed in the community that will also assist the nurse/CHO, and the Volunteer is their activities.
- The nurse operates from her compound to surrounding villages in her catchment area and most of the services are door-step home delivery that are interspersed with outreach programmes that are supported with backstopping sub-district structures.
- The nurse chosen by the health authorities is oriented to deliver a package of outreach/doors-step home based care services such as;

- ❖ Health Education
- ❖ Immunization
- ❖ Nutrition

- ❖ Family Planning
- ❖ Disease Surveillance and Control
- ❖ Sanitation
- ❖ Treatment of minor ailment
- ❖ ANC
- ❖ Emergency deliveries
- ❖ PNC
- ❖ CWC
- ❖ Home Visiting
- ❖ Referrals
- ❖ Community Durbar (CDS/COPE)

RESULTS FROM THE CHPS STRATEGY APPROACH

After using the CHPS approach from 2000 to 2004, a survey was conducted within the district to compare service outcomes in communities where the old system of outreach services were done to communities where the CHPS approach is used. As will be found in the table, the comparison was made between Nwinso, where there had been vigorous outreach activities, and Adwafo, a CHPS catchment area.

Results of a survey comparing health indicators in a CHPS zone to a non-CHPS zone in 2004.

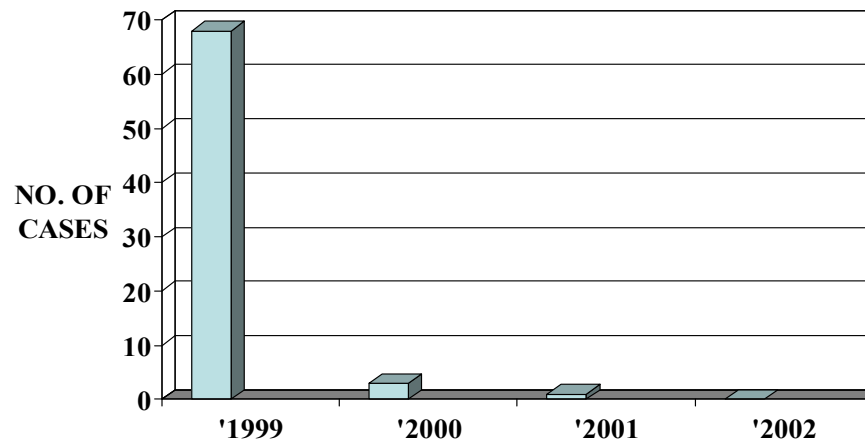
INDICATORS	IP 2 NWINSO	CHPS ADWAFO
Correct knowledge – HIV/AIDS infection	86%	91%
Correct knowledge in Malaria infection	57%	82.3%
Knowledge in Family Planning	87%	84.5%
EPI coverage	72%	86.2%
Exclusive Breastfeeding	63%	77%

For the four years duration that Birim North district started the CHPS strategy, records on coverages were also compared from the initial record since 1997 and the subsequent years. Since the people were not reached by trained health professionals, quacks were having field day in the deprived rural communities and giving injections to people who may probably not need them with serious effects. The tables and graphs below show the difference.

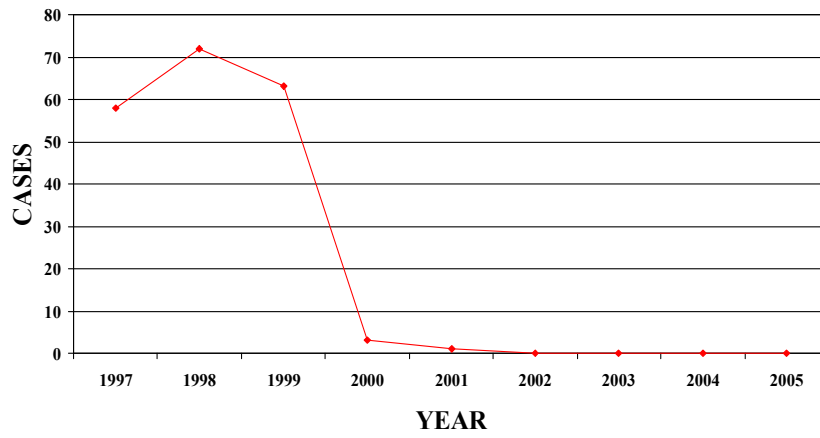
DQUACKS AND INJECTION ABSCESS

YEAR	INJECTION ABSCESSSES
1997	14
1998	16
1999	9
2000	3
2001	0
2002	0
2003	0
2004	0
2005	0
2006	0
2007	0

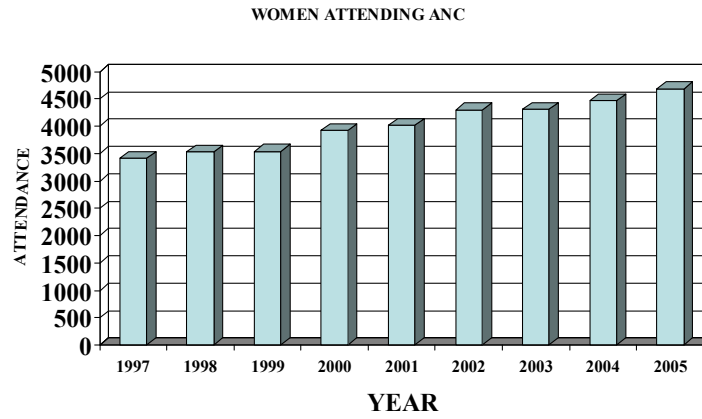
2. TREND OF GUINEA WORM CASES RECORDED IN THE DISTRICT



GUINEAWORM TREND in Birim North district

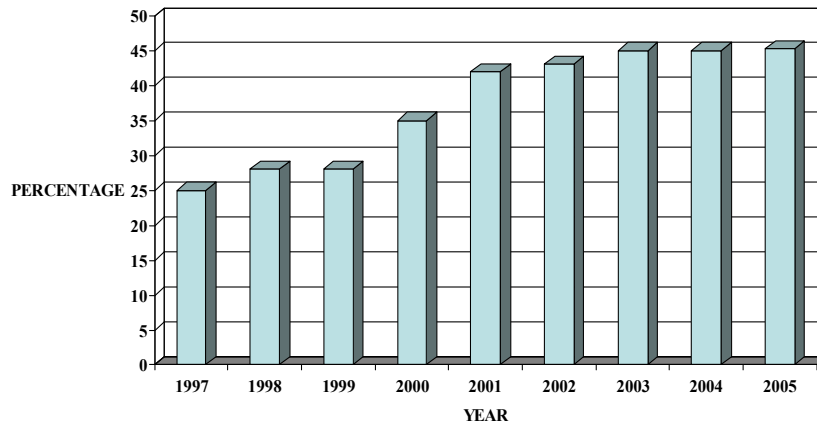


WOMEN ATTENDING ANC

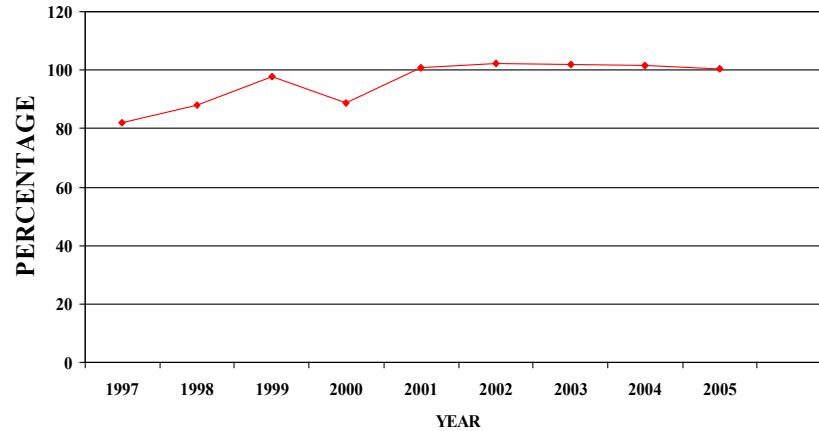


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FAMILY PLANNING COVERAGE



EPI COVERAGE (OPV 3)



DISCUSSION AND CONCLUSION

A healthy population is the bedrock for sound economic growth. A UN report has stated that realisation of the MDGs is not possible for Sub-Saharan African countries by 2015 especially in the area of health, education and women empowerment.

There is therefore the need to develop proactive strategies to reach the communities with services and the CHPS strategy proves to be a way forward. Male involvement in achieving the health goals is very essential. In rural communities where the people are mainly farmers, bringing service delivery to the household enables males to have time after meals or other period of the day. Nurses in the CHPS compound are contacted even in the night for family planning commodities and these have prevented many unwanted pregnancies that would occur. In our efforts to reduce malaria in pregnant women, the SP drug has been introduced to promote IPT. However, available statistics has shown that patronage has been very poor and most women deliver just after the first those. In areas where a nurse is placed in the CHPS zone, access has been addressed to a greater extent and promotion of IPT has been effective which is good for both the mother and the unborn baby.

Maternal death rate on the African continent has been so high and continues to rise. Midwives are place in the towns where these farming communities have problems in reaching. The placing of a CHO in the community, even without midwifery training, enhances prompt referral to a trained midwife and some of the delays averted. In a community called Ahausena in the Birim North district, the community people boast of zero maternal deaths since 1999 that the CHO has been place in the CHPS compound.

POLICY AND PROGRAMME IMPLICATION

Community involvement is paramount in the realization of the MDGs. CHPS brings health delivery to the door-step of the people and gets them involved in decision making. The Alma Ata declaration of Primary Health Care stated clearly that participation of the people is important and CHPS has shown the way.

It does not cost much to use this local strategy to achieve the health goals as Birim North District has successfully done that. The leadership of the health team should have some leadership skills and should be a good listener who is a real team player. It is however necessary to have means of transport and encourage the CHOs in riding to effectively make movement easy. The six steps in CHPS implementation and the other components like CDS are not difficult to implement and involves the use of local resources mostly.

This local African strategy is readily available to anybody who needs assistance from Ghana or Birim North District. Achieving the MDGs can have some positive impact if proper strategies like CHPS are developed within the African context.

ACKNOWLEDGEMENT

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THE STAFF OF THE GHANA HEALTH SERVICE IN THE BIRIM NORTH DISTRICT ARE VERY GRATEFUL TO THE FOLLOWING INDIVIDUALS, NGOS, AND ORGANIZATIONS.

- BIRIM NORTH DISTRICT ASSEMBLY
- USAID
- POPULATION COUNCIL
- JICA
- ADRA
- DANIDA
- NEWMONT MINING COMPANY
- EASTERN REGIONAL HEALTH ADMINISTRATION
- PPME
- NEWMONT MINING COMPANY
- KWAFADOK
- CHIEFS/ASSEMBLYMEN/CHURCHES/ELDERS etc.

WE ARE ALSO GRATEFUL TO OUR CHOs, VOLUNTEERS, TBAs, HEALTH COMMITTEE MEMBERS, PRIVATE HEALTH PROVIDERS, AND ALL THOSE WHO HAVE ASSISTED IN VARIOUS WAYS TO IMPROVE UPON HEALTH DELIVERY IN THE BIRIM NORTH DISTRICT.

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