ADVANCING PARTNERS & COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: GHANA

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ACRONYMS

APC	Advancing Partners & Communities
CHMC	community health management committee
CHN	community health nurse
CHO	community health officer
CHPS	Community-based Health Planning and Services
CHS	community health system
CHV	community health volunteer
CSO	civil society organization
DHMT	district health management team
FP	family planning
GHS	Ghana Health Service
IUD	intrauterine device
M&E	monitoring and evaluation
MOH	Ministry of Health
NGO	nongovernmental organization
SDHMT	sub-district health management team
TAC	technical advisory committee
TB	tuberculosis
USAID	Unites States Agency for International Development
WASH	water, sanitation, and hygiene

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and to achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

GHANA COMMUNITY HEALTH OVERVIEW

After gaining independence in 1957, Ghana's health and development indicators improved steadily until the 1990s. Around this time, rapid population growth and urbanization began to overburden the country's health system and progress stalled. In response, Ghana's Ministry of Health (MOH) and its implementing agency, the Ghana Health Service (GHS), launched the Health Sector Reform initiative to restructure the health system, including at the community level. In 2007, the MOH released the *National Health Policy* with the goal of giving more attention to primary and preventive health care and placing health at the center of Ghana's socio-economic development framework for the first time. The policy is the overarching framework for the country's health system.

Table 1. Community Health Quick Stats

Main community health policies/strategies	*Community-Based Health Planning and Services (CHPS) Operational Policy*	*Human Resource Policies and Strategies for the Health Sector 2007–2011*	*National Health Policy*	*National Community-Based Health Planning and Services (CHPS) Policy*
Last updated	2005	2007	2007	2016
Number of community health provider cadres	2 main cadres			
	Community health officers (CHOs)		Community health volunteers (CHVs)	
Recommended number of community health providers	*Information not available in policy*		*Information not available in policy*	
Estimated number of community health providers	There are 3,175 functional CHPS zones, but no information available for the number of CHOs.		There are 3,175 functional CHPS zones, but no information available for the number of CHVs.	
Recommended ratio of community health providers to beneficiaries	Up to 3 CHOs : 1 CHPS zone[1]		Minimum of 2 CHVs : 1 CHPS zone[1]	
Community-level data collection	Yes			
Levels of management of community-level service delivery	National, district, sub-district, community			
Key community health program(s)	Community-based Health Planning and Services (CHPS); health-specific programs			

[1] One CHPS zone is equivalent to approximately 750 households or 5,000 people.

The 2016 *National Community-Based Health Planning and Services (CHPS) Policy* guides Ghana's main community health program by the same name. In 1994, Ghana launched the Community Health and Family Planning Project, which pilot tested four different service delivery models. The most successful model served as the basis for the CHPS and comprised three main components: 1) a compound where community health providers provided services and could be easily reached by

The CHPS began as the Community Health and Family Planning Project, which pilot tested four service delivery models. The MOH based the structure of their community health program on the most successful model, which included a compound where community health providers delivered services; volunteers to assist with community outreach; and community health management committees.

the community; 2) volunteers who assisted with community outreach, referrals, and health education; and 3) community health management committees (CHMCs) that oversaw community mobilization and provided general support to service providers and volunteers. The CHPS was originally launched in 1999 to reduce geographic barriers to health care access and was followed by the introduction of the National Health Insurance Scheme to reduce financial barriers to access. Ghana continues to refine the CHPS design to increase the number of community health providers and service delivery points to improve access to primary health care services.

The *CHPS Policy* outlines the structure of the community health system from the district to the community level, details a basic minimum service package, and provides guidance for the roles and responsibilities of two cadres of community health providers, community health officers (CHOs) and community health volunteers (CHVs). CHOs are salaried, frontline health workers who deliver primary health care services and conduct health promotion, while CHVs are volunteers who support CHOs. Together, they ensure implementation of the country's basic minimum service package in communities.

Table 2. Key Health Indicators, Ghana

Total population[1]	28.2 m
Rural population[1]	46%
Total expenditure on health per capita (current US$)[2]	$58
Total fertility rate[3]	4.2
Unmet need for contraception[3]	29.9%
Contraceptive prevalence rate (modern methods for married women 15-49 years)[3]	22.2%
Maternal mortality ratio[4]	319
Neonatal, infant, and under 5 mortality rates[3]	29 / 41 / 60
Percentage of births delivered by a skilled provider[3]	73.7%
Percentage of children under 5 years moderately or severely stunted[3]	18.8%
HIV prevalence rate[5]	1.6%

[1]PRB 2016; [2]World Bank 2016; [3]Ghana Statistical Service, Ghana Health Service, and ICF International, 2015; [4]World Health Organization 2015; [5]UNAIDS 2015.

A previous version of the policy, the *CHPS Operational Policy (2005)*, is still used by GHS and management bodies at the district level as supplemental guidance because the 2016 update does not cover all of the information from the original version.

Further guidance for community health providers can be found in the *Human Resource Policies and Strategies for the Health Sector 2007–2011*. Other health policies cover topics including child health, immunization, and HIV and AIDS.

In 2009, Ghana developed a *Health Sector Gender Policy*, which provides a framework and implementation strategies to improve gender equity in health care access through research, policies, and programs.

Ghana's health policies also provide broad guidelines for engaging stakeholders such as nongovernmental organizations (NGOs) and civil society organizations (CSOs). CSOs serve on a multisectoral technical advisory committee that advises the Minister of Health on health-related issues. At the community level, CHMCs oversee CHPS community mobilization and service delivery activities, supervise community service providers, and distribute essential supplies and medicines. CHMCs comprise community leaders with different competencies and responsibilities.

While policies are generally clear and widely understood, there has been confusion about implementation details due to conflicting messages from different levels of the health system. The 2016 *CHPS Policy* acknowledges these contradictions and offers clarification to address gaps. For example, the definition of the basic minimum service package was in constant flux, leading to confusion from implementers and community members about what services to expect at the community level. The 2016 policy clearly defines a minimum package of services.

LEADERSHIP AND GOVERNANCE

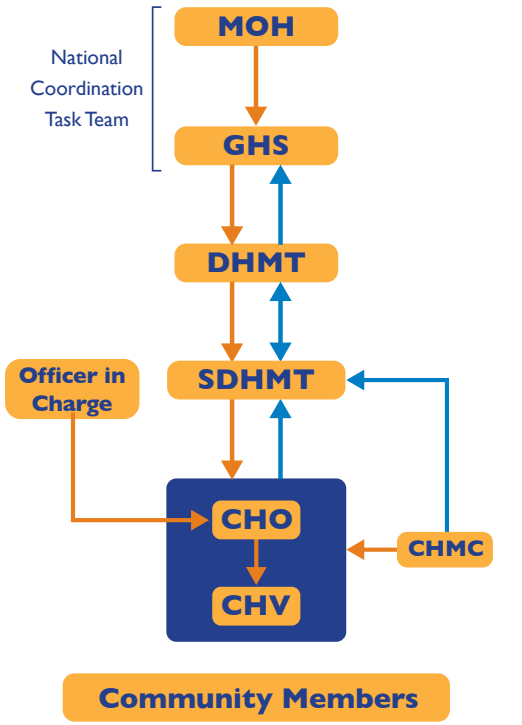
Ghana's health system comprises three management tiers—district, sub-district, and community—with broad structure and guidance provided by the national level. Each tier has a distinct role in supporting policy and program efforts.

- At the **national level**, the MOH defines policy direction, facilitates policy implementation, and ensures that the appropriate resources are available. The GHS is an implementing agency responsible for the delivery of primary and secondary care services in Ghana, including monitoring and evaluation. A National Coordination Task Team, including divisional directors of the MOH and GHS, regional and district directors, and key development partners, meets regularly to evaluate the overall country implementation of the CHPS.
- The district health management team (DHMT) is responsible for planning, program development, decision making, supervision, coordination and implementation of the CHPS at the **district level**, also known as "Level C." The DHMT oversees the sub-district health management teams (SDHMTs), supervises their activities, and provides them with essential supplies and medicines. The DHMT also oversees CHO selection, orientation, training, and deployment to the CHPS zones. In some districts, NGOs operate disease-specific programs and support the CHPS to provide those additional services.
- At the **sub-district level**, also known as "Level B," the SDHMT plans, develops, budgets, monitors, and evaluates the implementation of the CHPS. The SDHMT manages the flow of essential medicines and supplies between the DHMT and the CHMCs, and monitors their usage by CHOs and CHVs. The SDHMT facilitates the relationship between the DHMT with the community level, holds management meetings with CHMCs, and provides general supervision of CHOs and CHVs. The officer in-charge at the health center also supervises CHOs.
- The **community level**, or "Level A," consists of a CHPS zone, which is a geographical coverage area of approximately 750 households or 5,000 people. Each zone has a CHPS compound where a CHO lives and provides primary health services with support from CHVs. The CHMC comprises community leaders and oversees community mobilization and participation and service delivery and supervises CHOs and CHVs. CHMCs receive essential supplies and medicines from the SDHMT and distribute them to CHOs and CHVs.

Figure 1 summarizes Ghana's health structure, including service delivery points, key actors, and managing bodies at each level.

Figure 1. Health System Structure

Level	Managing Administrative Body	Service Delivery Point	Key Actors and Their Relationships*
National	MOH GHS National Coordination Task Team	Specialized Hospitals	
Level C: District	DHMT	District Hospital	
Level B: Sub-District	SDHMT Health Center Officer in Charge	Health Center	
Level A: Community	CHMC CHO	CHPS Compound/CHO CHV	



*NGOs may be involved in the National Coordination Task Team. In some districts, NGOs also operate disease-specific programs and support the CHPS to provide those additional services.

Supervision →
Flow of community-level data →

HUMAN RESOURCES FOR HEALTH

CHOs are salaried, frontline health workers who deliver the CHPS package of essential services at the community level. They are based in CHPS compounds and provide outreach services. The package of services includes general health promotion and disease prevention, FP, reproductive health, maternal and child health, immunization, and the treatment of diarrhea, malaria, acute respiratory infections, and childhood illness, among others. CHOs supervise CHVs.

CHVs are non-salaried community members who support CHOs and link them to the community. CHVs conduct home visits to educate people about basic health issues; provide basic care for FP, child health, and nutrition needs; and refer clients to the CHPS compound as needed. CHVs receive basic training in health promotion, prevention, and case detection.

Districts may customize the training manuals for CHOs and CHVs to include additional services, roles, and responsibilities, typically with support from international donors or NGOs.

Other cadres of community health providers operate in Ghana. NGO health programs recruit and support program-based volunteers, and traditional birth attendants operate in communities. Neither cadre is officially connected to the CHPS but may refer clients to CHPS compounds or health centers.

Table 3 provides an overview of CHOs and CHVs.

Table 3. Community Health Provider Overview

	CHOs	CHVs
Number in country	There are 3,175 functional CHPS zones, but no information available for the number of CHOs.	There are 3,175 functional CHPS zones, but no information available for the number of CHVs.
Target number	*Information not available in policy*	*Information not available in policy*
Coverage ratios and areas	Up to 3 CHOs : 1 CHPS zone[1] Operate in urban, rural, and peri-urban areas.	Minimum of 2 CHVs : 1 CHPS zone[1] Operate in urban, rural, and peri-urban areas.
Health system linkage	CHOs are salaried health workers based at CHPS compounds who deliver the CHPS service package.	CHVs are volunteers who support CHOs and assist them in delivering the CHPS service package.
Supervision	CHOs are directly supervised by CHMCs and the officer in charge at health centers. They receive additional general oversight from the DHMT and SDHMT. CHOs supervise CHVs. In some districts, NGOs are involved in managing the CHPS compounds and may provide training, resources, and some oversight.	CHVs receive direct oversight from CHOs and CHMCs. They receive additional general oversight from the SDHMT. In some districts, NGOs are involved in managing the CHPS compounds and may provide training, resources, and some oversight.
Accessing clients	On foot Bicycle Clients travel to them Motorcycle Where necessary, ambulance or motorboat	On foot Bicycle Where necessary, ambulance or motorboat
Selection criteria	Trained as a community health nurse (CHN) Received a CHN, field technician, or midwifery certificate Completed in-service training on components of CHO functions Certified as a CHO Completed orientation of the CHPS program including management and advocacy At least one year's experience working in a health center, with 6 months practice in the sub-district or attachment to a practicing CHO preferred Between 18 and 30 years of age upon enrollment to the training school Communication and interpersonal skills Decision-making and problem-solving skills Planning and organizing skills Recording and reporting skills Able to communicate in the local dialect Monitoring skills Supervisory skills Able to ride a motorbike and bicycle	No selection criteria are provided in policy for CHVs, other than that they should be selected by CHMCs.

Table 3. Community Health Provider Overview

	CHOs	CHVs
Selection process	The DHMT, SDHMT, and CHMC recruit and hire CHOs who meet the requirements. After 3 years, a CHO is eligible for re-posting to another CHPS zone.	The CHMC selects CHVs.
Training	CHOs receive 2 years of training while acquiring their CHN certificate. After they are placed in a CHPS zone, they receive an additional 2-week training on the CHO role. Additional training is provided as needed, or as health services are added to the CHPS service package.	The SDHMT trains CHVs on promotion, prevention, case detection, mobilization, and referrals. They receive additional training as needed.
Curriculum	The curriculum for community health nursing training schools and the *CHPS CHO Training Manual, Volumes 1- 3* (2009). Includes modules on managing CHO activities; home visiting for health activities; supporting CHVs; behavior change communication; working with communities; FP; antenatal care; safe emergency delivery; postnatal and infant care; HIV and AIDS; among others.	*CHPS CHV Training Manual* (2009). Includes modules on the CHPS; community mobilization and tools; the work of the health committee; CHV duties; home visits; disease prevention and environmental sanitation; nutrition education; reproductive and child health; home management of minor ailments; and assisting the CHO to provide services.
Incentives and remuneration	CHOs receive a salary and are provided a place to live within the CHPS compound. They receive bicycles and formal social recognition for their work. Districts may customize the incentives scheme to include additional items.	CHVs do not receive financial incentives. They do receive bicycles and formal social recognition for their work. Districts may customize the incentives scheme to include additional items.

[1] One CHPS zone is equivalent to approximately 750 households or 5,000 people.

HEALTH INFORMATION SYSTEMS

Policy states that CHOs should collect data using paper-based forms, but does not provide details about the type of forms that should be used or how often data should be submitted. It specifies that CHOs should report vital events, unknown diseases or deaths, and any increased occurrence of common illnesses and symptoms, such as diarrhea and jaundice, in the CHPS zone. CHOs also maintain a community register. Policy does not specify the role of CHVs in data collection other than that they should support CHO efforts. CHMCs collect data as well, but policy does not provide specifics.

CHOs, CHVs, and CHMCs collect data and submit them to the SDHMT, where they are compiled and passed to the DHMT. Policy does not specify a mechanism by which the SDHMT and DHMT should share data with CHOs or CHVs.

The DHMT compiles all field reports from the SDHMT and submits the data to the GHS. The DHMT analyzes the data to inform program decisions, and conducts an annual review of CHPS implementation progress in the district to make recommendations for improvement.

The blue arrows in Figure 1 show the flow of data throughout Ghana's health system.

HEALTH SUPPLY MANAGEMENT

The CHMC and SDHMT maintain the supply stores of the CHPS compound, where CHOs and CHVs access commodities. SDHMTs manage the flow of essential medicines and supplies from the DHMT to the CHMCs.

CHOs maintain tally cards to track use of medicines and supplies. They may obtain backup supplies from other zones or districts if needed.

CHOs and CHVs dispose of medical waste in puncture-proof containers at CHPS compounds or health centers.

Table 4. Selected Medicines and Products Included in Ghana's *Essential Medicines List* (2010)

Category		Medicine / Product
FP	☐	CycleBeads®
	☑	Condoms
	☑	Emergency contraceptive pills
	☑	Implants
	☑	Injectable contraceptives
	☑	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☑	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☑	Zinc
Malaria	☑	Artemisinin combination therapy
	☐	Insecticide-treated nets
	☑	Paracetamol
	☐	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☑	Mebendazole
	☐	Ready-to-use supplementary food
	☐	Ready-to-use therapeutic food
	☑	Vitamin A

Although the full list of commodities that CHOs and CHVs provide is not available, Table 4 provides information about selected medicines and products included in Ghana's *Essential Medicines List*.

SERVICE DELIVERY

The CHPS includes a basic minimum service package, which includes health promotion and prevention; maternal and reproductive health; neonatal and child health services; management of minor ailments; health education; follow-up with defaulters and discharged patients; and case detection, mobilization, and referral. Additional services may be provided at CHPS compounds depending on programs supported by NGOs.

Table 5 summarizes the various channels that CHOs and CHVs use to mobilize communities, provide health education, and deliver clinical services.

Table 5. Modes of Service Delivery

Service	Mode
Clinical services	Door-to-door
	Periodic outreach at fixed points
	Provider's home
	Health posts or other facilities
	Special campaigns
Health education	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
Community mobilization	Provided door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups

Policy, training, and experience guide CHOs and CHVs to refer clients to health centers at the sub-district level. CHVs also refer to CHOs at the CHPS compound.

Using FP as an example, CHVs may refer clients to CHOs at the CHPS compound for condoms, oral contraceptive pills, injectable contraceptives, emergency contraceptive pills, and information on the lactational amenorrhea and fertility awareness methods. CHOs and CHVs may refer clients to health centers at the sub-district level for the same FP services and products available at the CHPS compound, as well as implants, intrauterine devices (IUDs) and permanent methods.

CHOs can provide a variety of family planning services and commodities, including condoms, oral contraceptive pills, injectable contraceptives, emergency contraceptive pills, and information on lactational amenorrhea and fertility awareness methods.

Table 6 provides details about selected interventions delivered by CHOs and CHVs, according to policy, in FP, maternal health, newborn care, child health and nutrition, tuberculosis (TB), HIV and AIDS, malaria, and WASH.

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	CHO, CHV	CHO, CHV	CHO, CHV	CHO, CHV
	CycleBeads®	Unspecified	Unspecified	Unspecified	Unspecified
	Emergency contraceptive pills	CHO	CHO	CHO	CHO
	Implants	CHO, CHV	No	CHO, CHV	CHO
	Injectable contraceptives	CHO, CHV	CHO	CHO, CHV	CHO
	IUDs	CHO, CHV	No	CHO, CHV	CHO
	Lactational amenorrhea method	CHO, CHV		CHO, CHV	CHO
	Oral contraceptive pills	CHO, CHV	CHO	CHO, CHV	CHO
	Other fertility awareness methods	CHO, CHV		CHO, CHV	CHO
	Permanent methods	CHO, CHV	No	CHO, CHV	CHO
	Standard Days Method	Unspecified		Unspecified	Unspecified
Maternal health	Birth preparedness plan	CHO, CHV	CHO	Unspecified	CHO
	Iron/folate for pregnant women[l]	CHO	CHO	Unspecified	CHO
	Nutrition/dietary practices during pregnancy	CHO, CHV		CHO, CHV	CHO, CHV
	Oxytocin or misoprostol for postpartum hemorrhage	CHO	CHO	Unspecified	CHO
	Recognition of danger signs during pregnancy	CHO, CHV	CHO, CHV	CHO, CHV	CHO, CHV
	Recognition of danger signs in mothers during postnatal period	CHO	CHO	CHO	CHO
Newborn care	Care seeking based on signs of illness	CHO, CHV			CHO, CHV
	Chlorhexidine use	Unspecified	Unspecified	Unspecified	Unspecified
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	CHO, CHV		Unspecified	CHO, CHV
	Nutrition/dietary practices during lactation	CHO, CHV		Unspecified	CHO, CHV
	Postnatal care	CHO, CHV	CHO	CHV	CHO
	Recognition of danger signs in newborns	CHO	CHO	Unspecified	CHO

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Child health and nutrition	Community integrated management of childhood illness	CHO	CHO	CHO	CHO
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years[2]	CHO	CHO	Unspecified	CHO, CHV
	Exclusive breastfeeding for first 6 months	CHO, CHV		Unspecified	CHO, CHV
	Immunization of children[3]	CHO, CHV	CHO, CHV	CHV	CHO, CHV
	Vitamin A supplementation for children 6–59 months	CHO	CHO	Unspecified	CHO, CHV
HIV and TB	Community treatment adherence support, including directly observed therapy	CHO, CHV	CHO, CHV	Unspecified	CHO, CHV
	Contact tracing of people suspected of being exposed to TB	CHO, CHV	CHO, CHV	Unspecified	CHO, CHV
	HIV testing	CHO, CHV	CHO	CHO, CHV	CHO
	HIV treatment support	CHO, CHV	No	CHO, CHV	CHO
Malaria	Artemisinin combination therapy[4]	CHO	CHO	Unspecified	CHO
	Long-lasting insecticide-treated nets	CHO, CHV	CHO, CHV	Unspecified	CHO, CHV
	Rapid diagnostic testing for malaria	CHO, CHV	CHO	CHV	CHO
WASH	Community-led total sanitation	CHO, CHV	CHO, CHV		
	Hand washing with soap	CHO, CHV			
	Household point-of-use water treatment	Unspecified			
	Oral rehydration salts[5]	CHO, CHV	CHO, CHV	Unspecified	CHO, CHV

[1] CHOs provide iron/folate only to pregnant women.
[2] CHOs can also distribute de-worming medication to people other than children under 5 years.
[3] CHVs can provide the oral polio vaccine to children and newborns. CHOs can provide BCG, DPT, oral polio vaccine to newborns, children, and adults.
[4] Policy states that CHVs can provide drugs to treat malaria, and encourage clients to complete drug regimens. However, policy does not specify what types of drugs CHVs may provide.
[5] CHOs and CHVs can provide oral rehydration salts to children under five and the general population.

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