



# What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY  
HEALTH AND FAMILY PLANNING PROJECT

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Navrongo Health Research Centre

## WHERE DID CHPS COME FROM?

Over a third of all districts in Ghana have activities underway aimed at converting static-based services to community-based health and family planning care. This national programme is known as the Community-based Health Planning and Services Initiative, or CHPS for short. Various Directorates of the Ghana Health Service are involved in implementing this programme; Regional Health Administrations are also involved. Donors are contributing in various ways; private voluntary agencies such as EngenderHealth, JPHEIGO, the Johns Hopkins Communications Centre, the Population Council, and PRIME II, all have activities designed to contribute to the CHPS programme. This issue of *What works? What fails?* asks the question: Where did CHPS come from?

### Step 1: Getting it right: The three-village pilot

Ever since 1994, the Navrongo Health Research Center (NHRC) has been engaged in research on community-based service delivery in the Kassena-Nankana district in the Upper East region of the country. A pilot programme of strategic planning was conducted to develop the service model.

**When Navrongo presented preliminary findings of the CHFP, a national policy statement emerged declaring that community-based health care, built on the Navrongo model, was a priority programme of the Ministry of Health. Since then CHPS has had a history of its own.**

### Step 2: Testing it out: *The Navrongo Experiment*

The pilot was scaled up to a district-wide experiment. Results were disseminated demonstrating the feasibility and usefulness of reorienting health care at the periphery. The experiences and lessons of the experiment reinforced the Ministry's commitment towards community-based health service delivery through the replication and adaptation of this approach in other parts of the country.

### Step 3: Telling the story: Dissemination and diffusion

Initially, deliberations on the potential use of Navrongo focused on the possibility of extending operations to the three northern regions (Northern, Upper East, and Upper West) where the health indicators, cultural institutions, and

ecological zone were similar to Navrongo. However, this option was redirected by the Ministry in favour of an approach that would foster the diffusion of operational change throughout Ghana. All regions of the country were to have a district where Navrongo operations would be adapted to local conditions, scaled up, and used to inform the process of change. Several consultations were held with the Deputy Minister of Health, the Director of Medical Services, the Director of Human Resources Division, the Health Research Unit, and the NHRC. All key policymakers were in favour of replication and expansion of the Navrongo experience but all acknowledged the need to build a sense of ownership of the change process by the Ministry. It was decided that Navrongo would focus on its mandate



Where it all began

(conducting research on a broad range of health and policy issues in Kassena-Nankana District) and would not administer the scaling-up programme. However, Navrongo would continue to play a key role in disseminating lessons from its research by orienting visiting teams to the Navrongo experiment. Any district that showed committed and enthusiastic leadership was to be assisted in initiating scaling-up activities after certain key structures were put in place. Almost immediately, in the dissemination period, several districts (Bawku West and Bolgatanga districts in the

Upper East region; Nkwanta, Ketu South, and Sogakope districts in the Volta region) visited the NHRC and used the experience to plan replication of the Navrongo approach to community-based service delivery in their respective districts. This spontaneous replication soon demonstrated the feasibility of adapting and using the Navrongo community health system in other areas of the country.



**Trainee nurses looking forward to the new health service delivery initiative**

The first consultative conference involving directors of the various divisions of the Ministry, and funded by the Rockefeller Foundation, was convened by the Director of Medical Services and coordinated by the NHRC at Ada Foah from September 3-5, 1998, to discuss the Navrongo community-health strategy and the way forward. Policymakers, directors, division representatives, and programme heads of the Ministry attended the meeting. The meeting developed a common vision and defined the roles of the various units of the Ministry in reorienting health care delivery at the periphery and encouraged contributions from

the directors. Nkwanta District played an instrumental role by discussing experience with replicating Navrongo, thereby demonstrating that utilization of the experiment, with local resources, was feasible in other districts of the country. Critical discussions were held on human resources as well as financial, monitoring and evaluation, and capacity-building implications of the initiative.

#### **Step 4: Scaling up**

A National Dissemination Forum was convened at the La Palm Royal Beach Hotel, in Accra in October 1999. This meeting established wider dissemination of the lessons and experiences of the *Navrongo Experiment* to all health service provider stakeholders nationwide. Implementing this programme would involve the various directorates and the Regional Health Management Teams, but the effort to coordinate the programme would be known as “CHPS.” From that point on, CHPS has had a history of its own.



**CHPS has come a long way—there's a lot to smile about**

*Send questions or comments to: What works? What fails?*

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