

INCORPORATING GENDER AND PRIVACY CONCERNS IN THE DESIGN OF COMMUNITY-BASED HEALTH PLANNING & SERVICES COMPOUNDS

Success Story

BACKGROUND

Providing primary health care in underserved areas of Ghana continues to be a major challenge due to the lack of resources. Community-based Health Planning & Services (CHPS) is a national strategy adopted by the Ministry of Health (MOH) and Ghana Health Service (GHS) to deliver essential community-based health services. One of the essential steps to a CHPS' functionality is the construction of a CHPS compound, which is an approved structure consisting of a service delivery point and a residential accommodation complex. To expand the delivery of health care, the USAID Systems for Health project is helping MOH/GHS to build new CHPS compounds in deprived districts of the Northern and Volta regions. Complementary community mobilization activities are also underway.

The new CHPS facilities are intended to eliminate geographical barriers to health care, particularly in rural areas. The facilities are also meant to transform the delivery of rural health care, changing the focus from clinic-based care to active community and home-based outreach services. The new facilities and mobilization activities are in line with the MOH and GHS National CHPS Policy and Implementation Guidelines.

COMMUNITY ENGAGEMENT IN CHPS DESIGN

In 2015, the standard CHPS building plans were redesigned by the Ministry of Health (MOH). As part of the new CHPS policy, space was added to the compound for health workers to provide childbirth and family planning services, along with primary care, immunization, and other preventive care. On behalf of the MOH, Systems for Health engaged community-level stakeholders, providing feedback which helped guide the CHPS compound redesign process. The goal was to ensure that the new facilities met community needs.

Common themes emerged during meetings with regional, district, and local leaders, and with community members in both the Northern and Volta regions.

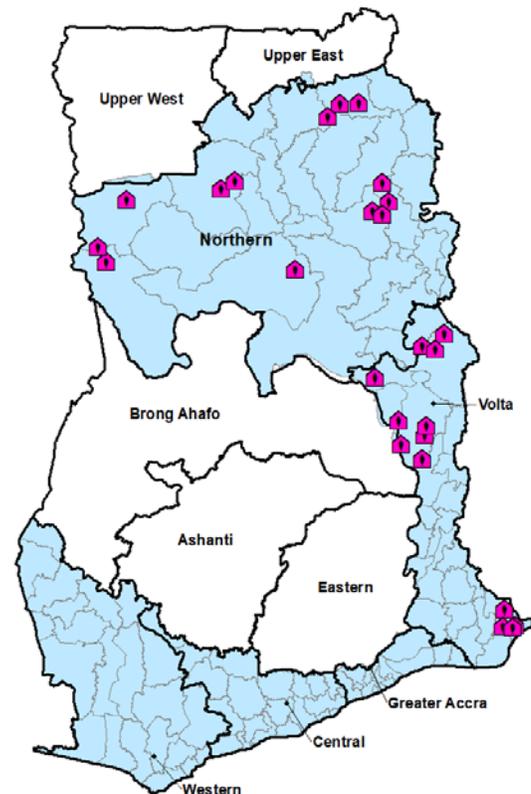


Figure 1. A map of Ghana. The blue areas represent the five regions in which System for Health operates. Systems for Health is building CHPS facilities (marked on the map) in the Northern and Volta regions.

Stakeholders frequently noted the need for privacy when accessing services such as family planning. One married woman said that her marriage was put at risk because her sister-in-law saw her in the family planning queue, which was located right next to an outpatient queue. Some Ghanaians perceive the use of family planning as a sign of promiscuity, and privacy is an important factor in increasing uptake rates and giving women the opportunity to choose how to space and time their pregnancies.

Other stakeholders desired gender-segregated washrooms, additional exits for safety, and accommodations with more privacy during and after childbirth. Figures 2 and 3 show how the MOH responded to stakeholder input.

RESULTS

The MOH and Systems for Health teams discussed the stakeholders' concerns regarding gender-segregated areas and privacy. The MOH officials responded by changing the final design of the CHPS compounds. Notable design changes included:

- Two sets of public, gender-segregated washrooms—one with outside entrances and the other within the facility (the red circle in Figure 3)
- A dedicated room for family planning services (the orange circle in Figure 3) and an additional entrance at the rear of the facility, added to address the privacy concerns of family-planning clients as well as for safety reasons (the purple circle in Figure 3)
- A screen wall to offer privacy at exterior washrooms (the blue circle in Figure 3)
- A washroom connected to the delivery room, which is private from the rest of the facility (the green circle in Figure 3)

Furthermore, a second building with 2 residences, one for a midwife and another for a community health officer, was added. The second building (not shown in the figures to the right) ensures that women have access to skilled delivery 24 hours a day and providers are able to reside in the community.

LESSONS LEARNED

Relatively simple changes in building design can influence whether patients seek out and continue to use services. The active engagement of community stakeholders in the design process is critical. By addressing the privacy and gender concerns of the community, the MOH developed a facility that meets user needs and effectively improves access to care in rural communities.

NEXT STEPS

As of April 2018, 8 new CHPS compounds were completed in the Northern and Volta regions, with support from Systems for Health. Eighteen more will be completed by December 2018. Throughout the construction process, Systems' engineers and contractors continue to make changes to both design and materials, in line with community feedback and MOH/GHS concurrence; to ensure the most sustainable, efficient, and user-friendly clinical experience for both providers and patients.

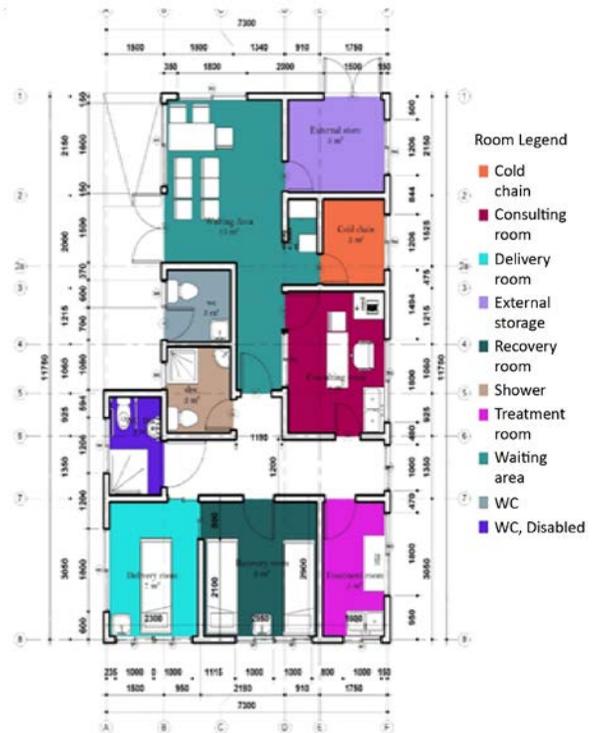


Figure 2. The 2015 CHPS compound design. This initial redesign did not include changes suggested by stakeholders.

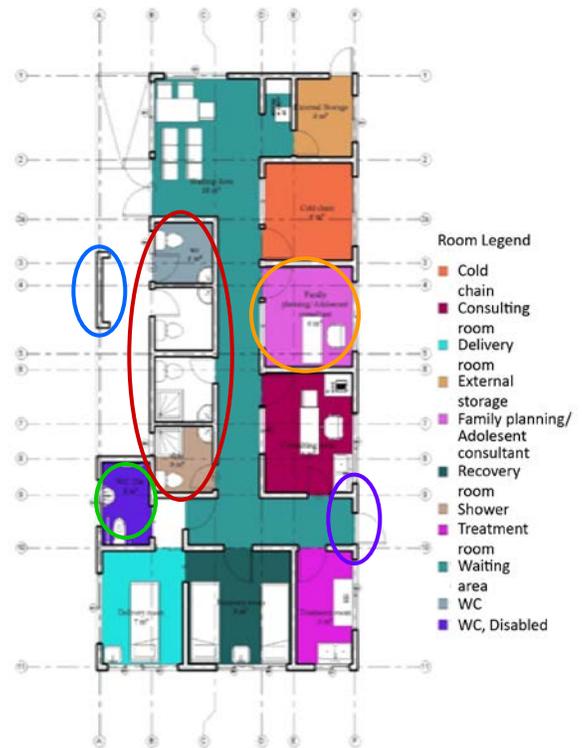


Figure 3. The revised CHPS compound design. Notable changes, made based on stakeholder input, are circled and explained in the Results section.

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