

PRIME PAGES

Informing Policy and Plans for Primary Care **Cost Analysis and Tools for Health Care Planners**

The Republic of Ghana faces a severe shortage of doctors and nurses, and the country's largely rural population has very limited access to modern health care. By providing cost analysis data and tools to help health care planners budget efficiently and maximize resources, PRIME II is helping facilitate a national strategy that creates access to quality primary-level health services that include family planning and reproductive health.

Background: The Ministry of Health and Ghana Health Services (GHS), the implementing agency for public health care, began phased implementation of the Community-based Health Planning and Services (CHPS) initiative as a national primary health care strategy in 2000. Implementation began with 20 lead districts, two from each of Ghana's ten regions. The basic focus of CHPS is the deployment of a trained Community Health Officer (CHO) to a zone, or group of communities, that previously has not enjoyed local access to modern health services. The CHO works with community health committees and reports to the sub-district health team. An estimated 2,500 CHOs are currently in service.

Since CHPS is intended to be an integral part of district health operations, it is not considered as a separate, vertical program. Partly for this reason, no national "program" budget has been prepared for CHPS, although a strategy, activity sequence and action plan guide its implementation. While CHPS is still in the early stages, a small number of districts that began implementation sooner than others were selected to participate in an analysis of CHPS implementation steps and related costs. This documentation will aid the development of CHPS budgeting guidelines for districts and support better budget planning by the GHS and health partners.

Interventions: With PRIME II technical and financial support, the GHS chose a sample of 16 CHPS zones from six districts and five regions, intended as a broadly representative sample of the country. The sample zones encompassed 140 communities with a combined population of almost 110,000. Teams of data collectors from the regions gathered cost data on start-up activities and placement of CHOs that occurred in 2000, and costs of service delivery by CHOs in 2001, the last full year for which data were available. Stakeholders helped to develop four data collection tools. Form I captures the cost of CHPS start-up activity sequences in relation to staff time, transport, per



Reviewing Results in PRIME II

Oct. 2001–Sept. 2002

Case Studies:

- Kenya PAC
- Bangladesh RTL
- Dominican Republic RTL
- **Ghana PI**
- Rwanda HIV/AIDS
- India CPSM
- Dominican Republic CDQ
- Ghana RTL
- Benin RTL
- Rwanda PI
- Mali FGC
- Francophone PAC/Nigeria MAQ

diem and material cost, and also includes construction and logistical costs of CHO compounds. Form 2 documents salaries and benefits of all staffs that undertake activities leading to the placement of the CHO. Form 3 captures district, sub-district and CHO administrative expenditures related to supervision and support of the CHO in the year 2001. Form 4 shows service volumes and related costs in 2001. A technical report has been written from the analyzed data, and unit costs for CHPS start-up and operating/recurrent costs have been established.

Results:

- Cost data now can better inform a serious and overdue policy dialogue on issues related to setting realistic goals and scale-up of CHPS, including implications for local support and continued donor involvement in the face of sobering overall costs.
- Reliable CHPS unit cost data are now available to regional and district health management teams for starting and maintaining a CHPS zone. These data have been combined with projected numbers of CHOs to provide reasonably accurate estimates of what it will cost to scale-up CHPS. A 60% increase in CHOs is projected over the next five years.
- Trustworthy CHPS unit cost data enable Ghana Health Services and partners to more effectively plan and coordinate their support for successful CHPS scale-up.
- Effective CHPS planning will help ensure that logistical support is available for CHOs when needed and that the Government of Ghana will not overestimate what is feasible for itself and its partners.

Suggested citation:
Killian R.
Results Review
10/2002
(PRIME PAGES: RR-16)
Photo Credit:
Nancy Kiplinger



This publication was produced by Intrah at the University of North Carolina at Chapel Hill for the PRIME II Project and was made possible through support provided by the Center for Population, Health and Nutrition, Global Bureau, U.S. Agency for International Development, under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.