Scientific Journal of Health Science
SJHS 2026, Volume 6, Issue 1, Page 10-22
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Journal Impact Factor (JIF): 7.987

Internal Standard Serial Number (ISSN): 2676-279X
DOI: https://dx.doi.org/10.64839/shjs.v6i1.2
Web: https://damaacademia.com/index.php/sjhs/

Community Initiatives Supporting the Management of CHPS Compound in Domangyili, a Community in the Wa West District, Upper West Region, Ghana

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Abstract

This presents and analyses the study's findings based on responses from 26 participants, all of whom provided informed consent (100%). The demographic data indicate that the majority of respondents were male (73.1%), with more than half aged 36-45 years (53.8%). Educational attainment was generally high, with 80.8% reporting tertiary-level qualifications. Most respondents were ordinary community members (69.2%) who had resided in Domangyili for an extended period, suggesting substantial familiarity with the CHPS system and its operations. The findings demonstrate that the Domangyili community plays an active role in supporting the management of the CHPS compound through a range of locally driven initiatives.

These efforts include communal labour, financial contributions, and the provision of materials for infrastructural development, such as the construction of a maternity block, public urinals, placenta pits, and boundary tree planting. Additional interventions—such as establishing the Village Emergency Ambulance Service, Mother-to-Mother support groups, and local security arrangements—further enhance service delivery. Community members also contribute to routine operational activities, including facility maintenance, financial support, participation in health-related meetings, escorting pregnant women, and reporting emerging health concerns.

Local governance structures were highly prevalent, with 92.3% of respondents reporting the presence of community committees, such as the Community Health Management Committee, and Mother-to-Mother groups. These bodies mobilise resources, participate in decision-making processes, monitor staff performance, and facilitate communication between CHPS personnel and residents. Participation is primarily driven by factors such as trust in health staff, a sense of community ownership, effective leadership, and strong social cohesion. External support, mainly from the District Health Administration and non-governmental organisations, has supplemented community efforts by providing solar power systems, mechanised boreholes, non-drug supplies, and motorcycles for outreach activities.

Despite the high level of involvement, several constraints were identified. These include financial limitations, inadequate staffing, low volunteer motivation, weak leadership in some areas, limited health knowledge, and communication gaps. Cultural and language differences, misconceptions regarding CHPS roles, and the absence of incentives further restrict participation. Although instances of conflict were infrequent, occasional tensions arose over drug shortages, security contributions, and concerns about trust.

All in all, community participation was reported to have considerably strengthened healthcare delivery at the Domangyili CHPS compound. A significant proportion of respondents (88.5%) perceived a positive impact, highlighting improvements in service quality, increased service utilisation, enhanced collaboration, reductions in maternal and child mortality, and heightened community ownership. CHPS staff similarly emphasised the value of community contributions. To sustain and enhance these gains, respondents recommended capacity-building for volunteers, improved logistical support, stronger leadership structures, enhanced communication strategies, and a review and restructuring of existing committees to optimise their effectiveness.

Keywords: *Community Initiatives, Management of CHPS Compound, Health Care, Community Health Management Committee, Primary Health Care, Community Health Action Plans*

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Citation: *Danyeor, D., C., (2026). "Community Initiatives Supporting the Management of CHPS Compound in Domangyili, a Community in the Wa West District, Upper West Region, Ghana", Scientific Journal of Health Science, 2026, 6(1): pp.10-22. DOI: https://dx.doi.org/10.64839/shjs.v6i1.2*

Submitted: 01 December 2025 | Accepted: 14 January 2026 | Published: 20 January 2026

1.0 INTRODUCTION

Primary healthcare delivery in Ghana has evolved over the past decades, with the Community-based Health Planning and Services (CHPS) initiative serving as a cornerstone for improving healthcare access, particularly in rural communities. The CHPS concept, introduced by the Ghana Health Service, aims to bridge the gap between rural populations and health facilities by deploying community health officers and locally managed health compounds (Ministry of Health, 2016).

Effective management of CHPS compounds, however, depends significantly on community participation, resource mobilisation, and collaboration between health workers and community leaders (Agalga, Alatinga, & Abiiro, 2022). This section elaborates on contextual issues, theoretical perspectives, empirical studies, and analytical arguments relevant to the thesis topic. It integrates evidence from Ghana, African health systems, community-based health strategies, and global primary healthcare frameworks, providing a comprehensive analysis and supporting arguments. It further includes methodological justification, conceptual clarification, and implications for CHPS management and community participation.

Domangyili, a rural community in Ghana's Upper West Region, demonstrates how community-driven management of CHPS compounds can strengthen primary healthcare delivery. The success of CHPS management often relies on local involvement in maintaining facilities, supporting health personnel, mobilising resources, and ensuring accountability. Despite government support, many CHPS compounds struggle with maintenance, logistics, and effective coordination, making community participation an essential component of their sustainability (Matsubara et al., 2023).

2.0 MATERIALS AND METHODS

This chapter reviews existing literature on community participation in healthcare, the CHPS concept in Ghana, and the role of local initiatives in sustaining rural health systems. It identifies theoretical frameworks, empirical studies, and research gaps that inform the current study.

2.1.2 Overview of the CHPS Concept

The Community-Based Health Planning and Services (CHPS) initiative is Ghana's flagship primary healthcare strategy designed to bring essential health services closer to communities, especially those in rural and underserved areas. Introduced in the late 1990s and formally adopted as a national policy in the year 2000, CHPS aims to bridge geographical, financial and sociocultural barriers that limit access to basic healthcare service delivery (Adusei et al, 2024; Ministry of Health, Ghana, 2016) The purpose and Rationale being that, CHPS was developed in response to challenges identified in the traditional facility-based health system, particularly the difficulty rural communities face in accessing care. Its central idea is to decongest service delivery from hospitals and clinics into communities, focusing on prevention, health promotion, and early treatment of common conditions (Awoonor-Williams, Tadiri, & Ratcliffe, n.d.; ModernGhana, 2018).

2.2 Community Participation in Health

Community participation is a cornerstone of primary healthcare, enabling local ownership and sustainability of health interventions (Rifkin, 2009). In Ghana, community involvement has been linked to improved health outcomes, especially in rural areas where formal health infrastructure is limited (Awoonor-Williams et al., 2023).

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2.3 The CHPS for life policy in Ghana

The Community-based Health Planning and Services (CHPS) for Life project in Ghana is an extension of the existing CHPS policy, incorporating a "life-course approach" to address evolving health needs. It was launched under a partnership by the Ministry of Health, Ghana Health Service, and the Japan International Cooperation Agency (JICA) in June 2017, covering the three Northern Regions (Upper West, Upper East, and Northern).

2.3.1 History of the CHPS policy

The CHPS initiative was introduced to decentralise healthcare and bring services closer to rural populations. It relies heavily on community support, including volunteerism, provision of accommodation for health workers, and local fundraising (Nyonator et al., 2005). In regions such as the Upper West, CHPS compounds often rely on community-driven efforts for maintenance and logistics (Adusei et al., 2024). Early pilot (1994): The project began as an operations research study in Ghana's Upper East Region.

A successful trial showed that community-based care could significantly improve health indicators, such as a 38% reduction in child mortality. National policy (1999): The successful pilot led the government to adopt the CHPS model as a national strategy. The Ghana Health Service (GHS) began scaling up the program nationwide around 2000, drawing on lessons learned from the pilot and subsequent implementation research. Challenges and re-launch: By the 2010s, progress was slower than planned due to funding and logistical constraints. The initial CHPS model was heavily focused on maternal and child health. However, Ghana's health profile began to change, with rising rates of non-communicable diseases (NCDs) and the needs of an ageing population. This led to a re-evaluation of the policy.

2.3.2 Content of the CHPS for Life policy

The CHPS for Life project represents an evolution of the traditional CHPS model to address the changing healthcare landscape. Its content and strategies are designed to strengthen the health system and expand services beyond maternal and child care to cover the whole life course.

2.3.3 Key strategies

- Adopting a life-course approach (LCA): The project expands the basic CHPS package to cover health issues for all ages, including adolescents, adults, and the elderly.
- Strengthening health promotion: It includes new activities focused on the prevention and early detection of NCDs, such as cardiovascular diseases and diabetes.
- Capacity and systems strengthening: The initiative improves the skills and knowledge of both Community Health Officers (CHOs) and volunteers (CHVs) regarding the life-course approach.
- Community-level interventions: The policy supports strengthening community structures like Community Health Management Committees (CHMCs) to foster local self-help initiatives for health.
- Improved data management: The project introduces a database system to help district and regional health directors better plan and track the performance of CHPS implementation.

2.3.4 New areas of focus

The project introduces pilot activities to tackle specific emerging health issues:

- NCDs: Interventions aim to prevent and manage conditions like hypertension and diabetes in CHPS zones.
- Youth health: Services are being adapted to meet the specific needs of adolescents.
- Ageing health concerns: The policy addresses issues relevant to the elderly, such as the neglect of geriatric care, by integrating them into community action plans.

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2.3.5 Implementation strategies

- District-based CHO orientation (DCHOO): A more cost-effective and sustainable training approach for CHOs is used, relying on peer learning and on-the-job training in model CHPS zones.

- Community mobilisation: The "CHPS for Life" project provides targeted training for CHMCs and CHVs to promote new life-course-related activities in their communities.

- Community health action plans (CHAPs): These are developed with community members and now incorporate the broader life-course approach.

2.3.6 The CHPS Project focus and location

The "CHPS for Life" project was initially focused on the Upper West, Upper East, and Northern Regions of Ghana, areas with existing CHPS programs. It represents a collaborative effort between the Ministry of Health, Ghana Health Service, and JICA to refine and sustain Ghana's foundational primary healthcare strategy. The CHPS initiative was introduced to decentralise healthcare delivery and promote community participation in health management (Ministry of Health, 2016). CHPS compounds provide essential healthcare services, including maternal and child health, family planning, and disease prevention. Effective CHPS management depends on strong community engagement and health governance structures (Yeleduor, 2012).

2.3.7 The CHPS concept in the National context

According to the National Community Health Planning and Services (CHPS). The policy on the theme “Accelerating attainment of Universal Health Coverage and bridging the access inequity gap” in the Ghana Shared Growth and Development Agenda contains five Policy Objectives relevant to the Ministry of Health. These are:

- Bridge the equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor

- Improve governance and strengthen efficiency and effectiveness in health service delivery

- Improve access to quality maternal, neonatal, child and adolescent health services d. Prevent and control the spread of communicable and non-communicable diseases and promote healthy lifestyles

- Expand access to and improve the quality of institutional care, including mental health service delivery

- Ghana's health system has, over the years, been premised on the basic healthcare model with a network of health posts and dispensaries at the lowest level, linked to health centres, polyclinics and hospitals. In 1977, Ghana adopted a strategy of service delivery at the community level, using Community Health Workers called Community Clinic Attendants and Traditional Birth Attendants. This preceded the Alma-Ata Declaration in 1978, which called for ‘Health for All by the Year 2000’ and focused on Primary Health Care (PHC).

- The 1996 Health Sector Reform was launched with a focus on health system development, especially at the district level. A Medium-Term Health Strategy: Towards Vision 2020 and the first of a series of Five-Year Programs of Work and Common Management Arrangement were produced

2.4 Community Participation and Health Management

Community participation enhances local ownership, accountability, and sustainability of health programs. According to Agalga et al. (2022), community members who contribute resources or volunteer in health management are more likely to trust and use healthcare facilities. Turner et al. (2014) also highlighted that volunteer labour and leadership support enhance the efficiency of CHPS operations.

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The Domangyili CHPS was commissioned in 2025 with only one Community Health Officer, who was supported by the Community Health Management Committee (CHMC), until a midwife was posted to the Facility later. The CHO and the CHMC were very practical in the beginning, which enticed the District Health Administration (DHA) to upgrade the Domangyili CHPS to a Model CHPS in the Wa West District, enabling other CHPS to learn through peer learning and on-the-job training. (CHPS Reports: Field Survey, 2025)

2.5 Community-Led Health Management

Studies show that when communities are actively involved in health facility management, there is greater accountability, responsiveness, and service utilisation (Kok et al., 2015). In Domangyili, anecdotal evidence suggests that traditional leaders and youth groups support CHPS operations, though systematic documentation is lacking.

2.6 Theoretical Review

2.6.1 Transformational Leadership Theory

This theory emphasises the role of visionary leadership in mobilising community resources and inspiring collective action (Bass & Riggio, 2006). It is relevant in understanding how local leaders influence health initiatives.

2.6.2 Social Capital Theory

Social capital refers to the networks, norms, and trust that enable collective action (Putnam, 2000). In rural Ghana, strong social ties often facilitate community health projects, including CHPS support.

2.6.3 Community Empowerment Theory

This theory posits that empowering communities to take charge of their health leads to sustainable outcomes (Wallerstein, 2006). It underpins the rationale for community-led CHPS management.

2.6.4 Empirical Review

Empirical studies in Ghana and other sub-Saharan countries highlight the importance of community engagement in health service delivery. For instance, a study in Northern Ghana found that community health committees improved CHPS performance (Awoonor Williams et al., 2023). However, challenges such as volunteer fatigue and lack of incentives persist (Boafo et al., 2022).

2.7 CHPS Management Challenges

Despite its success, CHPS management faces persistent challenges, including inadequate funding, staff shortages, and weak maintenance systems (Matsubara et al., 2023). In some communities, health compounds deteriorate due to poor maintenance and a lack of community supervision. Strengthening community engagement in management could mitigate these issues (Woods, 2016).

2.8 Theoretical and Conceptual Framework

This study adopts the Community Participation Theory, which posits that development programs are more effective and sustainable when communities are directly involved in planning, implementation, and management (Rifkin, 2014). The conceptual framework links community initiatives (independent variable) to effective CHPS management (dependent variable), moderated by enabling factors such as leadership, resources, and institutional support. The conceptual framework for this study is based on the interaction between community initiatives (independent variable) and CHPS management outcomes (dependent variable). Mediating factors include leadership, resource availability, and community trust.

2.9 Research Gap

Existing research focuses on community participation in CHPS implementation and service delivery (Agalga et al., 2022; Turner et al., 2014), but little attention has been paid to

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community-led management and sustainability mechanisms, particularly in rural communities such as Domangyili.

3.0 METHODOLOGY

This chapter outlines the systematic approach adopted to investigate community initiatives supporting CHPS compound management in Domangyili. It describes the research design, population, sampling, data collection instruments, procedures, and analysis techniques. Ethical considerations and validity measures are also discussed.

3.2 Research Design

The study adopted a qualitative case study design to explore community initiatives supporting CHPS management in Domangyili. This design enabled an in-depth understanding of community involvement, perceptions, and challenges. The study also employed a descriptive design using both qualitative and quantitative methods. This mixed-method approach enables a comprehensive understanding of community initiatives and their impact on CHPS operations.

3.3 Study Area

Domangyili is a small rural community in the Wa West District of Ghana's Upper West Region. The district is primarily agrarian, with most residents relying on subsistence farming. Healthcare access is mainly through CHPS compounds, which play a vital role in addressing basic health needs (Ghana Statistical Service, 2021).

3.4 Population and Sampling

The study population included community leaders, CHPS health staff, volunteers, and members of the District Health Directorate. Purposive sampling was employed to select participants directly involved in CHPS management and community initiatives. Specifically, the target population includes: Community members of Domangyili, CHPS compound staff, Traditional leaders, Community Health Management Committee (CHMC) members, and Community Health Volunteers (CHVs). Population size: ~20 residents, with a focus on adults aged 18 and above. A purposive sampling technique was used to select key informants and stakeholders involved in CHPS support. Additionally, simple random sampling was used to select community members for the survey.

- **Sample size**: 20 participants
- **Justification**: Based on Cochran's formula for finite populations and feasibility of fieldwork (Israel, 1992).

3.5 Setting

Domangyili is a rural community in the Wa West District of the Upper West Region of Ghana. The CHPS compound serves as the primary health facility, supported by local volunteers and leaders. The setting is characterised by limited infrastructure but strong communal ties.

3.6 Data Collection Instruments

Primary data was collected using an electronic Google Forms questionnaire, semi-structured interviews, focus group discussions, and observation. Secondary data sources, such as CHPS operational reports, community meeting minutes, and health policy documents, were also reviewed.

- **Questionnaires**: Structured items to gather quantitative data on perceptions and involvement.
- **Interviews**: Semi-structured guides for in-depth insights from leaders and health staff.
- **Focus Group Discussions (FGDs)**: Conducted with youth and women's groups.
- **Observation Checklists**: Used to assess physical infrastructure and community activities.

3.7 Validity and Reliability

- **Pre-testing**: Instruments were piloted in a nearby community.
- **Adjustments**: Made based on feedback to improve clarity and relevance.
- **Validity**: Ensured through expert review and alignment with research objectives.

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- **Reliability**: Cronbach's alpha used to test internal consistency of questionnaire items (α > 0.7 deemed acceptable).

3.8 Data Collection Procedure

- Ethical clearance obtained from the DHA, CHO and the CHMC.
- Consent statements were read to respondents on the semi-structured questionnaire. It was also marked as "required" on the Google Form so that respondents who consented by ticking "yes" could access the next page and complete the questionnaire. Meanwhile, if the respondent ticks *"No", the window closes, and* the respondent is told him/her it is his/her right to decline.
- Community entry facilitated by local leaders, especially the Assembly member, the CHO and the CHVs.
- Data collection spanned two weeks, with trained assistants administering surveys and conducting interviews linking Google responses to an Excel spreadsheet and exporting the same to Word documents.
- Challenges included the inability to get the purposive targeted respondents and scheduling conflicts, which were mitigated by using phone calls and the electronic Google Forms.

3.9 Data Analysis

Qualitative data were analysed using thematic analysis, identifying key themes related to community initiatives, enablers, challenges, and outcomes. Descriptive data from documents were presented using tables and narratives.

- **Quantitative data**: Analysed using SPSS v26 for descriptive statistics (frequencies, means) and inferential tests (chi-square, correlation).
- **Qualitative data**: Analysed thematically using NVivo, identifying patterns and narratives related to community support.
- The Google Form was also linked to a Google Excel spreadsheet, which also aided in some of the charts, tables and figures
- **Triangulation**: Used to validate findings across methods.

3.10 Ethical Considerations

The research will adhere to ethical standards, including informed consent, voluntary participation, confidentiality, and respect for participants. Approval will be obtained from the Ghana Health Service Ethics Review Committee, Community Health Officer (CHO), and the Community Health Management Committee (CHMC) before data collection.

- **Informed consent**: Obtained from all participants.
- **Voluntary participation**: Emphasised throughout the study.
- **Confidentiality**: Maintained using anonymised data. Even in the Google Form, the design did not include any fields for contact information, such as phone number or email.

3.11 Summary of Chapter

This chapter detailed the methodology used to explore community initiatives in Domangyili CHPS. It justified the mixed-methods design, sampling strategy, and data collection tools. Ethical protocols and analysis techniques were also outlined, ensuring academic rigour and relevance to the research objectives.

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4.0 RESULTS AND DISCUSSIONS

All respondents read the consent statement, and they ticked "Yes" to continue or "No" to decline the questions. The responses are represented on the pie chart below. It is clear from the chart above that every single respondent read the consent statement and consented "Yes" to proceed, resulting in 100% Yes and 0% No. This means they read and understood what the researcher sought to achieve, which explains their willingness to support the course. From the Pie chart above, 26 respondents answered the questions, with 73.1% male and 26.9% Female. None of the respondents chose other, representing a 0%

Age Groups of Respondents

It is evident from the chart above that, out of the 26 respondents, 53.8% are in the 36-45 age bracket, 34.6% are in the 26-35 age bracket, 7.7% are aged 46 and above, While 3.9% are aged 18-25. The majority of the 26 people who responded to the questionnaire were adults in their mid-30s to mid-40s. More than half (53.8%) were between 36 and 45 years old, making this the largest age group in the study. Another 34.6% fell within the 26–35 age range. Only a small number of respondents were older adults aged 46 and above (7.7%), and very few were young adults aged 18–25 (3.9%). Overall, the responses largely reflect the perspectives of mature adults who are likely to be active in community matters related to the management of the Domangyili CHPS Compound.

SECTION B: TYPES OF COMMUNITY INITIATIVES

What forms of community initiatives exist to support the management of the Domangyili CHPS compound? All 23 responses indicate that the people of Domangyili play an active role in supporting their CHPS compound through a variety of practical, self-driven initiatives. The most common contributions include communal labour, financial support, and volunteerism, which help keep the facility functional and responsive to community needs. A significant highlight across the responses is the construction of essential infrastructure, including the maternity block, public urinals, placenta pits, and boundary tree planting around the facility. These projects demonstrate the community's commitment to improving the physical environment of the CHPS compound.

In addition, the community has established services and structures such as the Village Emergency Ambulance Service (VEAS), Mother-to-Mother support groups, and general security support, all of which help enhance service delivery and accessibility. Regular clean-up exercises, environmental sanitation, and communal fundraising (funfairs, durbars, contributions) also feature strongly, showing the community's willingness to mobilise resources, both financial and labour, for maintenance and upgrades. Overall, the responses indicate that community members support the management of the Domangyili CHPS through infrastructure development, resource mobilisation, voluntary service, environmental maintenance, and social mobilisation activities.

Roles community members play in the day-to-day management of the CHPS.

Out of the 2 responses received the data as shown on the bar chart about specific roles of community members on the day-to-day management of the Domangyili CHPS are presented below; Facility maintenance and upkeep 21 representing 84%, Financial support for facility operations 21 representing 84%, Provision of labour for construction/repair 20 representing 80%, Participation in health meetings 20 representing 80%, Ensuring cleanliness of the compound 19 representing 76%, Supporting outreach activities 19 representing 76%, Escorting pregnant women to the CHPS 18 representing 72%, Reporting community health issues 17 representing 68%, Transporting the sick 16 representing 64%, Monitoring staff attendance 12 representing 48%, Securing the CHPS compound 11 representing 44%, Other roles 3 representing 12%.

The data shows that community members in Domangyili play a wide range of active roles in supporting the physical management and smooth running of the CHPS compound. The strongest areas of involvement include maintaining the facility, providing financial support, and offering labour for construction and repairs, with more than 80% of respondents citing these roles. This indicates a powerful sense of ownership and communal responsibility toward the CHPS. A large proportion of community members also help maintain the compound's cleanliness, participate in health meetings, and support outreach services, demonstrating their

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commitment not only to infrastructure but also to health promotion. Socially supportive roles are also typical: many respondents help by escorting pregnant women, transporting the sick, and reporting health concerns in the community. These actions show that community members serve as a vital link between households and CHPS staff. Lower but still significant levels of involvement are observed in monitoring staff attendance and providing security, suggesting that while these roles are important, they may be carried out by smaller groups or specific volunteers. Overall, the chart highlights a community that is highly engaged in nearly all aspects of CHPS management, from physical maintenance and financial mobilisation to health surveillance and emergency support.

How Community members contribute resources (labour, funds, materials) to support CHPS operations

The 26 responses show that community members in Domangyili actively support the CHPS compound through a mixture of cash contributions, in-kind donations, and communal labour. Most households contribute money through self-billing, sectional/group levies, and community fundraising events such as durbars. Some people also donate farm produce or other resources that can be converted into funds for CHPS activities. In terms of labour, community members regularly participate in communal work such as cleaning the CHPS compound, helping with construction projects, and providing technical support. They also use their own tools and materials to support development works, including building the maternity block, repairing structures, and maintaining solar facilities. Materials such as sand, cement, wood, and other building items are often donated to support ongoing projects. In addition, the community collectively pays for essential services, such as security at the CHPS, and maintains an operational bank account to cover emergency needs. In general, the findings reveal strong community ownership: people contribute whatever they can, such as cash, farm produce, labour, or building materials, to ensure the CHPS compound continues to function effectively.

Existence of local committees

When the respondents were asked whether there exist local committees or groups responsible for CHPS management, 92.3% answered in the affirmative, while 7.7% replied in the contrary. The contrary answers, though few in number, reflect that some community members are not in the picture regarding how the CHPS is managed.

Some of the Local Committees

From the Bar chart above, when the respondents were asked about Some of the local committees, the results have been presented as follows; Community Health Management Committee (CHMC) – 14 (77.8%) ➢ Community Health Volunteers (CHVs) – 10 (55.6%), Sub-District & District Supervisory Teams – 5 (27.8%), Mother–to–Mother Support Groups – 14 (77.8%), The responses show the key local committees and groups that support the Domangyili CHPS management. Here is what the data means: Strongest Committees: CHMC & Mother-to-Mother Groups (each 77.8%). These two groups were the most commonly mentioned. Community Health Management Committee (CHMC); This was the main governance structure overseeing the CHPS compound. High representation suggests that CHMC is active and well-recognised in the community. Community members rely on it for decision-making and support roles. Mother-to-Mother Support Groups. Their strong presence indicates Strong community engagement in maternal and child health and active participation of women in health promotion.

If yes, please describe their functions.

From the 22 responses, the local committees play a key role in ensuring the smooth running of the Domangyili CHPS compound. Their main functions include mobilising community resources such as labour, funds, and materials to support facility operations and maintenance. They also organise meetings, communal labour, and community mobilisation activities, serving as a direct link between the community and CHPS staff. The committees help plan and implement quarterly activities, make collective decisions on behalf of the community, and ensure effective management of the facility. They also monitor staff attendance and performance, provide security for health workers, and support the day-to-day running of the CHPS. Additionally, members, such as community volunteers, assist with home visits, household health education,

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and outreach, while others offer nutrition advice, maternal health education, and general health support to community members. Committee executives (chairman, secretary, treasurer) handle conflict resolution, record-keeping, and financial management. Overall, the committees act as watchdogs and support systems, strengthening community participation, improving service delivery, and ensuring that the CHPS remains responsive to local health needs.

Frequency of community members' engagement in health-related activities

From the Bar chart above, the majority of respondents said community members engage in health-related activities monthly and quarterly, both at 46.2%. 38.5% also said it is done yearly. 15.4% said bi-yearly, whiles 7.7% said weekly. From the responses above, it is evident that activities are conducted weekly, monthly, quarterly, or yearly, depending on the type of engagement.

5.0 CONCLUSIONS

5.1 Discussion of Findings

This study examined how community initiatives support the management of the Domangyili CHPS Facility and the factors that enable or hinder effective participation. Findings from the field revealed that community participation remains a critical pillar in sustaining primary healthcare services at the CHPS facility. The discussion below is organised around the study's objectives.

5.1.1 Types of Community Initiatives Supporting the Domangyili CHPS

The study found that community members in Domangyili actively contribute to the management of the CHPS compound through several organised initiatives. These include the construction of a maternity block, communal labour activities, fundraising during community durbars, Village Emergency Ambulance Services (VEAS), tree planting, and the provision of water and sanitation infrastructure, such as public urinals and placenta pits. These initiatives demonstrate a strong sense of ownership and commitment to improving local healthcare services.

They align with CHPS policy expectations that communities should take part in infrastructure development and service support. The existence of Mother-to-Mother Support Groups and volunteer contributions also shows how social networks strengthen health promotion. In general, these activities reveal that the Domangyili community plays a tangible and consistent role in supporting the CHPS system, filling gaps in logistics, transportation, and infrastructure.

5.1.2 Enabling Factors Facilitating Community Participation

Several factors were identified as drivers of community involvement. Key among them were strong social cohesion, cultural values of communal labour, and local leadership systems, especially the involvement of traditional leaders and community health management committees. The availability of solar-powered lighting and mechanised boreholes, provided through NGO and district support, also served as motivational factors by improving the facility's working environment and strengthening trust in the healthcare system. Additionally, effective communication between CHPS staff and community members, regular meetings, and transparency in decision-making were found to encourage participation. When community members feel heard and valued, they are more willing to contribute resources, labour, and time.

5.1.3 Inhibiting Factors Limiting Effective Participation

Despite the strong community commitment, several barriers hinder full participation. These include limited financial resources, inadequate logistics, inadequate drugs/medications due to the CHPS threshold, weak district-level support, and poor staff versus community relationships in some instances. Low levels of health literacy and limited understanding of CHPS operational guidelines were also found to reduce community engagement. Cultural and gender-related barriers sometimes prevent broad representation in decision-making. Poor infrastructure, limited access to the CHPS compound during certain seasons, and weak coordination across some leadership structures further reduce community motivation.
These inhibiting factors mirror common challenges identified in CHPS implementation across many rural communities in Ghana.

Scientific Journal of Health Science
SJHS 2026, Volume 6, Issue 1, Page 10-22
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Journal Impact Factor (JIF): 7.987

Internal Standard Serial Number (ISSN): 2676-279X
DOI: https://dx.doi.org/10.64839/shjs.v6i1.2
Web: https://damaacademia.com/index.php/sjhs/

5.1.4 Perceived Impact of Community Initiatives on Healthcare Service Delivery

The community's involvement has had significant positive impacts on service delivery at the Domangyili CHPS compound. The construction of essential structures, such as the maternity block, has improved access to services, especially for pregnant women. The provision of a mechanised borehole and sanitation facilities has enhanced hygiene conditions at the facility. Similarly, the Village Emergency Ambulance Service, which has been initiated, is likely to improve referral systems and emergency response times. Community participation has also increased the visibility of the CHPS compound, fostered trust between residents and health workers, and encouraged more people to seek available healthcare in their immediate local vicinity.

Generally speaking, the impact is seen in improved service delivery, increased facility utilisation, and better health outcomes.

5.1.5 Motivational Strategies Used by the District Health Administration (DHA)

The study revealed that the DHA uses several strategies to motivate and sustain community participation. These include regular supervision and monitoring, provision of non-drug supplies, recognition and appreciation of volunteers, and training sessions for community health workers and committees. By supporting the CHPS compound with solar lighting, water systems, and technical guidance, the DHA strengthens the facility's operational capacity and encourages community engagement. However, while these strategies have been helpful, the findings suggest the need for more structured incentives, such as periodic workshops, an Award Scheme for performing Volunteers, certificates of recognition, and greater logistical support to sustain long-term participation.

5.2 Conclusions

The study concludes that community participation is a major contributor to the effective management of the Domangyili CHPS facility. A wide range of initiatives from infrastructure development to emergency transport services reflects strong community ownership of health services. Enabling factors such as unity, supportive leadership, and effective communication promote participation, while challenges such as resource limitations, weak logistics, and inadequate education hinder fuller involvement. Despite these challenges, the impact of community initiatives on service delivery is overwhelmingly positive, improving access to healthcare, quality of care, and community trust. Motivational strategies from the DHA have helped sustain participation, though more consistent, structured support will be necessary to maintain momentum.

5.3 Recommendations

Based on the findings, the researcher proposed the following recommendations:

5.3.1 Strengthen Community Engagement

Organise regular community durbars and meetings to enhance communication and shared decision-making. Expand Mother-to-Mother Support Groups and promote gender-inclusive participation.

5.3.2 Improve Resource Mobilisation

The DHA and NGOs should provide additional logistics, including transport, basic equipment, and emergency supplies. Community fundraising mechanisms should be formalised to improve transparency and sustainability.

5.3.3 Enhance Capacity Building

Provide periodic capacity-building training for Community Health Management Committees, volunteers, and support groups on CHPS operations and health literacy. Strengthen leadership skills among local committees to improve collaboration/coordination.

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5.3.4 Address Barriers Affecting Participation

Improve infrastructure, including electricity connections, access roads, and facility maintenance. Introduce programmes to reduce cultural and gender barriers and encourage broader participation.

5.3.5 Strengthen DHA Motivational Strategies

Introduce formal recognition awards for volunteers and community groups. Increase supervision visits and ensure the timely provision of essential logistics. Provide refresher training and leadership support to CHPS staff to improve staff-community relations.

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