Guinea HSS PY4 Summary & Results

Geographic Implementation Areas

Regions

- 4/8 (50%)—Boké, Conakry, Kindia, and Nzérékoré

Prefectures

- 20/38 (53%)

Population

Country

- 12,104,044

MCSP-supported areas

- 6,364,520

Technical Areas

Ebola

Program Dates

March 1, 2016–June 30, 2018

Cumulative Spending through End of PY4

[redacted]

Demographic and Health Indicators

Indicator	# or %
Live births/year[1]	447,000
MMR (per 100,000 live births)[2]	550
NMR (per 1,000 live births)[2]	20
U5MR (per 1,000 live births)[2]	88
SBA[2]	62.7%
CPR (all methods)[2]	8.7%

Sources: [1] 2016, Countdown to 2030 country profile, http://profiles.countdown2030.org/#/cp/GIN; [2] MICS 2016.

Strategic Objectives

- Support the MOH in the development/revision of key policy and strategy documents, including IPC, and their integration into reproductive, maternal, newborn, and child health (RMNCH) services.
- Assist the national, regional, and prefectural levels to support health facilities using the Standards-Based Management and Recognition (SBM-R®) QI approach.
- Support current initiatives of the health management information system (HMIS) for the strengthening of data collection and analysis.
- Implement the Comprehensive Approach for health systems strengthening (HSS) at the prefecture and regional levels.
- Provide follow-up and support to waste management investments in the health system with a focus on the four regions most affected by the Ebola epidemic.

Key Accomplishment Highlights

- By providing support for an assessment of waste management, advocacy with health partners and inputs to install and repair three incinerators, the percentage of hospitals (N=63) with functioning incinerators increased from 49% to 81%.
- Twenty-two districts are using the Comprehensive Approach for Health Systems Management. Following training on resource mobilization and stakeholder coordination, 84 funding requests were submitted to partners and 51% were successfully funded. Seventy-six percent of districts had implemented the majority of their action plans by the end of the project, exceeding MCSP targets.
- The tools and guidance for the Comprehensive Approach were used to harmonize and strengthen MOH annual planning tools, incorporating analyzing priority problems, identifying corrective actions, and mobilizing resources.
- Supported supervision of DHIS2 users in 20 districts and 23 hospitals, including support to district teams to conduct data quality checks at health centers.

Guinea Health Systems Strengthening

Key Accomplishments

The Ebola outbreak of 2014–15 had a devastating effect on routine health services in Guinea, especially those related to RMNCH. An already weak health system was at a near-standstill in Guinea due to a lack of regular monitoring and supervision, a devastating loss of health workers, and fear by the community to seek services in health facilities. The MCSP global health mechanism provided an important opportunity to assist the Guinea MOH in efforts to respond to epidemic. MCSP's Guinea HSS program, which started in March 2016 with Pillar 2 Ebola Response and Recovery funding, was designed to link the facility-level achievements of the earlier MCSP Guinea Restoration of Health Services (July 2015–December 2016) program with health systems-level efforts to sustain the management and coordination of improved RMNCH services. These two projects were planned and monitored in close coordination with the Global Health Ebola team, which was tasked with overseeing the implementation of the health components of the Ebola Response and Recovery funding.

Near the end of PY3, MCSP was able to resolve several bottlenecks that came up when the Bureau of Strategy and Development delayed activities during PY3 related to the implementation and follow-up of the Comprehensive Approach. To make up for these delays, MCSP requested and received approval to extend the project 6 months from the original end date of December 2017 to June 2018. This allowed for additional time to support the bureau in integrating the Comprehensive Approach into national planning guidance and tools, achievement of project targets, and completion of Comprehensive Approach documentation in Guinea, along with continued support to other project objectives.

Comprehensive Approach to Health Systems Management

MCSP worked closely with the MOH's Bureau of Strategy and Development to first conduct a rapid health systems assessment with health managers in 20 prefectures and four regions, then introduce the Comprehensive Approach to Health Systems Management to begin to address challenges and performance gaps. Boké Region requested that the Comprehensive Approach orientation include two prefectures not included in the 20 focus prefectures, so 22 health management teams were supported to use the Comprehensive Approach tools. Health management teams were assisted to develop focused action plans to address priority issues and gaps in management, and were trained on stakeholder management and the preparation of funding requests. In PY4, HSS activities focused on follow-up and support for the use of the approach in the 20 prefectures. By the end of the project, implementation of action plans had improved from a range of 12–30% to 52–89% (average: 76%) across the four regions. The project target was for at least 80% of districts to successfully resolve at least 50% of the problems identified, thus the target was exceeded. Of 84 funding requests prepared, 51% were funded by partners supporting the respective districts or by local government. Interest in the Comprehensive Approach was high at the national level, and as a result, the tools for the rapid health systems assessment and Comprehensive Approach were used to develop guidance for annual planning, which the Bureau of Strategy and Development is now rolling out for 2019 district planning. The MOH has committed to scaling up the Comprehensive Approach in all eight regions of Guinea, and the EU's *Projet d'Appui à la Santé en Guinée* (Health Support Project in Guinea) plans to support the ongoing used of the approach in Nzérékoré Region.

Waste Management

Following up on the waste management assessment conducted in March 2017, MCSP completed the installation and repair of three incinerators. Specifically, a number of incinerators had been deposited at facilities but never installed and put into operation, while others required minor repair to be functional again. Installation included constructing an enclosure and three waste pits, repairing the burner, and orienting staff on operation of the incinerators. Working closely with WHO and other health partners to coordinate inputs, the availability of functioning incinerators improved from 49% to 81% by the end of the project.

MCSP also identified the need to strengthen instrument processing and sterilization as a follow-up to the donation of autoclaves under the Office of US Foreign Disaster Assistance-funded MCSP Guinea IPC2 project. Onsite orientations were provided to 156 staff across 35 facilities on instrument processing, and operation and maintenance of autoclaves. A request for support to conduct IPC supervision in Nzérékoré Region led to the donation of IPC and waste management materials to 88 facilities. Following the development and validation of the national IPC policy and program documents, MCSP, in collaboration with IPC Cluster, developed four waste management posters, and supported their printing and distribution to facilities as visual job aids on proper separation and disposal of medical waste.

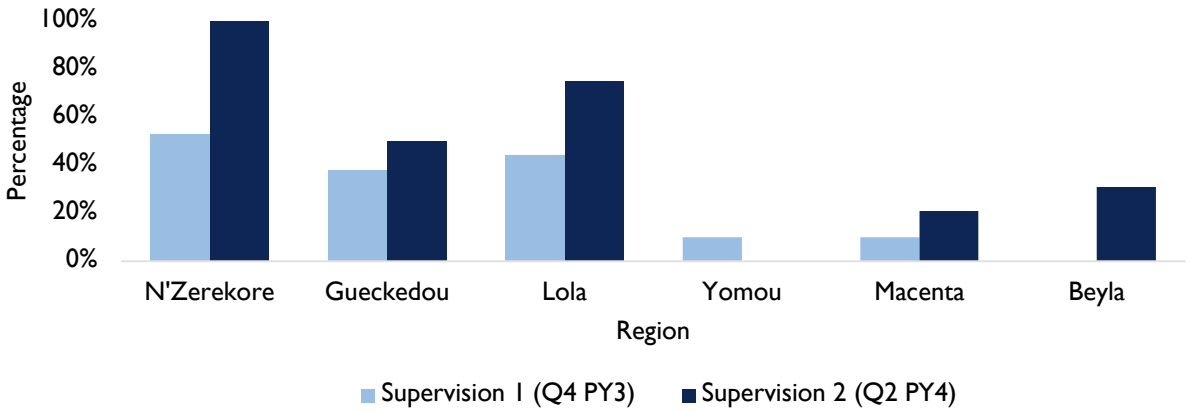
QI Using the SBM-R Approach

MCSP supported the health systems management components of the QI methodology in use in health facilities, such as external performance reviews and validation for recognition. In particular, MCSP advocated with the MOH to revitalize the National SBM-R Committee to ensure this role. SBM-R has been adopted as a national QI methodology following initial introduction back in 2009 and continued through several USAID-funded projects. Committee members and district and regional supervisors who were trained on the methodology conducted evaluation missions to nine facilities; eight facilities were successfully validated, and six recognition ceremonies were held. The ceremonies included donation of materials and the gold star symbol used to designate the facilities. MCSP worked with the National SBM-R Committee to develop a set of additional standards for a second level of recognition, which was earned by three facilities. The second-level standards include management and administrative standards in addition to the clinical standards for emergency obstetric and newborn care, FP, and IPC.

Support to Strengthen the HIS

MCSP worked closely with MEASURE Evaluation and other HMIS partners to facilitate the rollout of the new DHIS2 electronic data collection platform. MCSP supported the updating of data collection tools, development of data validation manual and user training, supervision, and data quality checks in four regions. Improvements in data accuracy and timeliness were seen in the majority of prefectures. MCSP provided financial and technical support for supervision between regional and prefecture data managers to validate recently submitted reports, and for data managers to conduct supervisory visits to facilities to conduct data quality checks. MCSP also supported prefecture managers to incorporate data review into their monthly meetings with the heads of health centers. The majority of prefectures showed improvements in report submission and quality. (See Figure 1 below.)

Figure 1. Percentage of rural health centers in six prefectures in Nzérékoré Region scoring at least 80% on data accuracy, Q4 PY3 and Q2 PY4



Way Forward

Partner coordination and leadership by MOH remain challenging at national and subnational levels; flexibility and working to strengthen MOH capacity are key. The availability of MOH counterparts to participate in meetings, supervision visits, and other activities is an ongoing challenge. Restructuring of the MOH in early 2018 was a particular challenge for high-level activities. Partners and donors play an important role in coordinating activities and informing MOH of requests for their participation in meetings in a timely manner so that MOH staff can plan their time. MCSP worked to remain flexible, make timely requests for commitment of time by MOH counterparts to complete activities, and promote the regular meetings of TWGs to promote coordination, such as the IPC Cluster and the DHIS2 technical committee.

At district health manager level, MCSP faced many challenges in the engagement with and coordination of technical and financial partners to ensure that support responds to the identified needs of that prefecture. At the end of the project, MCSP held a workshop in Nzérékoré Region for health managers and partners where it presented achievements using the Comprehensive Approach and in improving data quality and IPC performance. This workshop also mobilized engagement of and prompted commitments from several health partners to support continued use of these tools and management processes.

The Ebola Response and Recovery funding included health services restoration and HSS, but the timing of the funding streams was not always conducive to project synergies. Often, policy changes need to be in place to authorize new interventions, and when new guidance is issued, proper dissemination should include capacity development of the providers as end users, whether via training, onsite orientations, or supportive supervision. This was not always possible with the separation of these funding streams and should be considered in future health sector responses to epidemics and other humanitarian crises.

The assessment of incinerators highlighted the ongoing development challenge of donating goods without necessarily supporting functioning. A number of incinerators were donated by other health and epidemic response partners without installation. It is not appropriate to assume that already limited facility budgets can take on fuel and maintenance costs, let alone installation, with no inputs into the operating budget for the facility or district. MCSP was able to address many of these challenges through support for complete installation and collaboration with MOH and IPC partners to advocate with national level authorities to include these costs in national budgeting and requests to donors.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Number of policies or procedures analyzed, consulted on, drafted, or revised, approved, and implemented with US Government support from project	6 (target: 2, >100% achieved)
Number of periodic DHIS2 data review meetings at prefecture and regional levels that included health management teams and providers	15 (target: 14, >100% achieved)
Percentage of health districts that have resolved at least 50% of problems identified with the Comprehensive Approach to Health Systems Management	17 (target: 22, 77% achieved)