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# SBM-R Implementation: Successes and Challenges at Five Health Care Facilities in Guinea

July 2012



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## Abbreviations and Acronyms

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<b>ANC</b>	Antenatal care
<b>DCS</b>	Direction communal de la santé
<b>DMR</b>	Directeur des Micros Réalisations
<b>DPS</b>	Direction préfectoral de la santé
<b>DRS</b>	Direction régionale de la santé
<b>DSVCo</b>	Direction de la Santé de la Ville de Conakry
<b>EmONC</b>	Emergency obstetric and newborn care
<b>FGD</b>	Focus group discussion
<b>EPI</b>	Expanded Program on Immunization
<b>FP</b>	Family planning
<b>IP</b>	Infection prevention
<b>ITN</b>	Insecticide-treated bed net
<b>MCHIP</b>	Maternal and Child Health Integrated Program
<b>MOH</b>	Ministry of Health
<b>MSHP</b>	Ministry of Health and Public Hygiene
<b>PAC</b>	Postabortion care
<b>SBM-R®</b>	Standards-Based Management and Recognition
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	U.S. Agency for International Development
<b>WHO</b>	World Health Organization

# Executive Summary

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## INTRODUCTION AND BACKGROUND

Significant strides have been made in Guinea to strengthen health care services at facilities nationwide through Standards-Based Management and Recognition (SBM-R®), a proactive, practical management approach, developed by Jhpiego, for improving the performance and quality of services. Through the ACCESS-FP Program and the Maternal and Child Health Integrated Program (MCHIP)—both funded by the U.S. Agency for International Development (USAID)—Jhpiego has introduced SBM-R in health care facilities since 2009.

The facilities are implementing performance standards for family planning (FP), emergency obstetric and newborn care (EmONC) and infection prevention (IP) to assess and improve their performance in these targeted areas in an integrated manner. SBM-R dramatically increases an institution's productivity and a country's ability to achieve rapid gains and long-term results—as implementation in Guinea has effectively demonstrated. Following successful results of implementation at the initial pilot sites in Guinea, the Ministry of Health (MOH) and its partners endorsed the institutionalization of the SBM-R process throughout the country in 42 sites in four regions.

The USAID Guinea Mission requested that the results of SBM-R implementation in the country be captured in a written report. To this end, an MCHIP/Jhpiego team conducted site visits to five different types of health care facilities located in Conakry and in the regions of Faranah and N'Zérékoré; they included one municipal clinic, two regional hospitals and two urban health centers. The facilities—Ratoma Municipal Clinic, the Regional Hospitals of Faranah and N'Zérékoré, the Urban Commercial Center of N'Zérékoré and the Urban Health Center of Madina—also represented different levels of achievement in the SBM-R process.

## METHODOLOGY

The team carried out the site visits to the five facilities in July 2012, conducting oral interviews about SBM-R implementation with health care providers, other facility staff and clients, as well as with government officials and community representatives when possible. The team asked participants about the SBM-R implementation process and used questionnaires to document their answers (see Appendix D for samples of the provider and client questionnaires). Focus group discussions were also held at certain sites, for example, with custodial staff or with clients.

## FINDINGS

The findings illustrated successful implementation of SBM-R in four out of the five facilities. The Ratoma Municipal Clinic, the Regional Hospitals of Faranah and N'Zérékoré, and the Urban Health Center of Madina showed remarkable improvements in the three targeted areas. The approach instilled a sense of empowerment among staff at all levels and among the community and clients themselves. Facility staff members, with the help of the community and government representatives, were effective in mobilizing resources and reached out to partners on the ground to resolve persistent gaps, such as the need for an on-site water source or a functioning incinerator. The findings from the Urban Commercial Center of N'Zérékoré, however, showed significant challenges in its implementation of SBM-R, and noted improvement in only one area, with ongoing challenges related to waste management, IP practices and provider involvement in the SBM-R process.

An overview of each facility's evolution in the percentage of performance standards achieved in the three areas is presented in the table below. As the table illustrates, four of the five facilities have demonstrated tremendous growth. Although the Urban Commercial Center of N'Zérékoré has faced more challenges in the successful implementation of SBM-R, it too achieved impressive results in the area of FP.

## Overview of Evolution of Percentage of Performance Standards Achieved at Five Sites

	EMONC	FP	IP
<b>Ratoma Municipal Clinic</b>	2009: 9% 2011: 57% 2012: 80%	2009: 16% 2011: 88% 2012: 88%	2009: 14% 2011: 81% 2012: 33%*
<b>Regional Hospital of Faranah</b>	2010: 52% 2011: 81% 2012: 80%	2010: 61% 2011: 88% 2012: 91%	2010: 71% 2011: 80% 2012: 86%
<b>Regional Hospital of N'Zérékoré</b>	2009: 28% 2011: 88% 2012: 83%	2009: 19% 2011: 85% 2012: 97%	2009: 38% 2011: 90% 2012: 90%
<b>Urban Commercial Center of N'Zérékoré</b>	2009 (May): 8% 2009 (Dec**): 39% 2012: 34%	2009: 22% 2010: 74% 2012: 92%	2009: 8% 2010: 17% 2012: 19%
<b>Urban Health Center of Madina</b>	2011 (Apr): 63% 2011 (Jun): 76% 2012: 87%	2011 (Apr): 43% 2011 (Jun): 78% 2012: 95%	2011 (Apr): 64% 2011 (Jun): 69% 2012: 93%

\*This decrease was due to lack of a well-functioning incinerator.

\*\*EmONC data not available for December 2010.

Before the implementation of SBM-R, the facilities faced similar challenges; some of the key issues reported were: low utilization rates of services; poor IP practices; poor provision of services; lack of materials; and low patient and provider satisfaction. Through the use of performance standards, the providers at the four well-performing facilities were able to overcome many of the challenges by using the standards for daily reminders, peer assessments, internal assessments, training and supervision. In contrast, the Urban Commercial Center of N'Zérékoré's poor results in EmONC and IP indicate that the standards are not being used effectively.

Internal and external assessments at the facilities are used to identify areas needing improvement, with plans of action developed by each facility to address identified gaps. Issues identified during internal assessments that were related to IP practices included irregularity of waste disposal, lack of a functional sterilizer and lack of IP training. During external assessments, outside evaluators measured the progress of each facility. Many challenges identified during external assessments at these sites echoed those of the internal assessments. Once gaps at facilities were identified, management advocated with outside sources to alleviate such gaps, where appropriate. All five facilities had received outside support thanks to the implementation of SBM-R. Detailed findings from the interviews related to internal and external assessments are provided in this report.

The community, including local government representatives, has played a role at the facilities—to varying degrees—in helping to improve conditions through the following: participating in clean-up activities; organizing the disposal of waste; promoting the facility within the community; and establishing support committees for clients to help resolve problems.

Clients interviewed at all five facilities noted improvements at the facilities, and were especially satisfied by providers' welcoming and attentive behavior, noting: a friendly welcome by staff; improved conditions and cleanliness of facility and premises; good customer care; availability of medication; proper IP practices; shorter wait times; and availability of counseling and FP options.

## IMPACT OF INTERVENTIONS

SBM-R interventions have had a positive impact on the conditions and services at all the facilities, ranging from improved IP practices, to improved provider and client satisfaction, to increases in users of FP methods, and to increases in numbers of overall antenatal care



(ANC) appointments and deliveries. In addition to SBM-R, other projects and programs going on at the same time that could help explain certain improvements at their facilities included some specific donations and assistance from the government or international and local NGOs, along with trainings provided, and renovation assistance. The biggest contributing factor mentioned, especially related to improved utilization numbers, was that of prenatal care and childbirth services being provided at no cost to clients through a government-backed initiative, lessening the financial burden on families.

As the last step of the SBM-R process, formal recognition had been achieved by one health facility of the five visited, that is the Regional Hospital of N'Zérékoré. Two other facilities, the Regional Hospital of Faranah and the Urban Health Center of Madina, were both on the cusp of recognition at the time of the site visit. As of September 2013, 11 facilities had achieved recognition.

## CONCLUSION AND RECOMMENDATIONS

The five facilities visited had benefited from SBM-R implementation to strengthen health care delivery by building the capacity of health care providers in FP, IP and EmONC. The five sites illustrate that the practical, systems-strengthening approach of SBM-R effectively contributes to improving the quality of health care services—through the combined efforts of facility staff and the community. The five facilities achieved successful results in key performance target areas, with all of the facilities increasing their performance scores from the baseline assessments in one or all of the performance areas.

Through SBM-R, the facilities have addressed many identified challenges by:

- Analyzing available services
- Identifying gaps
- Taking corrective actions
- Implementing identified strategies
- Mobilizing local resources
- Ensuring ongoing, regular monitoring

The leadership within teams that are working to improve the performance and quality of services has been an essential component of the successful implementation of SBM-R—from a custodial staff member motivating co-workers, to a head midwife encouraging more respectful care, to a director fully endorsing the SBM-R approach—all contributing to a facility's overall improvement. In addition, other key elements to success included:

- Sharing the results of the implementation of the SBM-R process with staff to identify gaps and create plans of action
- Advocating for the support of other partners and the MOH
- Increasing the synergy of stakeholders' efforts to improve the quality of health services in the most effective way possible
- Empowering regional and prefectural trainers and supervisors to ensure sustainability and nationwide scale-up of the SBM-R process in Guinea

All of the facilities showed increases in their utilization rates of services, including in the numbers of overall users of FP methods, ANC appointments and deliveries (see table on the next page for details)—pointing to strengthened community confidence in available health care services.

### Changes in Utilization Rates of Services at Five Sites

SITE	FP SERVICE UTILIZATION RATE	ANC UTILIZATION RATE	DELIVERIES
Ratoma Municipal Clinic	2010: 462 2012: 1,468	2010: 56% 2012: 59%	2011: 2,309 2012: 2,935
Regional Hospital of Faranah	2010: 221 2012: 568	Not applicable	2010: 710 2012: 925
Regional Hospital of N'Zérékoré	2009: 51 2012: 1,223	Not applicable	2010: 1,255 2012: 1,761
Urban Commercial Center of N'Zérékoré	2009: 169 2012: 655	2010: 100% 2012: 100%	2010: 424 2012: 678
Urban Commercial Center of Madina	2010: 600 2012: 1,353	2010: 91% 2012: 99%	2010: 793 2012: 1,116

Providers and other staff from the facilities at the five sites agreed that SBM-R should be the MOH's strategy to improve health care services in the country moving forward. They offered specific suggestions on how to make the approach durable for the long-term, including: ensuring training and supervision; reinforcing ownership and motivation of approach by providers; and maintaining strong involvement of stakeholders.

Through the endorsement and oversight of the MOH, and with the support of its international and local partners, recommendations for the future of SBM-R in Guinea include:

- Expand and scale up the SBM-R process to other health facilities nationwide
- Extend the SBM-R process to other areas of health care services
- Establish a system of regular monitoring and restocking of health facility drugs, consumables and equipment

# Introduction and Background

## BRIEF OVERVIEW OF SBM-R IN GUINEA

Standards-Based Management and Recognition (SBM-R®) is a proactive, practical management approach, pioneered by Jhpiego, for improving the performance and quality of health services—focusing not on lengthy examination of the problems, but on the streamlined standardization and implementation of best practices. It consists of the systematic, consistent and effective utilization of operational performance standards as the basis for the organization and functioning of these services, and the rewarding of compliance with standards through recognition mechanisms. SBM-R follows these four basic steps:

1. Setting standards of performance in an operational way
2. Implementing the standards through a streamlined and systematic methodology
3. Measuring progress to guide the improvement process toward these standards
4. Recognizing the achievement of the standards

Building on its tradition of evidence-based health care innovation, Jhpiego designed SBM-R in a way that provides a clear basis for evaluating and improving the performance of health care providers and quality of services—dramatically increasing an institution’s productivity, as well as a country’s ability to achieve rapid gains and long-term results. SBM-R participants are encouraged to focus on simple interventions at first (“low-hanging fruit”) in order to achieve early and high-quality results.



Participants work together during an SBM-R workshop to define standards and performance criteria.

Jhpiego, through the ACCESS/FP Program and the Maternal and Child Health Integrated Program (MCHIP), the U.S. Agency for International Development’s (USAID’s) flagship maternal and child health program, has introduced SBM-R in 42 sites in Guinea since 2009 (see Table A1 in Appendix A for a breakdown of the sites and regions). All sites are implementing SBM-R for family planning (FP), emergency obstetric and newborn care (EmONC) and infection prevention (IP) to assess and improve their performance in these targeted areas. For these three types of health services, the sites are implementing SBM-R, including a baseline assessment and internal and external assessments, along with advocacy efforts with regional and prefectural levels (health and administrative).

The ongoing quality improvement process of SBM-R engages facility staff to conduct self-assessments, and at least two external assessments at the regional level, of their progress in improving performance compared to established standards in the three domains.

The results of implementation of the three domains in the first six sites in N’zérékoré in 2010 were presented to the Ministry of Health (MOH) and its partners. At the end of the presentation, the institutionalization of the SBM-R process was started through the following:

- Establishment of a national committee for recognition;
- Setting of performance thresholds acceptable in FP, EmONC and IP; and
- Adoption of the types and mechanisms of recognition.

In addition, partners of the MOH—UNFPA and Faisons Ensemble, primed by RTI—committed to contribute to expanding implementation of SBM-R.



Mother and daughter outside of the Faranah Regional Hospital.

A facility that is implementing SBM-R requests formal assessment of its progress and recognition when staff members believe that they have successfully achieved improvements and are routinely achieving 80% of performance standards. Following verification of performance by the national SBM-R committee, recognition ceremonies are then held for the successful facilities. Six sites have received formal recognition and nine others have been formally assessed and will be recognized through recognition ceremonies.

During the integration of SBM-R in Guinea, regional and prefectural supervisors were involved in the various stages of the process (advocacy, training, baseline assessments, monitoring and validation of performance of the sites). This approach has facilitated gradual involvement in the process of stakeholders in the field and made the scale-up of SBM-R easier.

The USAID Guinea Mission requested that the results of SBM-R implementation in Guinea be documented in a written report. To this end, facilities were chosen to represent different types of health care facilities; they included one municipal clinic, two regional hospitals and two urban health centers. The facilities also represented different levels of achievement in the SBM-R process.

## METHODOLOGY

Site visits were carried out at five facilities, located in Conakry and in the regions of Faranah and N'Zérékoré, in July 2012. At each site, the team conducted oral interviews with health care providers, other facility staff and clients, as well as with government officials and community representatives. The team asked participants about the SBM-R implementation process and used questionnaires to document their answers (see Appendix D for samples of the provider and client questionnaires). Focus group discussions were also held at certain sites, for example, with custodial staff or with clients. All of those interviewed were assured of the confidentiality of their responses unless they gave permission to use their names, therefore, this report does not use the names of those interviewed.

Specific findings, including challenges, use of performance standards, impact of interventions and sustainability, are described further in this report.

## BRIEF OVERVIEW AND BACKGROUND OF FIVE SITE VISITS

In Appendix A, Table A1 provides a general overview of each of the five sites visited, including location, population served and types of services offered and SBM-R results. Table A2 provides a breakdown of the types and number of interviews conducted at each facility, including providers, staff, clients, community members and government representatives. (See Appendix A for more details.)



Staff members of Faranah Regional Hospital along with family members waiting for a patient in labor.

## Findings and Discussion

SBM-R has elevated four of the facilities to make remarkable strides in all of the areas targeted and has instilled a sense of empowerment among staff at all levels and among the community and clients themselves. The finding from one facility, however, the Urban Commercial Center of N'Zérékoré, showed that it faced significant challenges in its implementation of SBM-R, as noted further in this report.

### EVOLUTION OF PERCENTAGE OF PERFORMANCE STANDARDS ACHIEVED AT FIVE SITES

Figures 1 through 5 present snapshots of each facility's evolution in the percentage of performance standards achieved since the implementation of SBM-R.

Following the baseline assessment in November 2009, the **Ratoma** clinic (Figure 1) achieved success in all three target areas. As of the April 2011 assessment, the percentages of standards achieved were 57% (EmONC), 88% (FP) and 81% (IP). In the April 2012 assessment, EmONC improved to 80% of its standards achieved and FP maintained its strong 88% achievement. However, IP results decreased significantly to 33% from 81% a year earlier. The reason for this decrease is primarily because of the lack of sufficient waste disposal options, such as a well-functioning incinerator. Despite the decrease in IP standards achieved, the Ratoma facility has shown tremendous growth overall. It is expected that once the waste disposal issues are resolved, the facility will be ready for validation and recognition through the SBM-R process.

**Figure 1: Percentage of Performance Standards Achieved at Ratoma Municipal Clinic**

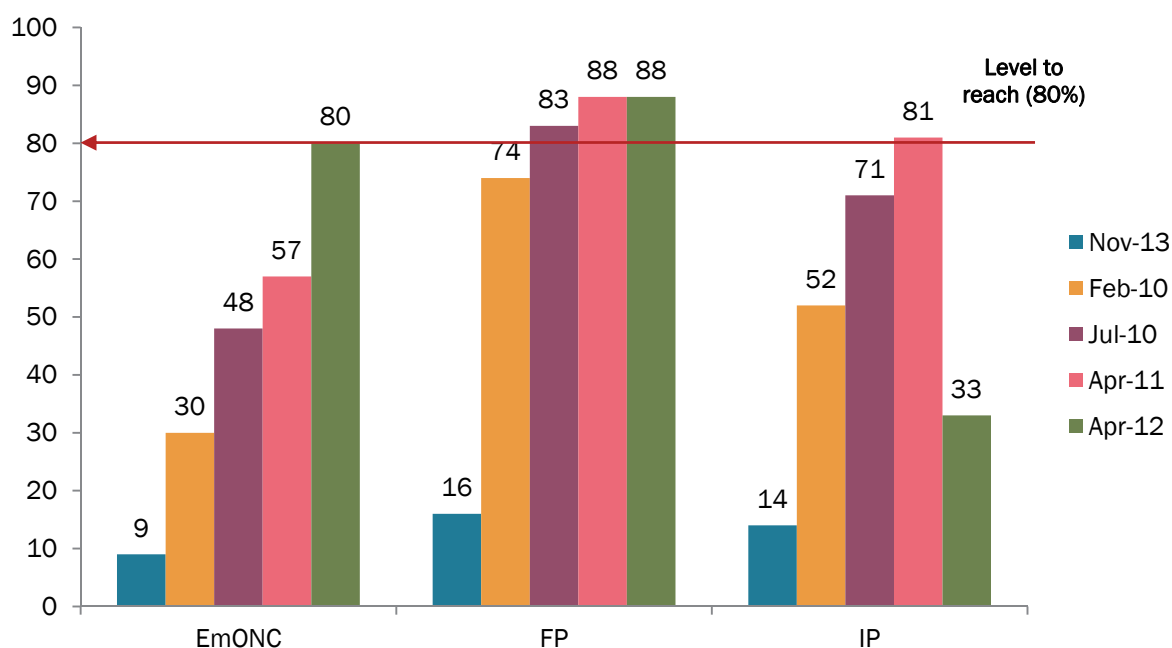


Figure 2 shows the **Regional Hospital of Faranah's** evolution from September 2010 through April 2012. As illustrated, the hospital achieved successful results in all three target areas. As of the April 2012 assessment, the percentages of standards achieved in each area were 80% or higher, with the most notable increase in FP, which went from 61% at baseline to 91% in April 2012. The hospital's impressive achievements are the result of active participation of both staff and hospital management in the SBM-R process, and, in particular, leadership personnel who are all heavily involved in the implementation of SBM-R. In addition to the training they provide at their facility, hospital leadership provides training in the wider region, one as an SBM-R trainer and the other two as regional SBM-R

supervisors. The hospital was expected to be ready in early 2013 for validation and recognition.

**Figure 2: Percentage of Performance Standards Achieved at Faranah Regional Hospital**

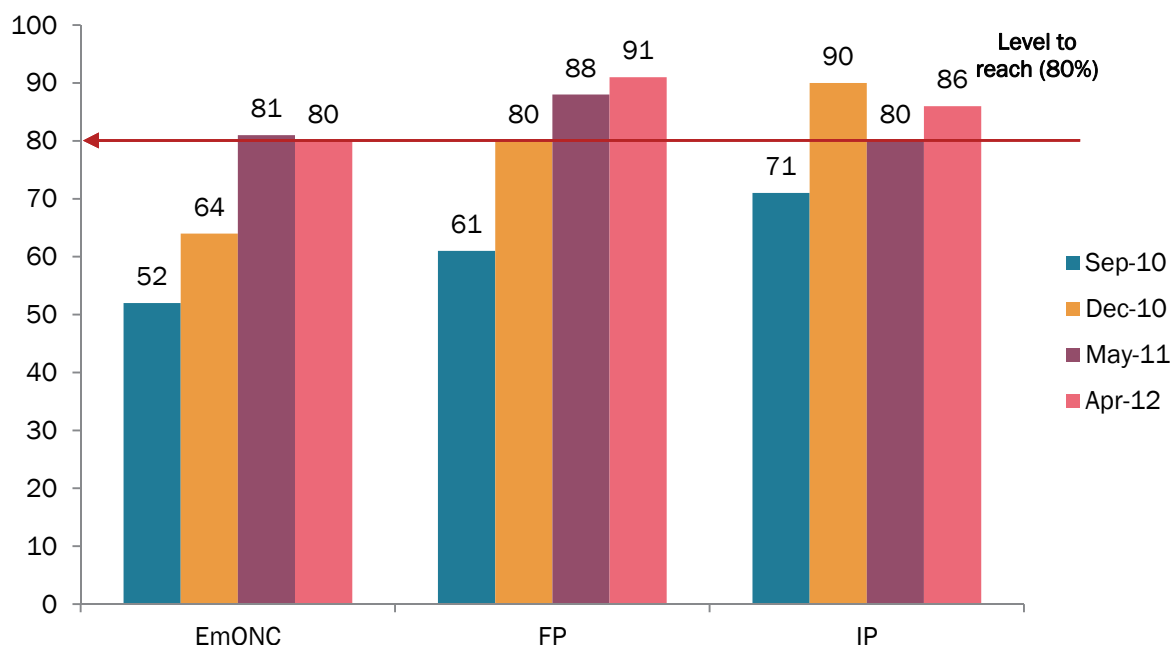


Figure 3 on the next page illustrates the **Regional Hospital of N'Zérékoré's** evolution from May 2009 through May 2012 in the percentage of performance standards achieved. As shown, the hospital, which was among the first six SBM-R pilot sites, achieved successful results in all three target areas, making dramatic increases from their baseline assessment results of 28% (EmONC), 19% (FP) and 38% (IP), increasing to 83%, 97% and 90%, respectively, by May 2012. All results moved higher with each assessment, with the one exception of EmONC going from 88% to 83% in the most recent assessment, but still maintaining an achievement above 80%. The hospital's impressive achievements are the result of strong leadership from management (one is an SBM-R trainer and supervisor and two are regional SBM-R supervisors) and motivation from the staff to achieve success in improving their working environment while improving conditions for clients. The hospital achieved validation in October 2011 and was formally recognized at a ceremony in December 2011.

**Figure 3: Percentage of Performance Standards Achieved at Regional Hospital of N’Zérékoré**

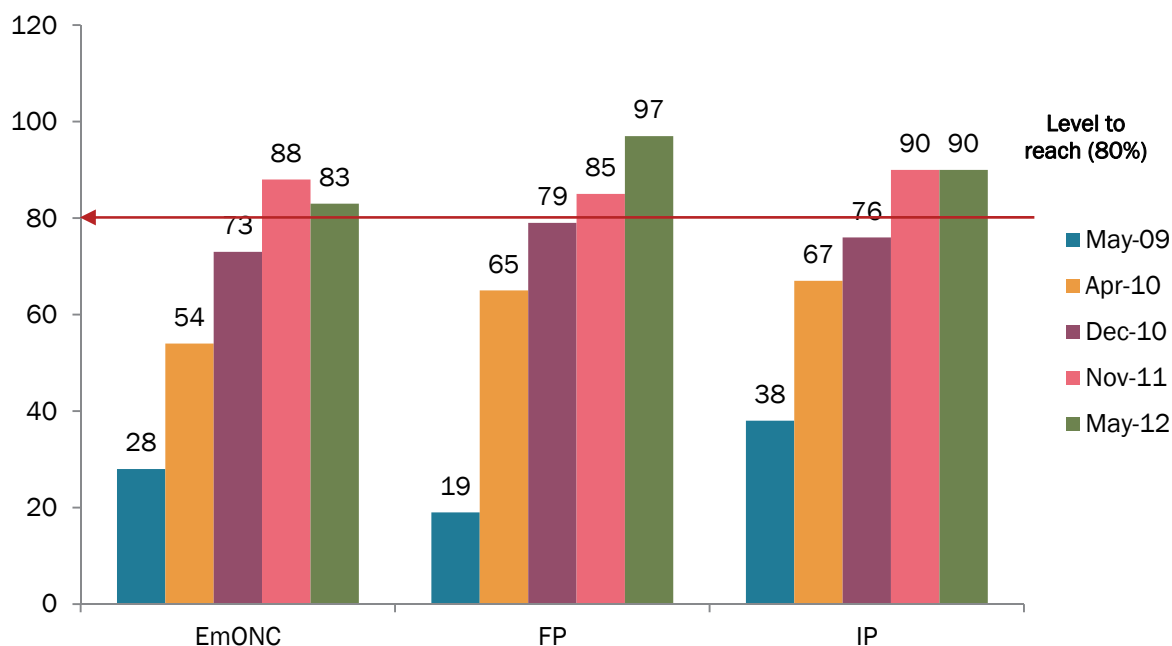


Figure 4 illustrates the **Urban Commercial Center of N’Zérékoré’s** progress from May 2009 through May 2012. Of the five sites visited, this center has struggled in its implementation of SBM-R despite being among the first six SBM-R pilot sites in the country. While the facility has achieved successful results in FP—increasing from 22% at baseline in May 2009 to 92% in May 2012—EmONC and IP have shown very minimal increases since the baseline assessment—from 8% to 34% and 19%, respectively—and are far from the goal of 80%. The center continues to face serious challenges in its efforts to implement SBM-R.

**Figure 4: Percentage of Performance Standards Achieved at the Urban Commercial Center of N’Zérékoré**

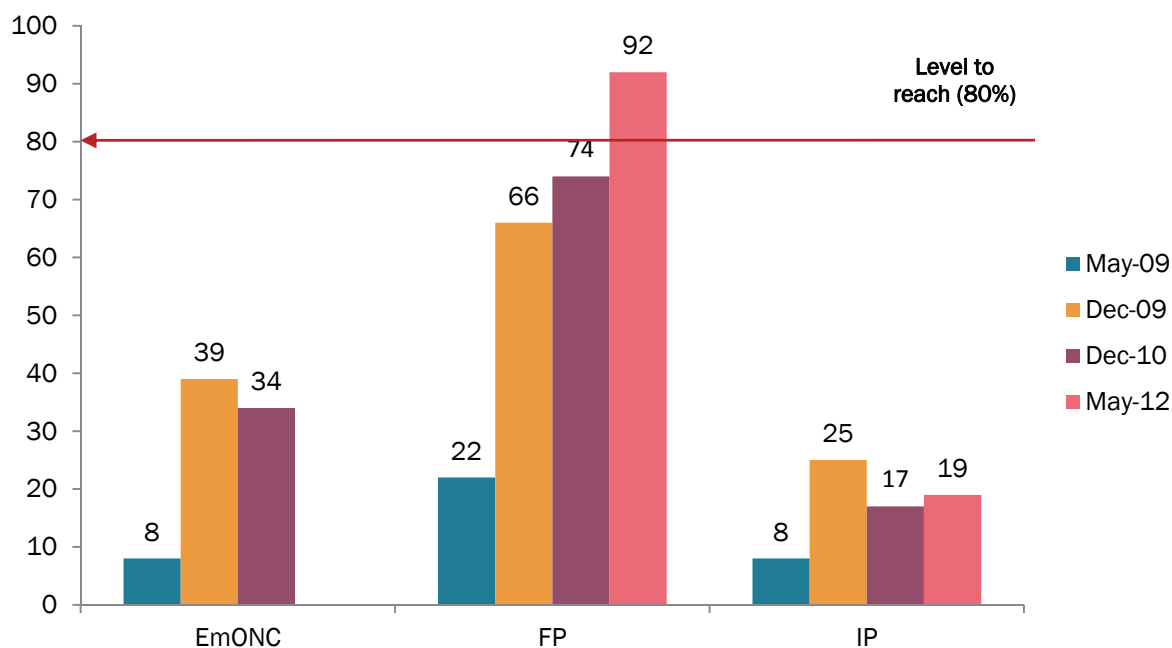
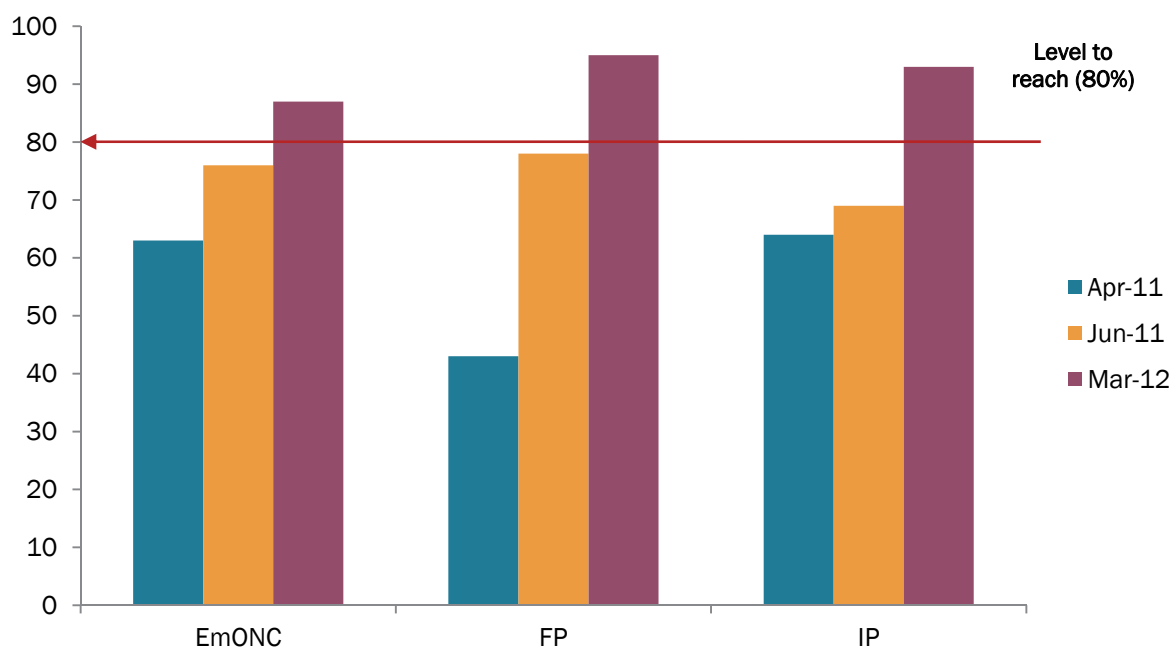


Figure 5 on the next page illustrates the **Urban Health Center of Madina’s** results from April 2011 through March 2012. The center, which is among the second group of facilities implementing SBM-R in the region, has shown impressive results, reaching over 80% in all areas in less than one year of implementation, with 87% in EmONC and 95% and 93% in FP

and IP, respectively. The center’s success is the result of strong leadership from the director and head midwife, who have taken SBM-R implementation to heart and are dedicated to making it a success with the help of committed staff members. The center’s management has mobilized resources and reached out to partners on the ground to resolve persistent gaps at the facility. The center had its SBM-R achievements validated in June 2012 and, at the time of the team’s visit, was awaiting formal recognition.

**Figure 5: Percentage of Performance Standards Achieved at the Urban Health Center of Madina**



## CHALLENGES

“We did not know how to practice the management of most of the problems we had in EmONC, that is to say, we could do it in general, but if the problem was specific, we could not resolve it.” ~ Provider at Urban Commercial Center of N’Zérékore

The facilities faced similar challenges before implementing SBM-R; some of the key issues they reported were:

- Utilization of services:
  - Low utilization rate of services
- IP practices:
  - Lack of cleanliness of the premises (all facilities)
  - Infrastructure issues, such as poor state of maternity ward, walls that leaked
  - Lack of equipment and materials, such as gloves, aprons, buckets and boots
  - Incorrect disposal of medical waste:
    - Needles lying around in the yard (Faranah)
    - Lack of an incinerator on site (Ratoma)
    - No sorting and disposal of waste at the source (e.g., the needles were mixed [N’Zérékoré])
    - Waste management practices—not sorted or disposed of properly (Urban Commercial Center of N’Zérékoré)



- Lack of a water source on site (Faranah and the Urban Commercial Center of N'Zérékoré):
  - Staff had to fetch water from the river (Faranah); water was not supplied regularly so the rest of the time, staff and patients had to seek water in the neighborhood (Urban Commercial Center of N'Zérékoré)
- Lack of appropriate decontamination practices of equipment after use, e.g., after delivery

“Infection prevention practices were not respected at all before SBM-R. We had no trash cans and our delivery tables were in poor condition. We weren't working with standards.” ~ Provider at Ratoma

- Services:
  - Lack of knowledge about clients' rights
  - “Even for obstetric emergencies, everyone had their own method, this was due to a lack of protocol in the country” (Regional Hospital of N'Zérékoré)
  - Lack of materials, e.g., for FP, delivery tables
- Patient satisfaction:
  - Lack of cleanliness “when the structure does not meet the standards it's difficult to receive clients and provide them with satisfactory care” (Regional Hospital of N'Zérékoré)
- Provider satisfaction:
  - Lack of staff involvement and inadequate training of providers
- Infrastructure issues:
  - Lack of regular electrical source
  - Structural issues of facilities

“An order is given by management to burn the collected waste, which is later verified. If the waste has only been partially burned then it is necessary to find out why. Sometimes it is because the incinerator is not working properly.” ~ Provider at Urban Commercial Center of N'Zérékoré discussing procedures for proper waste disposal at the incinerator

## USE OF PERFORMANCE STANDARDS

The providers at the four well-performing facilities found the performance standards effective as tools in their work—using them as:

- Daily reminders and working tools with relevant steps
- Peer assessments
- Internal assessments
- Training materials for medical and nursing students
- Supervision tools to give feedback to providers



Head midwife at Urban Health Center of Madina, points out the facility's plan of action developed during the SBM-R process.

“For monitoring agents in the field, we observe them conducting tasks (in FP, IP, EmONC). We note the gaps observed. We execute an action plan before the next evaluation and when possible, we correct gaps on site.” ~ Provider at Faranah

The providers interviewed at the **Urban Commercial Center of N’Zérékoré** said that they used the performance standards as a monitoring tool and that the staff kept the standards “nearby to be able to use them at any moment.” They also said they consult the standards daily and that supervision is conducted monthly and quarterly. However, the center’s poor overall results do not indicate that the standards are being used effectively. When asked why results had not been achieved at their center, one response was: “The center’s manager and the provider responsible for SBM-R implementation have an overload of work and there is a lack of availability of providers.” For example, the center had planned on conducting three assessments by June, but only one had been completed. One provider from the center said that “all agents have not mastered the use of the standards,” and another recommended that “the head of the service be with us during peer assessments.”



Staff and community members outside of the Urban Commercial Center of N’Zérékoré.

## INTERNAL ASSESSMENTS

The frequency of internal assessments and those responsible for conducting them at the facilities varied depending on one’s position and department. For example, a custodial staff member at **Ratoma** indicated that their work is inspected daily. Internal assessments, ranging from once a month to every three months to every six months, helped identify issues such as those related to IP, including irregularity of waste disposal, lack of a functional sterilizer (in the case of the **Ratoma** facility) and lack of IP training. At the **N’Zérékoré Hospital**, staff from one service area conduct the assessments of another area to “create a spirit of evaluation” and to determine whether there has been improvement. At **Madina**, teams conduct internal assessments, with extensive involvement from the Health and Hygiene Committee. At the **Urban Commercial Center of N’Zérékoré**, internal assessments are conducted quarterly, which is “where there is a gap because we aren’t conducting them monthly to overcome the gaps that we have.”

“Once the assessment has been completed, gaps can be corrected. Management must now react quickly to put this in place. We should not let go, we must continue.” ~ Provider at Ratoma

Table 1 on the next page provides the findings on the internal assessments, broken down by facility and performance area, and solutions and recommendations.

“At the Urban Commercial Center of N’Zérékoré, there is a lack of involvement of the staff, there was no one to take leadership of the process.” ~ Local district health official involved in supervision

**Table 1: Internal Assessments and Recommendations/Solutions**

EMONC		FP	IP
<b>Ratoma Municipal Clinic</b>			
Gaps	Accurate completion of the partograph		Uncovered buckets and lack of a sluice for liquid medical waste
Recommendations	Recommendations included: improving training of providers (e.g., ensuring correct use of the partograph) and other staff; advocating with government officials, the local community and NGOs to replace missing materials and equipment (e.g., installing a large, dry heat sterilizer); and working to resolve any outstanding issues before the next external assessment		
<b>Regional Hospital of Faranah</b>			
Internal assessment	Accurate completion of the partograph; management of obstetric emergencies, specifically in the correct dosage of magnesium sulfate for postpartum hemorrhage and manual extraction of the placenta	Occasional stock-outs of contraceptive methods	
Solution	New providers were trained in the correct dosing of magnesium sulfate and older providers were given on-the-job training		
<b>Regional Hospital of N'Zérékoré</b>			
Gaps	Missing materials, including newborn resuscitation bags, urinary catheter, sterile gloves, sterile gauze, suction catheters for newborns and hygienic pads		Not possible to find formaldehyde* *Staff are encouraged to use 0.1% chlorine solution as an alternative.
Recommendations	Recommendations included: hospital management find the necessary materials "so that we can get at least 95% in IP" and ensure that supplies are ordered; requests be made to NGOs or other institutions for needed items, e.g., to UNFPA for delivery tables		
<b>Urban Commercial Center of N'Zérékoré</b>			
Gaps	Cost of services was not displayed, client flow was not defined or displayed, and the effectiveness of breastfeeding was not explained to the mother	Lack of availability of the EmONC provider during the assessment	Improper disposal of waste, lack of cleanliness of the facility

	EMONC	FP	IP
Specific recommendations	Recommendations included: have another staff member assist the midwife		Involve trainees in IP efforts, establish a rotation program for cleaning, ensure that waste management is conducted weekly (with proper oversight), and that trash is collected from the rooms daily
Recommendations for all areas	Conduct internal assessments more frequently, e.g., every two months; conduct assessments among staff and between the head of the center and providers; ensure external assessments are conducted; display posters on the costs and the flow of clients		
<b>Urban Health Center of Madina</b>			
Gaps	Low level of involvement of staff	Low level of involvement of staff	Formulas for chlorine solution were not posted in the examination rooms
Solutions	Preparation formulas were distributed to providers and posted in the examination rooms, job descriptions were also posted and peer evaluations were increased to strengthen staff involvement		

## EXTERNAL ASSESSMENTS

“For monitoring agents in the field, we observe them conducting tasks (in FP, IP, EmONC). We note the gaps observed. We execute an action plan before the next evaluation and when possible, we correct gaps on site.” ~ Provider at Faranah

External assessments give facilities a chance to be measured by outside evaluators in their quest toward formal recognition through the SBM-R process; the providers and other staff readily shared their views about these assessments. Challenges identified during external assessments often echoed those found in the internal assessments, especially those related to IP practices.

Table 2 on the next page provides the findings from the external assessments related to challenges, broken down by facility and performance area.



Dr. Halimatou Souare (on the left) meets with Head Midwife during an external performance assessment at the Madina Health Center.

**Table 2: External Assessment Findings**

EMONC		FP	IP
<b>Ratoma Municipal Clinic</b>			
Ensuring quality of EmONC; filling out the partograph and records; lack of a blood pressure monitoring machine for prenatal care	Ensuring quality of FP	Poor IP practices, especially in sterilization; poor condition and small size of the incinerator, which “causes an overflow of trash, especially if the mayor’s volunteers are late in coming for trash disposal”	
<b>Regional Hospital of Faranah</b>			
Providing regular training of providers; retaining trained staff; ensuring space between delivery tables; respecting privacy of clients through provision of appropriate infrastructure; ensuring sufficient technical equipment and materials; ensuring adequate management tools; guarding against frequent stock-outs of contraceptives; and fighting against frequent turnover of providers	Providing regular training of providers; retaining trained staff; respecting privacy of clients through provision of appropriate infrastructure; ensuring sufficient technical equipment and materials; ensuring adequate management tools; guarding against frequent stock-outs of contraceptives; and fighting against frequent turnover of providers	Providing regular training; retaining trained staff; ensuring sufficient technical equipment and materials; ensuring adequate management tools; and fighting against turnover of providers	
<b>Regional Hospital of N’Zérékoré</b>			
Renovation of the maternity ward; lack of an ambulance; communication to new staff and students on correct procedures, e.g., appropriate sorting of waste and “show where needles should be put”; lack of delivery tables, materials and other equipment; and infrastructure problems such as rooms having to be used for different services	Communication to new staff and students on correct procedures, e.g., appropriate sorting of waste and “show where needles should be put”; lack of materials and other equipment; and infrastructure problems such as rooms having to be used for different services, e.g., “In FP, we had to offer FP and manual vacuum aspiration together”	Sorting of waste; communication to new staff and students on correct procedures, e.g., appropriate sorting of waste and “show where needles should be put”	
<b>Urban Commercial Center of N’Zérékoré</b>			
Lack of availability of providers was particularly problematic. More specific findings were not shared during the interview and those interviewed as part of the focus group discussion recommended that the head of the center be asked about relevant findings. Results of external assessments are not shared with teams so action plans are not developed to address identified gaps.	Lack of availability of providers was particularly problematic. More specific findings were not shared during the interview and those interviewed as part of the focus group discussion recommended that the head of the center be asked about relevant findings. Results of external assessments are not shared with teams so action plans are not developed to address identified gaps.	Specific findings were not shared during the interview and those interviewed as part of the focus group discussion recommended that the head of the center be asked about relevant findings. Results of external assessments are not shared with teams so action plans are not developed to address identified gaps.	

EMONC	FP	IP
<p><b>Urban Health Center of Madina</b></p> <p>Lack of certain materials for EmONC, such as a pelvimeter and an extingisher for the laboratory; lack of emergency transport to transfer urgent cases to the hospital; oxytocin wasn't refrigerated; lack of light source and water in the delivery room; weak community participation</p>	<p>Weak community participation</p>	<p>Lack of a water source; weak community participation</p>

## IMPROVING SERVICES

Assessment findings from the facilities are generally summarized and communicated to staff through meetings to discuss results and areas needing improvement, with plans of action developed. At **Ratoma**, providers elaborated on how results are used to improve the quality of services, e.g., in determining whether the number of prenatal care clients has declined. In another example, to ensure the availability of IP materials, one facility has prioritized their needs, such as ensuring that the formula for decontamination solution is displayed in all of the rooms. The SBM-R approach helps to highlight the gaps at facilities, and allows management to advocate with outside sources to help alleviate such gaps, where appropriate. Table 3 on the next page highlights the support each facility has received thanks to the implementation of SBM-R.

### Testimonials from five sites on improving services:

“The job aid demonstration [a flat basket with samples of available contraceptive options] has helped clients understand better. If you just talk about it, the woman will be in the clouds, but if you show her an example, she will better understand.”

~ Provider at Faranah

“Knowing where and to whom to refer emergencies is satisfying because there is a feeling of not leaving the client without a solution.”

~ Provider at Urban Commercial Center of N’Zérékoré

“SBM-R has allowed us to protect ourselves from infections between clients and us.”

~ Provider at Madina

“We got rid of a lot of practices that were not appropriate, for example, now we wash our hands, wear gloves and decontaminate gloves in chlorine solution.”

~ Provider at Regional Hospital of N’Zérékoré

“Each player is involved—from the director to the doorman—including directors, providers, maintenance workers and interns.”

~ Provider at Ratoma Municipal Clinic speaking about SBM-R improvements



Health care provider at Ratoma Municipal Clinic points out the job aid demonstration for FP methods that they developed during the SBM-R process.



**Table 3: Improving Services**

	TRAINING	WASTE DISPOSAL/IP	MATERIALS	COMMUNITY DONATIONS	GENERAL
<b>Ratoma</b>	Doctors and midwives receive necessary training	Support from the municipality's mayor and youth groups for trash removal; purchased IP equipment	MCHIP provided instruments for work, such as for delivery, prenatal care and FP; the Rotary Club, the World Health Organization (WHO) and USAID provided mosquito nets; USAID provided contraceptives; and the clinic, through its budget, ensured availability of materials for providers	Local businessman donated beds and mattresses	
<b>Faranah</b>	For midwives and doctors; for stakeholders on SBM-R modules	Mayor's office provides a dump truck for waste disposal; for needles lying around, we found containers to put them in	For IP, FP and EmONC; surgical equipment and materials, including delivery, cesarean and IUD kits, Jadelle implants and surgical gowns; medications; job aids; memory aids; SBM-R documents; dose of magnesium sulfate was made; before there were no delivery tables, and now we have two, thanks to the advocacy of hospital management	Committee on Health and Hygiene contributes to raising public awareness for the utilization of services at the hospital	Assessment findings are synthesized, feedback on the strengths and weaknesses provided, and a plan of action made, which is reported to management. The findings are communicated at daily staff meetings, during which gaps are analyzed and interventions to address them discussed. The results are used to improve the quality of services by ensuring during the next supervision that solutions identified were carried out.

	TRAINING	WASTE DISPOSAL/IP	MATERIALS	COMMUNITY DONATIONS	GENERAL
<b>Regional Hospital of N'Zérékoré</b>	For midwives and doctors; for stakeholders on SBM-R modules	Community provided a truck to pick up and remove the garbage behind the hospital; garbage collection conducted by urban and local NGOs; Mayor's Office active in cleaning up the garbage behind the hospital courtyard  Water source at the hospital was restored; Mayor's Office involved in repairing outside toilets; community members have participated in weeding and cleaning the hospital courtyard		Asked UNHCR to repair the hospital's ambulance, which they promised to do, but in the end did not have the means to cover the repairs; hospital submitted a request to the Society of Miners to help fill in gaps  Community representative actively involved in hospital activities and is "always with us in meetings"	Management actively conducts on-the-ground advocacy, reaching out to NGOs to help fill in identified gaps
<b>Madina</b>	For midwives and doctors; for stakeholders on SBM-R modules	MSF Swiss, with the support of the Prefectural Directorate of Health, built a quality incinerator on site, along with waste pits; MSF also provided different colored trash cans, each corresponding to a particular type of waste, which indicate how to dispose of waste  MSF Swiss trained maintenance workers on the management of waste and the use of the incinerator	Hammer Forum, a German NGO, built six latrines and donated a generator, which supplies power to the delivery room; the municipality has proposed building a well to have a water source on site, which is in progress  IP: MSF Swiss provided a large basin with a tap, ensuring that clean water is readily available in the delivery room, and also provided the clinic with cleaning materials (wheelbarrows, shovels, scrapers, hoes, buckets, some trash bins, etc.); part of clinic's budget, in agreement with the Prefectural Directorate of Health and the Health and Hygiene Committee, used for the purchase of trash cans, towels, soap, detergent, bleach for decontamination and items for FP/ANC teams, such as stethoscopes and sphygmomanometers	Health and Hygiene Committee helped build community awareness in appropriate use of external trash bins at the clinic and maintaining cleanliness of the premises	After the external assessments are completed, management and staff review the findings, look closely at the gaps found, provide feedback and work to find solutions for gaps. For example, purchasing materials that are lacking, or if a staff member has not performed a task correctly, providing additional training to improve performance "to avoid losing any more points" during assessments. Action plans are developed to resolve any gaps found.

	TRAINING	WASTE DISPOSAL/IP	MATERIALS	COMMUNITY DONATIONS	GENERAL
Urban Commercial Center of N'Zérékoré	For midwives and doctors; for stakeholders on SBM-R modules	Faisons Ensemble built an on-site incinerator  MCHIP and ARC provided IP training	An on-site water source was built by the société publique d'eau (SEG), thanks to advocacy efforts made by the Center	Center has proposed that the Health and Hygiene Committee raise awareness about SBM-R	One provider indicated that the assessors and those assessed are brought together and they discuss the gaps identified and how to resolve them, and create a plan of action to do so. However, other providers interviewed indicated that they did not receive feedback on assessment results or gaps identified.

## IMPACT OF INTERVENTIONS

SBM-R interventions have had some form of positive impact at all of the facilities. Table 4 on page 22 provides specific results of these impacts, broken down by facility. In addition, below are photos and testimonials from four out of the five facilities on the impact of the interventions.

### Regional Hospital of N'Zérékoré

#### Testimonials:

“We should not insult a woman, we should not hit a woman.”

~ Provider, speaking about appropriate behavior with patients

“As soon as there are many cases or an emergency, we work as a team, we call on everyone, even those who aren't part of the same service, we can use the personnel who are in the pavilion.”

~ Provider

“The standards indicate that if a woman is ready [for an FP method] and there aren't any contraindications, one must give a method immediately.”

~ Provider

“SMB-R has allowed for the constant improvement in the care of clients and patients.”

~ Provider

“At the beginning [of the SBM-R process], we were afraid, but as we used the standards, we gained confidence ....”

~ Provider

“Clients are satisfied because staff welcome (reception) has improved, privacy is respected and management is more efficient.”

~ Provider



The hospital courtyard at the Regional Hospital of N'Zérékoré before the implementation of SBM-R.



The hospital courtyard at the Regional Hospital of N'Zérékoré after successful implementation of SBM-R.

**Testimonials:**

“The rights of clients are respected.”  
~ Provider

“Before [SBM-R], reception was not welcoming. But now, when the woman arrives at the door, we get up, we welcome her, we are polite, we offer her a place to sit, we introduce ourselves and let her know that we will respect her privacy—all while respecting confidentiality.”  
~ Provider

“Now we explain every act that we do, we look at the woman from head to foot to better see any problems and identify solutions, following all the rules of IP. And the client is satisfied with everything we do.”  
~ Provider

“During the time of SBM-R, there have been no maternal deaths because we can take action in time.”  
~ Provider

“Teamwork has been strengthened by this process because everyone here is focused on achieving success, we know that we are in competition with other facilities ... so we do everything to win.”  
~ Provider

“By following the standards, we were able to identify the problems and during a roundtable, we presented our problems to NGOs. It is thanks to the standards that we have had all this success. Every day they are used.”  
~ Provider



Custodial staff member at Madina at the incinerator site demonstrating proper practices.



Toilets at Madina that were constructed after implementation of SBM-R process through advocacy efforts with local NGOs.



Station at Madina for appropriate infection prevention practices.

**Testimonials:**

“There are fewer [maternal] deaths because providers have become more competent—they have received more training.”

~ FGD participant

“We are thankful because currently staff is sufficiently protected from serious illness because they have the means for decontamination ....”

~ FGD participant

“Before, when women were late in delivering, they [providers] pressed on her belly but now this practice is forbidden.”

~ FGD participant

“Now it is forbidden to examine two women with the same pair of gloves .... We do not reuse materials without first decontaminating and sterilizing them.”

~ FGD participant

“Waiting time for emergency care has significantly decreased because of the availability of delivery kits.”

~ Provider

“Expanded the range of contraceptive methods available, including implants and IUD PP, which has resulted in an increase in the number of new users.”

~ Provider

“There is satisfaction because we have been trained, we have received materials and MCHIP monitors us quarterly. It is very motivating.”

~ Provider

“We work well as a team with the pediatrician and other doctors if a woman has complications.”

~ Provider

“Regarding IP, we are told that we are one of the cleanest hospitals, and it is all thanks to the monitoring mechanism.”

~ Provider



Clients at the Regional Hospital of Faranah use the water pump, which was built after the SBM-R process pointed to the need for an on-site water source.



Doctor and midwives at the Regional Hospital of Faranah view partograph chart.

## Ratoma Municipal Clinic

### Testimonials:

“We received contraceptives, resuscitation equipment and a vacuum extractor. It’s important because that has made it a hospital for EmONC.”  
~ Provider

“There has also been a change in provider behavior and an increase in numbers coming to the facility. People have trust in the facility.”  
~ FGD participant

“If they [providers] had not changed their behavior, people [clients] would flee.”  
~ Provider



Midwife at Ratoma Municipal Clinic points to the client registry used by the hospital.



Students learn about correct use of the partograph during labor and delivery.

**Table 4: Impact of Interventions**

	UTILIZATION OF SERVICES	IP PRACTICES	SERVICES	PATIENT SATISFACTION	PROVIDER SATISFACTION
<b>Ratoma</b>	Attendance and client use have increased; utilization rate of FP went “from 6% in December 2010 to 10% in December 2011.”	Facility and premises are kept clean and the “patients often tell us so”; handwashing done regularly; trash regularly sorted; decontamination solution is available	Improved services in all areas; ANC, expanded program on immunization (EPI) and nutrition clients are better informed; range of available contraceptive methods has increased; postabortion care (PAC) services available; procedures for PAC treatment and all the criteria for postabortion FP care are followed in accordance with the standards; there is now a screen between each maternity bed; new skills gained, such as ability to perform cesarean sections and repair lacerations; and EmONC standards utilized	Patient satisfaction improved, supported by the increase in the number of patients seeking care at the facilities; clients “well-received and treated by the staff”; increased “availability of medication and contraceptives, with more options”; prenatal care and childbirth services are provided at no cost to clients through a government-backed initiative, lessening the financial burden on families	Level of satisfaction, along with the general work climate, has improved, providers said that the changes are linked to improvements from SBM-R
<b>Faranah</b>	Increased utilization of services; increased number of clients in delivery and use of FP services, including 73 new users of Jadelle implants in June 2012  From 2011 to 2012, the performance indicators on maternal health showed the following improvements: <ul style="list-style-type: none"> <li>▪ Active management of the third stage of labor went from 93% to 100%</li> <li>▪ Breastfeeding went from 40% to 86%</li> </ul>	Water source now available on site through the well, with no more need to fetch water outside of the facility; better waste treatment and disposal; cleaning equipment regularly supplied; improved IP procedures, which protect staff; post-surgery infection rate decreased from 4% to 2.5%	Improved welcome and reception, counseling and client support, including a positive childbirth experience; improved quality of labor and delivery services, e.g., use of tools such as the partograph; availability of documents to providers that explain “what to do and what not to do”; quality of care has improved; significant decrease in the waiting time for emergencies; immediate availability of delivery kits	Patient satisfaction improved, thanks to the cleanliness of the rooms and premises, the rapid support; being “well-received and are comfortable with us”; “patients are satisfied, there are no complaints, and attendance is there for EmONC and for FP”; “patients feel at ease and client flow has improved; prenatal care and childbirth services are provided at no cost to clients through a government-backed initiative, lessening the financial burden on families	Satisfaction of providers and staff, at all levels interviewed, along with the general work climate, has improved, with respondents saying that the changes are linked to SBM-R: they regularly receive their bonuses now; IP materials available “to protect them against disease”; “providers are motivated because they have received training”; “people now work as a team”; results are shared by everyone; “providers have gained confidence”; and “we collaborate more often”



	UTILIZATION OF SERVICES	IP PRACTICES	SERVICES	PATIENT SATISFACTION	PROVIDER SATISFACTION
<b>Regional Hospital of N'Zérékoré</b>	<p>Overall utilization of services has increased; MCHIP has raised community awareness through radio and television spots in June; utilization of FP services has increased thanks to the involvement of other departments, i.e., there were eight new users in June 2010, 32 in June 2011 and 118 in June 2012; in FP, the number of new users of IUD (interval, postpartum) and other methods has increased thanks to the immediate availability of contraceptive methods without the need to wait for a follow-up appointment</p>	<p>A policy and a strategy on IP practices put in place to maintain the cleanliness of the hospital in accordance with the performance standards and IP verification criteria; staff wear appropriate clothing, e.g., close-toed shoes, gloves; trash cans are emptied every morning; daily morning tours of the hospital conducted to identify any “black marks” and ensure that immediate steps are taken to clean such areas; big weekly cleaning of the hospital that involves all staff; the monitoring committee oversees local health and the cleanliness of the courtyard; education of patients, companions and visitors to the hospital to adopt appropriate behavior at the hospital to maintain cleanliness; custodial staff thoroughly clean premises, e.g., clearing cobwebs, dusting, cleaning under the beds, using bleach to clean</p>	<p>Medications are now more readily available, e.g., those for EmONC are available; “we have improved our competencies”; “it has taught us to do self-assessments”; number of C-sections has increased</p>	<p>Staff more attentive to patients’ needs; they are well cared for; increase in the numbers at the hospital shows that there is increased patient satisfaction, which is linked to SBM-R; women feel more comfortable; client flow has improved; they are pleased with the cleanliness of the hospital; reception at the hospital is good; prenatal care and childbirth services are provided at no cost to clients through a government-backed initiative, lessening the financial burden on families</p>	<p>Service providers satisfied because of the improvement of overall working conditions thanks to the “availability of IP equipment and performance standards, which have made caring for clients simpler”; “everybody is happy with this process. We feel competent and are working in hygienic and clean conditions”; FP service providers have received a lot of training; “providers are very satisfied, especially thanks to peer assessments, they feel more confident”; “providers themselves will complain about missing gloves, hypochlorite, etc. and they will pursue hospital management to obtain these materials”; dilution formulas are displayed in the room; increased collaboration and teamwork among providers</p>

	UTILIZATION OF SERVICES	IP PRACTICES	SERVICES	PATIENT SATISFACTION	PROVIDER SATISFACTION
<b>Madina</b>	Improving care and quality attracts more clients from outside of coverage area; the number of clients has increased along with revenue for the center	Staff now have proper personal protective equipment and materials available to protect themselves from infection; use/application of IP measures has improved; "infection prevention is rigorously respected according to the standards"; hands washed "before all actions"; incinerator on the premises; formula for chlorine solution	Quality of services improved; any complications during delivery are referred to prevent maternal and newborn deaths; providers trained to provide IUDs and Jadelle implants; improved knowledge and competence of providers in EmONC and FP; FP services are available	Improved quality of reception and care, staff more welcoming; patients satisfied by the quality of services; patients support the center because of the quality of work; patients appreciate the cleanliness of the facility and premises; patients return to the clinic because of the quality of services; women giving birth and newborns well cared for in hygienic conditions; "through the suggestion box for clients, we have received letters of gratitude for our quality of reception and the providers"; prenatal care and childbirth services are provided at no cost to clients through a government-backed initiative, lessening the financial burden on families	Training of providers to "perfect the work and quality of service" has improved provider satisfaction; teamwork has been strengthened; providers able to manage childbirth complications in time through use of the partograph
<b>Urban Commercial Center of N'Zérékoré</b>	Increased in FP and ANC; "In FP, for example, the service has gone from mediocre to good, in fact, before we had a maximum of 2% and now we have 6-8% of FP users rate. This can be explained by the good reception of the client at the center and the monitoring of performance criteria, which has helped in the provision of FP by providers (we have four providers for FP)"	A water source now available on site; incinerator on site; improved cleanliness of premises		Patients are more satisfied because "clients come [to the facility] and then return"; clients are well-received; prenatal care and childbirth services are provided at no cost to clients through a government-backed initiative, lessening the financial burden on families	Increased training for providers; "We are sure of what we are doing, we know what it is that needs to be done"; "Being able to work in a clean setting is satisfying"; "satisfaction in [knowing] that the quality of service has improved"

## Outside Interventions Simultaneous to SBM-R

Those interviewed at each facility were asked about other projects and programs going on at the same time as SBM-R that could help explain certain improvements, and mentioned the contributions below.

**Ratoma:** Supervisions by DCS/DSVCo are often conducted. As a result of the findings from SBM-R implementation, the following items were provided to the facility: trash cans and personal protective equipment from UNICEF, such as cleaning gloves and aprons; emergency kits, eclampsia kits, a telephone and a motorcycle from WHO; an internal phone network, cesarean kits, three delivery kits, a vacuum extractor and linens provided by MCHIP.

**Faranah:** Based on the gap identified through SBM-R process, Red Cross helps with cleaning; the Catholic Church provided assistance; PSI has been involved more recently since 2011; Faisons Ensemble in collaboration with the national program of “Maternité sans Risque” has conducted EmONC and IP trainings since 2011/2012; UNICEF built an incinerator and provided mosquito nets, WHO has provided materials.

**N’Zérékoré:** The primary assistance has been through SBM-R. Through this implementation, the following assistance has been provided: garbage collection by the city; renovation of the maternity ward by UNFPA, tiling of the courtyard with pavers through a local development project funded by the European Union.

**Madina:** As mentioned previously, Hammer Forum and MSF Suisse have provided assistance since SBM-R implementation; MSF Suisse also has an anti-malaria project that provides free insecticide-treated bed nets (ITNs) to pregnant women; the Health and Hygiene Committee has become more active in the center’s activities.

**Urban Commercial Center of N’Zérékoré:** As mentioned previously, Faisons Ensemble assisted the center by building the incinerator.

## FORMAL RECOGNITION

“Recognition has motivated us to continue the [SBM-R] process.” ~ Provider at the Regional Hospital of N’Zérékoré

“We are encouraged to work harder and to respect the performance standards,” one provider said. “It has been said that ‘having the medal [the star] is good, but more importantly not to lose it.’” ~ Provider at the Regional Hospital of N’Zérékoré

While two of the five sites visited were on the cusp of recognition, **the Regional Hospital of N’Zérékoré** was the only facility to be formally recognized as successfully completing the SBM-R process at the time of the visits. The ceremony was conducted in November 2011 and was attended by the Minister of Health and partners Jhpiego, Faisons Ensemble, UNICEF and UNFPA. On the day of recognition, staff were excited and pleased at the recognition. USAID’s Cognizant Technical Officer for the project congratulated the health care team for achieving positive results and asked that the MOH ensure the continuity of monitoring to maintain the gains and to improve the quality of services to effectively meet customer demand. A prominent star of recognition was placed at the hospital entrance to identify it as having successfully achieved its SBM-R



SBM-R recognition celebration at the Regional Hospital of N’Zérékoré, November 2011.

goals. The day of the recognition ceremony, the hospital received medications, supplies and equipment, including a delivery table.

Since the site visits, both the **Faranah** and **Madina** facilities were formally recognized in April 2013 for their successful completion of the SBM-R process.

## SUSTAINABILITY

“Everyone benefits from SBM-R—from the managers, to the providers, to the clients and the community—all the stakeholders benefit.” ~ Provider at Regional Hospital of N’Zérékoré

Those interviewed at the five sites agreed that SBM-R should be the MSHP’s strategy to improve health care services in the country moving forward and offered the suggestions below on how to make the approach durable for the long term.



SBM-R recognition celebration at Urban Center of Madina, April 2013.

At **Ratoma**, respondents made the following suggestions: the standards must be made accessible to all employees to have a long-term impact; continue to involve everyone in the process; conduct “supervision training, to supervise and train people in the utilization of standards and to advocate for things we are missing.”

**Faranah** echoed the sentiments of those at Ratoma and offered the following suggestions related to sustainability: continue to train providers, maintaining skills acquired through supervision, ensuring provision of equipment, reinforcing ownership of the approach by providers, and

maintaining strong involvement of stakeholders; ensure that assessments and trainings continue to go hand in hand; apply the approach, continue to follow up and ensure the means to do so; involve all stakeholders including administrative authorities, both political and health; increase the motivation of stakeholders already involved; and extend SBM-R to other health facilities.

Bolstered by the great success of SBM-R implementation at their facility, the providers, staff and community representative of the **N’Zérékoré Regional Hospital** endorsed the MSHP’s strategy to expand the reach of the SBM-R approach nationwide. The following suggestions were made: ensure ongoing SBM-R training by sending trained regional assessors to other institutions; continue conducting evaluations; continue training staff; and ensure effective oversight through the Prefectural directorate of health.

Those interviewed at **Madina** strongly agreed with the MSHP’s strategy to expand SBM-R to other facilities, with a provider saying that the impact of SBM-R is very clear, and another emphasizing that all health facilities in the country should use the SBM-R approach. Regarding suggestions for sustainability, they said that all agents and staff at the facilities should be involved, as well as increasing the involvement of community and local authorities.



Materials donated as part of SBM-R recognition celebration.

At the **Urban Commercial Center of N’Zérékoré**, those interviewed agreed with MSHP’s SBM-R expansion strategy, noting that the approach could be made durable in the long term by involving the community in drawing attention to the facility’s problems so that the health center can work to resolve them. They expressed a desire to make the center sustainable and ensure that stakeholders are actively involved in the [SBM-R] process, working closely with the health center with regular exchanges.

## COMMUNITY INVOLVEMENT

“The role of patients is to come often to the facility and then we know they are happy because if they did not come, we would know they are not happy.” ~ Provider at Ratoma

The community has played a role—to varying degrees—at the facilities in helping to improve conditions. For example, at Ratoma, the community participates in clean-up activities, organizing the disposal of trash; promotes the facility within the community; a local citizen donated beds for inpatient care; the communal mayor regularly sends volunteers for trash removal; and involvement of local government representatives, such as from the DMR (the Micro Realization Director).

“The role of the committee of facility users is important. If patients are informed and sensitized, they will behave well during their hospital stay and also inform others in the community.” ~ Provider at Faranah

A community member, representing the mayor of **Ratoma** and active in clinic activities since 1999, backed up the findings from the provider and staff interviews. He is involved with SBM-R implementation related to IP, and reviews the facility’s plan of action quarterly. Since the implementation of SBM-R, he noted: increased satisfaction of providers and patients; strengthened provider training; an increase in the utilization of services; and improved attitudes of providers who can do their jobs thanks to the training and available equipment and materials. He believes that SBM-R is an effective strategy for the long term, saying that it should be expanded to all types of services at all health facilities. He also recommended that internal evaluations be conducted more frequently, and the results shared with staff.

At **Faranah**, the community has helped to improve the hospital’s sanitary conditions and raise community awareness to encourage use of the hospital’s health services. Other contributions included: the provision of an on-site well from the general secretary of the Ministry of Fisheries, who is part of the local community, along with buckets, gloves, squeegees, brooms and mops; assistance from The Red Cross; frequent help with cleaning from neighborhood leaders and youth; and establishment of a support committee for clients to help resolve problems.

A community representative in **Faranah**, a retired teacher who is president of a seven-member representative committee of the subprefecture, shared findings similar to those mentioned previously by staff. He is an active community leader, visits the hospital every morning to check on conditions, and is involved in many regional committees. At the hospital, surveys of clients are conducted two or three times a month and the facility has a suggestion box. Results are shared with staff at the hospital. Committee members conduct outreach in neighborhood churches and mosques.

At the **Regional Hospital of N’Zérékoré**, community members participate in the monitoring committee (internal and external), including the first vice mayor, sanitation representative and the district chief, who are very familiar with the hospital’s problems. The mayor’s office is also actively involved.

Community involvement is an important aspect of the success of the **Madina** facility—helping with renovations—for example, by providing the center with water. The community is working to provide a water source for the health center. They are also raising community awareness through meetings in mosques and at churches to encourage people to go to Madina for health care services.

There is only sporadic community involvement at the **Urban Commercial Center of N’Zérékoré**, with one provider recalling that a local NGO had cleaned up the center’s courtyard one time.

Those interviewed at the five facilities shared the ways they believe the community could become more involved in the health care facilities, including: encouraging community involvement in cleaning the hospital premises; ensuring bonuses for custodial staff; ensuring committee involvement in identifying problems and holding planning meetings to find resolutions; raising awareness of patients and companions on how to behave at the hospital; providing support for sanitation; ensuring needed financial and material support; increasing community awareness about the services available at the facilities, including referring women with complications during pregnancy or childbirth; and establishing point people in the neighborhoods, for example, midwives and women’s groups, to become more involved in health care.

## COMPILATION OF CLIENT INTERVIEWS

### Impressions of Health Care Facility, Services and Providers

#### Ratoma Municipal Clinic

Four female clients were interviewed at Ratoma. They had come to the facility on this day for the following services: family planning, delivery, appointment for a sick child and a prenatal consultation. In the past, they had also used the clinic for vaccinations, prenatal consultation and FP consultation. The length of time they had been coming to the clinic ranged from a few months to 27 years; one of the women had been born at the clinic.

All four women at Ratoma indicated that they were satisfied with services at the facility and said that they had been well-received by staff. Specifically, they reported that:

- Staff members were “welcoming” and “attentive.”
- Provider behavior was “good.”
- Staff members said that they could bring their husbands to their appointments.
- Staff members shared their phone numbers with clients.
- Cleanliness of the clinic was variable: “The clinic is sometimes clean, sometimes dirty.”
- Staff members were “joyful, asking us questions calmly, and gave us good advice.”

The four women said that they had recommended the clinic’s services to others in their communities, specifically: recommending family planning services; recommending prenatal care, delivery, ultrasounds and other services; and accompanying their neighbors to their prenatal visits. Two of the women also said they had tried to help the clinic, one by encouraging other women to go there for family planning services, and one by helping to clean the clinic.



Mother and child at the Ratoma facility.

Two of the four women at Ratoma had recommendations for changes to the facility, including: improving the waiting room, which the client thought too small; and decreasing waiting time.

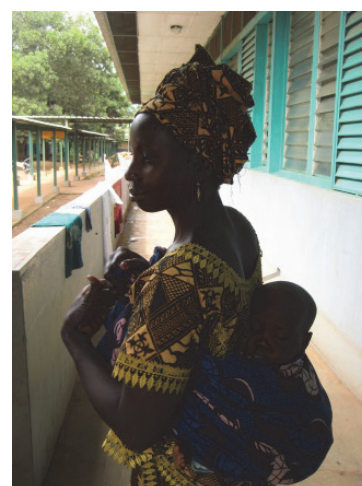
“When I came [to the clinic] for my first pregnancy, the providers would speak poorly to us and would often yell at the clients, and we waited a very long time to be seen for our consultations. [Now] the providers are more courteous ....” ~ Client at Ratoma

“Before, women were stressed because the providers yelled and pushed on their abdomens if the delivery was late. Now everything has changed .... Now we receive counseling during ANC, are able to have an ultrasound and to think about planning our pregnancies.” ~ Client at Ratoma

### **Regional Hospital of Faranah**

Six clients were interviewed at Faranah, including a focus group discussion (FGD) that took place off site of four women from Abattoir who had previously used the facility in the past although not on the day of the team’s visit, and individual interviews with two additional clients, a housewife and a seamstress, who had also used the facility in the past. They had used the facility for the following services: cesarean section, sickness during pregnancy, childbirth, abortion, family planning services and ob/gyn services. The length of time they had been coming to the hospital ranged from three years to more than 25 years. In the past, they had also used the hospital for other services such as primary curative consultation and EPI, fever and to accompany others from the village to receive care. All of the women lived within walking distance of the hospital. The women interviewed at Faranah said they were satisfied by the conditions and services they had received at the hospital, saying the following:

- Hospital is now very clean; the toilets are cleaned and “you can wash there.”
- Providers have changed their behavior and are “very available” and they “take good care of clients.”
- Staff is welcoming, “you are respected and you and your baby receive good care.”
- “The visit took place under good conditions (the welcome, examination and delivery) and the baby and I were treated well.”
- Mosquito nets and free medications are provided.
- A water pump is on site; there’s also electricity.



Mother and infant outside of the Faranah facility waiting for a relative in labor and delivery.

“Before, when I came here to give birth, our companions had to clean the rooms, and for each dressing they gave, we had to pay. Patients were treated with disdain and arrogance. But now ... patients’ rooms are regularly cleaned by the women who are responsible for cleaning the premises. Nurses provide dressings and respect the patient without asking for money.” ~ Client at Faranah

“During pregnancy, I had a lot of problems (asthenia, abdominal pain), I did not even think that my child would live. But thanks to the care I received, I gave birth in good conditions.” ~ Client at Faranah

“Prescriptions for medication can now be filled at the hospital. It really is paradise now.” ~ Client at Faranah

The clients said that they knew others who come to the hospital for services and that they had recommended the hospital to others in their communities, specifically saying that the community has noticed all of the positive changes at the hospital, including good customer care, availability of medication, the cleanliness of the hospital and proper IP practices, such as “for each client by using a new glove.” The women had recommended FP services at the hospital, prenatal care, labor and delivery services, pediatric services and maternal health care services. One client mentioned “fighting also against false rumors that are attributed to problems, such as witches and others.”

“The hospital has importance, if you come here early, you are treated, you will heal faster and you avoid having complications from the disease that could cost you a lot and could even kill you.” ~ Client at Faranah

The clients at Faranah had the following recommendations for further improvements to the hospital:

- Provide medications at the hospital that are currently unavailable.
- Ensure all of the premises are kept clean, sometimes certain lavatories aren’t regularly maintained.
- Provide services such as ultrasound and x-rays so that clients don’t have to travel to Conakry or Kissidougou for examinations.
- Increase the number of beds in the pediatric unit to increase capacity.
- Increase the number of personnel.
- Provide midwives with necessary medications.

Some of the women had participated in activities to help the hospital, such as participating in cleaning days at the hospital organized by the mayor’s office. One woman said, “We can do this because our health is at stake in the hospital.”

### **Regional Hospital of N’Zérékoré**

Two clients were interviewed at N’Zérékoré Regional Hospital. Both had come to the hospital for delivery and one had had a C-section. They had both used the clinic for past deliveries and when sick. One woman had given birth four times at the hospital and had been coming to the hospital for nearly 20 years and the other for eight years. One lived three kilometers from the facility and the other just one kilometer.

As with the clients interviewed at the Ratoma and Faranah facilities, both women were satisfied with the care they had received, and made similar remarks, including:

- Being well-received
- Good conditions at the hospital
- Attentive and welcoming care they received from the midwives and other staff, one who had arrived in labor at 3:00 a.m. who said, “they waited to see if I could give birth normally, but seeing the need, they operated. They called the doctor who came immediately and before 8:00 a.m. I had been operated on.”
- “Because I was well-received, providers helped me. I’m doing well with my baby.”



Mother and newborn son at the N’Zérékoré Regional Hospital.



The women had noticed many improvements at the facility, including:

- They no longer have to pay for dressings or other items.
- Hospital is very clean.
- Providers give more counseling.

“Before, there were bad smells in the rooms and toilets and now it’s really clean. Before in the courtyard, there were weeds and mud during the rainy season, now it’s in a really good state. We feel good here.”  
~ Client at N’Zérékoré Regional Hospital

“Providers are more attentive to clients; they were welcoming and treated me well .... After delivery, my baby and I received care and we were given medication.” ~ Client at N’Zérékoré Regional Hospital

“Early consultation at the hospital helps prevent complications from the disease and also avoids wasting money by paying for ineffective products at the market.” ~ Client at N’Zérékoré Regional Hospital

Both women knew of others who had been to the hospital for services and both said that they had recommended maternal health care services, among other services, at the hospital to others. They said that they would continue to recommend maternal health care services, in particular for:

The women had the following recommendations for improvements at the hospital:

- Ensure availability of sonograms to avoid having to travel elsewhere for services; one of the women said, “I had to go to Conakry because the machine here wasn’t working.”
- Provide more medications.
- Ensure that materials are available because “our doctors are competent but a lack of materials can prevent them from doing their best.”



Head midwife at Madina with a client during a prenatal consultation.

### **Madina**

Two clients were interviewed at the Madina center. One had come for FP services to renew her prescription and the other who was in her seventh month of pregnancy had come for ANC services. The woman who had come for FP services had been to the center several times over the past three years. The other had been two times previously over the past 10 years. Maternal health care services they had sought included FP, delivery, ANC, primary curative consultation and vaccination. Both women lived within walking distance of the center, one 12 minutes away and the other five.

As with the clients interviewed at the other three facilities, the women were pleased with the care they had received, and noted the following:

- Short wait time
- Welcomed by staff
- The midwife was welcoming and provided options
- “I was asked if I had any side effects. The center had the product I wanted and I always pay the same price.”

The women had noticed many improvements at the facility since they had been coming to the center, including:

- Before there were no trash cans in the courtyard, no good latrines and the rooms weren't clean like they are now
- Previously there were long wait times before being seen by a provider
- No longer have to pay for medications
- Cleanliness of facility and premises
- Education on how malaria can affect a pregnancy, importance of maintaining cleanliness in our homes, FP options available, and "if you want, they suggest that we come with our husbands to learn about FP options after childbirth"

"In my family, I tell my sisters, cousins, wives of my brothers, I said that now it's to Madina that one must go." ~ Client at Madina

Both women knew of others who had been to the health facility for services and said that they had recommended maternal health care services, among other services, at the facility to others, especially remarking on the availability of FP, the care given by providers and the cleanliness of the facility. They said that they would continue to recommend maternal health care services, in particular for:

- Childbirth because of the good conditions
- FP services
- ANC (products such as ITNs available)

The women had the following recommendations for improvements at the facility:

- Offer a separate room to speak with women and their husbands about FP services
- Make blood transfusions available at the center
- Offer more medications

The women said that they had participated in raising awareness about the services at the center with other women.

### **Urban Commercial Center of N'Zérékoré**

One client who had brought her child in for vaccination was interviewed at the Urban Commercial Center of N'Zérékoré. She said she was pleased with her visit to the center and that she had been coming there for 10 years. In addition to vaccinations for her children, she had come to the center in the past for ANC and for health care advice.

She knew of other people in the community who come to the facility and with whom she has discussed improvements there, including in how clients are received and in the availability of providers. She has recommended the center's ANC and FP services to others, as well as seeking care for children's illnesses.

"Currently, they give advice to a woman who has given birth to consider FP methods .... They give advice on how to feed the baby, protect the health of the baby and when to come for vaccinations. During pregnancy, they recommend where to go to deliver and in general they recommend going to the hospital for delivery," she said. Regarding suggestions for improvements at the center, the client said that she would like there to be more "good medications" available.

## Conclusion and Recommendations

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The five sites visited are among 42 health facilities in four regions of Guinea that have benefited from SBM-R implementation to strengthen health care delivery by building the capacity of health care providers in FP, IP and EmONC in an integrated manner. The five sites illustrate that the practical, systems-strengthening approach of SBM-R effectively contributes to improving the quality of health care services—through the combined efforts of facility staff and the community.

Before the implementation of SBM-R, the five facilities faced significant challenges—ranging from lack of IP practices, to poor provider behavior, to lack of training and skills, to deficiencies in infrastructure, to lack of medication and supplies. Through SBM-R, the facilities have addressed many of the challenges by:

- Analyzing available services
- Identifying gaps
- Taking corrective actions
- Implementing identified strategies
- Mobilizing local resources
- Ensuring ongoing regular monitoring

The five facilities achieved successful results in key performance target areas. All of the facilities increased their performance scores from the baseline assessments in one or all of the performance areas.

The leadership within teams that are working to improve the performance and quality of services has been an essential component of the successful implementation of SBM-R—from a custodial staff member motivating co-workers, to a head midwife encouraging more respectful care, to a director fully endorsing the SBM-R approach—all contributing to a facility's overall improvement. In addition, other key elements to success include:

- Sharing the results of the implementation of the SBM-R process with staff to show progress, identify gaps and create plans of action
- Advocating for mobilizing resources and support of other partners and the MOH
- Increasing the synergy of efforts of stakeholders to improve the quality of health services in the most effective way possible
- Empowering regional and prefectural trainers and supervisors to ensure sustainability and nationwide scale-up of the SBM-R process in Guinea

All of the facilities showed increases in their utilization rates of services, including in the numbers of users of FP methods, overall ANC appointments and deliveries (see Table 5 for details)—pointing to strengthened community confidence in available health care services.

**Table 5: Changes in Utilization Rates of Services at Five Sites**

SITE	FP SERVICE UTILIZATION RATE	ANC UTILIZATION RATE	DELIVERIES
Ratoma Municipal Clinic	2010: 462 2012: 1,468	2010: 56% 2012: 59%	2011: 2,309 2012: 2,935
Regional Hospital of Faranah	2010: 221 2012: 568	Not applicable	2010: 710 2012: 925
Regional Hospital of N'Zérékoré	2009: 51 2012: 1,223	Not applicable	2010: 1,255 2012: 1,761
Urban Commercial Center of N'Zérékoré	2009: 169 2012: 655	2010: 100% 2012: 100%	2010: 424 2012: 678
Urban Commercial Center of Madina	2010: 600 2012: 1,353	2010: 91% 2012: 99%	2010: 793 2012: 1,116

The findings from four of the five facilities show that impressive improvements have been made through SBM-R. The increases in the utilization rates are a testament to the facilities' achievements. Through the endorsement and oversight of the MOH, and with the support of its international and local partners, recommendations for the future of SBM-R in Guinea include:

- Continue to expand and scale up the SBM-R process to other health facilities nationwide
- Extend the SBM-R process to other areas of health care services
- Establish a system of regular monitoring and restocking of health facility drugs, consumables and equipment

# Appendix A: Overview of Five Sites and Breakdown of Interviews Conducted

Table A1: Overview of Five Sites Visited in July 2012

NAME OF FACILITY	TYPE OF FACILITY	LOCATION OF FACILITY	ESTIMATED POPULATION SUPPORTED	PRIMARY SERVICES	SECONDARY SERVICES	SUPPORT SERVICES	DATE SBM-R STARTED	SBM-R AREAS	SUCCESS OF SBM-R	PERFORMANCE VALIDATED	RECOGNITION ACHIEVED
<b>Ratoma Municipal Clinic</b>	Municipal clinic	Commune of Ratoma in Conakry	598,200	Prevention and treatment services for maternal and newborn health care	Consultations, hospitalization, pediatrics, general surgery and gynecology	Pharmaceutical, laboratory and radiography	2009	EmONC, FP, IP	Yes	No	No
<b>Regional Hospital of Faranah</b>	Referral hospital	Capital of the administrative region of Faranah (460 km from Conakry)	819,971	Preventive health care services, maternal and newborn health care	Consultations, hospitalization for general medicine, pediatrics, general surgery, and gynecology and obstetrics	Pharmaceutical, laboratory and radiography	2010	EmONC, FP, IP	Yes	No at time of July 2012 visit, but has since had performance validated.	No at time of July 2012 visit, but has received recognition since.
<b>Regional Hospital of N'Zérékoré</b>	Referral hospital	Administrative region of N'Zérékoré (954 km from Conakry)	2,406,523	Preventive health care services, maternal and newborn health care	Consultations, hospitalization for general medicine, pediatrics, general surgery, and gynecology and obstetrics	Pharmaceutical, laboratory and radiography	2009	EmONC, FP, IP	Yes	Yes	Yes
<b>Urban Commercial Center of N'Zérékoré</b>	Urban health center	Administrative region of N'Zérékoré (954 km from Conakry)	64,438	Preventive health care services, maternal and newborn health care	N/A	Pharmaceutical, laboratory	2009	EmONC, FP, IP	Moderate success achieved, specifically in FP	No	No
<b>Urban Health Center of Madina</b>	Urban health center	Guekedou (697 km from Conakry)	98,000	Preventive health care services, maternal and newborn health care	N/A	Pharmaceutical, laboratory	2011	EmONC, FP, IP	Yes	Yes	No at time of July 2012 visit, but has received recognition since.

Table A2: Breakdown of Interviews Conducted in July 2012

FACILITY	NUMBER AND TYPE OF PROVIDERS INTERVIEWED	OTHER STAFF INTERVIEWED	LENGTH OF TIME STAFF WORKED AT FACILITY	CLIENTS INTERVIEWED AND LENGTH OF TIME COMING TO FACILITY	GOVERNMENT REPRESENTATIVES INTERVIEWED	COMMUNITY REPRESENTATIVES INTERVIEWED	ACTION PLAN AVAILABLE
<b>Ratoma Municipal Clinic</b>	3 doctors (head of PAC services, head of maternity, head of FP)	FGD with 6 staff from various services/ departments	3 providers ranged from 6 to 15 years	4 (had been coming to the facility a few months to 27 years)	N/A	1	Yes
<b>Regional Hospital of Faranah</b>	5 (1 doctor [head administrator], nurse, nurse/ midwife, doctor [general director and supervisor of health services])	FGD with 6 custodial staff	5 providers ranged from 2 to 7 years, with the head administrator there since 2007; FGD participants ranged from 5 to 15 years, with five at facility for 10 years or more	6 total interviewed including FGD of 4 clients (had been coming to facility 3 years to more than 25 years)	DRS representative, DPS representative	2 from the Committee of Users	No
<b>Regional Hospital of N'Zérékoré</b>	4 (2 doctors, head administrator, head of maternity, 2 midwives)	N/A	4 (3 to 11 years)	2 (from 8 to 20 years)	DRS representative, DPS representative	1	Yes
<b>Urban Commercial Center of N'Zérékoré</b>	1 nurse (head)	FGD with 5 providers	6 providers (2 to 10 years)	1 (for 10 years)	DRS representative, DPS representative	1 from the Committee on Health and Hygiene	No
<b>Centre de Santé Urbain Madina de Gueckedou</b>	3 (1 nurse [head administrator], 1 midwife, 1 FP counselor)	FGD with 6 custodial staff	3 providers (3 to 11 years)	2 (3 to 10 years)	1	2	Yes

## Appendix B: Current Situation of SBM-R Integration

Table: Current Situation of SBM-R Integration

REGION	NUMBER OF PREFECTURES/ COMMUNES	NUMBER OF SITES	NUMBER OF HOSPITALS	NUMBER OF CSU/ CSR*	NUMBER OF FACILITIES AND PARTNERS
N'Zérékoré	6	12	6	6	(6) ESD/Jhpiego
					(6) MCHIP
Faranah	4	8	4	4	(4) ESD/Jhpiego
					(4) MCHIP/FE
Kindia	1	2	1	1	(2) UNFPA/Jhpiego
Mamou	1	2	1	1	(2) UNFPA/Jhpiego
Kankan	6	11	5	6	(11) MCHIP
Conakry	7	7	7	0	(7) MCHIP
<b>Total</b>	<b>25</b>	<b>42</b>	<b>24</b>	<b>18</b>	

\*CSU stands for Urban Health Center and CSR for Rural Health Center.

# Appendix C: Example of Action Plan from Ratoma Municipal Clinic

## CMC RATOMA: SBM-R/MODULE/PLAN OPERATIONNEL D'ACTION

**Domaine :** prévention des infections (P I)

**Lacune de performance abordée:** La structure sanitaire ne dispose pas d'incinérateur adéquat ou d'une fosse à déchet pour l'élimination finale des déchets

**But du plan d'action:** Obtenir un incinérateur adéquat ou une fosse à déchet pour l'élimination finale des déchets

**Impact mesurable:** La structure dispose d'un incinérateur adéquat ou d'une fosse à déchet pour l'élimination finale des déchets

**Stratégie/intervention:** Sensibilisation/Information/Plaidoyer/Supervision/Suivi

ACTIVITE	QUI EST RESPONSABLE?	RESSOURCES NECESSAIRES	DELAIS	QUE FAUT-IL RECHERCHER POUR VERIFIER QUE L'ACTIVITE A ETE ACCOMPLIE?	COMMENT MESURER L'IMPACT SUR LA PERFORMANCE?
Sensibiliser les autorités sur l'importance de l'élimination des déchets	Fanta Condé	Standards, PAO, synthèse des évaluations	Du 16 au 18 Avril 2012	Rapport de sensibilisation disponible	Revue documentaire
Sensibiliser pour le changement de comportement des agents d'entretien en PI spécifiquement au tri et à l'élimination des déchets	Aminata	Les résultats de l'évaluation SBM-R, les documents sur la prévention de l'infection.	Tous les mardis et jeudi	Rapport de sensibilisation	Revue documentaire Résultat de l'évaluation
Dynamiser la supervision interne afin de s'assurer que le tri et l'élimination des déchets sont correctement effectués	Siré	Frais de photocopie des standards de performance	A partir du mois de Juin et tous les mois	Le cahier de supervision	Revue documentaire
Faire le plaidoyer au près de l'autorité pour la délocalisation de l'incinérateur	Aminata	Frais le déplacement et de reprographie des documents de plaidoyer (lettres et standards et photo)	A partir du 26 Avril et chaque opportunité jusqu'à l'obtention de résultat positif	Les différents rapports de plaidoyer	Revue documentaire
Quantifier les déchets afin de programmer le ramassage des déchets	Claude	Ne nécessite pas de ressource	1ère semaine de Mai	Le rapport de quantification des déchets et de programmation de ramassage des déchets	Revue documentaire
Revoir le contrat de ramassage des déchets	Bio Laye	Frais de Ramassage	2 <sup>ème</sup> semaine de Mai	Fiche de contrat	Revue documentaire



ACTIVITE	QUI EST RESPONSABLE?	RESSOURCES NECESSAIRES	DELAIS	QUE FAUT-IL RECHERCHER POUR VERIFIER QUE L'ACTIVITE A ETE ACCOMPLIE?	COMMENT MESURER L'IMPACT SUR LA PERFORMANCE?
Faire le suivi de la mise en application du contrat	Aminata	Cahier de suivi	A Partir de la 2 <sup>ème</sup> semaine de Mai et chaque fin de semaine	Cahier de suivi	Revue documentaire
Faire le plaidoyer au près du maire pour l'utilisation du camion de ramassage des déchets	Directeur	Frais le déplacement et de reprographie des documents de plaidoyer (lettres et standards et photo)	A partir du 26 Avril et chaque opportunité jusqu'à l'obtention de résultat positif	Les différents rapports de plaidoyer	Revue documentaire Ramassage régulier selon le contrat
Faire le plaidoyer au près du maire pour la construction d'un bassin de réception des déchets	Directeur	Frais le déplacement et de reprographie des documents de plaidoyer (lettres et standards et photo)	A partir du 26 Avril et chaque opportunité jusqu'à l'obtention de résultat positif	Les différents rapports de plaidoyer	Revue documentaire Présence du bassin de réception des déchets dans la structure

## Appendix D: Questionnaire Samples

### Évaluation SBM-R Guinée

#### Guide d'interview des participants sur le terrain

**Enquêteur:** Nous discutons avec les personnes qui sont impliquées dans le processus SBM-R en Guinée afin de documenter les résultats du processus de l'amélioration de la qualité des services intégrés de santé maternelle et néonatale, qui incluent les soins obstétriques et néonataux d'urgence (SONU), la planification familiale (PF) et les pratiques de prévention des infections (PI) dans les centres de santé à Nzérékoré, Faranah et Conakry.

1	Date de l'interview	
2	Région	
3	Préfecture	
4	Nom et prénoms de la personne interviewée	
5	Nom de l'établissement	
6	Type d'établissement	
7	Genre	
<b>Renseignements sur la personne interviewée</b>		
8	Catégorie professionnelle (veuillez mettre un cercle autour de l'option)	<input type="checkbox"/> Docteur (MD) <input type="checkbox"/> Infirmier(e) d'Etat/Sage-femme <input type="checkbox"/> Agent Technique de Santé (ATS) <input type="checkbox"/> Autre: (spécifier)
9	Rôle ou fonction ou autre rôle pertinent (veuillez mettre un cercle autour de l'option)	<input type="checkbox"/> Prestataires (aller à 5) <input type="checkbox"/> Administrateur/Gestionnaire de service de santé dans la structure (aller à 5) <input type="checkbox"/> Autorité sanitaire (aller à 6) <input type="checkbox"/> Gestionnaire des communautés (maire, DMR) (aller à 7) <input type="checkbox"/> Membre du comité de gestion du Centre de santé (aller à 7) <input type="checkbox"/> Autre: (spécifier) (aller à 7) _____ _____
<b>Questions ci-dessous selon le rôle de la personne interviewée</b>		
10	Quand avez-vous commencé à travailler dans cet établissement? (pour les prestataires et gestionnaire/administrateur)	Date (année) _____ et (mois) _____
11	Depuis quand vous supervisez cette structure ?	Date (année) _____ et (mois) _____
12	Depuis quand collaborez-vous avec cette structure ?	Date (année) _____ et (mois) _____
13	Quels sont vos domaines de responsabilité?  (par exemple : C-CPN, C-SONU, C-PF, Superviseur, formateur SBMR et autre à préciser)	spécifiez : _____ _____ _____

## Vue d'ensemble

1. Etes-vous familiarisé avec la mise en œuvre du processus SBM-R dans cet établissement?

Oui  Non

Dans quels domaines particuliers ? par exemple,

SONU  PF  PI  AUTRE

(spécifiez) : \_\_\_\_\_

2. Connaissez-vous le plan d'action de l'établissement?

Oui  Non

Si oui, à quelle fréquence revoyez-vous le plan d'action pour améliorer la qualité des services dans l'établissement ?

\_\_\_\_\_

Copie d'un Plan d'action disponible : Oui  Non

Etes-vous impliqué dans la mise en œuvre des changements à la suite du processus SBM-R ?

Oui  Non

\_\_\_\_\_

3. Avant le processus SBM-R, quels étaient les principaux défis dans cet établissement ?

\_\_\_\_\_

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4. Depuis la mise en œuvre de SBM-R dans votre établissement, à votre avis :

Est-ce que la satisfaction des prestataires a changé, ou pas du tout ?

Oui  Non

Comment est-ce que la communauté est impliquée dans les activités de l'établissement ?

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Quelle est la satisfaction des patients pour les soins fournis dans votre établissement ?

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## Evaluations

### Processus:

1. Comment utilisez-vous les standards de performance (comme un outil de travail, d'évaluation/supervision) ?

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2. A quelle fréquence utilisez-vous les standards de performance ?

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3. Quelle est la fréquence des évaluations internes ?

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4. Comment et qui les effectue ?

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5. A la dernière évaluation interne, Quels problèmes ont été identifiés ?

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6. Quelles recommandations ont été faites ?

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7. Quels types d'évaluations faites-vous dans votre lieu de travail pour atteindre les standards de performance ?

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8. A propos des évaluations externes :

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9. Combien en avez reçu ? (prestataires) : \_\_\_\_\_  
Combien en avez effectué ? (superviseur) : \_\_\_\_\_

10. En général, quels sont les défis auxquels vous faites face lors des évaluations ?

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11. Comment pourrait-on améliorer les évaluations internes ?

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## Comment améliorer les services

### Analyser les écarts de performance :

Une fois que les évaluations sont complétées et que les résultats sont disponibles,

1. Pouvez-vous décrire comment ces résultats sont analysés et communiqués avec le personnel de votre établissement ?

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2. Comment les résultats sont-ils utilisés pour améliorer la qualité des services; pouvez-vous me donner des exemples ?

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### Développement des plans d'action :

1. Connaissez-vous le plan d'action de l'établissement ?

Oui  Non

2. Est-ce que vous développez des plans d'action régulièrement ?

Oui  Non

*Copie d'un Plan d'action disponible :*

Oui  Non

Mise en œuvre des interventions dans les sites :

A quelle fréquence revoyez-vous le plan d'action pour améliorer la qualité des services dans l'établissement ?

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Etes-vous impliqué dans la mise en œuvre des changements à la suite du processus SBM-R ?

Oui  Non

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Quel type de soutien a été apporté à votre établissement pour vous aider à mettre en œuvre ces interventions ? (par exemple, soutien technique et conseil ; appui extérieur, mobilisation de ressources de bailleurs privés)

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3. Pouvez-vous décrire les principaux défis (lacunes persistante ou complexe) auxquels vous avez fait face dans la mise en œuvre du processus de SBM-R? Comment les avez-vous surmontés ?

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Qu'est-ce qui n'a pas marché ? Pourquoi les résultats n'ont pas été atteints ?

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### **Implication communautaire (représentant de la communauté)**

1. Pouvez-vous décrire le rôle que la communauté a joué dans la mise en œuvre des interventions dans la structure ? Quelle était leur contribution ?

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2. Quel rôle la communauté et les patients devraient jouer dans le renforcement des établissements des soins de santé ?

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### **Impact des interventions**

À votre avis,

1. Comment le processus SBM-R a influé sur le fonctionnement quotidien de l'établissement de santé ?

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Est-ce que le processus SBM-R a apporté un changement significatif dans les prestations des services et dans la qualité des soins ?

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2. Avez-vous des exemples d'améliorations des résultats spécifiques dans votre établissement ? (Qu'est-ce qui fait le succès des interventions du SBM-R)

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3. Est-ce que la satisfaction des prestataires s'est améliorée dans votre établissement durant ce processus ? Pouvez-vous donner un exemple ?

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4. Est-ce que le climat général de travail s'est amélioré à la suite de la mise en œuvre du processus SBM-R ? Pouvez-vous donner un exemple ?

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5. Est-ce que l'implication de la communauté dans les activités de l'établissement s'est améliorée à la suite de la mise en œuvre du processus SBM-R ? Pouvez-vous donner un exemple ?

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6. Est-ce que l'utilisation des services s'est améliorée ? Dans quels domaines ? Pouvez-vous donner un exemple ?

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A votre avis, est ce que c'est lié au processus SBM-R ?

Oui  Non

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7. Est-ce que les patients sont plus satisfaits des services de soins dans votre structure? Pouvez-vous donner un exemple ? A votre avis, est ce que c'est lié au processus SBM-R ?

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8. Y a-t-il d'autres projets et programmes en cours en même temps que le processus SBM-R qui pourrait expliquer certaines améliorations des services observés ?

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## Reconnaissance

1. Pouvez-vous décrire ce que la reconnaissance a apporté à votre institution ?

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2. Est-ce que le processus SBM-R, y compris la reconnaissance, a influencé la motivation du personnel sur le site ?

Oui  Non

Comment cela a affecté la satisfaction au travail ?

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Le climat général du travail dans l'établissement ?

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L'esprit d'équipe et l'entraide du personnel ?

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3. Est-ce que le processus SBM-R, y compris la reconnaissance, a influencé la communauté ?

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## Perennisation

1. Le MSHP en Guinée a choisi d'utiliser l'approche SBM-R pour améliorer les services dans le pays. Etes-vous d'accord avec cette stratégie ?

Oui  Non

Comment pouvez-vous contribuer à rendre l'approche SBM-R durable à long terme ?

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Note: L'impression générale de l'entrevue permettra de déterminer si la question suivante sera posée.

Au début de l'entrevue, vous avez été assuré(e) de la confidentialité. Vous sentiriez-vous à l'aise si on vous identifie par votre prénom dans un rapport, ou préférez-vous rester anonyme ? Nous respectons le choix que vous ferez.

Si Oui, nom et prénom :

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## Questionnaire de sortie

Procéder comme suit :

- Salutations (présentez-vous)
- Expliquer le but de l'entrevue
- Assurer la personne interrogée de la confidentialité
- Demander si il/elle a des questions
- Consentement : Etes-vous d'accord pour participer à cette interview? Si vous le souhaitez, vous pouvez mettre fin à cette interview à tout moment.

Continuer si la personne consent à l'interview

Renseignements :

Région \_\_\_\_\_

Préfecture \_\_\_\_\_

Nom de l'établissement \_\_\_\_\_

Date et l'heure de l'interview \_\_\_\_\_

Genre de l'interviewé      M       F

### Section A

1. Pour quels services de soins maternels êtes-vous venu(e) aujourd'hui ?

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2. A quelle distance de cet établissement habitez-vous ?  Km

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3. Comment s'est passé votre visite ?

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4. Etes-vous satisfait/e de votre visite ?

Si Oui       Si Non

Pourquoi ? Pouvez-vous me donner des détails ?

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5. Êtes-vous venu(e) dans cet établissement avant aujourd'hui pour des services de soins maternels ?

Oui  Non

(si oui, continuez)

Combien de fois êtes-vous venu(e)  Depuis combien d'années?

Pour quels services de soins en général (PF, Accouchement, CPN, CPC, PEV)

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Avez-vous remarqué des changements - aujourd'hui par rapport à vos visites précédentes, (comme par exemple l'état de la structure ou les soins offerts par le personnel) ? Pouvez-vous expliquer.

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6. Connaissez-vous d'autres personnes dans votre communauté qui viennent dans cet établissement pour des soins de santé maternels ?

Oui  Non

Si oui, Ont-ils partagé leurs impressions au sujet de l'établissement et sur leur expérience ? Pouvez-vous me donner des détails ?

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7. Aviez-vous déjà recommandé les services de soins maternels dans cet établissement à d'autres ?

Oui  Non

Si oui, pour quels services de soins en particulier ? Si non, pourquoi ?

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8. Recommanderiez-vous les services de soins maternels dans cet établissement à d'autres ?  
Oui  Non

Si oui, pour quels services de soins en particulier? Si non, pourquoi ?

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9. Aimeriez-vous que l'établissement offre d'autres services de soins ? Lesquels ?

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10. Est-ce que vous discutez des services de soins maternels offerts dans cet établissement avec vos pairs ou d'autres dans la communauté ?

Oui  Non

Si oui, sur quel aspects/sujets/questions ? Pouvez-vous donner des exemples ?

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11. Est-ce que vous participez à des activités pour appuyer l'établissement ? Pouvez-vous donner des exemples ?

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12. Est-ce que vous souhaiteriez voir des améliorations dans cet établissement ?

Oui  Non

Si oui lesquelles ? si non pourquoi ?

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*Note:* L'impression générale de l'entrevue permettra de déterminer si la question suivante sera posée.

13. Au début de l'entrevue, vous avez été assuré(e) de la confidentialité. Vous sentiriez-vous à l'aise si on vous identifie par votre prénom dans un rapport, ou préférez-vous rester anonyme ? Nous respectons le choix que vous ferez.

Si Oui, nom et prénom :

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## Appendix E: Success Stories

### GUINEAN WOMAN'S LIFE SAVED BY QUICK ACTIONS OF HEALTH CARE PROVIDERS

[Article published on Jhpiego's website in April 2013.]

By Alisha Horowitz



Thanks to MCHIP training, Dr. Barry, with midwives at the Regional Hospital of Faranah, helped save the life of a new mother. Here he views the maternity department's partograph chart.

**Conakry, Guinea—**When Dr. Mamadou Oury Barry first saw Hawa Condé, the 23-year-old patient was crying out, “I’m going to die.” The young mother had reason to fear. She had given birth 24 hours earlier at her home in the village of Tiro, and though the labor and delivery of her baby boy had gone smoothly, the placenta had not been delivered.

“She told me that she felt dizzy and that her body was tingling. She kept moaning and crying out,” said Dr. Barry, 45, Head of the Maternity Department at the Regional Hospital of Faranah, describing Hawa’s state when he first examined her. “Her condition was serious, her life was in danger.”

Hawa understood well the importance of expelling the placenta—after all, it was her third delivery. Accompanied by a relative, Hawa had walked to the local health center in Tiro, where she was told to go immediately to Faranah for treatment. It took some time to arrange for a car for the 20-minute drive.



Hawa Condé in the maternity ward, after Dr. Barry helped prevent her from bleeding to death.

Once Hawa arrived at the hospital, the staff took swift action. Midwives brought Hawa into the delivery room and gave her an injection of oxytocin to help the uterus contract to deliver the placenta, but they were unable to deliver it. They then called in Dr. Barry to help.

Thanks to training that Dr. Barry and other staff had received in emergency obstetric and newborn care (EmONC) through a Jhpiego-supported effort to improve services at the hospital, he was able to take immediate action on this day in July 2012. This training took place at the request of the MOH and through the U.S. Agency for International Development’s (USAID’s) flagship Maternal and Child Health Integrated Program (MCHIP).

In Hawa’s case, Dr. Barry quickly assessed her condition. He found that she had very low blood pressure, an accelerated pulse, rapid breathing, a very pale complexion and a hanging umbilical cord. After closely following the prescribed EmONC steps, including appropriate infection prevention



measures, the doctor and two midwives worked together to manually remove the placenta and then properly disposed of it.

“We felt relieved because we were able to stabilize her. If she had stayed at home, she could have died within hours ...,” said Dr. Barry, a father of four children whose wife is a nurse at a local health center.

The hospital in Faranah is among 38 health facilities in Guinea that have benefited from other efforts led by Jhpiego and partners to strengthen health care delivery in four regions of Guinea using a Jhpiego-pioneered quality improvement approach. Jhpiego introduced Standards-Based Management and Recognition (SBM-R®) in 2009 at six health facilities. This practical, systems-strengthening approach provides health workers and facilities with tools and methods to improve performance and quality of services. The focus was on building the capacity of health care providers in family planning and infection prevention, as well as fortifying their skills in EmONC.



Dr. Mamadou Oury Barry with his patient, Hawa Condé, and her new baby.

Before SBM-R was introduced at the regional hospital in 2010, the facility faced challenges related to poor infection prevention practices; incorrect disposal of medical waste; lack of a water source on site (staff fetched water from the river); lack of training for new providers on management of obstetric emergencies; and occasional stock-outs of contraceptive methods. Through SBM-R, the hospital staff have addressed many challenges and achieved successful results in key performance target areas. The most notable increase was in family planning, which went from 61 percent of performance standards achieved at the initial assessment to 91 percent achieved in April 2012. The results for EmONC were also impressive—increasing from 52 percent to 80 percent for the same time period.

The hospital now has an on-site water pump, improved infection prevention practices, increased numbers of clients using delivery and family planning services, and expanded staff training opportunities. During a visit to the hospital, the Minister of Health, Dr. Naman Keita, congratulated the staff on the facility’s cleanliness.

For Dr. Barry, SBM-R has led to direct improvements in patient care. “SBM-R has greatly helped the facility, especially in the management of complications and the hygiene of the structure and equipment,” he said. “Now we have drugs for emergencies. Before, that was lacking and there were frequent stock-outs.”

Dr. Barry puts his skills into action daily—whether ushering in students for training, helping a young man with filling a prescription or stabilizing a patient’s condition. He said the regular supervision that is part of SBM-R has been particularly motivating. “We have seen an increase in the number of obstetric emergencies we receive, which have increased by nearly 50 percent in three years. We have been able to reduce the number of deaths from abortion, pre-eclampsia and postpartum infections.”

Hawa may not be aware of the work to strengthen health care services for women and their families, but she is grateful for the care she received. Sitting up in bed later that day, the exhausted mother calmly held her newborn son and tried to nurse him while he squirmed.

“When we came to the hospital ... I was worried because the placenta hadn’t come. They gave me an injection ...,” she said. “When the placenta came out, I felt relieved.”

## GREAT STRIDES MADE IN FAMILY PLANNING THROUGH CHAMPIONS IN GUINEA

*[Article published on Jhpiego's website.]*

*By Alisha Horowitz*

On any given day at the Ratoma municipal clinic in Conakry, Guinea, Aminata Kaba and Sire Camara can be found offering advice to women about options in family planning, or training clinic staff on effective counseling methods. The two women doctors, both ob/gyn specialists, have been the driving forces in efforts to expand and improve postabortion care (PAC) services at their clinic. Kaba and Camara understand that PAC is often a particularly sensitive time for clients, but also a critical time to help a woman identify and obtain a family planning method of her choice.

With support and training from Jhpiego, Kaba, head of Ratoma's maternity ward, and Camara, responsible for the clinic's PAC services, "have really been the ones to shake things up at the clinic," said Yolande Hyjazi, Jhpiego's Guinea Country Director. "The doctors have successfully advocated for a steady supply of contraceptives and ensured that PAC services are available 24/7 in Ratoma."

And their efforts have paid off in a big way—the percentage of women receiving a family planning method before leaving the clinic increased from just 11 percent to 83 percent, as of the most recent assessment. Kaba, a 55-year-old mother of four, and Camara, a 48-year-old mother of three, have been identified as "champions" of this initiative, which is funded by the U.S. Agency for International Development (USAID).

Hyjazi has seen firsthand the substantial gains the doctors have made since being trained by Jhpiego in 2009 in Standards-Based Management and Recognition (SBM-R®), an innovative performance and quality improvement approach.



Dr. Sire Camara (standing) has helped lead gains in use of family planning services by women receiving care at the clinic where she works in Conakry, Guinea.

Through their work at Ratoma to ensure that women have options in family planning, Kaba and Camara are building upon Jhpiego's past work in Guinea. Jhpiego has collaborated closely with the country's Ministry of Health and Public Hygiene (MOH) since 1998 to support the introduction, expansion and improvement of high-quality PAC services. This work is part of Jhpiego's ongoing efforts to partner with countries in building the capacity of health care workers and strengthening health systems to prevent the needless deaths of women and families. The organization develops innovative, low-cost technologies to address today's global health challenges and works with communities to increase frontline health workers' ability to deliver lifesaving care.

Despite significant gains, an evaluation of PAC services in Guinea in 2007 found that, on average, only 45.6 percent of women leave health facilities with a modern contraceptive method, and some sites show even lower percentages. At the same time, USAID Washington supported an assessment of PAC services in the sub-region of Francophone countries. A meeting was then held in Senegal with country representatives to share experiences, discuss assessment results, and identify problems and possible solutions.

Out of this meeting, the Virtual Fostering Change Program (VFCP) was established to improve the quality of PAC. Guinea assembled a team—which included representatives from

the MOH, multilateral organizations, USAID and service providers—to join the fostering change program, and developed an action plan to increase the proportion of women receiving PAC services who leave with a contraceptive method of their choice. The identified goal was to increase the average percentage from 45.6 to 60.

The Ratoma clinic, which serves a population of 160,000, was among three municipal clinics chosen as a pilot site during VFCP’s first year of implementation from October 2009 to September 2010. The implementation team chose to use performance standards for PAC to provide guidance for service providers at the sites, evaluate services, identify gaps and fill them. The team also encouraged all providers to use these standards as reminders and job aids to improve services.

“Putting the SBM-R process in place allowed us to elevate the level of our services and to improve the quality of care. We involved all of our personnel in these activities,” explained Camara.

Kaba added, “We established a dialogue to motivate our personnel. We also encouraged teamwork and opportunities for feedback to improve the quality of services.”

Dr. Tsigué Pleah, Senior Reproductive Health Advisor at Jhpiego, worked closely with Hyjazi to lead technical assistance efforts in Guinea, in particular the ongoing virtual support of VFCP. Recently, when speaking of the Ratoma duo, Pleah said, “Both are very strong individually, and together they are a formidable team.”

The efforts of Kaba and Camara were recognized regionally during a ceremony organized for the sites that had achieved the best results according to their action plans. As part of the recognition, the sites received a donation of materials, including medical equipment, infection prevention supplies, examination gloves, job aids and posters illustrating family planning methods. Ratoma was singled out for special commendation for its work in reaching program objectives.

Kaba and Camara say they are both inspired by their desire to achieve good results that will help the women they serve. In this spirit, they are forging ahead with plans that will improve services at their facility even further and ensure that all women who desire a family planning method leave with one of their choosing.



Yolande Hyjazi (standing), Jhpiego’s Guinea Country Director, with Dr. Aminata Kaba, head of Ratoma’s maternity ward, and Dr. Bernard F. Tonguino, service provider at Ratoma’s maternity ward, during a Jhpiego training on family planning methods.