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Guinea PRISM II Project: 2005 Annual Report (English)

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Acronyms		Definition
English	French	
CBD agent	AC	Community Agent (<i>Agent Communautaire</i>)
AGBEF	AGBEF	Association Guinéenne pour le Bien-être Familial
FY	AF	Fiscal Year (<i>Année Fiscale</i>)
AT	AT	Assistant Technique
TBA	AV	Traditional Birth Attendant (<i>Accoucheuse Villageoise</i>)
CYP	CAP	Couple-Years Protection (<i>Couple Année Protection</i>)
HHC	CCS	Heads of Health Center (<i>Chef de Centre de Santé</i>)
CENAFOD	CENAFOD	Centre National de Formation et de Développement
CIP/Counseling	CIP/Counseling	Communication Inter Personnelle et Counseling
CNLS	CNLS	Comité National de Lutte contre le Sida
OC	CO	Oral Contraceptives (<i>Contraceptifs Oraux</i>)
CoGes	CoGes	Comité de Gestion
COPE	COPE	Client Oriented Provider Efficient.
CORE	CORE	Outil d'analyse des Coûts et Revenus
CPC	CPC	Consultation Primaire Curative
ANC	CPN	Ante Natal Consultation (<i>Consultation Pré Natale</i>)
CPS	CPS	Chef de Poste de Santé
CPSC	CPSC	Comité de Promotion de la Santé
HC	CS	Health Center (<i>Centre de Santé</i>)
CSC	CSC	Comité de Santé Communautaire
CSU	CSU	Urban Health Center (<i>Centre de Santé Urbain</i>)
CTC	CTC	Comité Technique de Coordination
CTPS	CTPS	Comité Technique Préfectoral de la Santé
CTRS	CTRS	Comité Technique Régional de la Santé
IUD	DIU	INTRA-UTERINE Device (<i>Dispositif INTRA-UTÉRIN</i>)
DPS	DPS	District (Prefecture) Health Direction (<i>Direction Préfectorale de la Santé</i>)
DRS	DRS	Regional Health Direction (<i>Direction Régionale de la Santé - ex IRS</i>)
DSR	DSR	Division de la Santé de la Reproduction
UG	UG	Upper Guinea (<i>Haute Guinée</i>)
GPIEC	GPIEC	Groupe Préfectoral IEC
GRIEC	GRIEC	Groupe Régional IEC
GTZ	GTZ	Agence de Développement Allemande
IEC	IEC	Information, Education et Communication
DDM	IPD	Data for Decision Making (<i>Information pour la Prise de Décision</i>)
STIs	IST	Sexually Transmitted Infections (<i>Infection Sexuellement Transmissible</i>)
JNV	JNV	Journée Nationale de Vaccination
ED&C	ME&C	Essential Drugs and Contraceptives (<i>Médicaments Essentiels et Contraceptifs</i>)
MSH	MSH	Management Sciences for Health
MOH	MOH	Ministry of Public Health (<i>Ministère de la Santé Publique</i>)
MURIGA	MURIGA	Mutuelle de santé consacrée à la référence des

ACRONYMS

Acronyms		Definition
N&P	N&P	femmes lors des accouchements
NGO	ONG	N ormes et P rocédures
PCG	PCG	N on G overnmental O rganisation (<i>Organisation Non Gouvernementale</i>)
IMCI	PCIME	P harmacie Central de G uinée
PEV/SSP/ME	PEV/SSP/ME	I ntegrated M anagement of C hildhood I llnesses (<i>Prise en Charge Intégrée des Maladies de l'Enfant</i>)
FP	FP	P rogramme E largie de V accination/ S oins de S anté P rimaires/ M édicaments E ssentiels
IP	PI	F amily P lanning (<i>Planification Familiale</i>)
MPA	PMA	I nfection P revention (<i>Prévention des Infections</i>)
PNMSR	PNMSR	M inimum P ackage of A ctivities (<i>Paquet Minimum d'Activités</i>)
SDP	PPS	N ational P rogram f or S afe M otherhood (<i>Programme National de Maternité Sans Risques</i>)
PRCL	PRCL	S ervice D elivery P oint (<i>Point de Prestation de Services</i>)
HP	PS	P rogramme de R enforcement des C apacités en L eadership
PMTCT	PTME	P oste de S anté
PV	PV	P revention of M other to C hild T ransmission (<i>Programme de Transmission Mère et Enfant</i>)
IR	RI	P oint de V ente
PAC	SAA	I ntermediate R esult (<i>Résultat Intermédiaire</i>)
CBD	SBC	P ost- A bstion C are (<i>Soins Après Avortement</i>)
SF	SF	C ommunity B ased S ervices (<i>Services à Base Communautaires</i>)
SIDA 3	SIDA 3	S upervision F acilitante
SONU	SONU	Projet de Lutte contre le Sida en Afrique de l'Ouest (2, phase)
HMIS	SNIS	S oins O bstétricaux N éonataux d' U rgence
RH	SR	N ational H ealth M anagement I nformation S ystem (<i>Système National d'Information Sanitaire</i>)
EU	UE	R eproductive H ealth (<i>Santé de la Reproduction</i>)
USAID	USAID	E uropean U nion (<i>Union Européenne</i>)
		U nited S tates A gency for I nternational D evelopment (<i>Agence Américaine pour le Développement International</i>)

USAID/Guinea SO # 2

Increased use of essential FP/MCH services and prevention of STIs/AIDS

PRISM II Vision

By the year 2005, Guinean families and individuals will have access to high quality services and information that meet their reproductive health needs.

INTRODUCTION

The PRISM project (Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA) is an initiative of the Republic of Guinea as part of its bilateral cooperation with the United States of America designed to increase the utilization of quality reproductive health services¹. The project is funded by the United States Agency for International Development (USAID) and is implemented by Management Sciences for Health (MSH) in collaboration with the John Hopkins University/Center for Communication Programs (JHU/CCP) and Engenderhealth.

The project's intervention zones correspond to the natural region of Upper Guinea as well as Kissidougou prefecture, thus covering all of the 9 prefectures of Kankan and Faranah administrative regions.

This annual report covers the activities and results of PRISM over the fiscal year 2005, October 1, 2004 to September 30, 2005. Like all of PRISM's activity reports, the present report is structured according to the 4 intermediate result areas: (1) increased access to reproductive health services and products, (2) improved quality of services at health facilities, (3) increased demand of reproductive health services and products (4) improved coordination of health interventions.

The report consists of three parts. The first part presents the introduction, an executive summary, and the summary of the principal results attained over the course of the year in each of the four intermediate results (IR). The second part presents in detail for each IR the project's strategies and approaches, the implemented activities and the results attained over the course of the year. The third part presents the operational aspects having had an impact on the project over the course of the year.

¹ This also responds to the Strategic Objective #2 from USAID's Program in Guinea and which is titled: "Increased use of essential Family Planning, Maternal and Child health and STI/AIDS prevention services and practices".

EXECUTIVE SUMMARY

IR1 : Increased access to RH services

Over the course of the year, the PRISM project organized the training of 39 health providers from various health centers in the project's zone. With this training, all of the 109 health centers of Kankan and Faranah's regions now have two providers trained in providing FP and STI/AIDS prevention services.

Just like the integration of family planning and STI prevention services, the PRISM project supported the integration of syndromic management of STIs in the health centers of Upper Guinea and in the Kissidougou prefecture. During the course of this year, there were 43 health centers that integrated syndromic management of STIs bringing the proportion of health centers that offer this activity to 100%.

To strengthen access to health services, the PRISM project supported the community-based distribution (CBD) network in the coverage zone. In the course of the year, a total of 423 community-based distribution agents were trained in the prescription and distribution of oral contraceptives and Vitamin A in the villages.

The traditional birth attendant training curriculum was published and one thousand copies were produced. In the course of the year, the training of 48 traditional birth attendants was carried out, reaching 100% of the targets in each of the prefectures of Kankan (61/60), Kérouane (42/40), and Faranah (50/50). Three new TBAs were trained replacing those who had resigned. In total, 156 TBAs were trained, slightly more than the goal of 150 TBAs for these three prefectures at the end of September of 2005.

Each health center in the project zone received at least one joint PRISM/DRS supervision visit during the course of the year, for a total of 109 health centers visited to monitor the availability of essential drugs as well as the quality of their management. During this supervision, the IMAT² test was performed confirming the chronic absence of drugs in the health centers.

During the course of the year, 12 health mutuals started to cover the medical fees for their members, reaching 30 of the 31 targeted mutuals. In the course of the year, all of the mutuals established in the prefectures of Kankan, Kérouane and Faranah received monitoring visits.

Also in the course of this year, the PRISM project supported the creation of 329 community health committees (CSC) in the prefectures of Kankan, Faranah, and Kérouané to reinforce community participation in the management of their health services. This represents 100% of the project's

² Inventory Management Assessment Tool

target for the end of September 2005. Also the PRISM project supported the establishment of 12 Community Health Promotional Committees (CPSC in French) (previous management committees) in the course of the year bringing the total to 38 CPSCs established. This represents 100% of the target for this year.

IR2 : Improved quality of services

The percentage of health services conforming to at least 60% of the Norms and Procedures, has reached 78% for the prenatal consultations, 90% for family planning, 73% for syndromic management of STIs, and 79% for Child Survival. For all of these categories, the goal for the year was 75%.

On average over FY05, seven supervisory visits per health center were made (up from a goal of 4) by the Prefectoral Health Directorate (DPS), the Regional Health Directorate (DRS) and PRISM staff. The frequency is largely on the rise compared to FY04 (3.2) or FY03 (1.5).

The integration of the COPE approach has continued in 39 health centers and 3 hospitals bringing the number to 91 (up from the target of 80). The approach had been introduced at the community level in 10 health facilities, over the course of this year, on an experimental basis.

Over FY05, in collaboration with the Regional Directorates of Faranah and Kankan, the project undertook to evaluate the performance of health facilities and community institutions established in the zone in order to recognize deserving providers and communities and to create a culture of “continuous quality of services”.

PRISM participated technically and financially and as a “Key partner” in the implementation and review of the IMCI program organized by the Ministry of Health.

In the course of the year, health providers of 12 health centers of the Kankan prefecture participated in an on-site training in Emergency Obstetrical and Neonatal Care Services (SONU in French). At the same time, 25 health providers were trained in the use of the “partogramme” (WHO birth delivery algorithm).

The health management information system, “RAMCES” was installed in nine DPSs covered by the project this year.

IR3 : Increased demand for services

Over the year all of the prefectoral IEC groups have received the technical and financial support necessary for carrying out public community mobilization activities. In certain prefectures, the supervision of community peer educators was conducted allowing the project to evaluate the communities’ capacity to support local health services.

The training of the peer educators was emphasized especially in the mines where a new approach was launched to involve the “*Bureaux des ressortissants*” (Group of people coming from the same village, city or country) in the effort to prevent AIDS.

IR4 Improved coordination

At the regional level, PRISM participated actively over the course of this year with the organization of the bi-annual IEC working group sessions in Kankan and Faranah.

At the central level, PRISM supported both the workshop to review IMCI in Guinea and the meeting of the RH thematic group.

In addition, the collaboration with various partners on the ground continues, notably with Engenderhealth, Helen Keller International (HKI) as well as with WHO and UNICEF for the IMCI activities.

SUMMARY OF PRINCIPAL ACTIVITIES

IR1 – Increased access to reproductive health services

Integration of RH services

- ☞ 40 heads of health centers and/or CPN/FP agents trained in FP service provision and STI prevention;
- ☞ 43 new health centers integrated to the syndromic management of STIs bringing the proportion of HC offering this service to 100% in the project's zone;
- ☞ 423 community-based service agents trained in the prescription and distribution of oral contraceptives;
- ☞ 48 new TBAs trained, bringing the total number of TBAs trained to 156;
- ☞ 329 CSCs and 38 CPSCs established in the prefectures of Faranah, Kankan and Kérouane;

Strengthening of the Essential Drugs and Contraceptive Logistics System

- ☞ The IMAT tool was administered in 109 health centers;
- ☞ The availability of contraceptives was assessed in all of the health centers in Upper Guinea and Kissidougou;
- ☞ A special supply of contraceptives was given to all of the health centers in Upper Guinea and Kissidougou;
- ☞ The availability of contraceptives in three regional warehouses was assessed.

Availability of basic medical equipment, IEC and management tools

- ☞ Many thousands of copies of the brochure discussing STIs/AIDS, the “Foudoukoudounin” and undesired pregnancies were reproduced and distributed.

Improvement equity in access

- ☞ All of the health mutuels, including the 12 newly functioning mutuels in the prefectures of Kankan, Kérouane and Faranah were visited to help improve their functionality.

IR2 – Improved quality of RH services

RH Norms and procedures

The terms of reference for the revision of the RH norms and procedure documents were drafted and the survey was carried out

Quality of Care

- ☞ The percentage of health providers conforming to 60% or more of the Norms and Procedures (Rate of adequacy of 60% +) increased over the year from 76% to 78% for prenatal care, and went from 69% to 73% for syndromic management of STIs but for FP it decreased from 94% to 90%; and went from 84% to 79% for the child survival services.

Strengthening of support systems for quality:

Supervision

- The average number of supervision visits per HC per year increased from 1.5 in 2003 to 3.2 in 2004 and 7.5 in 2005.

COPE

- Clinical COPE integrated in 39 other HCs and in three hospitals bringing the total number of HCs integrated to 91 (more than the 80 targeted) and the total number of hospitals integrated to 20 (more than the 18 targeted).

Strengthening of the quality of RH service delivery:

- On-site training conducted for the health providers of 12 HCs in Kankan in Emergency Obstetrical and Neonatal care Services (SONU);
- Post-training monitoring in SONU was carried out in 12 health centers in Faranah.

Health Management Information System

- The “hospital module” of the RAMCES application was developed for the management of health information.
- RAMCES was installed in all nine health prefectures in the zone

IR 3 – Increased demand for services

Improvement of the management and coordination capacities of the IEC Programs

- Nineteen (19) IEC action plans financed;
- Four (4) GRIEC meetings conducted;

Strengthening of the interactions between the community and the health center

- 373 “relais communautaires” trained in the prefectures;
- 159 new peer educators trained in the prevention of STIs/AIDS; (including representatives of diamond miners and certain other associations);
- 105 members of school clubs trained in the dissemination of messages for STI prevention;
- 140 owners of beauty salons trained;
- 145 teachers trained in the child-to-child approach;
- Several thousand of “aide mémoires” produced and distributed;
- The educational video “le Choix” which discusses AIDS prevention in the process of being finalized.

IR - 4 Improved coordination

Coordination at the local level

- 4 GRIECs sponsored ;
- Participation at the national review workshop of the IMCI program.

INTERMEDIATE RESULTS BY SECTION

IR1 – Increased ACCESS to reproductive health services

This part of the Report presents the progress achieved during the FY05 in terms of improving access to reproductive health services. It is organized into two sections, each one corresponding to a strategy by which the PRISM project worked to improve access: the first part concerns **the availability of essential resources** and second, **equity and sustainability** in accessing these services.

Section I: Availability of essential resources at health facilities

1. Define, disseminate and support as much as possible the implementation of the Minimum Package of Activities (PMA) of the primary health care system (including at the community level);
2. Carry out and consolidate the integration of FP, MCH and STI/AIDS services at the facility and community levels;
3. Ensure a sustainable supply of medical equipment, IEC materials and management tools for the health facilities;
4. Strengthen the management of essential drugs (including contraceptives).

Section II: Equity in access and sustainability in the provision of services at the facility level

1. Promote equitable access to RH services;
2. Strengthen community ownership through (1) health mutual insurance and other associations interested in community self-reliance and (2) management committees of health centers that represent the community, and are interested in the improvement the cost recovery system at the facility level.

AVAILABILITY OF ESSENTIAL RESOURCES AT THE FACILITY LEVEL

For a service to be available, a SDP has to be functional at delivering it to its clients. To be fully functional at delivering services a SDP needs to have simultaneously the following essential resources: trained providers, drugs, medical equipment, supplies as well as IEC and management tools. The SDP is functional for a specific service once it has at its disposal trained providers for that service and most³ of essential material resources required for delivering it.

³ A minimum of 80% of essential materials must be available to establish the functionality of the facility

IR1: Principal activities and results carried out in 2005

- 4 health providers trained in the insertion/removal of IUDs, increasing the total number of trained health providers to 45;
- 48 traditional birth attendants (TBAs) trained, bringing the total number of TBA trained by the project to 156;
- 20 heads of health centers recently transferred to this position trained in essential drug and team management, maintaining at 100% the percentage of trained heads of health centers.
- 12 new mutuals started to cover the medical fees of their members in 2005 bringing the total number of functional mutuals to 30 out of 31 targeted.
- 12 Community Health Promotional Committees (CPSCs) established, bringing the total to 38 of the 38 targeted;
- 95 Community health committees (CSCs) of the 329 established monitored and supervised;
- 423 CBD agents trained in the distribution of oral contraceptives;
- 70% of health centers integrated in FP services functional in providing these services;
- 43% of health centers functional in offering prenatal care services;
- 41% of HCs functional in offering child survival services;
- 45% of HCs functional in offering syndromic management of STIs services.

1.1 Integration of RH Services

Integration of Family Planning Services and Prevention of STIs/AIDS⁴

In the normal course of action, and over the time, some trained providers retire or are transferred to another facility. Once the service is integrated at a site the challenge for the regional health authorities and PRISM is to preserve its availability despite changes in personnel. PRISM has supported this constant effort during FY05 by conducting a complementary training of 39 providers coming from various health centers in the Kankan and Faranah regions. The table below indicates the percentage of facilities in UG and Kissidougou in which FP and STIs/AIDS prevention are integrated.

Percentage of facilities in UG and Kissidougou in which FP and STIs/AIDS prevention are integrated

Type of Service Delivery Point	2002		2003		2004 - 2005	
	Target	Result	Target	Result	Target	Result
Maternities	100	100 (n=8)	100	100 (n=9)	100	100 (n=9)
Health centers	100	100 (n=89)	100	96 (n=104)	100	100 (n=109)
Health Posts	N/A	N/A	25	13 (n=119)	47	47 (n=119)

⁴ Performance Indicator 1.2 of PRISM

Thus all **maternities** and **health centers** and 47% of the **health posts** in Upper Guinea and in the Kissidougou prefecture are integrated in family planning services and prevention of STIs/AIDS. When new health centers are recognized by PEV/SSP/ME; FP and STI prevention are immediately integrated into its package of services by training its providers.

In parallel, the post training follow up was ensured through facilitative supervision performed by prefectoral teams at the health center level, and heads of the centers at the health post level. The post-training follow up allowed to maintain the “standards” in terms of quality of care, but also to conduct on the job training for new or transferred providers.

Integration of IUD insertion/removal activities in certain urban health centers and maternities

In partnership with EngenderHealth, integrations of IUD services (insertion/removal) were planned and carried out during FY05. Integration includes (1) conducting a needs assessment, (2) training two health providers per site, (3) equipping facilities with IUD Kits, IEC materials and IUD case management tools and (4) post training follow-up. The training is organized in Conakry (CHU of Donka) to insure a perfect practicum.

During FY05, in order to respond to the newly identified needs, four new health providers were trained, bringing the total number of health providers trained in provision of IUD services to 45 (the objective was 41 providers). Note that certain facilities sent more than two health providers (Banankoro for instance) and at two facilities, the trained health providers were replaced. Thus at the end of FY05, the PRISM project, in partnership with EngenderHealth, covered all of the 21 targeted facilities for integration of IUD services in Upper Guinea and Kissidougou. Each one benefited from two post integration follow-up, six months apart, during the year 2005.

During these follow-up activities, data on new clients was systematically collected. The results are in the following table.

INTERMEDIATE RESULTS

Growth of the number of clients recruited from 2004 to 2005 for IUD

<i>Facilities</i>	<i>Oct 03 to Sept 04</i>	<i>Oct 04 to Dec 04</i>	<i>Jan to March 05</i>	<i>April to June 05</i>	<i>July to Sept 05</i>	<i>TOTAL 2005</i>
Hop. Reg.. Kankan	39	12	17	30	32	91
CSU Salamani	20	14	13	24	12	63
Hop. Kérouané	23	-	5	11	11	27
CSU Kérouané	25	-	13	15	12	40
Banankoro SCA	14	-	2	16	1	19
Hop. Mandiana	38	12	12	4	2	30
CSU Mandiana	1	6	0	9	11	26
Hop. Kouroussa	8	4	3	4	3	14
CSU Kouroussa	0	0	5	8	5	18
Hop Pref. Siguiri	16	1	6	11	12	30
CSU Siguiri Koro	18	3	9	10	21	43
Hop.Reg.. Faranah	37	10	8	10	15	43
CSU Slaughter-house	28	1	0	5	8	14
Hop. Kissidougou	20	-	4	13	2	19
CSU Hérémakono	3	-	1	0	5	6
CSU Madina	9	-	1	1	0	2
CSU Dar Es Salam	0	-	0	0	0	0
Hop. Dinguiraye	23	1	4	0	0	5
CSU Dinguiraye	9	1	0	0	3	4
Hop. Préf. Dabola	3	-	0	0	1	1
CSU Dabola	0	-	0	1	1	2
Total	334	65	103	172	157	497

Several facilities experienced a remarkable increase of the number of new clients between FY04 and FY05: CSU of Salamani (20 to 63 new clients), CSU of Siguirikoro (18 to 43 clients), CSU of Kouroussa (0 to 18 clients), CSU of Mandiana (1 to 26 clients) and the Kankan regional hospital (39 to 91 clients). The CSU of Dar-el-salam in Kissidougou is the only facility which has not yet recorded a case of IUD. Thus, all together, for FY05, they are 497 new clients recruited for IUD in 21 facilities compared to 334 during FY04, a 49% increase. By region, in Kankan, the number of new IUD users increased in the majority of facilities while in Faranah a drop is noted. In fact many facilities in this region experienced a prolonged stock-out of IUDs during FY05. The project is setting up an efficient mechanism of restocking IUDs and increasing monitoring of facilities. This certainly would contribute to increasing the number of new users.

Integration of tubal ligation services (mini-lap or during Caesareans) in the Maternities

In partnership with EngenderHealth, during the last few years, tubal ligation services were integrated in the majority of the 9 maternities within the project's coverage zone.

The following table shows that these services continue to be used despite of the fact that they are relatively new. More and more cases of tubal ligation are occurring in the 7 hospitals of the Kankan and Faranah regions which offer these services. Note that prefectoral hospitals of Dinguiraye and Kouroussa were excluded from the Mini-lap program because there was not a high demand for the service.

Number of new clients from FY04 to FY05 by method

Maternity of Hospitals	Tubal Ligation under minilaparatomy		Tubal Ligation during Caesarean	
	FY04	FY05	FY04	FY05
Kankan	0	0	8	16
Kérouané	0	0	4	4 *
Mandiana	1	1	0	3
Kouroussa	NA	NA	2	13
Siguiri	2	3	21	7
Faranah	7	3 *	27	13 *
Kissidougou	1	0 *	13	6 *
Dinguiraye	NA	NA	5	3 *
Dabola	4	1 *	10	13 *
Total	15	8	90	78

* = Number of clients recruited from January to September 2005

During FY05, they were 8 cases of minilaparatomy and 78 cases of tubal ligation during Caesarean, carried out in the maternities covered by the Project. Also, in FY05, the number of new clients of minilaparatomy did not increase compared to FY04, on the contrary one observes a drop (from 15 to 8 clients).

Integration of STI syndromic care

Integration of STI syndromic care services is an important activity nowadays given the progression of the HIV epidemic in sub-Saharan Africa. The PRISM project supports the MOH in this effort while encouraging the syndromic approach in all the health centers of the coverage zones.

At the end of FY04, only 66% of the health centers had integrated the syndromic STI care services. During FY05, training courses targeting health providers at 43 facilities (12 HCs in Kankan and 31 in Faranah) completed the integration of the syndromic STI care services in all of the health centers in Upper Guinea and Kissidougou. As a result, 94% of these facilities (103/109) had at least 2 trained health providers. Note that the MOH's policy, supported by PRISM, is to initiate training of providers in STI care only when drugs are available. Each targeted HC is to be provided with a 3 to 6 months start up kit of anti-STI drugs immediately following the training of providers.

Thus, this integration activity was supported by three particular factors:

- The liquidation of GTZ's regional stock and the distribution of essential drugs (including STI drugs) to the health facilities in the Faranah region;

- The implementation of the recommendations from PRISM’s mid-term evaluation to provide on-site training in syndromic management of STIs;
- MOH organized training for the six heads of health centers (who have not yet been trained) in the Kankan region.

The following table shows the trend of the proportion of the health centers having integrated the syndromic management of STIs in the project’s area since FY02.

Percentage of HC in UG and Kissidougou having integrated syndromic management of STIs

FY02		FY03		FY04		FY05	
Target	Result	Target	Result	Target	Result	Target	Result
60	43 *	60 **	66 **	75	66 **	100 **	100

* Upper Guinea alone

** Upper Guinea plus Kissidougou

Expansion and strengthening of community-based services

Strengthening and expanding community-based services constitute one of the principal components of PRISM’s interventions in support of increasing the population’s access to health services. These interventions are implemented toward two goals: 1) reinforcing the capacities of CBD agents and 2) training and deployment of the traditional birth attendants according to the directives of the National Program for Safe Motherhood.

Expansion and strengthening of community-based distribution program

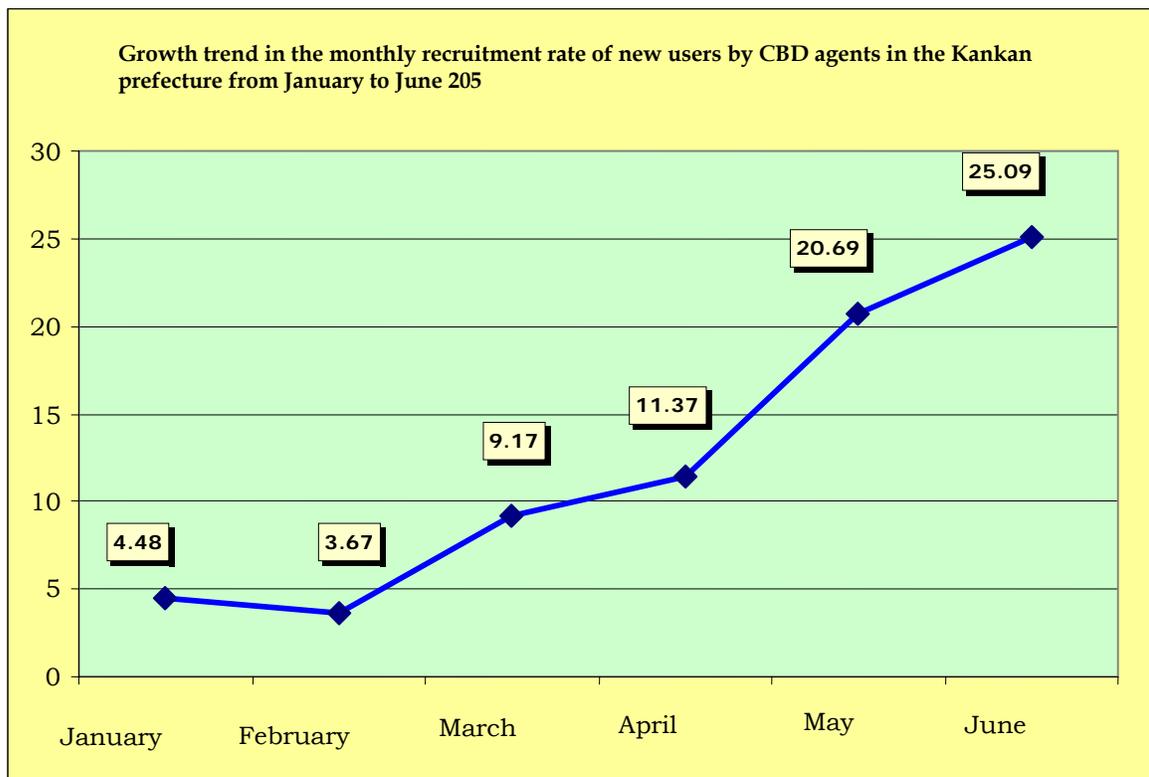
During FY05, the project started the geographical expansion of the CBD program to ensure complete coverage of all the rural districts in Upper Guinea. As a result, with the training of the new agents, the number of CBD agents went from 78 to 84 in Kankan prefecture. Each rural sub-prefecture of Kankan now has a network of 7 CBD agents around the health center. This effort will be maintained during the next quarters until complete coverage of all the administrative districts. In parallel, all the CBD agents of the prefectures of Kankan, Kérouané, Faranah, Siguiiri and Kouroussa were trained to prescribe and distribute oral contraceptives at the community level, 423 CBD agents (see table below). For certain Prefectures (Siguiiri and Kouroussa) these trainings were carried out in partnership with ADRA and Save the Children, respectively. During the next quarters, the CBD agent trainings will be extended to the prefectures of Mandiana (with Save the Children), Dabola and Dinguiraye (with Africare) and Kissidougou (with Plan Guinea).

Number of CBD agents trained for the direct distribution of OC per prefecture

Prefecture	Number of trained agents		Total trained agents
	Jan05-Mar05	April 05-Jun05	
Kerouane PRISM	47	-	47
Kankan PRISM	21	63	84
Siguiri PRISM	0	41	41
PRISM & ADRA	0	73	73
Kouroussa PRISM	0	53	53
PRISM & Save the Children	0	76	76
Faranah PRISM	0	49	49
Total	68	355	423

The analysis of the CBD agents' activities shows a remarkable increase in the number of new clients in all of the prefectures. In K erouan e, Kankan and Siguiri, one notes a considerable increase in the rate of recruitment respectively going from 2 to 35%; from 4 to 25% and 1 to 39% from January to June 2005. The data concerning the prefectures of K erouane and Kankan are presented in the graphs below.





These very positive results clearly demonstrate an urgent need to make the services available as close as possible to the potential users in order to satisfy their needs. The challenge will be to maintain the increase in the number of permanent users through a durable mechanism of stocking contraceptives (and others consumables) and of monitoring the quality of services offered. Monitoring was carried out in the Faranah region that showed from May to August 2005, the CBD agents recruited 1,076 new users of contraceptive methods, recovered 1,702 former users who were “lost” and distributed 553 units of ORS.

Training and deployment of traditional birth attendants

The National Program of "Safe Motherhood" promotes linking five trained traditional birth attendants (TBAs) to each rural health center. In total, three prefectures were identified in Upper Guinea as “test” (Kankan, Kérouané and Faranah) and supported by PRISM. The training of these TBAs, beyond assisting with normal childbirth, is centered mainly on early identification and referral eventual complications. As a result, PRISM supported the preparation of the national TBA training curriculum using known images. The production of the curriculum was finalized this year with PRISM project support and a thousand (1000) copies were reproduced to be distributed to principal stakeholders in Guinea.

During FY05, 48 new traditional birth attendants were trained and deployed in the project's target area. This achievement was facilitated by the PNMSR thought the offer of 50 TBA' kits. In total, each health center in the prefectures of Kankan, Faranah and Kerouane now employs at least 5 trained TBAs. The table below indicates the situation in the prefectures supported by PRISM.

Numbers of trained birth attendants

FY02		FY03		FY04		FY05	
Target	Result	Target	Result	Target	Result	Target	Result
120	39	120	88	120	108	150	156

Post Training Follow-up

The post training follow-up is essential to maintain quality and effectiveness of the TBA activities. Thus, during this year a follow-up visit of 20 TBAs was organized in four (4) sub-prefectures of Faranah: Nialia, Tiro, Banian and Kobikoro. Specifically each TBA was visited in her village to evaluate her ability to:

- promote prenatal consultation and refer high-risk pregnancies;
- facilitate simple childbirth in the village;
- respect norms and standards of infection prevention during childbirth, including decontamination and elimination of wastes;
- ensure follow-up of premature/late delivery and promotion of exclusive children' breast-feeding from 0 to 6 months as well as family planning;
- promote the vaccination of the children of 0 to 11 months;
- continue efforts to fight against female genital mutilations ;
- stay active in the prevention of STIs/AIDS;
- preserve and carefully maintain their materials and equipment.

Some results of the TBA activities during last 9 months, as collected in their register, are presented in the table below.

Sub- prefecture/ Village	Childbirth				Referrals	Maternal death
	Girls	Boys	Still birth	Total		
Arféla/Nialia	64	47	3	114	0	0
Bantou/Nialia	45	34	2	81	3	0
Kamara/Nialia	26	38	0	64	2	0
Maradou/Nialia	45	41	1	87	6	0
Kabayakoro/Tiro	95	79	3	177	7	0
Kalanko/Tiro	136	83	3	222	9	0
Saframba/Tiro	46	57	4	107	0	0
Sanankoro/Tiro	141	72	4	217	2	0
Sélén /Tiro	53	38	2	93	2	0
Total	651	489	22	1162	31	0

1.3 Strengthening Logistics of Essential Drugs and Contraceptives

Training in Management of essential drugs and contraceptives

In 2005, a training course in team management and essential drugs was organized by the Ministry of Public Health with the technical and financial support of the project, for 20 new heads of health centers of the Kankan and Faranah regions. The training focuses on team management, essential drugs (including contraceptives) and the maintenance of the cold chain. Heads of health centers in Kankan and Faranah are all now trained in team management.

Strengthen the availability of essential drugs and contraceptives

During FY05, the PRISM project carried out an important effort in supervising providers trained in essential drug management. This supervision included a post training follow-up of drug sellers ("*Point de vente*" agents), the evaluation of the cold chain for EPI, and administration of the IMAT tool in each facility.

All the 109 health centers of the covered area were supervised this year at least once, by a joint mission of PRISM and regional inspector pharmacists to assess the quality of the essential drug management.

The observations below were found:

- The availability of essential drugs has remained increasingly poor in the health centers and none of these HCs have shown a percentage of average time of stock-out below 10% over 100 days previous to the day of the IMAT.
- The rate of refrigerator functionality remains poor and hardly reaches 80% in majority of HC.
- All the health centers have experienced a stock-out of vaccines during the last 100 days.

Management of Contraceptives

During FY05, PRISM carried out 4 quarterly inventories of the regional warehouses and several facility visits to examine the situation of contraceptives at all levels. This close follow-up revealed that availability of contraceptives at SDP level was continuously worsening resulting in stock outs at CBD agents' level and the paralysis of the CBD program. This situation is due to the frequent stocks outs of essentials drugs started occurring everywhere in the national logistics system. Consequently, the SDP managers did not think it was a good use of their very limited resources (gasoline, time and motorbike), to travel to the regional warehouses "just for buying contraceptives" if drugs were not available too. The logical consequence was the generalized stock out of contraceptives noted at all SDPs as well as the CBD agents' level.

Unfortunately, the chronic stock-out situation of essential drugs is structural in Guinea and there does not seem to be a resolution.

To face this situation PRISM set up a “new parallel” system: directly ensuring contraceptives distribution to SDPs and CBD agents with a free new “start up stock”. Thus, by the end of FY05 the majority of the health centers (and CBD agents) covered by the project had at least 6-months stocks of contraceptives.

In total, during FY05, the regional warehouses delivered to the facilities, with the support of the PRISM project, 222,350 units of condoms (compared to 121,160 during FY04); 61,350 units of Depo-provera (compared to 34,214 in FY04); 1,427 units of IUDs (compared to 662 in FY04); and 508,950 units of Lo-femenal (compared to 236,000 in FY04).

Follow-up & Evaluation:

Contraceptive Prevalence Rate (CPR):

The contraceptive prevalence rate is the proportion of women of reproductive age using a modern method of family planning among those (in this age) in the sample. The household survey carried out by PRISM in 2003 indicated that the CPR in Upper Guinea was 6.9%. In 2005, using the provisional data of the DHS-05, this rate remains at 6.5% for Upper Guinea. But it is difficult to draw valid conclusions basis on these two reports taking into account “statistical errors” for each investigation. Compared to the DHS-99, the contraceptive prevalence level in Upper Guinea has improved significantly from 2.9% to 6.5%. The most relevant observation that can be drawn from the provisional results (of the DHS-05) is that in Upper Guinea, contraceptive prevalence rates are at least equal (if not higher) than the national average. Indeed, the Kankan region shows a prevalence rate of 7.2% and the Faranah ones a rate of 5.7% while the national average is 5.7%. Also, it should be noted that provisional results of the DHS-05 underestimate the FP use, as it only considered the use of modern family planning methods among married women whereas a large proportion of woman of reproductive age not married use modern family planning. PRISM’s 2003 household survey was interested in all women of reproductive age and using a modern method of family planning.

Couple-years of protection (CYP):

Remarkable progress in the use of modern family planning methods in Upper Guinea can also be observed by the rise of the number of couple-years of protection in this region. Indeed, the number of couple-years of protection in Upper Guinea has increased from 8,812 in FY02 to 10,742 approximately in FY03 then to 12,764 in FY04 to reach nearly 17,000 in FY05. It should be noted that the recent strategy of direct distribution of oral contraceptives will have a positive impact very soon on these indicators.

Management of essential drugs and contraceptives:

The indicator used by PRISM to monitor the availability of essential drugs in health centers is the average percentage of time of stock-outs during the 100 days before the evaluation. On this basis, the proportion of health centers experiencing stock-outs less than 10% of the time is calculated.

Percentage of health centers in UG where stock-outs of drugs occur less than 10% of the time

Indicator	2002	2003	2004	2005
<i>Level less than or equal to 10% of ruptures</i>	54.0	20.5	7.4	0

More than ever, the essential drug situation is problematic in the Guinean health system. The table above shows the continuous regression of the availability of essential drugs in the health centers. Indeed, during FY02, the percentage of health centers having an average percentage of time of stock-outs lower than 10% was 54%. This percentage drops radically in 2005 to reach 0 % whereas it was 20.5% in 2003 and 7.4% in 2004.

Subdividing these results by quintile, one better sees the worsening of the stock-out of the essential drugs at SDPs. If in 2004 the proportion of the health centers having an average percentage of time of stock-out more than 40% was approximately 29%, this proportion reaches in 2005 nearly 83% (see table).

Distribution of the health centers according to % of average time of rupture and by quintile

Quintiles	Year 2004		Year 2005	
	%	No. HC/108	%	No. HC /96
1 (0 - 20%)	25.3%	28	3%	3
2 (21 - 40%)	44.4%	48	14%	13
3 (41 - 60%)	23.1%	25	47%	45
4 (61 - 80%)	5.0%	6	31%	30
5 (81 - 100%)	0.9%	1	5 %	5

If an immediate solution is not found by public authorities to face this problem, it is obvious that viability of the whole Guinean health system will be at stake.

1.4 Availability of basic medical equipment, IEC tools and management

Provision of Medical Equipment:

One of the project’s objectives is to support the MOH in the identification and implementation of sustainable mechanisms to assure the availability of equipment, material and medical supplies at all facilities where health services are provided, so that those who provide health care are able to offer quality services to the population.

Nevertheless, the direct supply of certain articles was necessary during this year because of the shortage situation. Thus during FY05, small medical equipment locally produced or imported had been delivered to approximately 65% of HCs (71/109) and 5 hospitals out of 9 as well as to the AGBEF "model clinic" in Kankan.

Provision of IEC material (posters, brochures, etc.):

During FY05, twenty thousand copies (20,000) of brochures relating to the consequences of "no desired" pregnancies, STIs/AIDS, and the "*Foudoukoudounin*" were reproduced for distribution in the project's zone. Brochures are the most appreciated educational material by both the health providers and the target populations. Brochures specifically focusing on youth were distributed in the schools, at community events, and in health centers during the consultations.

Follow-up of the availability of essential resources at the health center facility:

The availability of essential resources at the health center facility (HC) was evaluated by the supervision teams with the project's support. This evaluation, conducted over the 109 HCs covered by PRISM, was carried out with "**Inventory Form: Availability of Services and Equipment**".

Summary results of the indicators calculated on this basis as well as their progress over time are presented in the following table. Functionality is defined as the extent to which the health center has both a trained health provider and at least 80% of essential resources: drugs, medical material, IEC materials and management tools necessary to offer services. The absence of a trained health provider renders the functionality null.

INTERMEDIATE RESULTS

Availability of essential resources at facilities and the level of functionality of the health centers by type of services (FY02 to FY05)

	<i>FP Services</i>				<i>Prenatal Consultations</i>				<i>Child Survival</i>				<i>Syndromic management ST</i>			
	<i>FY02</i>	<i>FY03</i>	<i>FY04</i>	<i>FY05</i>	<i>FY02</i>	<i>FY03</i>	<i>FY04</i>	<i>FY05</i>	<i>FY02</i>	<i>FY03</i>	<i>FY04</i>	<i>FY05</i>	<i>FY02</i>	<i>FY03</i>	<i>FY04</i>	<i>FY05</i>
Availability resources																
Trained health providers	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medical Equipment	70%	74%	73%	80%	66%	71%	72%	79%	58%	63%	72%	71%	58%	67%	70%	75%
Essential medicines	80%	71%	81%	73%	76%	61%	74%	53%	75%	64%	75%	51%	76%	68%	68%	46%
IEC materials	91%	100%	94%	98%	58%	69%	67%	82%	92%	100%	96%	99%	84%	94%	81%	91%
Management tools	64%	76%	74%	71%	67%	74%	69%	70%	65%	78%	68%	68%	54%	75%	72%	67%
% of functioning health centers																
More than 80%	60%	64%	72%	70%	34%	54%	49%	43%	50%	66	65%	41%	59%	69	53%	45%
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
More than 60%	91%	98	97%	99%	86%	86%	95%	95%	86%	100%	97%	100%	84%	94%	89.00%	94.00%
Less than 60%	9%	2	3%	1%	14%	14%	5%	5%	14%	0%	3%	0%	16%	6%	11%	6%
Number of health centers																
Integrated health centers	89	109	109	109	89	109	109	109	89	109	109	109	38*	72	72	109
Evaluated health centers	89	64	85	109	89	65	85	109	89	65	85	109	38*	48	66	109
% of health centers evaluated	100%	59%	78%	100%	100%	59%	78%	100%	100%	59%	78%	100%	100%	67%	92%	100%

The level of availability of services in the HC had a good start in 2002, and gradually increased until 2004 before starting to stagnate and even dropped for certain services in FY05. For FP services, the functionality was 70% in 2005, close to the objective, 75%. The “new” parallel contraceptives management, out of the public system, certainly explains the high level of availability of FP services.

EQUITY IN ACCESS AND FINANCIAL SUSTAINABILITY

1.5 Improvement of equity in access

Efforts made in services integration are only sustainable if the populations have the financial possibility to access these services. Financial accessibility to health care could be improved by several ways such as broadcasting standard fees (to limit overcharging), installation of community mechanisms of solidarity (health mutual) and also through real involvement by communities in the management of the health services. The PRISM project supports the Ministry of Health in each of these three strategic areas.

Promotion of equitable access with RH services

Supporting the promotion of MURIGAs

MURIGAs are community mutual organizations initiated by the National Program for Safe Motherhood (PNMSR in French) that assist women in rural areas during their pregnancy or at the time of the childbirth. This initiative has been piloted with the project’s support in Kankan, Kérouane and Faranah. Also, the project was asked to support technically the same initiative in Kissidougou. The approach recommended by PRISM covers a more complete range of health services that also include child survival and not only those related to pregnancy and childbirth. The table below indicates the progress in the installation of the mutual insurance companies in the target prefectures, as of September 30, 2005.

Progress in the installation of the mutuals promoted by PRISM in Upper Guinea, as of September 30, 2005

Steps in the installation of the mutuals	Fiscal year results				
	2002	2003	2004	2005	Total
1. Number of initiated mutuals	9	15	7	0	31
2. Number of mutual having started to cover health charges of their members	0	16	2	12	30

The above table shows that in total, 31 mutuals were initiated in Kankan, Kérouané and Faranah between 2002 and 2005. Initiating a mutual requires (1) the installation of village committee, (2) performing a feasibility study, (3) organization of general assembly during which the members of the management committees are elected and (4) training those members in administrative and financial management.

Among the 31 mutuels created, 30 covered the costs of the health services accessed by the members. This number was 18 for FY04. Thus, during FY05, there were 12 additional mutuels which started to cover costs related to the health services of their members. In total, 1397 recipients were covered by mutuels including 684 in Faranah, 605 in Kankan and 108 Kerouané with only 12 cases of urgent obstetrical referred, 0.9%. This illustrates the relevance of extending the mutual package to cover services other than obstetrical emergencies. This extension is desired by communities and supported by PRISM. Indeed, the viability of a mutual depends on other factors the ability to collect member's contribution and the capacity to meet essential needs (of its members). During FY05, the DPS of Kissidougou solicited the project for specific technical support to re-launch mutuels started in this area by UNICEF. PRISM provided assistance in the training of management committees in administration and finance.

During FY05, the close supervision of mutuels was launched by the project with local health authorities. The results of the supervision show that after a good start, this initiative begin to encounter difficulties as mutuels had fewer and fewer new members. Thus during the last quarter of FY05, a thorough analysis of these mutuels was made and the principal problems identified.

Community level:

- The collection of participation fees is centralized at the sub-prefectures level and populations residing in the distant districts hesitate to send their money, feeling far from its management;
- Cases of diversion or of financial embezzlement are noted already in certain mutuels (Konsankoro, urban District of Kérouané and Batè nafadji for example);
- For the urban district of Kérouané, certain positions of responsibility in the mutual, contrary to the recommended methodology, were allotted to people already having other responsibilities, especially political, which damaged the trusting relationship between the management committees and several members;
- The majority of the management committees do not organize the meetings in a regular way to allow for discussion or reporting financial situation to the members;
- The established monitoring committees are not yet sufficiently effective.

Health Facility Level:

- The passion of health providers for mutual initiative quickly dissipated as soon as the mutualisation seemed to be a solution against clients "overcharging". Many mutual members feel discriminated against compared to those non-members who pay directly for services according to the fees fixed by the health provider;

- Several declarations from members report the lack of “agreed services” because of the chronic stock outs of essential drugs.

DPS Level:

- The follow-up by the executive team of the DPS was very infrequent and not very effective in applying the recommendations and solutions suggested;
- The indicators for monitoring are not controlled by the mutual promoters and are not integrated into the DPS supervision tools.

Hospital Level:

- Several declarations of mutual members report that the official fees written in the agreements are not respected by the health providers in the hospitals;
- Staff members are not trained in the mechanisms for handling mutual members.

In response to each of these findings, corrective measures were proposed, in particular: (1) the organization of community meetings in each sub-prefecture for various social components of the community, (2) the development of a plan to revive mutuals, (3) the decentralization of fee collection at districts level, (4) the use of community health committees to save the membership fees, (5) monthly broadcast on rural radio to support the mutuals’ initiatives (6) the implementation of mechanisms to recognize those mutuals performing well.

Improvement of community participation in health center management

During FY05, the PRISM project maintained its support to revitalize the health committees by developing, testing, and deploying functional approaches to community participation in the co-management of health centers in Kankan, Faranah and Keouane. Awareness-raising meetings in each large village and/or district were conducted during which community members addressed their health problems and democratically chose their representatives in the community health committees (CSCs), which are charged to monitor the implementation of the action plan to resolve the problems identified. Then, each of these CSCs choose a representative to sit on the community health promotion committee (CPSC), which is located at the town of the sub-prefecture where the health center is. The CPSC is charged to democratically elect members of an executive committee (the equivalent of the old “CoGes”) and to oversee its functioning. At the end, administrative proceedings are taken to the prefectural level to make them official.

Some effects of this approach are already observed on the ground, particularly by the effective involvement of the communities in the national vaccination campaigns and the use of “dashboards” to monitor and evaluate the action plan in each community.

During national vaccination campaigns communities directly supervised the activities in their village to avoid being in regularly reported “shadow zones”.

In Kankan Koura (Prefecture of Kankan), following disputes between the community and health providers, the CPSC members requested and obtained a meeting with the regional and prefectural health authorities to vent their concerns. On this occasion, authorities insisted that the Head of the Health Center ensure the total involvement of the community in the management of their health system. These examples repeat themselves in the whole project’s zone.

The following table presents the situation in each Prefecture.

Number of community “instances” created and members trained by prefecture

	# of CSC	# of CPSC (1CPSC by HC)	# of Members trained CSC	# women trained in the CSC	% of women
Kankan	126	18	1079	369	34%
Kérouane	105	8	1061	354	33%
Faranah	98	12	807	365	45%
Total	329	38	2947	1088	37%

After the establishment of the CSCs and CPSCs, their members took part in an orientation program to help them be able to better perform their work. The purpose of the orientation is to allow the various community actors to control their own charter and their mission within the community and to strengthen their knowledge of the Guinean health system. Thus, the specific objectives of this training were:

- That each actor recognizes her/himself in his community as a ***"moral leader"*** with ***values*** and ***mission***;
- That each actor understands that the health of his community is one responsibility shared with the community itself;
- That each actor understands better the organization of the Guinean health system and the place of the community in this system;
- The installation of a system of follow-up and of auto-evaluation of the work plan.

In total 2,947 people took part in the orientation meetings in 3 prefectures (Kankan, Kerouane and Faranah) and 37% were women. The participative approach was used as a method of training. It promotes the active participation of participants by encouraging the exchange of opinions and experiences. Particular attention was given to the use of images as didactic support that the actors will bring with them when they conduct the educational talks in the communities.

In addition, the CSCs were equipped with images on the following topics:

- the organization of the Guinean health system and the outline of the implementation of the community based powers;
- promotion of the vaccination of children from 0 to 11 months;
- family planning and ANC;
- STIs/AIDS;
- promotion of the mutuals;

IR2 - Improvement of the Quality of RH services

PRISM's support to strengthen the quality of RH services focuses on two themes: (1) the development, dissemination and implementation of the RH "Norms and Procedures" and (2) the strengthening of the national health management information system (SNIS).

Quality Standards and Services:

4. 1. Assistance to the MOH technical committee in refining and disseminating the national RH Norms and Procedures, including the development of referral guidelines, job descriptions, service delivery guidelines, and performance assessment tools;
- 5.
6. 2. Strengthening quality improvement support systems to the service delivery points;
- 7.
8. 3. Training in clinical RH services (FP, EMHC, CS, STI/AIDS).

H/MIS:

4. Strengthening/improving the HMIS system to capture appropriate, sufficient, or adequate information useful for management and quality improvement needs. This includes assistance and training to the central level MOH, to the DRS, and the DPS in collecting and using data for decision making, and in developing periodic HIS reports.

IR2 : Principal activities and results achieved

RH "Norms and Procedures":

- Developed the Terms of Reference to revise the RH "norms and procedures",
- Conducted a survey of health providers on their use of the RH "norms and procedures".

Quality of care

- Between FY04 and FY05, the percentage of services conforming to 60% or more to the "Norms and Procedures" (Adequacy Rate of 60% +), rose from 76% to 78% for prenatal consultation, from 94% to 90% for FP, from 69% to 73% for STI syndromic care but decreased from 84% to 79% for child survival services.

Strengthening support systems:

Human resource management

- Leadership Development Program: Carried out the 3rd phase of training of the Kankan team and the training of the trainers at the central level;
- Conducted a MOST/SNIS workshop with personnel from the central and decentralized levels.

Supervision

- The total number of supervisions carried out increased from 142 in 2003 to 352 in 2004 and to 805 in 2005.
- The average number of supervisions per HCs and per year increased from 1.5 in 2003 to 3.2 in 2004 then to 7.4 in 2005.
- The percentage of HCs having had at least 3 supervisions during the year increased from 12% in 2003 to 67% in 2004 then to 97% in 2005.

COPE

- Clinical COPE was integrated in 39 health centers and 3 maternities bringing the total of sites integrated to 91, which is higher than the target of 80 set for FY05
- Community COPE was integrated in a test phase in a new site, bringing the total to 10.

Acknowledgement Practice

- An approach to acknowledge quality of care, a process of implementation and the evaluation tools were developed.

Strengthening the provision of quality RH services:

Child Survival

- Supported the work-planning workshop of the IMCI Program pilot phase.
- Supported the national review workshop of the IMCI Program pilot phase.
- Trained 20 health providers in supervision of community IMCI.
- Followed up with health providers after IMCI training in Dabola and Mandiana.
- Evaluated the quality of the cold chain in the facilities of Faranah and Kankan regions.

Maternal and child health

- Trained health providers on-site in SONU from 12 health centers in Kankan.
- Trained 10 health providers from Faranah's maternity in using the "*partogramme*".
- Trained 15 health providers in prenatal care and in using the "*Partogramme*".
- Followed-up post training in post abortion care in 9 hospitals and a health center.
- Followed-up post training in SONU in 12 health centers in the Faranah region.

Health information system

- Installed the data management program (RAMCES) in 9 DPS.
- Developed a user's guide for RAMCES.
- Trained DPS team members in the use of RAMCES.
- Documented a spatial analysis of general morbidity that is malaria specific.

2.1 RH Standards, Procedures, and Reference Protocols

Update of the RH “Norms and Procedures”

The plans to revise the RH “Norms and Procedures” are included in the Memorandum of Understanding between the Division of Reproductive Health (DRH) in the MOH and PRISM. In updating these “Norms and Procedures”, the MOH recognizes the significant scientific advances in reproductive health and has a greater understanding of the socio-medical environment in Guinea. With the DRH, the PRISM project developed and proposed the terms of reference for the revision process, describing all the steps, including dissemination of the document. This dissemination must be done to ensure that the revised document is available whenever and wherever RH services are delivered and that health providers recognize their importance and know how to use it.

A health provider survey on the use of the current document was also developed by PRISM. The investigation was led by the DRH and the results are progressively being implemented and will be used to revise the “Norms and Procedures” document.

2.2 Quality of care

The quality of services is measured by the *adequacy rate* compared to the reproductive health “Norms and Procedures” defined by the MOH. During supervision, the client and health provider interactions are observed using standardized observation tools.

INTERMEDIATE RESULTS

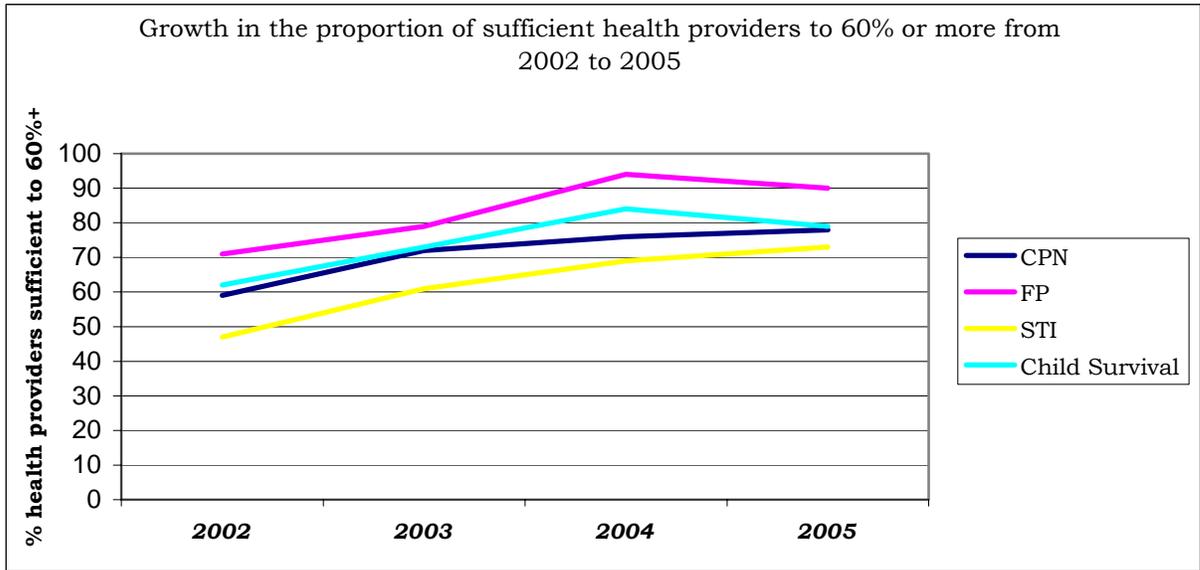
The quality of services from FY02 to FY05 is analyzed and the results are illustrated in the following table and graph:

Percentage of services conforming to 60% or more of the “Norms and Procedures” (adequacy rate of 60% +)

Categories of observations	RESULTS							
	2002		2003		2004		2005	
	# observ.	%	# observ.	%	# observ.	%	# observ.	%
Prenatal care:								
treatment	396	88	328	93	461	95	400	97
counseling	396	61	326	77	450	79	324	79
All	396	59	326	72	450	76	320	78
FP								
All	120	71	59	79	134	94	160	90
STIs								
treatment	151	65	85	76	180	84	212	88
counseling	151	56	85	67	181	79	190	79
All	151	47	85	61	180	69	176	73
Child Survival								
treatment	406	72	368	84	448	91	348	85
counseling	406	73	368	83	445	92	369	90
All	406	62	350	73	445	84	324	79

As one can observe, all adequacy rates regularly improved exceeding the objective of 75% for FY05, except for the STI syndromic care. The slight decrease in the adequacy rate could be explained by the lack of anti-STI drugs in the health centers.

INTERMEDIATE RESULTS



2.3 Strengthening the support systems for quality of service

Improving health managers' capacities in human resource management

Leadership Development Program (PRCL in French)

In collaboration with the MOH, PRISM continues to support the PRCL, whose second phase consists of strengthening the capacities of the first group of DRS and central level staff who were trained in 2003. The intended results are the integration of the leadership program into the Guinean health system, the creation of a "pool" of trainers, and identification of a suitable methodology to spread the PRCL to the rest of the country.

The third phase of the program includes strengthening the leadership capacities of the national and regional teams in the Kankan region and training of trainers at the central and regional level in facilitation. This third phase of the Kankan training assembled 25 participants, all team members of the DPS of Kankan, the regional health directorate and the regional hospital. Objectives of this training were to evaluate the implementation of the action plan resulting from the 2nd phase of training, to increase the participants' awareness and ability to inspire others, and to develop their own action plan.

Organization of a MOST/SNIS workshop

The organizational diagnostic tools, MOST⁵ is a structured process, participatory in nature, which allows organizations to evaluate the performance of their own management and organizational structure, and to develop a concrete action plan to make the necessary improvements and to implement their plan. A MOST workshop focused on the SNIS was organized by PRISM in Kankan and gathered several participants from all levels of the health system, including the central level. During the workshop, participants reached a consensus regarding:

- the current levels of development of each component of the SNIS;
- the five priority components to improve upon;
- the level of development to reach within 12 months, for each component;
- action plans to be implemented to achieve the defined objectives.

An action plan was developed for each component in order of priority. The MOST tools will now be integrated in the Kankan and Faranah regional hospitals.

⁵ Management and Organizational Sustainability Tool

Improving supervision capacities of the district teams: Facilitative supervision and COPE

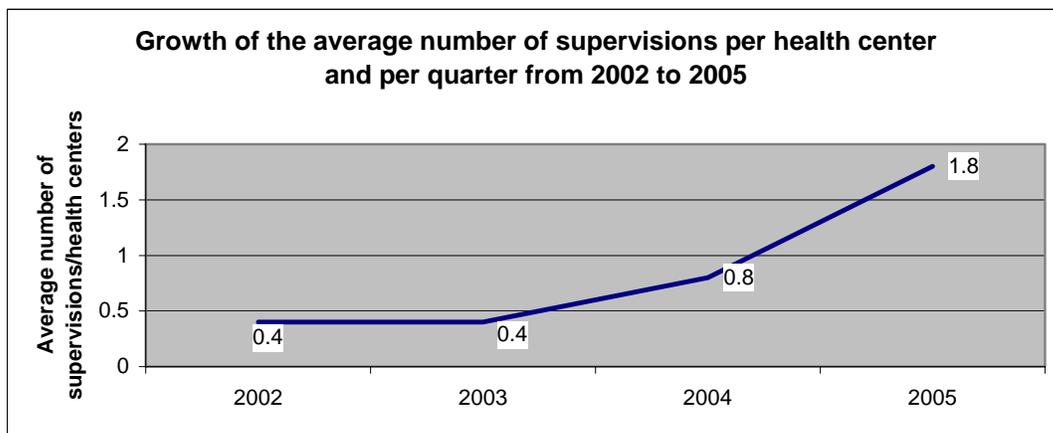
Facilitative supervision

Technical, financial and logistical support is given regularly to the DPS and DRS to support facilitative supervision. In accordance with the recommendations resulting from the project’s mid-term review, an emphasis was placed during the FY05 on supervision to increase the quality and the frequency of visits in the health facilities. The table below illustrates the growth in the frequency of supervisory visits since 2002.

Comparative situation of the supervisions⁶ per year from 2002 to 2005

	2002	2003	2004	2005
Number of health centers	89	93	109	109
Number of supervisions carried out during the year	128	142	352	805
Average number of supervisions by quarter	32	36	88	201
Average number of supervisions by HC and per annum	1,4	1,5	3,2	7,4
Average number of supervisions by HC and by quarter	0,4	0,4	0,8	1,8

Efforts made to improve supervision over the course of this year resulted in a doubling of the frequency of supervisory visits (see graph below). Indeed during the year 2005, each health center received on average 2 visits per quarter compared to one visit during the year 2004.



In addition to PRISM’s financial, logistical and technical support to the planning and execution of supervision, the project also provided clear and structured documentation of supervision to the DRS, the DPS and to the HC.

⁶ Supervision visits are considered to be visits to health centers by PRISM staff with or without MOH personnel

INTERMEDIATE RESULTS

At the health center, the final and essential element consisted of a joint review, between supervisees and the supervisors, of progress and of identified problems. These elements are contained in the form, “*Monitoring and supervision of HC*” that brings together in a structured way a summary statement of the problems, the concrete actions to solve them, the name of the person responsible for completion of each action and the deadline. This document becomes a kind of "problem resolution plan" specifically for the HC and represents the principal supervision monitoring tool by the center itself and its supervisors. This form is an integral part of the supporting documents that allow access to funding.

A periodic analysis of the results of these supervisions allowed the identification of the facilities with problems, the problems themselves, as well as their principal causes and the programming of supervision by objective and health center. This is contrasted to the previous supervisions which tried to cover all the aspects of all the HCs, at the price of poor quality. Thus 97% of HCs received at least 3 supervisory visits during the FY, more than their target of 80% and 100% of HCs received at least 2 supervisory visits (see table below).

Frequency distribution of facilitated supervisions by HC carried out from 2002 to 2005

<i>Number of supervisions during the year</i>	2002		2003		2004		2005	
	#s of HC	%	# of HC	%	# of HC	%	# of HC	%
0	1	1	10	11	0	0	0	0
1	52	58	35	38	12	11	0	0
2	32	36	37	40	24	22	3	3
3 or +	4	4	11	12	73	67	106	97
Total	89		93		109		109	

The project’s effort to increase the frequency of supervisory visits and to guide these supervisions according to the real needs identified in advance probably contributed to an increase in the technical quality of the care illustrated by adequacy rates for prenatal care, FP, STIs and Child survival services (see paragraph on quality of care).

It is possible that one of the determining factors of the improved regularity of supervision was the stronger involvement of PRISM’s technical staff in the planning, the execution on the ground and the monitoring of supervision. During FY05, PRISM’s technical staff devoted 569 person/days on the ground (142 person/days per quarter, more than their target of 135) conducting facilitative supervision, on-site training, or post training follow-up.

Joint supervision with the central level

In accordance with the PAO included in the Memorandum of Understanding with the DRH, PRISM organized a joint supervision visit which integrated data-gathering into the health provider survey on the use of the RH “norms and Procedures” document. The goal of the visit was to allow the central level staff (at the MOH) to fully appreciate the quality and the advanced stage at which the activities are being implemented within the Safe Motherhood, Child Survival and IMCI programs.

In total, 54 health facilities of the project’s coverage zone were visited (24 in Faranah region, 30 in that of Kankan) during 3 weeks by 11 supervisors (4 from the central level of the Ministry of health, 4 from the DRS and 3 of PRISM).

The lessons learned from this joint supervision is that the two levels of administration of the health system (central and district level) realized the difficulty in translating the policies and strategies into actions on the ground in an environment characterized by a notorious insufficiency of drugs and human resources. Nevertheless, both levels could analyze and discuss together the situations and find a way to improve harmony between political realities and implementation strategies.

As an example, staff from the central level of the Ministry of Health realized the disconnection between the SONU standards and the training curriculum in the health centers: the SONU curriculum teaches and recommends the use of “*oxycitocine*” at the health center level in the event of dynamics dystocics whereas the standards do not authorize it, to avoid abuse by the health providers at the peripheral level. However, the new international guidelines recommend the broadest possible use of “*oxycitocine*” during the 3rd stage of labor, contributing to the significant reduction of the occurrence of postpartum hemorrhage which is the primary medical cause of maternal deaths in developing countries. Such a widened availability of this drug requires the implementation of an effective mechanism to monitor its use.

COPE

Integration of clinical COPE in health centers and Maternities:

During FY05, the COPE approach was introduced into 39 health centers, bringing to 91 the number of integrated facilities (the target was 80). Out of 18 targeted maternities, 17 integrated the approach. The Faranah, Kankan, Dabola and Mandiana prefectures were reserved as priority for the introduction of this approach based on the fact that the Safe Motherhood Program was developed in the first 2 prefectures and the IMCI strategy in the other 2 prefectures. Nevertheless, the approach was integrated in all the prefectures even if it did not cover all the health facilities.

INTERMEDIATE RESULTS

The monitoring carried out periodically allowed the project to document that the approach produced appreciable results by achieving an average rate of 80% that completed the problem resolution plans. However, it was noted that there was insufficient monitoring done by the DPS teams. It is thus important to integrate this monitoring into quarterly supervision which is an instrument used by COPE to resolve identified problems.

State of integration of COPE in the health centers in 2005

Area	Prefecture	# of HC	# HC Integrated Clinic COPE	# HC Integrated Community COPE	Percentage of integration of COPE clinic
Kankan	Kankan	18	18	2	100%
	Kerouane	8	8	4	100%
	Mandiana	12	12	0	100%
	Kouroussa	12	10	0	83%
	Siguiiri	15	10	0	67%
Faranah	Faranah	12	12	4	100%
	Dabola	9	9	0	100%
	Dinguiraye *	8	7	0	88%
	Kissidougou	15	5	0	33%
	TOTAL	109	91	10	83%

* The last HC of Dinguiraye adopted the approach "Circle of quality"

Maternitiess where COPE was introduced

DRS	DPS	Services
DRS of Kankan	Kankan	1. Maternity 2. Pediatrics
	Mandiana	3. Maternity 4. Pediatrics
	Kouroussa	5. Maternity 6. Pediatrics
	Kérouane	7. Maternity 8. Pediatrics
	Siguiiri	9. <i>Maternity*</i> 10 Pediatrics
DRS of Faranah	Dinguiraye	11 Maternity 12 Pediatrics
	Faranah	13 <i>Maternity*</i> 14 Pediatrics
	Dabola	15 Maternity 16 Pediatrics
	Kissidougou	17 Pediatrics

*: In collaboration with JHPIEGO, the PI tool (Performance Improvement) was introduced, in place of COPE, in maternities of Siguiiri and Faranah prefectures.

Acknowledgement for quality of care, services and management

The PRISM project, in collaboration with Faranah and Kankan health regions, undertook an initiative to recognize the performance of the health facilities as well as community institutions and then to award those who deserve and thus foster a culture of good quality of service. During FY05, a document was developed describing the process of implementing the “Acknowledgement for Quality” approach and the tools to be used. Implementing this process includes the following steps:

- Documentation process describing the approach of Acknowledging Performance;
- Development of performance evaluation instruments;
- Consensus at the regional level on the process, the evaluation instruments and the reward elements;
- Establishment and orientation of the performance evaluation teams;
- Informing various actors concerned with the process and the instruments;
- Mid-term and yearly evaluation of the performance of each health facility and of each community institution concerned;
- Recognition of the institutions having reached the well-performing level.

The next step is to validate the process and tools by the regional health authorities.

2.4 Strengthening the quality of the provisions of RH services

Child Survival

Clinical IMCI :

With technical and financial support from PRISM and WHO, the national committee of “IMCI Program”, organized a workshop in Dabola to develop a summary activity report with the participation of all those involved in the pilot phase implementation in Dabola and Mandiana. This workshop permitted to learn lessons and document experiences for the program’s national review before its expansion to the whole country. The implementation of the workshop’s recommendations will be preconditions for an expansion of the program.

In addition, the PRISM project participated technically, financially and as “key partner” to the IMCI Program review workshop organized by the Ministry of Health. The workshop concluded that IMCI as a strategy to reduce infant mortality was adapted to the Guinean context and that the program’s progressive expansion to the rest of the country was recommended with one main precondition: the permanent availability of drugs in all the health facilities. During FY05, one post training monitoring visit in clinical IMCI was carried out in Dabola (6 HC out of 9) and with Mandiana (9 HC out of 12).

INTERMEDIATE RESULTS

The results are overall satisfactory and the technical quality of the care provided was at a high level (average adequacy rate above the acceptable minimum level of 65%). The table below presents the adequacy levels per area in the Mandiana prefecture.

Adequacy Level of clinical IMCI services in the prefecture of Mandiana, September 2005

Health Providers	Rate of adequacy per area			Duration of the PEC
	Evaluation	Treatment	Counseling	
Health Provider 1	60%	100%	100%	38 min
Health Provider 2	100%	100%	100%	30 min
Health Provider 3	80%	100%	100%	37 min
Health Provider 4	100%	100%	100%	29 min
Health Provider 5	100%	100%	100%	50 min
Health Provider 6	100%	100%	100%	32 min
Health Provider 7	60%	100%	33%	55 min
Health Provider 8	75%	100%	75%	45 min
Health Provider 9	100%	100%	50%	25 min
Health Provider 10	80%	100%	50%	45 min
Health Provider 11	100%	100%	100%	30 min
Health Provider 12	67%	80%	100%	30 min
Health Provider 13	100%	100%	100%	25 min
Average	93.5%	98%	92%	39 min

Community IMCI:

As with Clinical IMCI, PRISM supported the training of 20 health providers in the supervision of CBD agents in community IMCI. These health providers had been trained before in clinical IMCI and in dealing with children in health centers according to the Program's instructions. As supervisors of the CBD agents they are charged with monitoring and training the latter in order to make sure that the directives of this component are well followed. The objective to train 2 health providers per health center as supervisors was reached in Dabola. In addition, over FY05, 58 community agents were trained in Dabola out of the 80 envisioned. As a result these community agents were equipped with some "boîte à images" to facilitate the conversation with their communities on the "11 key community and family" behaviors retained by Guinea for community IMCI.

Quality of the cold chain at the health centers

During FY05, PRISM undertook a series of supervisory visits specifically targeting the cold chain and stock management for vaccines. A standard evaluation form collecting the quality scores was worked out and used in the HCs in Siguiiri and Kankan prefectures. The evaluation of the level of refrigerator functionality (see table below) based on 20 indicators (of which the temperature in the refrigerator, the color of the flame, the presence of out-of-date vaccines in the refrigerator, etc.) showed the level of effort needed to make improvements. Indeed, the refrigerators observed are hardly functional, with functionality levels dropping down to 28% in Nounkounkan and 33% in Karfamoriya, potentially reducing the effectiveness of the vaccines. In the health center of Siguirini, there are no longer any vaccination activities because the refrigerator is not working. These results were shared with the health authorities at the prefectural and regional levels.

Level of refrigerator functionality in the HC of the Kankan and Siguiiri prefectures in April 2005

Health center of Kankan	Refrigerator /Rate of functionality	Health center of Siguiiri	Refrigerator /Rate of functionality
Sabadou Baranama	72.2	Siguirikoro	61.1
Missira	66.7	Nounkounkan	27.8
Kabada	66.7	Siguirini	0.0
Mamouroudou	72.2	Kiniébakoura	44.4
Sènkèfara	61.1	Siguiiri will koura	50.0
Daloba Sékou	77.8	Norassoba	66.7
Kankan will koura	72.2	Nabou	55.6
Balandougou	77.8	Bankon	50.0
Koumban	66.7	Nyandankoro	44.4
Karfamorya	33.3	Maléah	38.9
Moribaya	61.1	Bolibana	38.9
Salamani	66.7	Niagassola	44.4
Tintioulen	72.2		
Missamana	72.2		
Boula	61.1		
Tokounou	66.7		
Gberedou Baran	66.7		
Beats Nafadji	72.2		

Maternal and child health

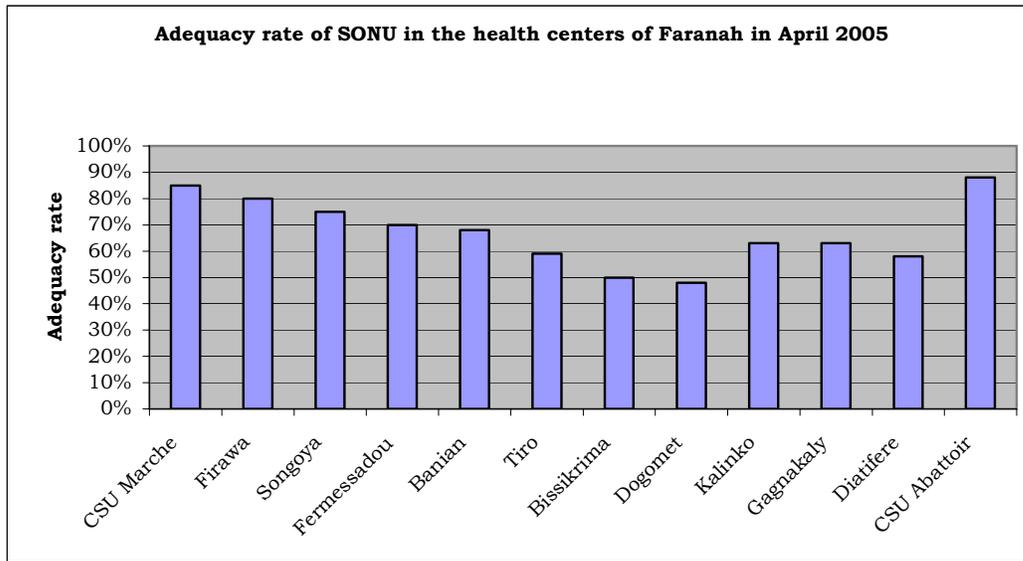
Emergency Obstetrical and Neonatal care Services (SONU)

The Ministry of Health developed, with the support of PRISM during last year a SONU training curriculum for the health centers. This curriculum includes class room teaching and on-site training and was implemented in six prefectures of the project’s intervention zone. In the following table summarizing the current state of the integration of the SONU in HC, one can notice that 39 HC received refresher training in SONU compared to an objective of 38.

State of integration of SONU in HC

<i>Prefectures</i>	<i># total trained health providers</i>	<i># HC restored to the level of SONU</i>
Kérouane	11	8
Kankan	20	17
Faranah	8	5
Dabola	3	3
Dinguiraye	3	3
Kissidougou	3	3
TOTAL	48	39

To supplement the formal training, health providers of 12 health centers in Kankan prefecture profited during the year from on-site training in SONU. An on-site training was provided for 10 health providers in Faranah regional hospital, which is the referral hospital of the four health districts in the region. In fact, during the supervisory visit, as for health centers, the “*partogramme*” was not being used by health providers in this maternity. However this tool is critical for monitoring women in labor, allowing the right decisions at the right time. The needs listed during the supervisory visits led to the organizing of a training in prenatal care as well as in the “*partogramme*” for the 15 health providers of health centers in the project’s zone. The post-training monitoring in SONU in the Faranah region revealed that generally, the infection prevention procedures are strictly respected while the “*partogramme*” is rarely used or nonexistent in the health centers. The adequacy rates of compliance to the standards vary from 48% to 88% and 8 sites out of the 12 visited (67%) have a rate higher than 60% (see graph below).



During this post training monitoring, it was noticed that the DPS teams' supervision focused more on checking results and prevention activities rather than the quality of services.

Post-Abortion Care

Since 2001, the PRISM project has gradually integrated a program of Post-Abortion Care (SAA) in collaboration with JHPIEGO in the maternities of the nine hospitals in the project's intervention zones and in the health center of Banankoro. The program's objective is to improve the quality of the post-abortion care for women to reduce maternal deaths and to prevent repeated cases. During FY05, two post training monitoring visits were carried out to the 10 health facilities offering these services to monitor the availability, quality and use of services in the field. It was observed that 406 of the 565 women having received post-abortion care accepted a family planning method - 72% - and that only 2 complications occurred after AMIU (0.4%). The hospital maternities of Dabola and Kouroussa have the weakest FP acceptance rates, respectively 46% and 56% (see table below).

INTERMEDIATE RESULTS

Result of the Post-Abortion Care services (SAA) during the period from January to September 2005

<i>Facilities</i>	<i># Case</i>	<i># complications on arrival</i>	<i>Types of complications</i>	<i>Complication on leaving</i>	<i># Acceptors of FP</i>	<i>%</i>
Kankan	161	21	20 Hemorrhages 1 Anemia	0	122	76%
Kérouané	16	2	2 Hemorrhages	0	15	94%
Banankoro SCA	30	3	3 Hemorrhage	0	30	100%
Mandiana	20	3	2 Hemorrhages 1 Infection	0	20	100%
Kouroussa	18	5	2 Hemorrhage 2 Trauma 1 Shock	0	10	56%
Siguiri	37	0	-	0	30	81%
Faranah	150	9	3 Hemorrhages 6 Infections	1 Infection	93	62%
Kissidougou	59	0	-	0	45	76%
Dinguiraye	24	7	7 Hemorrhages	0	18	75%
Dabola	50	10	6 Hemorrhages 4 Infections	1 Shock	23	46%
TOTAL	565	60	-	2	406	72%

2.5 Strengthening the National Health Management Information System

Update of the RH indicators in the National HMIS

The project technically supported the harmonization workshop of the RH indicators organized by the MOH during the year 2005 in Kindia. This workshop aimed to revise the RH indicators for all levels of the health system, taking into account the nine components of the National Reproductive Health Program (PNSR), defined by national health policy and the 6 principal strategies to implement this policy.

The final workshop document and harmonized list of RH indicators produced by the different working groups have still not been made available by the MOH.

Decentralization of data-processing of the HMIS and strengthening of the capacities of DRS and DPS in Monitoring and Evaluation

The application developed for managing health facility's routine information (RAMCES) was installed in the nine DPSs of the intervention zones. A user's guide was developed and the DPS team members were trained in its use. In the same way, nine portable computers were bought and granted by the project to the DPS in its coverage zones.

Strengthening of the health service managers' capacities in the use of data for decision-making

The geographical information system developed by the PRISM project at the end of the year 2004 experienced an unquestionable improvement by incorporating malaria specific information, thus illustrating the functionalities and importance of such a tool.

IR 3 - Increase in Demand for services

PRISM's approach to increasing demand for RH services in HG is to improve the coordination of IEC programs, strengthen provider-client interaction, conduct health promotion interventions, and improve IEC management, delivery capacity and sustainability. Specifically, this includes:

1. Improve Coordination of IEC Programs

- Assistance to MOH and DRS in developing national and regional IEC strategies and protocols, action plans and IEC working groups.

9. 2. Strengthen Provider-Client Interaction

- Evaluate, reproduce and distribute existing IEC materials,
- Develop, produce and distribute new IEC materials for provider-client settings, and
- Train service providers in counseling.

10. 3. Conduct Health Promotion Interactions

- Hold large and highly visible IEC campaigns,
- Carry out advocacy efforts at the community level and community mobilization, and
- Award small IEC grants to local NGOs.

11. 4. Improve IEC Management and Delivery Capacity

- 12. -Train IEC managers & providers and provide them with regular technical assistance.

IR3: Principal activities and results

- 19 Action plans of GRIEC/GPIEC were supported;
- 26 radio broadcasts made on interpersonal communication;
- 373 *relais communautaires* mobilized around HC in the prefectures;
- 159 peer educators refreshed in maternal and infantile health;
- 105 members of school press clubs trained in message dissemination;
- 140 owners of beauty salons and tailoring houses oriented about STIs/HIV/AIDS ;
- 145 teachers trained in the Child for Child approach;
- 62 meetings to raise men's awareness of FP conducted: approximately 5000 people mobilized;
- 47 "Mamaya" conducted with groups of women on FP: approximately 8000 people mobilized;
- Organization of events to raise awareness of the general public on STIs/HIV/AIDS: 42 theatres presentations, 93 video presentations, 50 female soccer matches, 80 street shows and 71 conferences conducted;
- Development of an educational video on HIV and undesired pregnancies in the mining zones;
- Conducting a survey on the impact of the project on the community and religious leaders;
- Reproduction of 20 000 brochures;
- Distribution of 1200 books on modern methods of contraception.

3.1 Improvement of management and coordination capacities of IEC/BCC Programs

PRISM's support strategy for IEC coordination applies to the central level of the MOH with the Health Promotion Division (DNSP), as well as the regional and prefectural levels via GRIEC and GPIEC.

Strengthening of the management capacities of GRIEC and GPIEC

At the regional and prefectural level, coordination of IEC activities is ensured by the regional and prefectural IEC groups (GRIEC and GPIEC). Composed of representatives of all partners in the field, each of these groups meets four times per year, including three with PRISM's financial and technical support. On these occasions, the action plans of each group are re-examined and precise actions are planned for the next quarter.

During FY05, three meetings planned for each regional IEC group with the financing of PRISM took place. These meetings permitted to work out and revise 19 action plans relating to various RH fields, in particular maternal and child health, family planning, STIs/HIV/AIDS. These action plans have been financed by the PRISM project and carried out by the various regional and prefectural IEC groups. They are added to the 21 conducted in 2004 to reach a total of 40 for an objective of 36 envisaged before the end of 2005.

Coordination at the national level

The PRISM project provided technical assistance to the "*Conseil National de Lutte contre le SIDA-CNLS*", the national council coordinating AIDS activities in Guinea to facilitate contacts with communities. A common program was elaborated and led the executive secretary of the CNLS to visit Mandiana and take part in an official launching of the campaign against STIs/HIV/AIDS in this locality and carry out a series of visits in the mining zones. In the same way, the PRISM project provided technical assistance to the MOH for the development of the RH messages and support for youth.

3.2 Strengthening of interactions between the community and health centers

The interaction between the community and the health center for the past period has been the activity that has received increased support in financial terms and of human investment, taking into account the fact that the previous year, the results of the household survey revealed the existence of enormous problems at this level. The strategic answer suggested by PRISM to reduce the "distance" between communities and health facilities was inspired from internal reflections and other experiences having proved successful elsewhere. Thus, 272 community meetings were organized, in the same way as the orientation of 373 community messages on maternal and

child health and STIs/HIV/AIDS for the annual objectives respectively of 90 and 81.

Moreover, during the past year, the radio transmissions on interpersonal communication were broadcast 26 times to the advantage of the health providers and the communities.

3.3 Increase demand for RH services, promotion of positive behavior

Activities centered on the generation of demand were divided into distinct phases.

The first phase, devoted to series of orientations, was targeted at certain groups, in particular peer educators, members of school press clubs, owners of beauty salons and tailoring houses, the "banabanas" or diamond salesmen, and the teachers of primary schools within the strategic framework of "**Child For Child**" in favor of vaccination. These exchanges have been organized so that these people will be better able to boil down the messages and to convince their respective target audiences to change their behaviors.

Summary of the activities to strengthen competencies of community actors

Activity	FY04	FY05	Total
Peer educators refreshed in the SMI	445	159	604
Members of school press clubs trained in message dissemination	-	105	105
Owners of beauty salons and tailoring houses oriented about STIs/HIV	-	140	140
<i>Banabanas</i> or Diamond salesmen trained in STIs/HIV	-	56	56
Teachers trained in the EPE approach	774	145	919

The second phase, in relation to the promotion of services and positive behaviors is composed of two major points. The first relates to raising awareness around the distribution of oral contraceptives and promotion of the IUD. Indeed, up to a relatively recent period, the community agents were not permitted to deliver oral contraceptives because the national policy did not authorize it. The conclusive results of the pilot experience headed by PRISM led the MOH to approve the passage on a more widened scale. In order to support this strategy, PRISM deployed a community Communication program around facilities where CBD agents were trained in

the distribution of OC. Thus, 62 awareness raising meetings for men (more than 5,000 participants) and 47 "*mamaya*" relating to Family Planning with groups of women (approximately 1,000 participants) were organized during FY05.

In parallel, in order to reinforce the acceptance and of the use of long term methods such as the IUD, 10 "*mamaya*" with groups of women, having mobilized more than 7,500 people approximately, were organized in the 9 prefectures around the facilities offering these services.

Other types of activities

In order to contribute more effectively to fight against STIs/HIV/AIDS and undesired pregnancies in the mine zones, PRISM created a video this year. This film will be used in the future to support forums and other discussions on the subject. In total, there were 42 theatre presentations, 93 video presentations, 50 female football games, 80 street shows and 71 conferences that were organized around the prevention of STIs/HIV/AIDS.

PRISM finally conducted during FY05, a study to explore the impact of the religious and community leaders in the program and the influence that their participation had within their community. The results should help to determine if these community and religious leaders must play another part, beyond that of acceptance of the program to become true health educators who preach behavior change. The study was undertaken on the ground by Statview, a local organization specializing in research and the results are still being analyzed.

Monitoring and Evaluation

The proportion of the births having benefited from 3 prenatal consultations including one in the 9th month rests at approximately 53% in FY05, according to the routine data of the HMIS. This indicator was already at this level in FY02 before reaching 59.3% in FY03, then 61.3% in FY04.

In the same way the proportion of the children having been vaccinated against measles before their first birthday worsened greatly with approximately 45.6% coverage in 2005 (compared with 53% in 2002 and nearly 72% in 2004). Just like vaccination against measles, the level of vaccination against the DTP3 deteriorated from 64.9% in 2003 to 50.9% in 2005. The poor situation of the refrigerators (see IR2) combined with the increasing frequency of stock outs of valid vaccines at the health centers strongly contributed to this situation.

On the other hand, the levels of knowledge of the general population, and of the young people in particular, regarding family planning and STI/AID prevention has largely improved over the last few years. Indeed, the proportion of young men (15 to 24 years) knowing that the condom is a means of prevention against AIDS went from 45% in 2003 to 87.6% in 2005 according to EDS-05.

The increase of knowledge is even more apparent with the girls of this age. The proportion of girls knowing that the condom is a means of prevention against AIDS went from 23% in 2003 to 82.3% in 2005 (DHS-05). Among women of reproductive age in general from 15 to 49 years, this proportion went from 16% in 2003 to 78.6% in 2005, according to the same source.

During FY05, PRISM supported actions through the GRIEC in favor of various target populations which include youth, sex workers, miners and women of reproductive age. The involvement of the opinion leaders allowed the project to overcome the “poches de resistance” to the diffusion of the RH messages. To this end, during the year, the PRISM project trained 873 religious and community leaders bringing the total number leaders trained by the project to 2150 people. At this moment, religious leaders take part regularly in message dissemination in the communities.

IR - 4 Improvement of COORDINATION

PRISM's approach to improving coordination of RH interventions is to strengthen the MOH's managerial and communication capacities, to participate actively and support existing coordination processes, and to promote when needed the creation of new but sustainable mechanism, especially at the decentralised level. Specifically, this includes:

At the decentralised level

- Support the establishment, functioning and actions of RH Regional Working Groups;
- Support the preparation and participate into the CTPS and CTRS meetings;
- Strengthen the managerial capacity of DRS/DPS, especially of their supervision activities.

13.

14. At the institutional level

- Review project's activities, results and achievements with the MOH and USAID
- Participate to the extent possible in the development of health related policies at the central level;
- Improve electronic communication capacities of MOH at the central level and at the DRS level;
- Plan and implement interventions with RH partners in the field.

IR4: Principal activities and results

- Four meetings of the regional IEC groups held;
- Four sessions of the CTRS out of four held;
- 18 sessions of the CTPS out of 18 held;
- Support to the supervision management activities carried out during the year in 2 DRS and 9 DPS;
- Organization of joint supervision DSR/DRS/DPS/PRISM;
- Support the organization of national RH week;
- Support the evaluation and review of the pilot phase of the IMCI program.

4.1 Coordination at local level

Support to the national vaccination campaigns: JNV and vaccination against polio and distribution of Vitamin A

During FY05 the PRISM project provided a technical and logistical support to the regional directorates of Kankan and Faranah to supervise the 7th National Vaccination Campaign initiated by the Ministry of Public Health. Following the various preparatory meetings, supervision teams of health districts were established, and PRISM concentrated on Kérouané and Siguiri (for the Kankan region) and in Dinguiraye (for the Faranah region).

In the same way, the Ministry of Public Health in collaboration with its health development partners, organized the third vaccination campaign against neonatal tetanus in Kankan, Kérouané, Siguiri, and Kouroussa. The PRISM project brought technical and logistical support to the supervision of this campaign, in particular in the Kankan and Siguiri prefectures.

Participation to the regional Workshop related to the survey focusing on the use of the partogramme in the Kankan region.

The Safe Motherhood Program contributed to make the “Partogramme” popular in health facilities. This tool is essential in monitoring labor progress and childbirth for early signs and managing the treatment for dystocic pathologies of labor and childbirth. Within this context, the DED (German NGO) initially, then PRISM, supported the implementation of this tool in hospital maternities and health centers in Upper Guinea. In parallel, a national NGO, the CERREGUI, in collaboration with WHO, undertook an action research whose goal is to identify the obstacles to the correct application of the “Partogramme” in rural areas. The project was associated this research.

Participation at the Prefectoral Technical Health Committees (CTPS)

Supporting the decentralized health system, the PRISM project maintained in 2005 its participation to all the prefectoral coordination structures, the CTPS, in particular. It should be noted that the objective of participating consists of (1) to contribute to the analysis of the results of the monitoring of the health facilities and the identification of approaches to resolve problems, (2) to share with the participants information related to the implementation of PRISM activities, (3) to evaluate the use of supervision tools provided by the project and (4) to present the project’s approach for identification of well performing health providers and CBD agents.

During the CTPS sessions, PRISM staff advocated for the extension of COPE (clinic and community) as well as the utilization of the community actors trained and deployed by the project (CBD agent, *peer relais*, CPSC and AV members) in the field.

Participations at the Regional Technical Health Committees (CTRS)

During the year 2005, semi-annual sessions of the CTRS were organized by the DRS. The occasion was beneficial for PRISM staff, to proceed to a review of the project's activities in each region but more especially to re-examine planning for the next six-month period in order to integrate harmoniously the project's action plan with that of the DRS and NGO partners. Also, the project's strategies supported the analysis of the results of the health facilities (presented by the DPS and DH). During these sessions, the strategy to integrate the community distribution of oral contraceptives by CBD agents was presented and approved by the participants. Also, the proposal of the selection criteria for the well performing health providers, steps to identify them and some kind of "mark of recognition" was presented and discussed.

Support to regional and prefectural IEC groups

PRISM, in support of the regional authorities to coordinate RH interventions, supports various plans and for a few years already the holding of periodic meetings of regional RH working groups, IEC in particular.

Thus during the year, one session per quarter of the regional and prefectural IEC groups were organized for each administrative area covered by the project. It should be noted that the objective of these meetings remains the review of the completed quarterly action plan and preparation for the activities of the following quarter.

4.2 Improvement of coordination at the institutional level

Coordination with the Ministry of Health

Coordination with Division of Reproductive Health (DRH)

A Memorandum of Understanding between the project and the DRH was established. This memorandum relates to the project support to the Division's efforts to strengthen the coordination of RH interventions at central or national level.

At the central level, the partnership between PRISM and the DRH aims particularly to:

- to support the conception/revision and the dissemination of the policies and RH strategy documents in particular the RH "Norms and Procedures", National Policy of community-based Services, the Post-Abortion Care Program, the IMCI experience as well as the PMTCT Protocol;

- to support the design and the implementation of research relative to Reproductive Health;
- to facilitate workshops and action research to revise the curriculum for training health providers at all levels;
- to facilitate the documentation and the dissemination of experiences carried out in the project's coverage areas regarding RH;
- to strengthen capacities of the MOH staff, in general, and those of the RH Division in particular regarding leadership, and resource mobilization;
- to strengthen capacities regarding electronic communication at some levels of the MOH, and the RH division in particular;
- to support the DSR in the installation of a routine RH information system.

At the decentralized levels (DRS and DPS)

The MOU between PRISM and the DRH aims particularly to:

- install RH coordination mechanisms at the local level: Regional and prefectural RH groups, notably IEC-SR;
- assume responsibility for days for discussion of RH topics at the local level;
- support the regional and prefectural RH coordination structures, CTRS/CTPS in particular;
- support the activities of facilitative supervision and on-the-job training.

Organization of joint supervision

During FY05, PRISM has continued its support of the DRH in organizing and financing a joint supervision visit. The result of the visit to the peripheral facilities was the update of the central level staff on the quality and the progress report of the implementation of the activities of different programs relating to RH such as the Safe Motherhood Program, the Child Survival Program through IMCI and, in parallel, the administration of the questionnaire to the health providers on the use of the RH "Norms and Procedures" documents.

This visit was a good opportunity for the central level staff to meet with the regional supervision team as well as the prefectural ones.

Support to Programme National de Lutte contre le Paludisme -PNPL

During FY05, PRISM organized a meeting with the PNLN coordinator (National Malaria Control Program) to share information about the current policy, in particular regarding prevention during pregnancy and community mobilization as well as to determine the possible areas of intervention of the project. At this meeting, various topics were discussed such as:

- The support to the development of the training curricula in particular that of malaria prevention for pregnant women;
- Strengthening of competencies of the health providers in the implementation of national treatment policy and prevention of malaria for pregnant women: Training in taking responsibility for simple malaria cases

as well as for serious malaria, training on malaria during pregnancy including the new protocol, counseling on the use of the insecticide-impregnated nets (IINs) and the regular use of prenatal care by pregnant women;

- Monitoring post-training/supervision of health providers;
- strengthening of competencies of the community agents in taking responsibility for the simple cases of malaria and referring the serious cases, provided that the MOH clearly lays down its policy at the community level relating to the change in protocol of taking responsibility of these cases;
- monitoring post-training/supervision of the trained community agents;
- promotion of the malaria control activities at the community level: training of agents and community organizations on the prevention of malaria and the use of IINs, organizing by the CBD agents/structures to hold awareness raising meetings on accessing prenatal care, the usage of IINs and the cleaning of the neighborhood;
- The raising of awareness in groups via local radio broadcasts;
- All the other community interventions for behavior change as well as the monitoring and evaluation of the interventions.

Participation in the Annual review of the PEV/SSP/ME

During the year 2005, the PRISM project was associated with the preparation and the implementation of the national review of PEV/SSP/ME. To this end, the project presented its approaches to community mobilization, *relais communautaire*, but also innovations regarding the use of information to make decisions. The two tools of health information management developed by PRISM - RAMCES and SIG-Sante- were presented to all of the managers in the national health system. These two tools stimulated a great deal of interest among all of the participants who requested their broad distribution to all the appropriate facilities.

Support to the evaluation of the pilot phase of the IMCI program

The PRISM project, in partnership with WHO, supported the national pilot committee of the IMCI program's implementation to organize a synthesis report development workshop of the activities with the participation of the stakeholders involved in the implementation of the pilot phase in Dabola and Mandiana.

This workshop allowed to draw global lessons and to document experiences for a national program review before its progressive expansion to the rest of the country. The follow-up of the implementation of the recommendations resulting from this workshop was a useful precondition to a possible expansion of the program.

Support to the IMCI program review

In accordance with the results of the evaluation of the pilot phase, during this year, PRISM also provided its technical and financial assistance to the IMCI program review workshop organized by the Ministry of Health. The review workshop served as a basis for discussion to reach the conclusion that IMCI as a strategy to reduce infant mortality is adapted to the Guinean context and that the progressive expansion of its implementation to the rest of the country is recommended with, as a guiding principle, the permanent availability of essential drugs in all of the health facilities.

Support to the organization of National RH week

During FY05 the project supported the national RH week organized by the DRH. The overall aim of this week was to mobilize the political decision makers, the partners, the health professionals and community around key RH questions -- in particular the reduction of maternal and neonatal mortality-- in order to gain everyone's buy-in in favor of the achievement of the Millennium Development Goals (MDG). This forum gathered approximately 200 participants: health technicians from the central, intermediary and peripheral levels of the national health system, the stakeholders in the RH field and of community representatives.

The PRISM project, as a key partner of the DRH, contributed technical support consisting of the development of the terms of reference, determination of the objectives, identification of the activities, identification of the targets of those activities, and developing the agenda for the week and the spatial representation on a map of the RH interventions throughout the country.

During this week, the PRISM project made 3 presentations relating to its experiences regarding community distribution of the oral contraceptives, establishment of mutuels and conducting supervision to improve the technical quality of the services.

Round tables were organized to discuss further the contraceptive distribution strategy by the community (of which PRISM is the leader among its partners) and the approach of mutuels to developing strategies to increase qualified assistance at childbirth (the only real proven approach to effectively reduce maternal and neonatal mortality).

The recommendations issued from the forum were focused on the promotion of assistance during childbirth by qualified personnel (a midwife, nurse, or doctor), the sustainability of community based services including the SBC (for oral contraceptives), the identification of mechanisms to motivate CBD agents, and the expansion of the mutuels to cover the whole country.

Coordination with partners

Collaboration between PRISM and other intervention partners in the health sector has continued during this year.

Thus, with Plan/Guinea, agreements were made to ensure the joint deployment of OC community based activities in Kissidougou;

Also, following specific agreements, Plan/Guinea made available anti-STI drugs at the health centers in Kissidougou in order to ensure the possibility of successful integration of STI syndromic care;

With Africare, a Memorandum of understanding for the implementation of community based distribution of oral contraceptives in Dabola and Dinguiraye was prepared and discussed. The MOU is ready for signatures;

With HKI, agreement for distribution of vitamin A in Upper Guinea until September 2005 was signed. In parallel, HKI will implicate the existing regional depots to this effort to ensure the sustainability of the Vitamin A distribution. Moreover, HKI continues to maintain its regional representation in Kankan and Faranah in the PRISM offices in these two localities;

With Save the Children, agreements were made for the expansion of oral contraceptive community-based distribution in Kouroussa and Mandiana;

With EngenderHealth, monitoring of facilities where the IUDs and other long term methods have been integrated continued during FY05;

With GTZ, PRISM supported the Ministry of Public Health at the central level in the completion of the implementation of a computer network and an Intranet site. This effort has facilitated the connection of the first floor of the MOH to the global network installed by the Coopération Française.

Over the course of the year, PRISM has also participated in a workshop organized by USAID with all of the implementing agencies to put into place an efficient mechanism of coordination and communication. At this time PRISM's different strategic interventions have been presented to the participants with a particular emphasis on the operational partnership that the project maintains with the other implementing agencies funded by USAID.

Activities leading to a cost share

Over the course of the year, many activities were carried out by the PRISM project in partnership with other organizations not benefiting from direct funding from USAID in Guinea. These activities are summarized in the following paragraphs:

With **UNICEF and WHO**, the PRISM project supported the implementation of the **review of the pilot phase of the IMCI strategy**.

GTZ and Plan/ Guinea have provided the health centers of the Faranah region (Kissdougou for Plan/Guinea) with anti-STI drugs necessary to their integration into the syndromic management of STIs. PRISM then assured the training for health providers as well as the availability of IEC and management tools.

The **Safe Motherhood Program**, with the support of **UNICEF and WHO** made available to PRISM **50 TBA kits necessary for the training and deployment of traditional birth attendants**. The PRISM project is then responsible for the training of TBAs as well as the production of tools and other curriculum.

In collaboration with the **PASSIP (EU Project)**, the PRISM project deployed in the Kankan region many activities: **trainings, supervisions**, as well as certain direct interventions for the improvement of vaccination coverage (in particular, supplying fuel for refrigerators housing **vaccines**).

With **UNFPA**, the PRISM project supported the **revision of the RH indicators in the same way as the harmonization of the data base** allowing the management of monthly reports from the health centers.

With **GTZ and the Coopération Française**, PRISM participated in the **establishment of a network and intranet** for the Ministry of health.

With **WHO**, PRISM covered part of the expenses connected to carrying out of the preparatory workshop for the evaluation report of the pilot phase of the IMCI program.

With **UNICEF**, the PRISM project supported the functioning of the mutuals in the Kissidougou prefecture over the course of this year.

Training of trainers in Clinical IMCI in Kindia : this activity took place in the beginning of October 2004 and was co-financed by PRISM and UNICEF.

The National AIDS Control Program supplying promotional materials:

In the context of launching the campaign of Foudoukoudounin in the mining zones of Léro, the CNLS sponsored the production of 600 t-shirts made available to the PRISM project.

Training in STI syndromic care in the Kankan region: This activity was financed by CNLS, through the Global Fund. The PRISM project made the training material available as well as the required trainer.

Training of health center staff in Essential Drug Management in Kankan : This training was financed by **WHO** with the participation of PRISM.

With **UNFPA, WHO, UNICEF** and many other organizations, the PRISM project supported the implementation of the national RH week.

Along with funding from **WHO**, the PRISM project supported the **CERREGUI** in carrying out action research to look at the obstacles linked to the usage of partogrammes in Guinea.

All of these interventions, carried out in partnership with other organizations not receiving direct funds from USAID allowed a cost share rate of approximately 7.1%.

SALIENT FACTS HAVING HAD IMPACT ON THE PROJECT

During this year two major events had an impact on the realization of activities of the project.

1. Recruitment of the Quality of Care Adviser

To replace Dr. Eléonore Rabelahasa, MSH/PRISM launched an international competitive recruitment process. The selected candidate, Dr. Mathias Yaméogo, a Burkinabé, was introduced to USAID for approval during this year. Before joining MSH, Dr. Yaméogo, a doctor specializing in Public Health, worked for many years as a consultant at the UNICEF regional office in Dakar and for JHPIEGO, as a Reproductive Health specialist in "Improvement of quality of care". Dr. Yaméogo settled into his new role at the PRISM office in Kankan.

2. Continuation activities for the year 2006

In August 2005, USAID requested MSH to develop a work plan for the extension of some of the PRISM project activities that were considered essential for FY06. After a series of exchanges, the proposal for an extension of the PRISM project for an additional year was approved by USAID and was signed by MSH on September 29, 2005, right before the last day of the project.

This extension covers part of the previous terms of reference of the PRISM project. These aspects are:

- expansion of DBC Program;
- health mutuals;
- community participation in the management of health centers (COGES);
- FP services in the health centers and hospital maternities as well as integration in the health posts;
- Strengthening of contraceptive logistics and;
- Cervical cancer screening activities.

This reduction of activities is a result of the substantial reduction of the project's budget. Such a combination (reduction of activities and budget) resulted in an important reduction of project personnel. The project has ended the employment and thanked more than half of the project employees and the Faranah Regional office has been closed.

However, MSH took advantage of this occasion to recommend to USAID the appointment of a Guinean as the Chief of Party for PRISM. By approving the proposal for an extension, USAID has supported this recommendation. Thus for the first time, a Guinean national is responsible for the project. Mr. Tanou Diallo, an employee of the project since its inception and previously responsible for project operations was promoted to this function.