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## Guinea PRISM II Quarterly Report April–June 2006



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## Guinea PRISM II Quarterly Project Report: April–June 2006

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## **About the Guinea PRISM II Project**

Since 1997 the PRISM project has worked to make quality primary health care and reproductive health services available at the peripheral levels of Guinea's national health care system. Its principal objectives are to increase the quality and use of family planning and MCH services and to help prevent the spread of sexually transmitted infections and HIV/AIDS. Throughout the project, MSH has implemented activities in partnership with Johns Hopkins University Center for Communication Programs, EngenderHealth, and several local Guinean organizations (including CENAFOD and IPPF/AGBEF).

The PRISM project works principally with regional authorities and district-level health centers in two remote, rural regions of Upper Guinea. Key activities have included training for service providers (hospital workers, health center staff, and community-based distribution agents), community mobilization through the formation of local health committees and health insurance schemes, and technical assistance to improve management and logistics practices. PRISM has also conducted a series of leadership workshops with high-level officials in the Ministry of Health.

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## Acronyms

English	French	
ADRA		Adventist Development and Relief Agency
AGBEF	AGBEF	Association Guinéenne pour le Bien-être Familial
	AMIU	aspiration manuelle intra utérin (intra-uterine manual aspiration)
AT	AT	Assistant Technique
CBD Agent	Agent SBC	Community Agent ( <i>Agent Communautaire</i> )
CBD	SBC	community-based services ( <i>services à base communautaire</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
CoGes	CoGes	Comité de Gestion
CPS	CPS	Chef de Poste de Santé
CPSC	CPSC	Comité de Promotion de la Santé
CSC	CSC	Comité de Santé Communautaire
CSU	CSU	Urban Health Center ( <i>Centre de Santé Urbain</i> )
CTPS	CTPS	Comité Technique Préfectoral de la Santé
CTRS	CTRS	Comité Technique Régional de la Santé
CYP	CAP	couple-years of protection ( <i>couple année protection</i> )
DDM	IPD	data for decision-making ( <i>information pour la prise de décisions</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
ED&C	ME&C	essential drugs and contraceptives ( <i>médicaments essentiels et contraceptifs</i> )
FP	FP	family planning ( <i>planification familiale</i> )
FY	AF	fiscal year ( <i>année fiscale</i> )
GPIEC	GPIEC	Groupe Préfectoral IEC
GRIEC	GRIEC	Groupe Régional IEC
GTZ	GTZ	Agence de Développement Allemande
HC	CS	health center ( <i>centre de santé</i> )
HHC	CCS	Head of Health Center ( <i>Chef de Centre de Santé</i> )
HMIS	SNIS	National Health Management Information System ( <i>Système National d'Information Sanitaire</i> )
HP	PS	Poste de Santé
IEC	IEC	Information, Education et Communication
IP	PI	infection prevention ( <i>prévention des infections</i> )
IR	RI	intermediate result ( <i>résultat intermédiaire</i> )
IST/SIDA	STI/AIDS	Infections Sexuellement Transmissibles/SIDA
IUD	DIU	intra-uterine device ( <i>dispositif intra-utérin</i> )
JNV	JNV	Journée Nationale de Vaccination

MOH	MOH	Ministry of Public Health ( <i>Ministère de la Santé Publique</i> )
MSH	MSH	Management Sciences for Health
MURIGA	MURIGA	Mutuelle de santé consacrée à la référence des femmes lors des accouchements
NGO	ONG	nongovernmental organization ( <i>organisation non gouvernementale</i> )
OC	CO	oral contraceptives ( <i>contraceptifs oraux</i> )
PAC	SAA	postabortion care ( <i>soins après avortement</i> )
PEV/SSP/ME	EPI/PHC/ED	Programme Elargi de Vaccination/Soins de Santé Primaires/Médicaments Essentiels
RAMCES	RAMCES	Rapport Mensuel des Centres de Santé
RH	SR	reproductive health ( <i>santé de la reproduction</i> )
SDP	PPS	service delivery point ( <i>point de prestation de services</i> )
SF	SF	facilitative supervision
SMI	MCH	maternal and child health
STI	IST	sexually transmitted infection ( <i>infection sexuellement transmissible</i> )
UG	HG	Upper Guinea ( <i>Haute Guinée</i> )
USAID	USAID	United States Agency for International Development

## Executive Summary

### **USAID/Guinea SO #2**

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

### **MSH/PRISM II Vision**

By the year 2006, Guinean families and individuals will have access to high-quality services and information that meet their reproductive health needs.

The MSH/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. The project, which is designed to increase the use of quality reproductive health services,<sup>1</sup> by the United States Agency for International Development (USAID) and is implemented by Management Sciences for Health (MSH). MSH/PRISM implements interventions to strengthen community governance of local health programs in Upper Guinea and Kissidougou and covers all nine prefectures of the Kankan and Faranah administrative regions.

This report presents MSH/PRISM's strategies, activities, and results by intermediate result from April 1 through June 30, 2006. The conclusion includes a review of the principal indicators.<sup>2</sup> The report is structured according to USAID/Guinea's four intermediate result areas: (1) increased access to reproductive health services and products, (2) improved quality of services at health facilities, (3) increased demand for reproductive health services and products, and (4) improved coordination of health interventions.

### **IR1: Increased Access to Reproductive Health Services**

During the past quarter, MSH/PRISM increased community access to reproductive health services in Upper Guinea by empowering community members to participate fully in the transparent governance of equitable health services, ensuring that service delivery points are fully functional, and fortifying the new cervical cancer screening program.

- To strengthen the capacity of the citizens of Upper Guinea to manage health services aligned with the needs of their communities, MSH/PRISM:
  - trained more than 1,500 community-based distribution agents from all the villages in Upper Guinea and organized three rural radio programs celebrating the performance of 28 high-achieving CBD agents;
  - strengthened the ability of the Baté Nafadji Health Center to achieve 84% availability for all principal health services and generate 8.5 million GNF in revenue over the previous six months (more than that of any other health center in the Kankan Prefecture)

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<sup>1</sup> This also responds to USAID/Guinea's Strategic Objective 2: "Increased use of essential family planning, maternal and child health, and STI/AIDS prevention services and practices."

<sup>2</sup> A full list of the updated indicators is attached in the appendix.

- facilitated the collection of 4.3 million GNF during the quarter (compared to 0.2 million GNF last quarter).
- To ensure that service delivery points are fully functional, MSH/PRISM:
  - integrated 16 health posts to offer family planning and STI prevention services by training providers and supplying contraceptives, management tools, and IEC materials. All health centers and maternities in the target zone now have at least one provider trained in family planning and STI prevention on staff;
  - increased recruitment of IUD clients by 42% (433 women). The number of IUD clients in Upper Guinea for FY06 will reach more than double what was achieved in 2005;
  - managed the distribution of contraceptives to *all* service delivery points in Upper Guinea and Kissidougou.
- Through the newly established cervical cancer screening program, MSH/PRISM:
  - enabled the testing of 2,526 women for cervical cancer (144 tested positive);
  - conducted follow-up visits at 14 service delivery points to evaluate provider performance, identify implementation challenges, and monitor the treatment of positive cases;
  - developed strategies related to IEC, management, and recruitment with regional health officials to increase the number of women seeking cervical cancer screening;
  - trained staff members at three hospitals in cryotherapy treatment and distributed cervical cancer screening equipment and supplies.

## **IR2: Improved Quality of Services**

During this quarter, MSH/PRISM improved the quality of health services by coordinating the supervision of health service. To achieve its quarterly objectives, MSH/PRISM:

- provided technical, logistical, and financial support through supervision visits to 24 health centers, 11 health posts, and nine maternities in Upper Guinea;
- conducted supervision visits at 10 postabortion care facilities to assess the availability, quality, and use of PAC services. Of the 243 women who received PAC services (up from 183 last quarter), 185 (76%) accepted a family planning method.

## **IR3: Increased Demand for Services**

MSH/PRISM continued to strengthen demand by improving IEC coordination, customer service and management, and health promotion activities. During the quarter, MSH/PRISM:

- assisted all nine targeted local IEC groups in adapting their annual work plans to support integration of reproductive health services;
- trained 30 CPSC members covering 240 villages in Kankan to promote the *caisses communautaires* and *miroirs communautaires* in their communities;
- organized screenings of the *Family Planning and Islam* film, reaching thousands of community members in villages covered by 30 health posts;

- installed 67 newly trained CBD agents in their communities.

#### **IR4: Improved Coordination**

MSH/PRISM continued to strengthen collaboration with the DRS and DPS and other public health NGOs in Upper Guinea and Kissidougou. During this quarter, MSH/PRISM:

- supported supervision and management activities at two DRSs and nine DPSs;
- implemented the MOU with Africare for the implementation of community-based distribution of oral contraceptives in Dabola and Dinguiraye. MSH/PRISM organized training for Africare's employees and community agents;
- implemented the agreement with Save the Children for the expansion of community-based oral contraceptive distribution in Kouroussa and Mandiana. PRISM organized training for Save the Children's supervisors, Mandiana DPS staff members, and community agents.

#### **Overarching Goals: Strengthening Grassroots Democracy and Governance**

Although organized within USAID/Guinea's intermediate result 1 (Increased access to reproductive health services), support for local democracy and governance has fast become a common thread throughout the entire MSH/PRISM Project. Integrated into nearly every aspect of MSH/PRISM's work, a new local governance strategy has evolved to weave all the pieces of access, quality, demand, and coordination together. As MSH/PRISM nears the final stages of its support over the last decade, its governance strategy has also begun to sow the seeds of sustainability, changing beneficiaries into partners. In these last few months of PRISM, the project is providing its partners with the tools and support to improve, manage, and sustain their health system to support their needs.

An imam (religious leader) in the village of Balandou recently articulated the impact of MSH/PRISM's approach by emphasizing that MSH/PRISM is different than any of the many NGOs he has seen in his community during his more than 70 years. The imam said that PRISM was the first organization *to work from within the community to leave skills behind with those who stay once the NGO leaves*. He asked only that PRISM be more aggressive in working with more individuals in more communities to build this capacity. Other people in the community, notably the president of the mutuelle of Balandou, said similar things. The president urged MSH/PRISM not to lessen its support at this time because he feels strongly that this strategy is now at a tipping point. If PRISM were to decrease its support now, the strategy could fall apart. He went on to say that he feels that with just a little more time and a few more successes, this new approach to managing the health system using local governance will take hold and flourish. Individuals throughout the community know their needs and are extremely articulate about expressing them. With MSH/PRISM's assistance, they now have the management skills and confidence to take control of their community health services and build upon them well into the future.

## **Intermediate Results by Section**

### **IR1: Increased Access to Reproductive Health Services**

This part of the report presents the progress achieved during the quarter in terms of improving access to reproductive health services. It is organized into two sections, each one corresponding to a strategy through which the MSH/PRISM Project works to improve access: the availability of essential resources and equity and sustainability in accessing these services.

#### **Section I: Availability of essential resources at health facilities**

- Integration of RH services: Carry out and consolidate the integration of FP and STI prevention at the facility and community levels
- Integration of cervical cancer screening services: Integrate the cervical cancer screening services into 14 health facilities
- Support for health facilities and CBD Program: Ensure a sustainable supply of medical equipment, IEC materials, and management tools for the health facilities, and support the CBD Program
- Contraceptive management: Strengthen management

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

- Strengthen community ownership through:
  - insurance through health mutuelles and other associations interested in community self-reliance;
  - management committees of Health Centers that represent the community and are interested in improving the cost recovery system at the facility level.

## Section I: Availability of Essential Resources at Health Facilities

For a service to be available, an SDP has to be successful at delivering the service to its clients. To be fully functional at delivering services, an SDP needs to have all of the following essential resources: trained providers, drugs, medical equipment, supplies, and IEC and management tools.

### 1.1 Integration of reproductive health services

**Maintenance of services at Health Centers and Maternities.** As of June 2006, all the targeted health centers and maternities have started providing family planning and STI prevention. However, we predict that in the coming years some trained providers will retire or will be transferred to different facilities. The main challenge for health authorities and MSH/PRISM is to preserve integration and availability of services despite changes in personnel. PRISM supports recruitment and retainment efforts by periodically conducting complementary trainings. During the quarter, four new providers from four health centers received training and seven previously trained providers received refresher training. With this training, all health centers and maternities in the target zone have at least one provider trained in family planning and STI prevention on staff.

**Integration of services at the Health Post level.** With MSH/PRISM support, 16 health posts have begun integrating family planning and STI prevention services: two health posts in Dinguiraye and 14 health posts in Siguiri. To fully integrate services, the following activities have been conducted: training providers, ensuring post-training follow-up, and supplying contraceptives, management tools, and IEC materials. During the quarter, 16 providers from those health posts were trained and contraceptives, management tools, and IEC materials were provided by the project. With this activity, the total number of health posts with integrated family planning and STI prevention in the target region reached 130 out of 119 targeted for FY06. Table 1 indicates the percentage of facilities in UG and Kissidougou in which family planning and STIs/AIDS prevention are integrated.

**Table 1. Percentage of facilities in UG and Kissidougou in which FP and STI/AIDS prevention are integrated**

Type of Service Delivery Point	FY03		FY04		FY05		Results FY 06		
	Target	Result	Target	Result	Target	Result	Qtr 1	Qtr 2	Qtr 3
Maternities	100	100 (n=9)	100	100 (n=9)	100	100 (n=9)	100 (n=9)	100 (n=9)	100 (n=9)
Health centers	100	96 (n=104)	100	96 (n=104)	100	100 (n=104)	100 (n=109)	100 (n=109)	100 (n=109)
Health posts	25	13 (n=119)	25	47 (n=119)	25	47 (n=119)	79 (n=119)	96 (n=119)	109* (n=119)

\*MSH/PRISM has integrated FP and STI/AIDS services in a total of 130 health posts through the first three quarters. The original target for FY06 was 119 health posts.

Thus all maternities and health centers and all the health posts in Upper Guinea and in the Kissidougou prefecture offer integrated family planning and STI/AIDS prevention services. When new health centers or new health posts are recognized by PEV/SSP/ME, FP and STI prevention are immediately integrated into its package of services through the training of

providers. Over the next quarter, MSH/PRISM will continue to maintain services in all integrated health posts. The project will also integrate FP services and STI prevention activities in the military camp health post in Faranah in accordance with the military's recent request.

**Post-integration follow-up.** During this quarter, 11 health posts integrated in FP/STI prevention benefited from one post-integration follow-up visit. During this visit, the following topics were covered: availability of equipment and management tools, performance of providers, and counseling. An analysis of the observations collected shows that in 73% of health posts, the availability of equipment and management tools is equal to or higher than 75%. During the next quarter, all the recently integrated health posts will benefit from at least one post-integration follow-up visit.

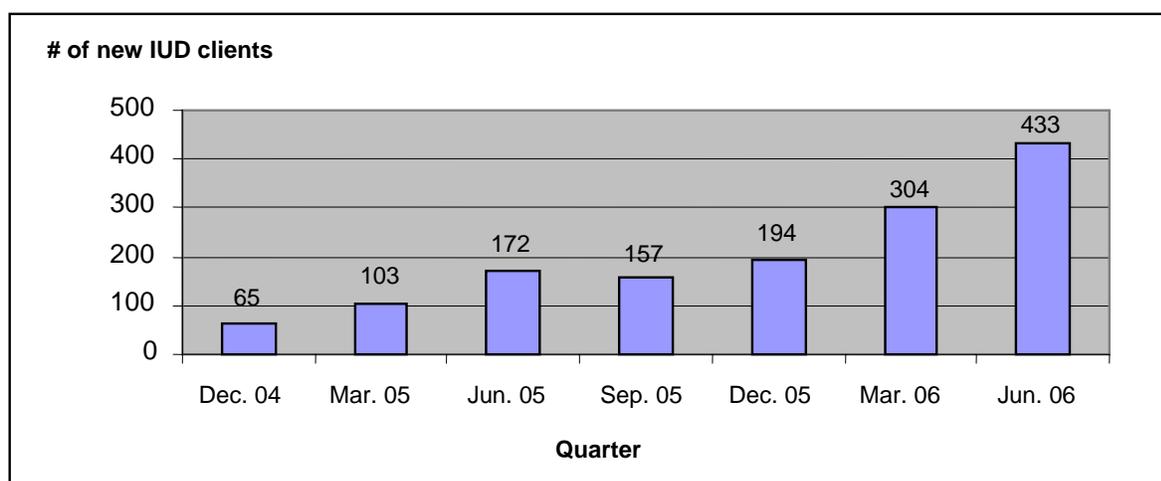
**Monitoring IUD insertion/removal activities in selected Urban Health Centers and Maternities.** During the quarter, all sites offering IUD services in Upper Guinea benefited from one supervision follow-up visit. During this follow-up activity, the project systematically collected data on new clients. The results are shown in Table 2.

**Table 2. Growth of the number of clients recruited from FY04 to the third quarter of FY06 for IUDs**

<b>Facilities</b>	<b>Oct.– Dec. '04</b>	<b>Jan.– Mar. '05</b>	<b>Apr.– Jun. '05</b>	<b>Jul.– Sep. '05</b>	<b>Oct.– Dec. '05</b>	<b>Jan.– Mar. '06</b>	<b>Apr.– Jun. '06</b>
Hop. Kankan & AGBEF	12	17	30	32	68	39	47
CSU Salamani	14	13	24	12	14	19	13
CSU Dabola Sekou	-	-	-	-	-	7	14
Hop. Kérouané	-	5	11	11	9	9	15
CSU Kérouané	-	13	15	12	10	17	28
Banankoro SCA	-	2	16	1	3	14	30
Hop. Mandiana	12	12	4	2	17*	5	23
CSU Mandiana	6	0	9	11	7	8	18
CSR Koundianakoro	-	-	-	-	-	10	30
CSR Kinieran	-	-	-	-	-	11	15
Hop. Kouroussa	4	3	4	3	9	8	1
CSU Kouroussa	0	5	8	5	11	7	8
Hop Pref. Siguiiri	1	6	11	12	6	31	38
CSU Siguiiri Koro	3	9	10	21	10	54	38
CSU Bolibana	-	-	-	-	-	16	22
CSU Siguiiri Koura	-	-	-	-	-	11	19
CSR Kintignan	-	-	-	-	-	3	34
CSR Doko	-	-	-	-	-	4	5
CSR Franwalia	-	-	-	-	-	6	12
Hop. Reg. Faranah	10	8	10	15	6	10	7
CSU Abattoir	1	0	5	8	8	6	4
Hop. Kissidouougou	-	4	13	2	7	3	4
CSU Hérémakono	-	1	0	5	1	0	2
CSU Madina	-	1	1	0	1	1	0
Hop. Dinguiraye	1	4	0	0	2	0	0
CSU Dinguiraye	1	0	0	3	1	2	4
Hop. Préf. Dabola	-	0	0	1	1	2	2
CSU Dabola	-	0	1	1	3	1	0
<b>Total</b>	<b>65</b>	<b>103</b>	<b>172</b>	<b>157</b>	<b>194</b>	<b>304</b>	<b>433</b>

During the quarter, there were 433 new clients recruited for IUD activities compared to 304 during the last quarter, a 42% increase. Figure 1 shows that the number of IUDs distributed during the first nine months of FY06 (931) is far greater than the total distributed during the entire fiscal year 2005 (497). The number of IUD clients in Upper Guinea for FY06 will reach more than double of what was achieved in 2005.

**Figure 1. Increased number of new IUD clients (Dec. '04–Jun. '06 )**



**Monitoring of tubal ligation services (mini-lap or during caesareans) in the Maternities.** In partnership with EngenderHealth, the PRISM project has integrated tubal ligation services into the majority of the nine Maternities in the project's coverage zone. At the current rate, we expect approximately 145 tubal ligation cases during FY06; this is a notable increase over the past two years. The rate of minilaparotomy is also increasing slightly, but uptake of the service remains far below that of tubal ligation. Tubal ligations are taking place in the nine hospitals of the Kankan and Faranah regions that offer these services (see Table 3).

**Table 3. Number of new clients from FY04 through the third quarter of FY06, by method**

Hospitals	Tubal Ligation under Minilaparotomy				Tubal Ligation during Caesarean				
	FY04	FY05	Q1, FY06	Q2, FY06	FY04	FY05	Q1, FY06	Q2, FY06	Q3, FY06
Kankan	0	0	0	0	8	16	3	2	1
Kérouané	0	0	0	0	4	4*	0	3	2
Mandiana	1	1	0	1	0	3	0	2	1
Kouroussa	NA	NA	NA	NA	2	13	1	1	1
Siguiri	2	3	0	0	21	7	5	0	1
Faranah	7	3	3	1	27	13*	13	10	4
Kissidougou	1	0	0	0	13	6*	7	5	2
Dinguiraye	NA	NA	NA	NA	5	3*	0	2	1
Dabola	4	1	0	0	10	13	3	7	4
<b>Total</b>	<b>15</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>90</b>	<b>78</b>	<b>32</b>	<b>32</b>	<b>17</b>

\* = Number of clients recruited from January to September 2005

During the quarter, there was 1 case of minilaparotomy and 17 cases of tubal ligation during caesarean carried out in the Maternities covered by the project. The minilaparotomy services are

not used by women who might otherwise undergo tubal ligation; therefore, uptake is low in Upper Guinea and new training will not be supported by PRISM.

## 1.2 Integration of cervical cancer screening services into service delivery points

In collaboration with the Donka National Hospital in Conakry, MSH/PRISM integrated the cervical cancer screening program in Upper Guinea in order to reduce cervical cancer morbidity and mortality. The program covers 3 hospitals and 11 urban health centers in Kankan, Siguiiri, and Faranah, and uses Donka hospital for referrals of advanced cases. The following steps have been undertaken during the quarter.

**Follow-up visits to 14 service delivery points offering cervical cancer screening.** During the quarter MSH/PRISM organized a follow-up visit. The main objectives were to:

- verify the success of the service provider training, the informational meetings, and community education activities intended to recruit clients for the screening program;
- gather data on the number of women screened and positive cases identified;
- evaluate the extent to which the PAOs for each service delivery site were implemented;
- identify problems that might have a negative impact on the screening activities and management of positive cases;
- ensure the treatment and management of positive cases with the help of the local medical team.

**Use of cervical cancer screening services.** During the quarter, 2,526 clients of 4,285 expected were screened in Kankan, Siguiiri, and Faranah. Table 4 shows the number of screened women compared to the expected numbers.

**Table 4. Rate of screening coverage for Farranah, Siguiiri, and Kankan during the third quarter**

Service Delivery Site	Number of Clients Projected	Number of Clients Screened	Coverage Rate
Faranah	915	588	64.3%
Siguiiri	1,310	337	25.7%
Kankan	2,060	1,601	77.7%

The coverage rates in Kankan (77.7%) and Faranah (64.3%) far exceed the coverage rate in Siguiiri (25.7%). The low coverage rate in Siguiiri was due to many factors:

- chronic irregularity in the screening activities of different centers (screenings only one day per week and several periods of inactivity);
- the complete absence of internal meetings to monitor the screening activities;
- the lack of community education;
- confusion between cervical cancer screening and screening for HIV/AIDS;
- false reports that screening is painful.

To improve these low rates, several strategies, such as community education and the recruitment and management of clients, were developed during the personnel meetings that took place in

each of the towns. With regard to the diagnostic plan, none of the biopsy results were available during the time of this trip. Measures have been put into place to make sure that these results will be available as soon as possible. Staff members at the three hospitals were trained in cryotherapy treatment before equipment and supplies were distributed. Canisters of CO<sub>2</sub> were given to each of the three treatment centers.

It was recommended that an internal monitoring and quality control plan be established in each of the service delivery sites to foster the accurate collection and reporting of data. The collaborative nature of the evaluation mission was apparent in each of the towns. This atmosphere allowed the personnel and management to share their concerns, identify problems, and develop solutions in a cordial manner.

Discussions with local health authorities facilitated reaching a consensus to refocus efforts on the screening program. The hospital director and the Prefectoral Health Director both spoke at length to encourage the service providers to re-engage in the success of the program for the well-being of the women living in Siguiri. Based on these data, PRISM will prioritize increasing the screening coverage rate in Siguiri during the final quarter of FY06.

In total, there were 144 positive tests among the 2,526 women screened. Therefore, 5.7% of women tested positive. Eight out of 144 were treated. The remaining women were referred to Donka National Hospital in Conakry.

### **1.3 Support for health facilities and the CBD program**

**Availability of basic medical equipment and IEC and management tools.** To support the PAC as well as the cervical cancer screening services in the Forest Region, it was necessary to procure medical equipment for the health facilities in this quarter. Equipment that was available locally has been purchased and the equipment not available locally was imported.

During the quarter, IEC material (posters and brochures) related to the cervical cancer screening services were produced and distributed in conjunction with the screening program's implementation. In addition, thousands of copies of the IEC materials for mutuelles, COGES, and family planning were distributed.

**Expansion and strengthening of community-based services.** The CBD program continues to run successfully. On average, 5,840 new clients are recruited per month. During the final quarter of FY06, MSH/PRISM will provide CBD agents with bicycles. We expect the increased mobility of CBD agents to allow the program to perform at an even higher level.

During the past quarters, 1,507 CBD agents were trained, covering all villages in Upper Guinea. The average CBD agent recruited 11.6 new acceptors and maintained 14.0 continuing clients during the quarter. To maintain and strengthen the program, PRISM focused on motivation and follow-up and supervision visits for the CBD agents.

**Motivation.** During the quarter, the project focused on increased community involvement in CBD program management. MSH/PRISM organized community meetings to learn how to better motivate CBD agents. Meetings with religious and community leaders were organized in seven subprefectures (three in Kankan, three in Kérouané, and one in Faranah). The main mechanism

of motivation identified was to provide CBD agents with seeds to sow their fields. In addition, some community members offered to volunteer to help CBD agents in their fields. Other community members agreed to lend CBD agents their oxen to plow the fields.

PRISM also organized three roundtables with representatives from rural radio stations with the 28 highest-performing CBD agents. These events allowed CBD agents to share their experiences, which motivated their colleagues to improve their performance.

**Supervision.** During the quarter, all CBD agents were supervised through a subagreement with AGBEF. All CBD agents deployed are currently participating in the program.

**Management information system.** The reporting rate of CBD agents is improving, but PRISM will continue to encourage CBD chargés at the prefectoral level to take control of the oversight of the CBD program. PRISM expects that the increased involvement of CBD chargés will improve the CBD agents' reporting rate.

#### **1.4 Contraceptive management**

**Distribution of contraceptives, FP management tools, and IEC materials.** The accessibility of family planning services depends upon the continuous availability of contraceptive products. During the quarter, the project continued the direct management of contraceptives, thus ensuring the availability of contraceptives to all service delivery points in Upper Guinea and in Kissidougou.

- MSH/PRISM manages the availability of contraceptives at all levels of the health system in Upper Guinea. The project has established a database to monitor contraceptives from the project to the health center as well as from the health center to clients. This database makes it possible to monitor the availability of contraceptives at the service delivery level. Consequently, any stock-outs (anticipated or real) are known, and contraceptives are sent after validation of the data. When unusual data are observed, a validation visit is organized.
- During the quarter, 11 sites were visited (9 in Siguiri and 2 in Kankan) to audit contraceptive management.
- The results show that there are some disparities between the real stock and the inventory stock recorded by health post staff. MSH/PRISM provided health post staff with on-site training to improve the quality of data.

During the quarter, MSH/PRISM organized an internal audit of contraceptive management of the last three fiscal years. The main objective was to compare inventory information of the transfer of contraceptives at all points along the delivery chain from the port of Conakry to the PRISM Conakry warehouse to the project's warehouses and government warehouses in Upper Guinea.

MSH/PRISM then examined the distribution of contraceptives from the warehouses to Health Centers, Health Posts, Maternities, and CBD agents. The audit revealed that the filing system is well managed within the MSH/PRISM Project, but there are data quality issues with the records maintained by the government warehouses.

The audit confirmed the project's suspicion about management issues at the regional government warehouses. At the beginning of FY06, MSH/PRISM started directly supplying contraceptives to service delivery points without use of regional government warehouses.

## **Section II: Equity and Sustainability in Access to Health Services**

Efforts made in service integration are sustainable and efficient only if populations have access to and are using these services. Populations use health services they are available, meet people's needs, and are financially accessible. In situations where national governance is weak (as in Guinea), one way to maintain the continuous availability of services is to give communities the experience of managing an institution that responds directly to their needs. In such a situation, local governance is crucial. The MSH/PRISM project supports the Guinean Ministry of Health in this area by promoting community co-management of health systems, including promoting local financing. During the last quarter, MSH/PRISM supported the implementation of a series of activities at the community level aiming at improving the availability of health services by improving local governance.

Health centers are not fully functional almost everywhere in Guinea. The services offered are limited by a lack of drugs, the low motivation of providers, and a lack of supervision. Most community members feel alienated from the health care system and do not feel that they have the ability to improve the health centers.

The following characteristics of the Guinean health system illustrate the weaknesses in the community governance of health services:

- weak participation of the community in the management of the health system;
- lack of resources: financial, human, material, and drugs;
- weak use of existing governance structures;
- inadequate and unsuitable tariffs for services;
- insufficient motivation of health care personnel;
- insufficient transfer of essential public health messages to community members.

MSH/PRISM has organized activities that strengthen local governance by fostering a strong relationship with the MOH and building upon previous community development experience in Upper Guinea. The MOH has given PRISM the necessary authorization to test approaches that lead to the revitalization of health services through the reinforcement of local governance. Since January 2006, PRISM has tested an approach that empowers community members to directly manage a community health center that offers high-quality services based upon the population's needs. The MSH/PRISM approach focuses on the following goals:

- Restore the ability of health centers to provide a package of basic services by distributing essential equipment and supplies necessary for the health facilities to operate at a basic level.
- Empower community members to understand their rights regarding the management of health centers.
- Plan and implement all activities with the ultimate goal of the sustainability of all interventions.

- Strengthen community ownership of health services.

This test approach was launched first in the Subprefecture of Baté Nafadji in Kankan. MSH/PRISM was able to build upon the implementation of a strategy reinforcing community participation in the management of health services that was started several months ago in Baté Nafadji in collaboration with the Kankan DRS.

This strategy is implemented through the deployment of democratically elected representatives of communities at the villages level (CSC) who themselves choose their representatives at the subprefecture level (CPSC). Mutuelle insurance groups are also developed in the same zones of activity. The strategy supporting the deployment of these initiatives is well described into the project's past reports.

Below are the specific objectives of the local governance test intervention:

- Improve the availability of resources by ensuring that:
  - at least 80% of the required essential drugs, in particular “vital” drugs, are continuously available;
  - the Health Center has sufficient financial resources to purchase drugs and manage the functionality of the cold chain; an outreach strategy; and staff motivation strategy.
- Ensure the viability of the Health Center by making sure that:
  - the tariffs for services are assessed so that they are likely to cover costs related to the inputs necessary to offer services;
  - high-quality services are continuously available.
- Ensure the use of services offered by the Health Center by ensuring that:
  - there are rates for prenatal care use (CPN) of 80%, curative care use of at least 50%, vaccination use of at least 80%, and FP use of at least 30%.
- Promote the full participation of the community in the management of the health centers by ensuring that:
  - the Health Centers' semi-annual budget is developed with the whole participation of the community;
  - the community establishes a committee to follow up on and manage the implementation of the approved budget;
  - the community carries out at least one monthly meeting to review the Health Center's operations and make recommendations in the presence of the DPS, DRS, and local administrative authorities.
  - community members take part fully in the sharing of resources through “mini-subsidies” and that this system of community contributions is transparently managed by community members.
  - there is transparent management through effective leadership of the Health Center team, including community-based workers (CBD agents in particular).

After five months of implementation, this strategy has already started to produce solid results.

**Availability of resources.** The Baté Nafadji Health Center has become one of the rare health centers in Upper Guinea to have at least 84% of availability for all the principal services. The health system's June 2006 final monitoring reveals that for the Baté Nafadji Health Centers and Health Posts, the availability of services varied between 84% for CPN and 95% for PEV and FP. In particular, the curative consultation availability rate (requiring drugs) was 84%. These achievements are certainly due to the efforts carried out by the communities to mobilize resources and to support the Health Center to supply more than 12 million GNF's worth of drugs during this pilot phase.

Through increased participation of community members, the mutuelle association now has approximately 4.5 million GNF still available for the communities in the subprefecture. The communities have restated their intentions to use these funds to supply health facilities with drugs according to the specific needs of the facilities.

**Viability of the health center.** It is well known that almost all the health centers in Guinea cannot cover their costs through the classical cost recovery system. The revenues generated do not cover the costs associated with the services offered. The more services the Health Center offers, the greater its probability of going bankrupt. This is primarily because the prices of health services have not been changed in Guinea for more than 10 years, while the local currency has lost more than 10 times its value compared to the currencies in countries from which drugs are imported.

Taking this situation into account, the democratically elected representatives of communities of the 14 villages of Baté Nafadji, as well as the various political, administrative, and health authorities, organized a meeting to negotiate tariffs that can be borne by the populations but also allow the health system to cover their direct operating costs. At the end of the discussions, new tariffs were identified and posted everywhere to discourage overcharging. After learning about the new tariffs, community members showed enthusiasm when they realized that the new tariff rates were often less than what they had to pay to health providers in the past due to overcharging. A monitoring committee was immediately created to ensure the strict respect of these tariffs. At the same time, the elected community representatives took the responsibility of widely informing the local population about the changes.

Thus, at the end of June 2006, Baté Nafadji and its Health Posts presented an index of viability (one of the indicators used by the MOH to monitor Health Centers) at the top of the standard, which was set at two; this means that the Health Center and its Health Posts can cover at least twice their basic operating costs.

**Use of services.** The use of services in Baté Nafadji and its Health Posts has clearly improved during this pilot phase, compared with previous months as well as in comparison with other rural and urban health centers. Table 5 presents some key indicators for two periods of monitoring.

**Table 5. Use of services in Baté Nafadji during the pilot phase**

	<b>Jul.–Dec. '05</b>	<b>Jan.–Jun. '06 *</b>	<b>Variation (%)</b>
Number of first contacts	3,547	4,279	20.6
Number of regular contacts	28	77	175
Number of first prenatal consultations	506	663	31.0
Number of deliveries	251	313	24.7
Number of new FP users	414	563	35.9
Number of PEV users	656	682	3.9

\*The pilot activities were launched in the field in February 2006.

Table 5 shows that all indicators have improved in Baté Nafadji. The two most important improvements are the number of first contacts related to the curative consultation (showing the increased availability of drugs) and the numbers of new clients recruited for family planning services.

This improvement in the use of services is notable when compared to the revenue generated by the health centers and health posts during the semester. The June '06 monitoring results show that Baté Nafadji and its Health Posts realized a total revenue of 8.5 million GNF in six months compared to 5.2 million GNF during the previous period. In fact, during the period Baté Nafadji realized higher total revenue compared to the rest of the Health Centers in the Kankan Prefecture, including Urban Health Centers. This is notable since Baté Nafadji is a Rural Health Center and would normally be expected to recruit fewer clients. Note that the larger health centers in Kankan are the Urban Health Centers of Salamani (7.1 million GNF realized) and Kabada (6.2 million GNF realized).

**Community participation.** Since March 2006, a month after the beginning of the pilot activity in Baté Nafadji, community members have actively participated in the analysis and development of their budgets. Each month the representatives of each village and the health and administrative authorities review the Health Centers' revenue, discuss budgets line items, and make recommendations for the budget. This high level of involvement by the communities has fostered more transparent and effective management of the Health Centers.

The communities' direct support and involvement in the management of the health system in Baté Nafadji covered many areas:

- **Community support:** During the monthly meetings, the chief of the Health Center expressed the intention to recruit one more matron as well as a guard for the Health Center. Based on the discussions, the elected President of the Baté Nafadji community (CRD) decided to cover the salaries of the matron as well as the guard rather than using the Health Center's revenue for that. This unusual step demonstrates the involvement of the local authorities in the management of the Health Center.
- **Engaged local leadership:** Taking advantage of the USAID Mission Director's visit to Kankan, the Governor of the region spent an entire day visiting villages, talking to people, and expressing his total support for the initiative.
- **Mutuelle:** At the end of June, the total amount collected by the Baté Nafadji population thanks to the mutuelle initiative reached 4.3 million GNF, compared to 0.2 million during the previous period. About 4,000 people have been recruited by the mutuelle during the

semester, compared to approximately 300 during the previous period. According to data presented during the prefectural health general meeting at the end of June, 73 persons have benefited from services thanks to the mutuelle in Baté Nafadji.

- **Community mobilization:** The mobilization of the communities for services and outreach activities is essential. During this reporting period, the communities elected representatives (CSC presidents) to take on the responsibility of mobilizing the population to better use health services. In the past it was normal for the health providers to travel to villages for immunization activities and find that women were absent from the village working in their fields or were resistant to sending their children for immunizations. During meetings, the CSC members decided to play the role of intermediaries between health providers and communities so that everyone would be informed of the immunization schedule and other outreach activities.
- **Supporting the community-based workers (CBD agents):** During separate meetings, communities discussed methods of motivating their CBD workers. The results of these discussions are presented in the section related to the CBD program.
- **Motivation of the staff:** During the first meeting, the decision was made to increase the health providers' financial incentives based on the revenue generated by the Health Centers. The system developed stipulates that the total revenue should be used to cover the total operating costs (drugs, gasoline, supplies, and management tools). The community members decided that 25% of the remaining amount should be used to cover the depreciation of the GNF and that the remaining amount should be distributed among the health providers based on personal performance. Therefore, health providers in Baté Nafadji and its Health Posts make more money than before and will make even more when the Health Centers have greater results. All of the processes were discussed, and every month they will be reviewed by community representatives and approved.

This pilot activity has been extended during the quarter in two more subprefectures of Kankan: Balandou and Missamana.

The results recently presented during the semi-annual CTPS clearly show that the system is working there:

- The total revenue generated by Missamana reached 5.2 million GNF, while the revenue generated in Balandou reached 4.6 million, almost double what is usually generated. It is interesting to note that Missamana, with a rather small population, generated more than Tokounou (5.1 million GNF), which has twice the population of Missamana.

During the coming quarters, MSH/PRISM will maintain strong support to these three subprefectures so that they will be fully functional and provide the most appropriate responses to community members' needs.

- During the quarter, the mutuelles in the rest of Kankan Prefecture collected about 5 million GNF, while the mutuelle in Kerouane Prefecture collected 2.6 million.
- Comparing Baté Nafadji, Balandou, and Missamana to the rest of the subprefectures, it is evident that without the reinforcement of local governance, isolated activities, such as mutuelles, are not effective. The situation of Faranah—where MSH/PRISM assisted the communities and health authorities to implement a mutuelle but without additional

governance activities (linking mutuelles to CSCs, organizing meetings, renegotiating tariffs, and ensuring the availability of drugs)—illustrates this problem. During the quarter, the mutuelle in this prefecture lost many members, and fewer people paid membership fees. MSH/PRISM will address this situation during the extension phase of the project.

## **IR2: Improved Quality of Reproductive Health Services**

MSH/PRISM's new support to strengthen the quality of RH services focuses on two themes: (1) the supervision and post-training activities (for PAC especially) and (2) the devolution of the national health management information system (SNIS) developed since the project's inception.

### **Section I: Quality of Standards and Services**

- Strengthening quality services at the service delivery points through the supervision and adaptation of RH curricula
- Following up on PAC activities
- Devolution of the MIS system, including assistance and training to the central level of the MOH, the DRS, and the DPS in collecting and using data for decision-making and in developing periodic HIS reports

**RH standards, procedures, and reference protocols.** Technical, financial, and logistical support is given regularly to the DPS and DRS to support facilitative supervision. During the quarter, 11 Health Posts, 24 Health Centers, and 9 Maternities in Upper Guinea were supervised directly by the project's staff and/or by the health authorities. During the supervision, a joint review is organized between supervisees and the supervisors to discuss progress and identify problems. These elements are contained in the form "Monitoring and supervision of HC," which brings together in a structured way a summary of the problems, concrete actions to solve them, the name of the person responsible for the completion of each action, and the deadline.

**Postabortion care.** During the quarter, one supervision visit was carried out in each of the 10 health facilities offering PAC services. The visit was conducted to assess the availability, quality, and use of services in the field. During the quarter, it was observed that 243 women have received PAC services, compared to 183 during the last quarter. Among them, 185 women (76%) accepted a family planning method and only three complications (1.2%) occurred after *aspiration manuelle intra utérin* (AMIU). Thus, during the quarter, the proportion of women accepting family planning after AMIU was largely raised compared to 56% observed during the last quarter. The project has made efforts to reinforce the counseling aspects of the providers' work. During the quarter, MSH/PRISM, with JHPIEGO, integrated PAC services in the Forest Region. Seven Maternities were covered.

**Table 6. Result of the postabortion care services (PAC) during the period from April to June 2006**

Facilities	No. of Cases	No. of Complications on Arrival	Types of Complications	Complication on Leaving	No. of Acceptors of FP	%
Hop. Kankan	54	1	1 infection	0	28	52
Hop. Kérouané	11	2	1 hemorrhage 1 trauma	0	11	100
CSA Banankoro	13	0	-	0	12	92
Hop. Mandiana	22	0	-	0	22	100
Hop. Kouroussa	19	4	3 hemorrhage and 1 shock	0	19	100
Hop. Siguiri	21	1	1 hemorrhages	0	17	81
Hop. Faranah	53	13	3 hemorrhages 6 infections 1 trauma 3 septicemia	2 infections 1 hemorrhage	53	100
Hop. Kissidougou	23	0	-	0	15	65
Hop. Dinguiraye	9	1	1 hemorrhage	0	5	55
Hop. Dabola	18	0	-	0	3	12
<b>TOTAL</b>	<b>243</b>	<b>22</b>	<b>-</b>	<b>3</b>	<b>185</b>	<b>76.1</b>

### **IR3: Increased Demand for Reproductive Health Services**

The MSH/PRISM Project's approach to increase demand for RH services in Upper Guinea is to simultaneously:

- improve coordination of IEC programs by assisting in the development of national and regional IEC strategies and protocols, action plans, and IEC working groups
- strengthen client-provider interactions by:
  - developing, producing, and distributing new or existing IEC materials;
  - training service providers in counseling;
- conduct health promotion interactions such as:
  - holding large and highly visible IEC activities;
  - carrying out advocacy efforts at the community level and community mobilization;
  - awarding small IEC grants to local NGOs;
- improve IEC management and delivery capacity
- train IEC managers/providers and provide them with regular TA

## **Principal activities and results**

- Supervision of all nine IEC groups; provision of IEC kits, including manuals, posters, and other materials for managing community-level IEC activities
- 21 community events realized around 30 Health Posts recently integrated in family planning and prevention of STI/AIDS services
- 240 villages covered for the promotion of decentralized caisses (mutuelles) and community mirrors
- 67 events organized to train 67 new CBD agents

## **Support of the regional and prefectural IEC groups**

- During the quarter, the project supported nine IEC local groups out of nine targeted to evaluate and adapt their annual work plans to support integration of RH services in Upper Guinea.
- These quarterly work plans include community events (such as films related to the consequences of STI/AIDS and football games) as well as technical support to the DPS in Upper Guinea.
- During the quarter, these IEC groups focused on the promotion of family planning and STI/AIDS prevention services via recently integrated health posts and CBD agents.

## **Promotion of the caisses communautaires**

- During this quarter, the project maintained the promotion of the caisses communautaires by organizing an orientation session for 30 CPSC members deployed in the Kankan Prefecture to help them promote the approach in their communities.
- Trained and equipped, these CPSC members covered 240 villages during the quarter and organized community mobilization in favor of these caisses communautaires.

## **Promotion of the community mirrors**

- As for the promotion of the caisses communautaires, PRISM maintained the promotion of the miroirs communautaires by orienting and supporting CPSC members to evaluate and popularize the community mirrors.
- During the quarter, 240 villages were covered in terms of promotion and the use of the tool is increasing.

## **Promotion events around Health Posts recently integrated with family planning and STI/AIDS prevention services**

- Integration of family planning and STI/AIDS prevention services at the Health-Post level received intensive promotional support through the implementation of IEC events around each integrated site.
- This community mobilization exposed the target populations to the services available at the Health Post.

- During the quarter, events were realized in all villages covered by 30 Health Posts recently integrated in Kankan and Mandiana. Thousands of people were reached and have watched the video focusing on FP and Islam developed by MSH/PRISM.

#### **Promotion events for the CBD agents' presentation**

- To support the CBD agents, MSH/PRISM maintained a series of activities aimed at introducing the community-based agents to their village communities after training. This sort of public recognition serves as an official insertion into the community.
- During the quarter, 67 agents were presented to their communities. This activity will continue during the next quarter to include all the trained agents.

#### **IR4: Improvement of Coordination**

MSH/PRISM's approach to improving coordination of RH interventions is to participate actively, support existing coordination processes, and promote when needed the creation of sustainable mechanisms, particularly at the decentralized level. Specifically, this includes:

- At the decentralized level:
  - Support the establishment, functioning, and activities of RH Regional Working Groups
  - Support the preparation of, and participate in, the CTPS and CTRS meetings.
  - Strengthen the managerial capacity of DRS/DPS, with an emphasis on their supervision activities
- At the institutional level:
  - Review the 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
  - Plan and implement interventions with RH partners in the field

#### **Principal activities and results**

- Support supervision and management activities carried out during the quarter in two DRSs and nine DPSs
- Participate in a coordination meeting with Africare
- Participate in a coordination meeting with Save the Children
- Participate in two coordination meetings with ADRA's health project in Siguiri

## Coordination with partners

Collaboration between MSH/PRISM and other intervention partners in the health sector has continued throughout the quarter.

- With JHPIEGO, MSH/PRISM is extending PAC services in 7 Maternities in the Forest Region.
- With Africare, an MOU for the implementation of community-based distribution of oral contraceptives in Dabola and Dinguiraye was signed during the quarter. Trainings were organized in Dinguiraye and Dabola, both for Africare's employees and community agents.
- With ADRA, MSH/PRISM provided technical support to produce IEC materials related to FP and other pieces on MCH.
- HKI continues to maintain its regional representation in Kankan in the MSH/PRISM office.
- Agreements were made with Save the Children for the expansion of community-based distribution of oral contraceptives in Kouroussa and Mandiana. Trainings were organized for Save the Children's supervisors and the Mandiana DPS staff and community agents.
- With EngenderHealth and Save the Children, reviewed IEC materials related to IUD services.
- During the quarter, MSH/PRISM was invited by USAID to various meetings held in Conakry.

## **Conclusion**

By strengthening community management of health services, MSH/PRISM has facilitated notable improvements in many crucial health indicators during the quarter, as described below.

### **Family Planning**

- The number of couple-years of protection (CYP) reached three-fourths of the project's objective (16,370). The accessibility of community-based distribution services was improved through training more than a hundred new community agents in oral contraceptive distribution. Based on the trend over the first three quarters, it is expected that the CYP will reach 20,000 by the end of September 2006. The rate of contraceptive prevalence will be reported next quarter after the household survey is calculated.
- The increase in family planning recruitment continued during the quarter, rising from 3,710 new users in October 2005 to 11,893 in June 2006. The cumulative number of new users has now risen to 65,893 during the past three quarters. Of these, 38,310 have come from CBD agents and 27,083 from health centers. The number of continuing users has meanwhile reached 89,645.
- During the quarter, MSH/PRISM attained and exceeded the goal for integration of FP services in 119 Health Posts. With the addition on new health posts, PRISM has now reached 109% of its original target for this indicator.

### **Local Democracy and Governance**

- MSH/PRISM supported the decentralization of mutuelles, allowing new communities to sign agreements increasing the number of participating districts to 248.
- The percentage of Health Centers whose six-month budget is developed and approved by the COGES is not available, as it is calculated biannually. It will be available after the semi-annual monitoring that takes place each January and July. It will be reported next quarter.

### **Reproductive Health**

- All postabortion care cases obtained FP counseling (100%), as in previous quarters. In comparison with the second quarter, the percentage of women who accepted FP after PAC services increased from 56% to 76%.
- MSH/PRISM began the implementation of the cervical cancer screening program during the second quarter and continued this activity during the third quarter. During the quarter, 2,526 women were screened and the cumulative number of women screened was 3,136. The positive test rate using VIA and/or VILI was 6% as in the previous quarter, and 8 women were referred and treated.

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