



Background

Guinea's maternal and child health indicators are among the lowest in the world. Even before Ebola hit in 2014, trust and confidence in its health services were low.

Ebola's rapid spread further fueled fear and distrust, with many people believing health workers themselves spread the disease. With a current population of 10.6 million – growing at a 3.1 percent annual rate – life expectancy is 59 years, indicating a heavy disease burden. According to recent surveillance data, health services in more than 30 health districts are underutilized, especially in areas where Ebola hit hardest. This is due to a lack of quality services and limited confidence in the health system.

As the country continues to recover from Ebola, the Health Communication Capacity Collaborative (HC3) is working with Guinea's hardest hit communities to rebuild both trust in the health system and the quality of care delivered. This series of case studies examines some of HC3's activities and tools that were part of an overall social and behavior change communication (SBCC) strategy to improve health behaviors and increase the demand for and use of quality reproductive, maternal, newborn and child health (RMNCH) services in Guinea.

Community Dialogues with Health Providers

To restore trust in the health system, HC3 went directly to community members to learn about their fears and apprehensions regarding the health system. With the help of trusted leaders, community dialogues took place between health providers and community members. This

approach created and facilitated exchanges between community members and health providers to glean perceptions of health services and solicit suggestions for improvement.

By involving both community members and health providers in the early stages of a process to revitalize Guinea's health centers, stakeholders not only identified key problems and concerns, but were also more likely to be engaged as part of the solution. Since it was the first time such dialogues occurred, strong feelings were expressed on both sides about the need for this type of debate to engage the community in seeking quality health care and to create a sense of accountability on the part of the providers.

Neighborhood leaders, representatives from women's and youth groups, and religious leaders were invited to meet with health center supervisors, doctors, nurses and other health staff to share their concerns. These dialogues were held in 46 communities with more than 1,500 community members.

Community members identified barriers such as the high cost of services, charging for services that should be free, a lack of established service prices, unfriendly treatment of clients by health providers, stock outs, old or broken equipment, and a lack of information from providers.

Following these initial dialogues, health workers received training in interpersonal communication and counseling and some facilities were rehabilitated and improved. This resulted in an overall improvement in the delivery of and attendance at health services.



A community dialogue in Guinea between community members and health providers.

One idea raised in a community dialogue was for the community to share in the responsibility of maintaining cleanliness around the clinics. From Conakry to Guinée Forestiere, thousands of community members now help clean hospitals and health centers in the HC3 intervention areas.

“*The health provider’s poor attitude in welcoming clients and lack of cleanliness and running water are constraining factors to access quality care.*”

Kaba Lay, a local chief, said before a decision was made to allow community members to clean the health facility monthly.

The dialogues also led to “Open Door Days” where community representatives visit health facilities and learn the types of services provided and their cost. Health providers have an opportunity to market their services and clarify which services are free and which are not. Community members want to know which services are free so they can communicate this to their friends and family. Fourteen Open Door Days took place with more than 1,500 attendees from the community.

“*I really liked this open door day event. I took all my time to explain to our guests how we run our services with more information on what is free and what should be paid. I wish to continue this activity because it can have a huge impact on behavior change at all levels.*”

**Mrs. Kèbè
Birth Attendant in Kissidougou Hospital**

As a result of the community dialogues, community leaders committed themselves to help disseminate health messages and promote quality services. This included local imams who are incorporating health messages in their sermons.

Sustaining the Results

HC3 has successfully trained its local NGO partners to carry out these community dialogues, along with the

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Community members take part in Cleaning Day in Guekedou Hospital.

Local Committees on Health and Hygiene (COSAH). Established under the authority of the Local Collective Council, the COSAH are responsible for the promotion and management of the health system in the local collective. The involvement and reactivation of the COSAH that resulted from these community dialogues was an important step in strengthening their capacity to effectively serve as the main link between communities and health service providers after HC3 ends.

Community cleaning and Open Door Days that stemmed from the community dialogues are now part of the program being replicated nationwide.

About HC3

HC3 is a five-year, global SBCC project based at Johns Hopkins Center for Communication Programs and funded by the U.S. Agency for International Development. The project is designed to strengthen the capacity of developing countries to implement state-of-the-art SBCC programs. The Ebola emergency response and the post-Ebola recovery response are among the important health areas addressed by HC3.

HC3 is supporting the Government of Guinea, U.S. Government implementing partners and local SBCC professionals to design, produce and implement a package of high-quality SBCC interventions to encourage Guineans to use their local health centers and improve associated behaviors.



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