

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.

Guinea's current population of 10.6 million is 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.

Rapidly Rehabilitating Health Facilities

HC3 initiated rapid rehabilitation activities to improve health facilities aiming for Gold Star accreditation. Community dialogues held by HC3 found that community members wanted to improve the appearance of health facilities and create more positive relationships

between health providers and the communities in which they work.

A "Quality Team" was formed in catchment areas of the Conakry health facilities and Local Committees on Health and Hygiene (COSAH) were reactivated in rural sites. These groups included community members and health providers who informed the greater community about the restoration of the facilities and services, and promoted the use of health services in the neighborhoods. The Quality Team or the COSAH also mobilized the community to actively participate in maintaining the cleanliness of the health facilities. The makeover component included painting the interior and/or exterior, fixing roofs, fixing windows, improving water and electricity networks, replacing light bulbs, improving consultation rooms and repairing the toilets.

Rebuilding Trust by Rehabbing Facilities

The rapid rehabilitation of Guinea's health facilities provided a forum for rebuilding trust between communities and health-service providers. Community engagement in support of the rehabilitation process was a fundamental component of this process. Before, during and after rehabilitation, community members met to discuss progress as well as any unmet needs. In some cases, the community was given a copy of the contract with the company assisting with the rehabilitation to ensure transparency and better monitoring. In Kindia, the community was so deeply involved in planning for a fence around their health facility, community members even contributed funds and supplies.

This engagement encouraged communities to take ownership of their health facilities.



Before (left) and after (right) the rehabilitation at the Telemele community health center.



More than 120 community members meet in Kindia to plan for fencing of the health facility being rehabilitated.

To date, seven health centers and one hospital have been rehabilitated with three more hospitals and an additional 12 health centers in the process of rehabilitation, for a total of 23 facilities. A ceremony held each time a facility was rehabilitated was attended by its key staff, community and religious leaders, and representatives from the Ministry of Health and USAID. These ceremonies celebrated the partnership and collaboration between the community and health providers, while also highlighting the responsibility both parties have to maintain and support the renovated health facility.



A May 2016 ceremony celebrated the first rehabilitation that took place at the Ratoma Hospital with several dignitaries, including USAID representatives, in attendance.

The community dialogues held at the beginning of the rehabilitation process were key. They created ownership

on the part of the community, and helped health providers understand the perceptions and needs of the community. It also brought everyone together to realize a shared vision for improving their community's health.

As a result of the rehabilitations, the reactivated COSAH teams achieved the following:

- Followed up on rehabilitation work done by local engineers
- Made a commitment to maintain the cleanliness of the health facility
- Conducted community dialogues to identify local problems affecting health service delivery
- Helped reduce community resistance during immunization campaigns

The local partner NGOs also played a key role in facilitating and continuing this partnership.

"I am very appreciative of the support for this rehabilitation from the community, the health workers and religious leaders. The use of services has increased and when there is a campaign, people come and say the center is clean, working well and they are satisfied with the services."

Mme. Bontouraby Camara
Chief, Health Center Kenende

About HC3

HC3 is a five-year, global SBCC project funded by USAID from October 2012 through September 2017. 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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