

USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

USAID-GUINEA HEALTH SERVICE DELIVERY (HSD) ACTIVITY

Evaluation Brief

BACKGROUND

The USAID-Guinea Health Service Delivery (HSD) Activity is a 5-year Cooperative Agreement (2015–2020) implemented by Jhpiego, EngenderHealth, and Save the Children. Building on prior USAID-supported achievements, HSD seeks to expand access to and availability of integrated health services to improve the quality of reproductive, maternal, newborn and child health services, with a sub-focus on obstetric fistula, gender-based violence, and cross-cutting infection prevention and control. Efforts target 367 health facilities and 2,400 surrounding communities in 31 prefectures, throughout Boké, Conakry, Kindia, Mamou, Faranah, Kankan and Labé regions, covering 85% of Guinea's population.

EVALUATION APPROACH

The HEARD Project evaluation team reviewed HSD performance in the first 3.75 years of implementation, utilizing the project's Implementation Science approach. In September 2019, the evaluation team traveled to Guinea for a scoping visit. Meetings with partners and stakeholders provided insight that defined final evaluation objectives.



Data validation at a health center

SUMMARY OF FINDINGS

- ▶ Significant improvements in quality of care, including increased access to family planning services, improved quality of antenatal and delivery care, and expansion of fistula prevention and care.
- ▶ Greater access and use of the essential integrated care package throughout the continuum of care.
- ▶ Health systems and workforce strengthening through training, increased data availability, and the provision of equipment, drugs, and commodities.
- ▶ Capacity-building for gender-based violence prevention through facility-based screening and community-based outreach.
- ▶ Leveraging prior and concurrent USAID and partner-supported activities to develop effective synergies, particularly during the Ebola outbreak.

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Table 1: Demand for Health Care Services, Guinea Demographic and Health Survey (2012-2018)

	2012	2018	% change
Demand for family planning satisfied by modern methods	15.8	32.1	+16.3
Recommended number of ANC visits (4+)	56.6	35.5	-21.1
Antenatal care from a skilled provider	85.4	81.7	-3.7
Place of delivery: Health facility	41	54.5	+13.5
Assistance during delivery from a skilled provider	41.8	57.5	+15.7
Postnatal visit for women in first 2 days after birth	36.7	48.6	+11.9
Received all 8 basic vaccinations	36.5	23.9	-12.6
Treatment of diarrhea: Either ORS or RHF	36.2	58.3	+22.1

Data collection and analysis was conducted in partnership with The Maferinyah Center for Training and Research in Rural Health, a local institute with extensive evaluation experience. Six questions, addressing quality of care, community-focused interventions, health systems strengthening, fistula prevention and care, gender-based violence, and future perspectives, guided the evaluation. Evaluation employed a mixed-methods approach, analyzing data from a variety of sources, including 196 in-depth interviews and focus groups, 139 surveys, and 70 facility/community data validations from 10 hospitals, 26 health centers, and a range of regional and national stakeholders. Additionally, a case study on the standards-based recognition and management process focused on 6 facilities. Results from all data sources were compared in a multi-stage analysis and triangulated for validation of key findings. An external Strategic Reference Group, consisting of 5 individuals with strong contextual knowledge, further reviewed and validated results, and translated findings into actionable recommendations.

FINDINGS

Quality

Health systems and workforce strengthening. The number of facilities providing the full integrated package increased from 0 to 227, representing 83% of the 275 HSD-targeted facilities. Further, 99% of service providers' and community health workers' performance met national standards.

Expanded access and improved quality of family planning services. Across HSD-supported facilities, family planning service availability increased from 51% in FY16 to 98% in FY19. A total of 999 providers and 731 community

health workers underwent HSD-supported training in family planning.

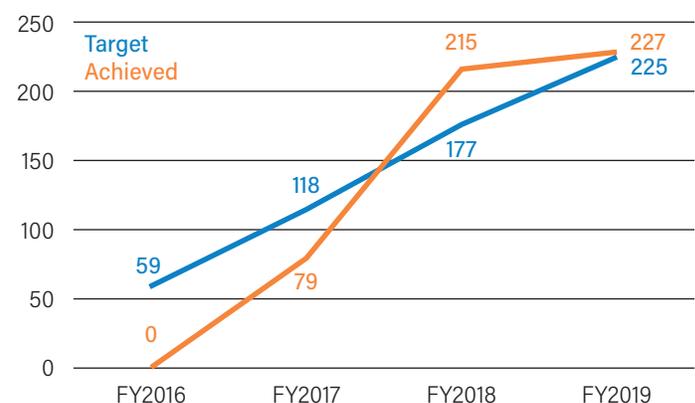
Improved quality of antenatal and delivery care. Seventy-four percent of pregnant women in project areas achieved the recommended 4 antenatal care visits. Most facilities offered antenatal care services within a clean and welcoming room (83%). From FY17 through FY19, facility delivery increased from 42% to 45%.

Access and Use of the Essential Integrated Care Package

Increased utilization throughout the continuum of care. Between 2012 and 2018, demand for modern methods of family planning, health facility delivery, and diarrhea treatment increased by 16%, 14%, and 22%, respectively. Demand for other services, including child vaccinations, decreased however.

Strong technical support for policy documents and training materials. HSD supported the development of the Norms & Procedures of Reproductive Health for the

Figure 1: Number of HSD-targeted Facilities with Integrated RMNCH+ Package, by Year (Source: Monitoring data, Jhpiego)





Meeting of health center staff

essential and integrated care package, guiding health service delivery and training at all levels of care.

Health System Strengthening

Strengthened governance for health system improvement.

HSD strengthened the potential of national and local governance for health system improvement through training and managerial support, as well as increasing the availability and use of data in decision making.

Provision of equipment, drugs, and commodities.

To ensure staff had the conditions needed to perform to standard, HSD provided equipment, infrastructure

improvements, drugs, and other commodities. This built community trust and supported service utilization.

Fistula Prevention and Care

Increased fistula surgical capacity and prevention.

HSD expanded upon existing fistula repair services at three hospitals, while integrating new fistula repair services into three others. HSD contributions supported 760 repairs from FY2016 to FY2019, and trained 232 individuals on fistula surgery, screening, and care. HSD also supported community and facility-based prevention and reintegration activities.

Gender-based Violence (GBV)

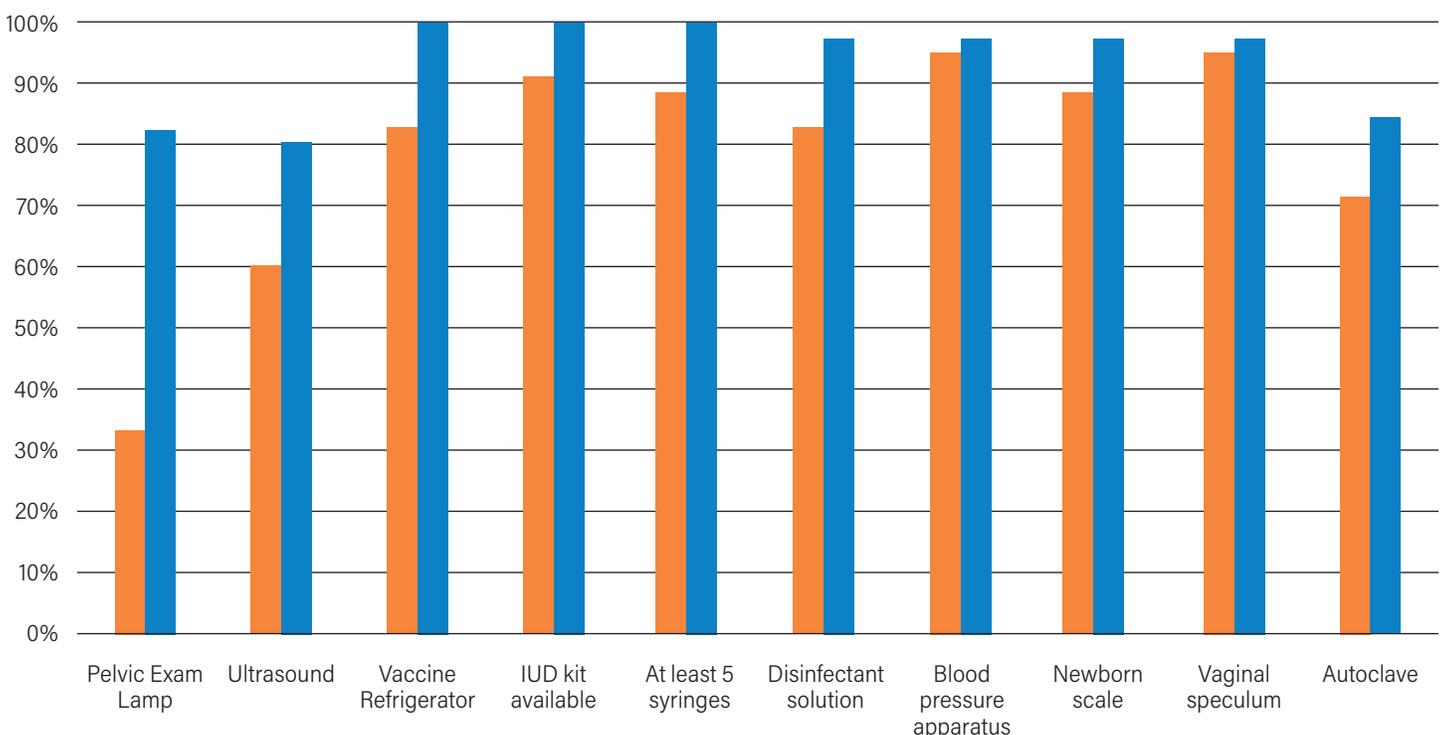
Health systems strengthening for GBV. Though the HSD activity committed limited financial resources to GBV, it was effective in strengthening the health system's capacity to address GBV through facility-based screening and community-based prevention.

Future Perspectives

Effective collaboration with concurrent programming.

HSD activities were designed to complement other USAID and partner-supported activities in the country. These synergies were very effective, particularly during the Ebola outbreak. Strong government leadership and coordination across donors and programs should guide future work.

Figure 2: Availability and Functionality of Select Supplies and Equipment at HSD Sites Visited, December 2019 (n=35)



Continuing challenges include human resource deployment and retention, lack of essential medicines and commodities, appropriate space for service provision, and inadequate equipment maintenance.

RECOMMENDATIONS

1. Continue to expand availability of quality, integrated health services.

- Target client engagement throughout the care continuum, and institutionalize functional referral systems to strengthen quality of care improvements.
- Augment or continue support for integrated critical services for the most vulnerable, including adolescents and youth, women in need of fistula surgery, and survivors of gender-based violence.

2. Develop community-level interventions to reach the most vulnerable.

- Support the Government of Guinea to implement the Community Health Policy and integrate community health services.
- Strengthen community engagement through support for the Community Action Cycle, community groups, and local health posts.

- Address financial, gender and cultural barriers for the most vulnerable by removing service fees for critical services and supporting community health mutuals.

3. Strengthen health system in governance, quality improvement, and sustainability.

- Align standards-based management and recognition with government's existing quality improvement measures. Advocate for a system-wide approach.
- Strengthen facility-based management of equipment, infrastructure, and supplies.

4. Leverage USAID investments for greater impact and sustainability.

- USAID should leverage its investments for improved collaboration and communication between its own projects and others in the health development field.
- Design projects collaboratively to increase ownership and devolve responsibility to government partners.
- Integrate flexibility in project design, implementation and outcome measures to adapt to changing context and needs.