



Study of the differences in the model and effect of community health programs supported by different partners, Republic of Guinea

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The authors declare no conflicts of interest



Context:

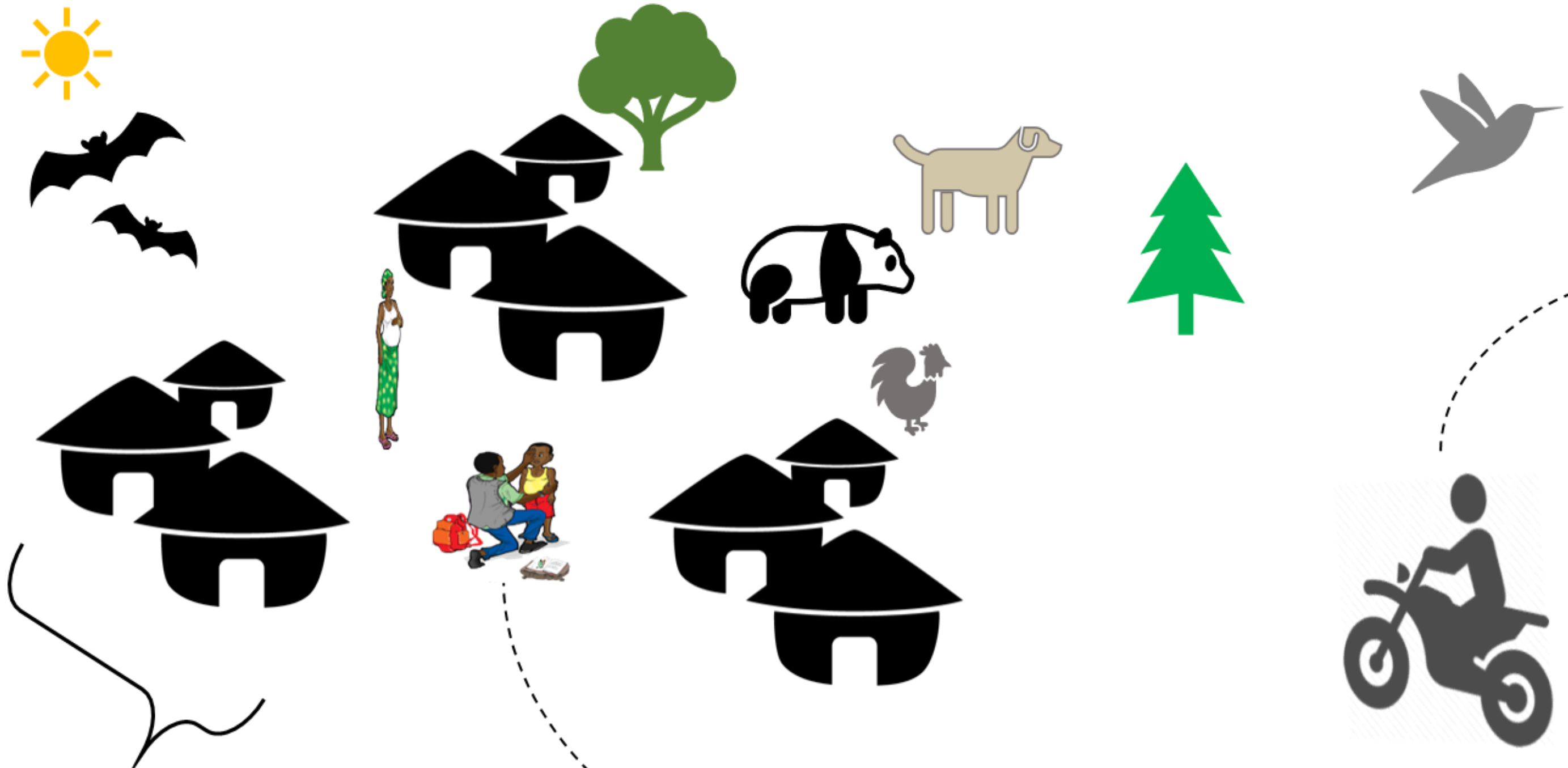


Kouroussa:

- 10 health areas
- 150 Relais communautaires (ReCos) (community health workers)
- 14 agents de santé communautaires (ASC)



Context: Community Strategy



Community

- COSAH (management and governance)
- Community leaders
- Women, youths
- Patients, clients
- Civil society

Reco

- Recruited from their own community
- Trained and equipped
- Link with the health center
- Supervised by ASC

ASC

- Health agent with short additional training
- Based at the health center 20 percent of the time
- 80 percent of time in the community
- Works closely with health center chief for patient referral and outreach

Health Center Chief

- Coordinates ASC work across the catchment area
- Supervises ASCs
- Preventive and curative strategies, at the health center and through outreach
- Supports patient referral

Commune de



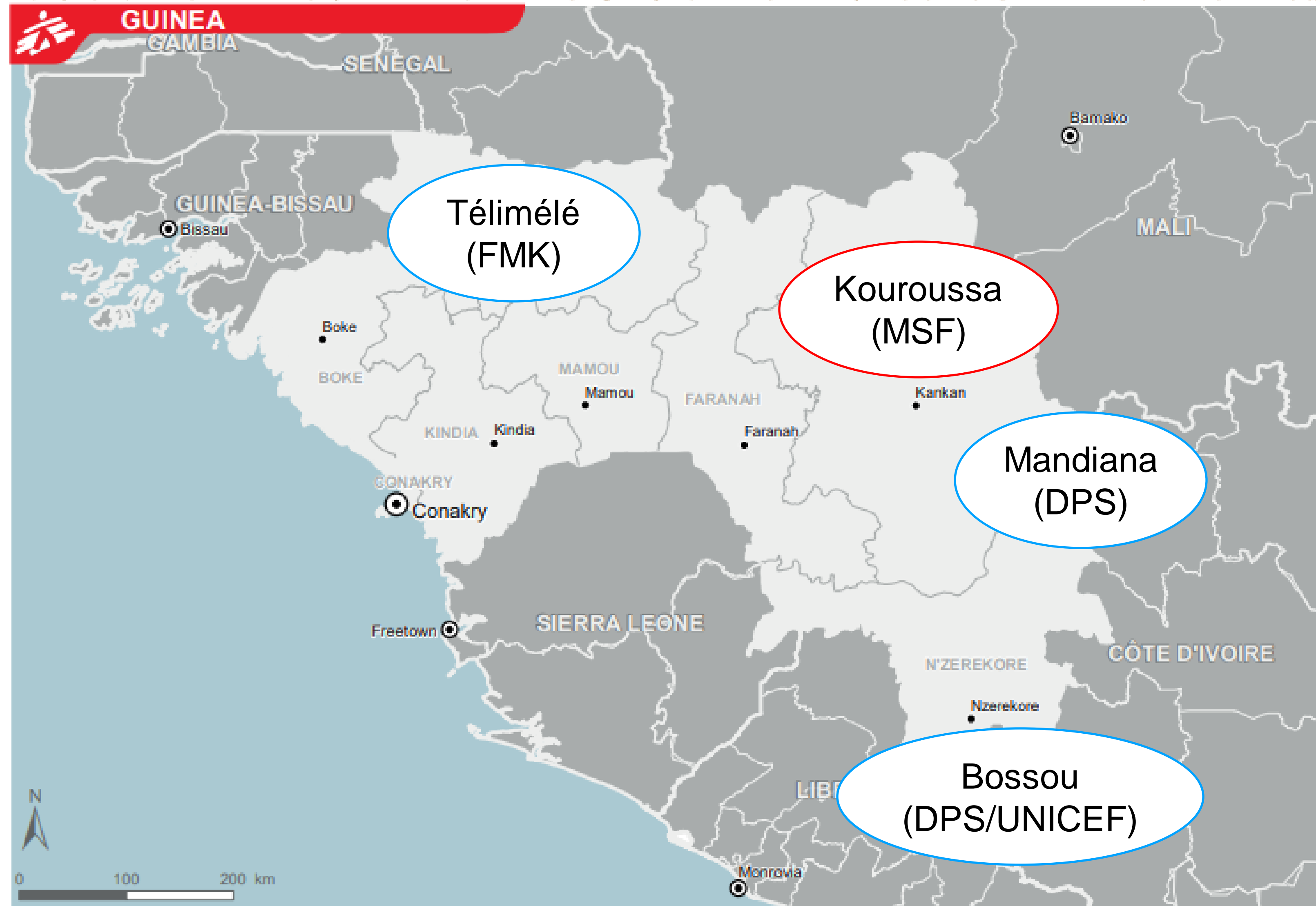
Justification

- MSF thinks its model of supporting recos functions well. What is the reality, in comparison with other parts of the country?
- MSF is soon closing the Kouroussa Project → Advocacy and planning for **handover** of key activities
- **Document** MSF's approach to supporting recos in Kouroussa, to share with **other partners in Guinea**, and **beyond** (regionally).

Primary Objective

Document the community health model implemented by MSF in Kouroussa (how it works) and measure its effect, in comparison with the models in use in other parts of the country.

Methods: 4 study zones



This map is for information purposes only and has no political significance. / Cette carte est exclusivement à but informatif et n'a aucune signification politique

FMK = Mounafandji Federation of Kindia (local NGO)
DPS = Direction Préfectorale de la santé (local health authorities)

Explanatory sequential mixed-methods approach

Quantitative : KoboCollect questionnaire with Recos and ASCs



Simple random sample: 137 recos and 13 ASCs interviewed

Qualitative: Focus group discussions with communities, Key informant interviews with recos, health authorities, NGOs, et other leaders



Purposive sampling: 65 interviews and 24 focus group discussions

Results: commonalities across zones

Percent of recos with tool available; August 2021:	Bossou	Kouroussa	Mandiana	Télimélé	p-value (fisher exact test)
Flipchart for health promotion	100.0	97.3	95.1	90.2	0.55

‘A reco is there to work for the community, to conduct sensitization. Also, to fight against malaria, promote hygiene, bednets, vaccination of children from zero to five years, that’s the rôle of a reco, and also to direct pregnant women to the health center.’ –reco of Télimélé



Commonalities: reco motivation



‘It’s this love of my community that motivates me. But at the start, I accepted this work because I can do it, I have the time to do it. I have the time for my community because, I am part of this community, anything that is good for its health, I am going to get involved in. That is all that motivates me.’ –reco of Mandiana

Months since last payment received, recos; August 2021:	Bossou	Kouroussa	Mandiana	Télimélé
Months (average)	12	0	11.5	1

Commonalities: origin and acceptance of the reco

‘ A reco’s role, first of all, he comes directly from the community, and is chosen by the community.’ – Reco of Kouroussa

‘ I don’t have any support, seeing as I am not originally from this village, but I married here. Sometimes when I’m working, there are even people who reject me, who chase me away.’ – Reco of Téliélé

Results: Key differences across zones: availability of medicines and free care

Availability of medicines, recos; August 2021:	Boussou	Kouroussa	Mandiana	Télimélé	p-value (fisher exact test)
Paracetamol	50.0	89.2	14.6	4.9	<0.0005
ORS	62.5	83.8	2.4	4.9	<0.0005
Zinc	31.2	67.6	0.0	0.0	<0.0005
Anti-malarials	37.5	91.9	7.3	2.9	<0.0005
Amoxicillin	43.8	29.7	2.4	9.8	<0.0005
Tetracycline	43.8	0.0	0.0	7.3	<0.0005
Depoprovera	12.5	2.7	4.9	0.0	0.097
Contraceptive pill	18.8	8.1	7.3	2.4	0.20

Percent of recos possessing the medicine at time of visit, verified visually






Results: Key differences across zones: availability of medicines and free care

'I appreciate the reco's activities because they sensitize the community and they give free medicines. I had a child who was sick, and every time the reco came by he gave the child medicine, until the child was completely healed' – Community Leader, Bossou

'We don't have any medications here. Our doctor's here have no medications. Even if the doctor knows his work, we wouldn't know, because it's through medication that you feel the effectiveness of the doctor's intervention.' –man from Mandiana



Key recommendations for proper functioning of a community health system with recos :

-  **The reco comes from the community he/she serves, and is chosen by the community**
-  **Thorough training and regular supervision**
-  **All tools, including flipchart, memory aid/ algorithm, and medications are available**
-  **Regular payment (even if small amount)**
-  **The geographical area assigned to each reco is not too large**

Limitations & Conclusion

- Limitations= the study took place in only 4 zones of a large country
- Even if the national authorities call for one program across the whole country, the way it is implemented varies across zones.
- To successfully achieve all aspects of the recos program in all zones, **availability of medications** must be assured, and the community must have the choice to **choose their own reco**, with **regular supervision**.



Data collectors, Télimélé (source: MSF)

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