Breakthrough ACTION

SBC Flow Chart: Guinea Spotlight

February 2021

RESEARCH QUESTIONS

*How might we strengthen **communication** and **collaboration** to foster **mutual trust, dialogue,** and **participation** between communities and health service delivery points?*

BACKGROUND AND CHALLENGE

Catalyst

A key goal for the Government of Guinea is to strengthen community dynamics and partnership between communities and primary health care facilities. This was originally established through the Comité de Santé et d'Hygiène (COSAH), however, evidence from scoping visits showed that these collaboration frameworks may not be as utilized or as impactful as they could be.

By improving how community members and healthcare providers understand each other, are aware of treatment options, and trust each other, the project aims to increase health-seeking behavior and service utilization.

Challenge

Open communication, collaboration, and trust are often lacking among community members and healthcare providers. Because of this, many community members remain unsure how to seek appropriate treatment, whom to speak with, and how to describe their ailments in ways that resonate with healthcare providers.

Objective

This project focuses on improving collaboration, understanding, and shared ownership of community-wide healthcare outcomes. This activity will assist COSAH to build upon and strengthen their existing collaboration structures and identify ways to make this collaboration more understood, useful, impactful, and lived by all stakeholders.

Additionally, this collaboration strategy framework should allow COSAH members, healthcare providers, and community members to feel confident in the protocols and best practices to follow based on community and client needs.

METHODS

This Guinea application of the SBC Flow Chart process used methods which favor the participation of the actors directly impacted by the final solution in the design and implementation of said solution. To that end, representatives from the various stakeholder groups operating in the community health system were involved in HCD activities and contributed their knowledge, ideas, and comments.

Context mapping
To understand the current state as well as the role of all actors and how they work together.

Opportunity framing
To identify the problem spaces which exist, what is driving them, and how to tackle them.

Empathy building
To understand each other's perspectives and learn more about the challenges of the various health actors.

Ideation
To generate solution ideas addressing the problems identified and working towards the common vision.

Prototyping
To translate prioritized ideas into tangible and explainable mediums to be tested with relevant user groups.

Testing
To validate if the solutions are understandable, feasible, and useful for community health actors.

KEY INSIGHTS

motivation
perception

1.1 Collaboration translates to people power rather than brainpower

1.2 The causal inference between greater material resources and improved work is strong

1.3 Success is highly influenced by and linked to external outcomes

1.4 Perceptions of what could be possible are extremely limited

ability
capacity

2.1 Skills and values such as availability, dependability, and openness are key to community health agent trust and success

2.2 Health agents are well-trained and understand collaboration as a mechanical function, rather than as an organic and dynamic entity

opportunity
trigger

3.1 Peer learning and mentorship are highly appreciated and utilized

3.2 The Health Center Chief provides high levels of encouragement and commands influence and respect

3.3 The current community healthcare approach is reaching a plateau and is prepared for the next curve of growth

3.4 National and international partners have the opportunity to coordinate their efforts and strengthen community health collaboration

Insight: Collaboration translates to people power rather than brainpower

*Current notion of collaboration is understood as sharing or **dividing labor** rather than on sharing or coming up with new **ideas**.*

Many community health actors were not sure what others could offer besides additional hands, rather than additional minds to tackle community health problem solving. Many community health agents spoke in a sense of tangible and quantitative collaboration. When asked about how and why they collaborate, some agents cited requesting support on administrative tasks such as recording attendance. Another common request involves calling the Medical Director to convince resistant community members to seek necessary care at the health center.

"

My community relay (RECO) friend was available, so he came and helped me with an awareness building activity. He took participant names while I managed the dialogue.
RECO, Dubreka

We [RECO] work in pairs which is great because we can split up the tasks.
RECO, Dubreka

I don't have to educate community members anymore now that the RECOs do it.
Health agent, Dubreka

How might we shift perceptions around the value other community health agents can offer?

Insight: Perceptions of what could be possible are extremely limited

Beyond improved health promotion material provisions, community health agents **generally cited contentment with the current state of collaboration.**

Even when some agents provided ideas for improved collaboration, the ideas were mostly based on shallow or superficial solutions which have been used previously, rather than thoughtful proposals based on deep-rooted problems. Many community health agents lacked a frame of reference into what is and can be possible, as they are primarily informed by their own lived experiences, education, and exposure. Without a motivation to improve or a perception of what is possible, co-designing collaboration strategies may prove challenging.

"

Everything is fine. Collaboration is perfect.
COSAH, Coyah

We collaborate well with COSAH and RECO, there is no problem, everyone knows what they should do.
Health agent, Dubreka

I collaborate really well with everybody.
Health agent, Dubreka

How might we open community health agents to visioning new and improved collaboration and unleashing their true potential?

PRIORITIZED SOLUTIONS

Based on our research, observations, and community health agents' reported needs and desires, the Breakthrough ACTION Guinea team proposes the following partnership package framework:

motivation

*The **motivation tools** addressed both perceptions of self as well as perceptions of what collaboration can be. These tools were closely linked and highly dependent on components from the **information** and **ability** tools.*

information

*The **information tools** acted as a bridge between the **motivation** and **ability** tools and leveraged continuous mentorship, coaching, and peer learning diffusion models. Our HCD trainers were actively involved in implementing these information tools.*

ability

*The **ability tools** comprised a suite of communication and collaboration sessions, activities, and resources which aimed to promote organic collaboration and growth mindset cultivation. These tools highly depended on the **information** and **motivation** tools, and our HCD trainers supported their implementation.*

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