

USAID | DELIVER PROJECT

Final Country Report

Guinea



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Guinea

USAID | DELIVER PROJECT, Task Order 4

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USAID | DELIVER PROJECT, Task Order 7

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Abstract

This report summarizes the work carried out by the USAID | DELIVER PROJECT in Guinea from 2012–2015. The project provided technical assistance in the areas of family planning and malaria by strengthening the health supply chain and improving the environment for commodity security.

Cover photo: A vendor unloading pharmaceutical drugs and "Prudence" condoms in upper Guinea. © 1999 Lauren Goodsmith, Courtesy of Photoshare

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Project Overview and Context

Project Overview

The USAID | DELIVER PROJECT (the project), in partnership with ministries of health and other organizations, improves health outcomes in developing countries by increasing the availability of health supplies. For more than 30 years, USAID has been a world leader in providing health commodities to field programs—a critical component of health program success.

The USAID | DELIVER PROJECT worked closely with the National Directorate of Pharmacy and Laboratories (DNPL), the *Pharmacie Centrale de Guinée* (PCG), United Nations Population Fund (UNFPA), Systems for Improved Access to Pharmaceuticals and Services (SIAPS), and other in-country partners to strengthen the environment for contraceptive security and supply systems and capacity for effective management of contraceptives and malaria commodities in Guinea.

Previously, donated contraceptives were not managed through the central level; they were distributed in parallel supply chains by the respective donors UNFPA and USAID. This fragmented system has been replaced by a more integrated approach. Now both donors store the contraceptives they procure, at PCG and work together to support the MOH manage and distribute these products.

Three Major Objectives

Build institutional capacity of the PCG to be a center for supply chain management.



Strengthen in-country supply systems and capacity for better management of contraceptives and malaria commodities.



Increase coordination and communication between stakeholders to strengthen the environment for reproductive health and commodity security.



Investment in Technical Assistance

During its three years in Guinea (2012–2015), the project made considerable progress toward institutionalizing logistics and supply chain management.

Achievements included—

- ❑ Supporting establishment of a functioning logistics management unit at PCG
- ❑ Conducted forecasting and supply planning of contraceptives for distribution
- ❑ Stored and distributed contraceptives to health facilities
- ❑ Distributed anti-malarial drugs and laboratory equipment to health facilities
- ❑ Conducted supervisory visits to collect data



Family Planning

By helping women delay, space, and limit pregnancies, family planning saves the lives of mothers and their children. It also saves thousands of dollars in health care spending every year.

To ensure continuous availability of contraceptives at health facilities, the project trained partners to conduct forecasting and quantification.

The project supported the storage of USAID-procured contraceptives and collaborated with DNPL to distribute contraceptives from the PCG central level to the regions and health districts across the country.

The project's forecasting, supply planning, and stock-monitoring support improved donor coordination and product availability.



What commodities were distributed?

Oral contraceptives, injectables, implants, and male and female condoms



How often were commodities distributed?

Every quarter

Where were commodities distributed?

8 regions 33 districts

What was the result at health facilities?

Three months of stock available at health facilities

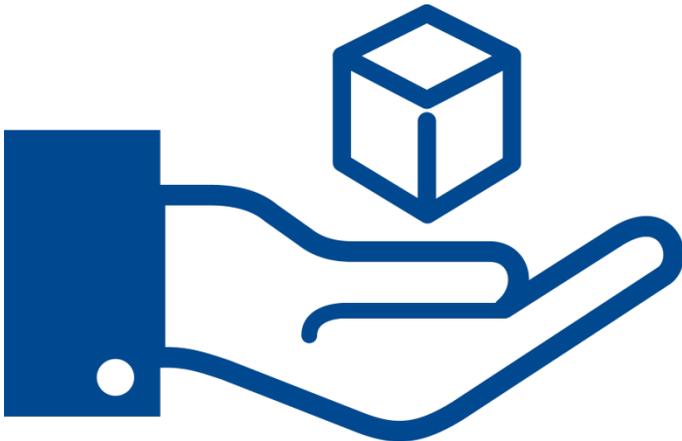


Malaria

Outsourcing delivery of anti-malarials supports a key function of supply chain management.

In Guinea, more than four of ten children younger than five, test positive for malaria. The project engaged a private transportation company to distribute USAID-procured anti-malarial drugs and related commodities to health facilities across Guinea to control malaria.

- ❑ Distributed President’s Malaria Initiative (PMI)-procured anti-malarials to PMI-priority zones (19 districts in three regions: Boké, Labé, and Kankan).
- ❑ Anti-malarials and related commodities were distributed to district-level warehouses to maintain two-month buffer stocks.
- ❑ In collaboration with NMCP, PCG, and implementing partners, the project distributed rapid diagnostic tests (RDTs), sulfadoxine/pyrimethamine (SP), artemisinin-based combination therapy (ACT), and laboratory equipment.



The USAID | DELIVER Project has procured commodities for Guinea to

Protect against malaria with
3 million LLINs

Treat **6.6 million**
malaria cases with ACTs

Test **8 million**
suspected malaria cases with RDTs

Prevent malaria in pregnancy with
1.2 million SP tablets



Technical Assistance

Technical Assistance Overview

Delivering high-quality health care to patients and clients requires health facilities and dispensaries to have a full supply of medicines and other health products. This calls for a well-functioning supply chain.

Using best practices and innovative approaches, the project develops and implements robust logistics solutions, fosters supportive commodity security environments, procures and ships health commodities, and partners with local organizations to build sustainable capacity.

In Guinea, these interventions included:

Strengthened Logistics System Performance

- Established a logistics management unit
- Forecasted and planned contraceptive supply
- Distributed commodities to health facilities
- Distributed anti-malarial drugs and laboratory equipment to health facilities



Increased National Commitment to Commodity Security

- Increased coordination and communication between stakeholders



Built Sustainable Capacity

- Built the capacity of stock managers





Strengthen Logistics System Performance

To improve health outcomes in the countries where we work, the USAID | DELIVER PROJECT increases the availability of health products by strengthening supply chains and creating global commitment. These efforts are guided by the project's supply chain integration framework.

In the public health setting, an integrated supply chain links everyone involved in managing essential health commodities into one cohesive supply chain management organization, ultimately helping clients access quality health care services and supplies.

Establish a logistics management unit

Supporting the establishment of a functioning logistics management unit (LMU) at the PCG strengthened logistics system performance.

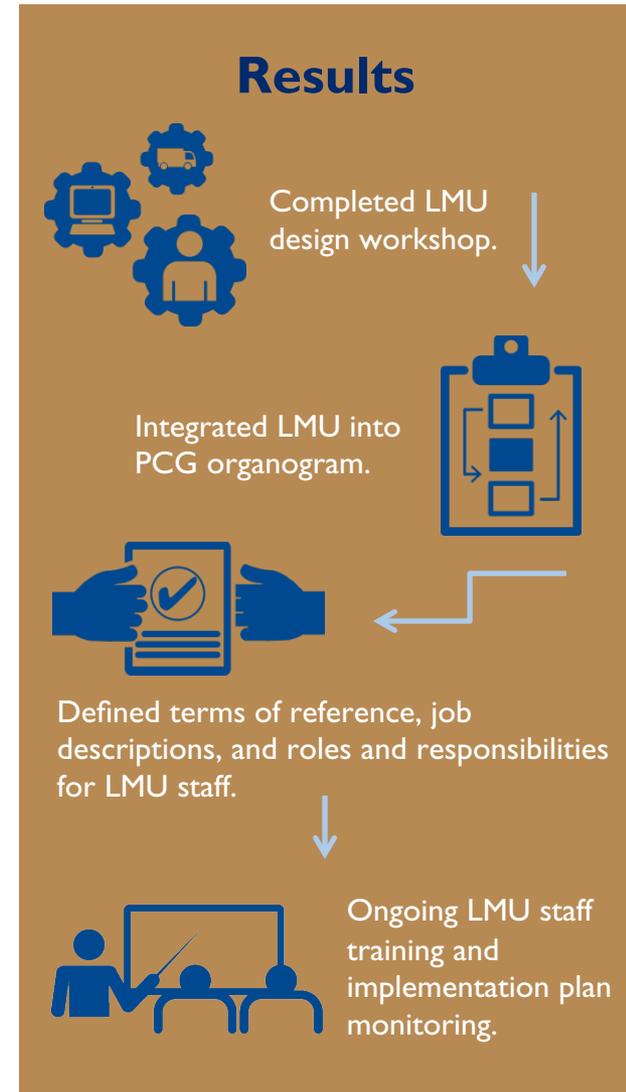
Since inception, the project worked to institutionalize logistics and supply chain management in Guinea. The most important activity in pursuit of this goal was establishing a central-level unit devoted to logistics management.

On a study tour to Zimbabwe in July 2013, MOH and PCG staff observed Zimbabwe's fully established and functioning LMU. In February 2014, the project led a workshop to help PCG and other stakeholders design the LMU management unit.

Following approval from the MOH and the PCG board of directors, the newly designed LMU was integrated into the PCG organogram.

The purpose of the LMU is to strengthen the health supply chain by making it a national priority; act as a point of reference to mobilize resources; act as an interface between ministries and partners; and leverage existing resources to identify and implement health systems strengthening activities.

The project collaborated with PCG and other stakeholders to define the LMU's purpose and goals, terms of reference, job descriptions, roles, and responsibilities. Key functions of the LMU will include logistics data management, quantification, monitoring and evaluation, coordination and collaboration, supply chain intervention planning, training and capacity building, and supervision.



Forecast and plan contraceptive supply

Strengthening forecasting and supply planning improved decision making, which positively affected health outcomes.

The project, in collaboration with the MOH and UNFPA, facilitated a workshop on quantification of contraceptives. The supply plan generated after this workshop was submitted to USAID and UNFPA for procurement of the needed commodities. The project worked with PCG to track stock levels at the PCG stores and report results to implementing partners for better planning of resupply needs.

The procurement planning and monitoring report (PPMR) reported central-level contraceptive stock status to the CARhs group, a global coordinating body to help countries avert contraceptive stockouts.

The project's support of forecasting, supply planning, and stock monitoring improved donor coordination and made data for decision making available.

Country-wide supervision visits were conducted to collect stock and consumption data at the lower levels of the supply chain.

Data collected are consolidated and used to develop a reliable forecast and supply plan. Results are disseminated to stakeholders for decision making, including determining quarterly contraceptive distribution plans for districts and health facilities.

Results



Country-wide supervision visits improved data visibility.



Forecasting, supply planning, and stock monitoring improved donor coordination and improved availability of data for decision making.

Distribute contraceptives to health facilities

Distribution support from the project reduced stockouts and improved contraceptive availability at the health facilities.

In 2014, the country experienced contraceptive stockouts at the health facility level, despite commodities being available at the central level. To mitigate the problem, the project facilitated the distribution of contraceptives to the health districts.

In April 2014, the MOH and Department of Pharmacy and Laboratory, with technical and financial support from the project, developed and implemented a distribution plan based on the contraceptive commodity needs defined at the health district level, including Conakry, the capital. Commodities included oral contraceptives, implants, injectables and male and female condoms.

The distribution took place from April to May to distribute throughout the country and five health districts within Conakry.

Contraceptive commodities were distributed from the PCG directly to 33 district health offices (DPS) in the country's interior, bypassing regional warehouses. After arrival at DPS, products were distributed to health facilities.

Results



Developed distribution plan for delivery of FP commodities to all 33 districts and health facilities.



Distribution on a quarterly basis provides 3 months of stock to health facilities.



All DPS reported being very satisfied for the initiative to distribute products directly to district level.

Distribute anti-malarial drugs and laboratory equipment to health facilities

Engaging a private transportation company to distribute anti-malarials and laboratory equipment helped avert stockouts across the country and provided buffer stock to health districts.

Because of inadequate resources, Guinea could not distribute antimalarial products on a regular basis, and distribution beyond the regional level was inconsistent across the country. These challenges were compounded by inadequate storage facilities and warehouse capacity throughout the public health supply chain.

To ensure a reliable flow of commodities, the project led a process to select and contract a private transportation company to distribute PMI-procured anti-malarial commodities (ACTs, RDTs, and artesunate injectables) to PMI priority zones.

Distribution also included SP, which was procured by the Global Fund, but did not include long-lasting insecticide-treated nets (distributed by StopPalu).

The project also supported the distribution of Global Fund-procured lab commodities at a national scale to health facilities.

In total, 175 health facilities under the PMI zone received four-month supplies of anti-malarial drugs and commodities (RDT, multiple presentations of artesunate + amodiaquine, artesunate injectable 60mg, and gloves) based on agreed distribution plan. Nineteen health district warehouses were supplied with two months of buffer stock.

Results



14 DPS, 5 DCS (district health centers), 175 health facilities, and 16 hospitals received anti-malaria commodities in 19 PMI-supported health districts.



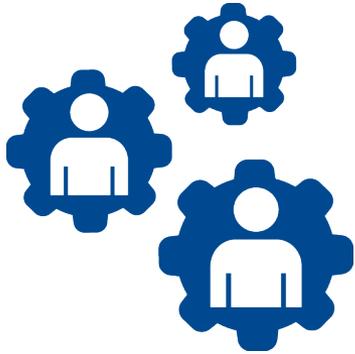
Health centers received 4 months of stock; districts received 2 months buffer stock of RDT kits, all presentations of ACTs, artesunate injectables, and gloves.

Increase National Commitment to Commodity Security

Commodity security (CS) exists when every person is able to choose, obtain, and use quality contraceptives and other reproductive health products whenever s/he needs them. Strong supply chains alone cannot ensure availability of or access to these commodities.

To help countries create an enabling environment for reproductive health commodity security, the USAID | DELIVER PROJECT, in collaboration with its counterparts, undertakes a variety of policy and advocacy activities at the global, regional, and country levels.





Increasing Health and Family Planning Commodity Security

Coordination and communication between stakeholders is an integral part of Guinea's advancement to an integrated supply chain.

While a reproductive health commodity security (RHCS) committee in Guinea exists, partners did not meet regularly to discuss actions necessary to improve the commodity security situation. The project involved partners in several activities to increase coordination and communication.

These activities included meeting to—

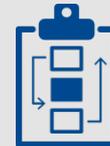
Conduct commodity quantification



Facilitate an LMU design workshop



Reposition the family planning strategy



Partners engaged in family planning in Guinea include MOH, DNPL, UNFPA, JHPIEGO/MCHIP, and other related ministries.



Build Sustainable Capacity

An essential component of a robust health supply chain is the staff that implements logistics tasks. To run effectively, public health supply chains require motivated, trained, and skilled staff who are competent in the various essential logistics functions and who are empowered to make decisions that positively impact health supplies and supply chains.

The goal of the USAID | DELIVER PROJECT's capacity building activities is to strengthen human resources in public health supply chain systems in the developing world. A focus on developing a superior workforce allows organizations and individual staff to accomplish their customer service goals, ensuring higher performance among public health personnel and, therefore, increased availability of contraceptives and other essential health products.

Build the capacity of stock managers

Building the capacity of key supply chain staff strengthens contraceptive management and contraceptive security.

Outside of the regular capacity building of MOH staff on forecasting and supply planning, the project supported two PCG staff members to attend a three-week training course in South Africa on warehouse operations management. The course included training on warehousing best practices and a field visit to a fully operational model warehouse operation in South Africa.

The primary objectives of the course were to increase capacity in the management and performance of warehouse operations, and improve decision-making and problem-solving abilities, and project management skills.

By the end of the course, the two PCG staff members gained knowledge on best practices of the overall supply chain warehouse management, as well as applying best practices into the Guinea context. This included preparing a clear mission statement, developing a commodity trajectory from the central to health facility level, conducting a SWOT analysis and developing an operational plan for practical use in Guinea.

The project also conducted trainings on regional-level stock management and reporting, and, together with partners, conducted data-collection visits.

Results



Conducted regular regional-level stock management and reporting



Facilitated PCG staff to attend a warehouse operations management course in South Africa



Conducted supervisory visits with partners to collect data.



The Way Forward

The Way Forward

Strengthen the effectiveness of the reproductive health supply coordination committee

A reproductive health commodity security committee exists but meets infrequently and does not address the issues necessary to improve the commodity security situation. And though a quantification sub-committee has been created to help monitor stock levels and ensure that the RHCS committee has the data needed to reconcile stock problems, data from the facilities is not routinely available at the central level for decision making.

Increase data visibility for improved decision making

Because there is no fully functioning, nationwide public health logistics management information system, routine access to information about stock levels, consumption, and other important subjects is extremely limited. The revised integrated logistics manual for contraceptives and other essential health commodities is available but it is not being used effectively.

Establish an LMU

The need for a fully functional LMU is even more pressing now that there is widespread support for an integrated supply chain. But the LMU at PCG is not yet functioning. Although terms of reference to guide its work have been developed, appropriate staff and resources are still not available. SIAPS will continue to work with PCG to ensure that the LMU becomes fully functional.





Additional Resources

Acronyms

ACT	artemisinin-based combination therapy	RDT	rapid diagnostic test
DCS	<i>Direction Communales de Sante</i> /Community Health Directorate	RHCS	reproductive health commodity security
DNPL	<i>Direction Nationale de la Pharmacie et du Laboratoire</i> /National Directorate of Pharmacy and Laboratory	SIAPS	Systems for Improved Access to Pharmaceuticals and Services
DPS	<i>direction préfectorale de la santé</i> /district health office	SP	sulfadoxine/pyrimethamine
FP	family planning	UNFPA	United Nations Population Fund
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria	USAID	U.S. Agency for International Development
LMU	logistics management unit		
MOH	Ministry of Health		
NMCP	National Malaria Control Program		
PCG	<i>Pharmacie Centrale de Guinée</i>		
PMI	President's Malaria Initiative		

Further Reading

Contraceptive Security Indicators 2015: Guinea

http://deliver.jsi.com/dhome/resources/searchresources?p_search_tok=CS+Indicators+Guinea&p_search_type=SITE&btnG=search

Soura, Abdramane B. and Michelle Winner. 2014. Trends in family planning and age at first marriage among women in Guinea: Further analysis of the 2012 Demographic and Health Survey. DHS Further Analysis Reports No. 94. Rockville, Maryland, USA: ICF International. Available at <http://dhsprogram.com/pubs/pdf/FA94/FA94.pdf>.

USAID | DELIVER PROJECT, Task Order 7. *National Malaria Control Program: Distribution of Malaria-Related Commodities in Guinea*. USAID | DELIVER PROJECT, Task Order 7.

For more information, please visit deliver.jsi.com.



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