CONCEPT NOTE

District Health Strategic Plan (DHSP) or District Health Operationalization Plan in Equatorial Guinea

Ministerio de Sanidad y Bienestar Social
República de Guinea Ecuatorial

Plan de Operacionalización del Distrito Sanitario en Guinea Ecuatorial

Guinea Ecuatorial Salud

1 MAIN BENEFICIARY

Ministry of Health and Social Welfare

2 FINANCIAL RESOURCES MOBILISATION

BIMEP Partners (EG GOVT, MCDI, MARATHON, NOBLE, AMPCO, GEPETROL and SONAGAS)

3 EXECUTION PERIOD

September 2020 - December 2021

Ministerio de Sanidad y Bienestar Social
República de Guinea Ecuatorial

Organización Mundial de la Salud

ATLANTIC METHANOL

noble energy

GEPETROL
GUINEA ECUATORIAL DE PETROLEOS
EXCELENCIA / AMBICION / OPORTUNIDADES

Marathon Oil

MCDI
MEDICAL CARE DEVELOPMENT INTERNATIONAL

Gobierno de la Republica de Guinea Ecuatorial
Ministerio de Minas e Hidrocarburos

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Sociedad Nacional de Gas, G.E.

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FRS
Fundación de Religiosos para la Salud

Fundación

TOGETHER UNITED, WE SHALL CONSOLIDATE OUR HEALTH SYSTEM

Malabo, September 2020

ABBREVIATIONS

PHC	Primary Health Care
UHC	Universal Health Coverage
HC	Health Center
PNC	Pre-natal Consultation
IPC	Infection Prevention and Control
DHT	District Health Team
NTD	Neglected Tropical Diseases
NHDP	National Health Development Plan
NHIS	National Health Information System
DHOP	District Health Operationalization Plan
DHSP	District Health Strategic Plan
SDG	Sustainable Development Goal
HP	Health Post
EG GOVT	Equatorial Guinea Government
MOHSW	Ministry of Health & Social Welfare
WHO	World Health Organization
DH	District Hospital
CAP	Complementary Activity Package
EAP	Essential Activity Package
MAP	Minimum Activity Package
STI	Sexually Transmitted Infection

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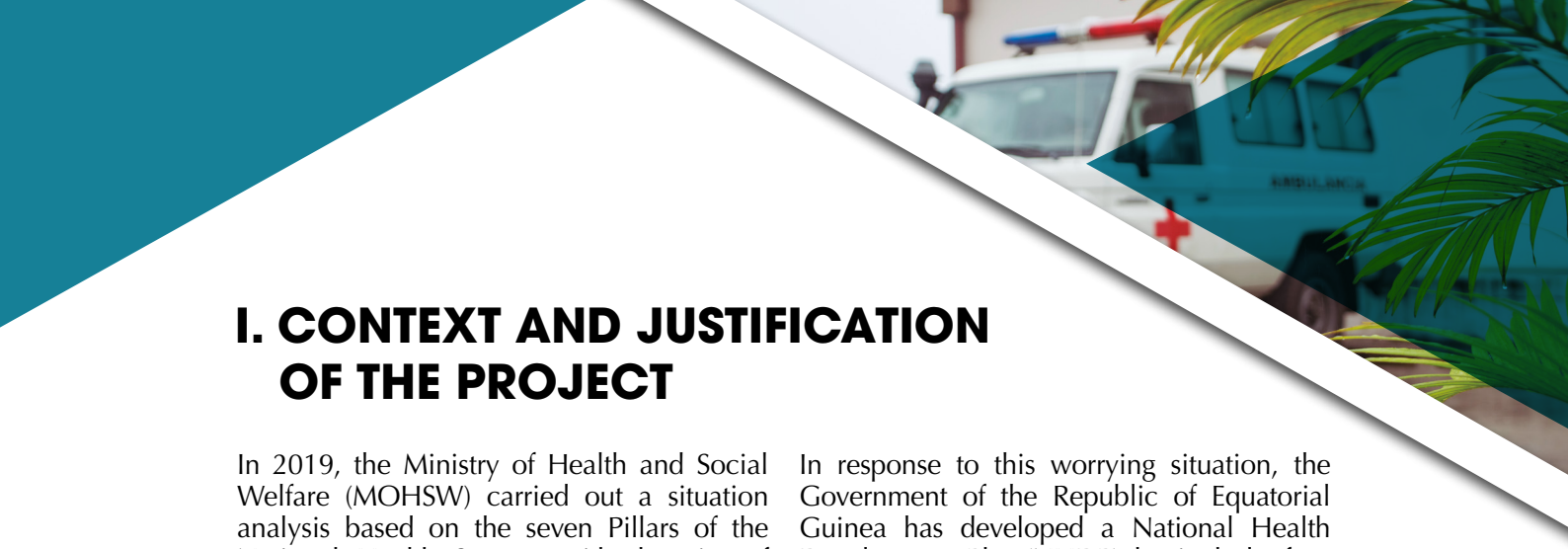


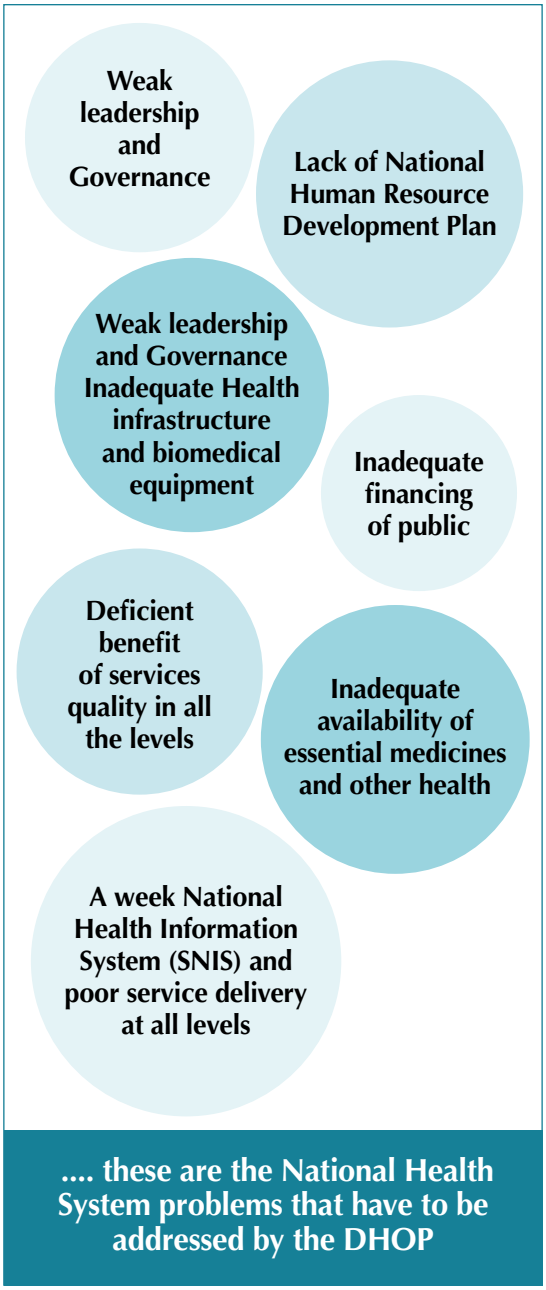
I. CONTEXT AND JUSTIFICATION OF THE PROJECT

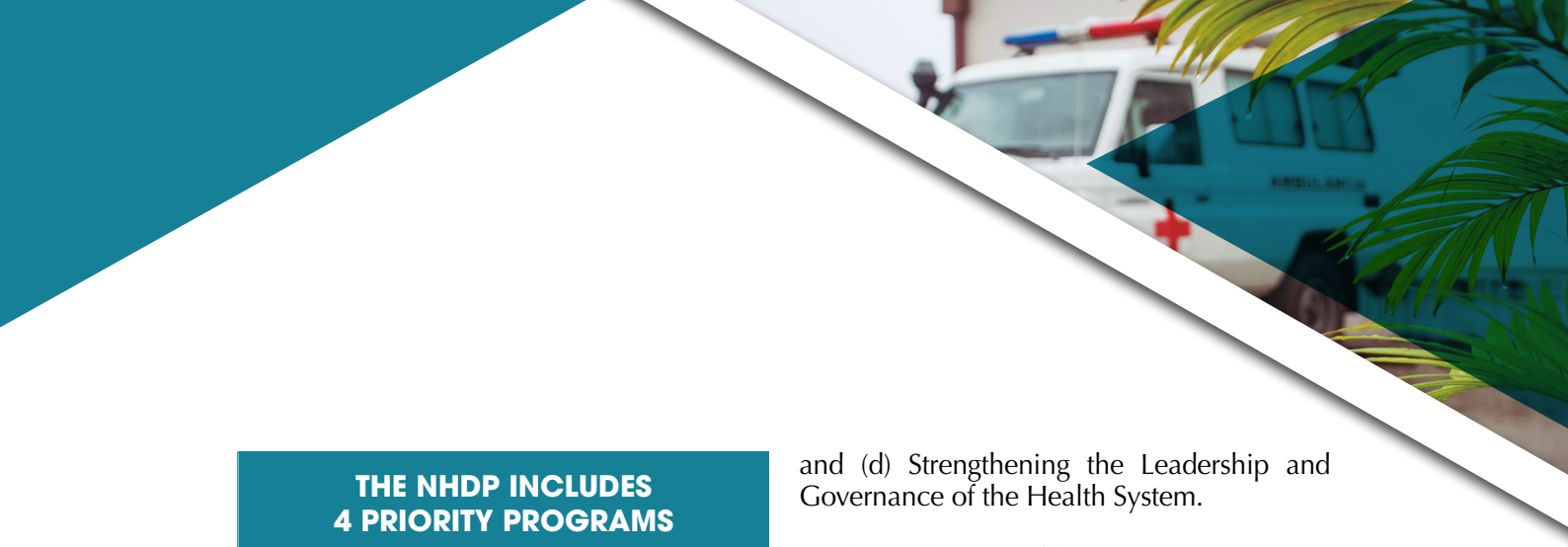
In 2019, the Ministry of Health and Social Welfare (MOHSW) carried out a situation analysis based on the seven Pillars of the National Health System, with the aim of updating the National Health Policy adopted in 2002. This was done in preparation of the adoption of the National Health Development Plan (NHDP), that guarantees universal health coverage for the entire population. This analysis allowed the identification of priority problems that affect the Health System, namely: (I) weak leadership and governance System, (II) lack of a National Human Resources Development Plan for Health, (III) Inadequate Health infrastructure and quality biomedical equipment, (IV) Inadequate availability of essential medicines and other health products, (V) Inadequate financing of public health, (VI) A week National Health Information System (SNIS) and (VII) poor service delivery at all levels.

The incidence of these deficiencies on the health status of the population translates into a series of public health problems, notably: (a) high maternal mortality (290 x100,000 live births), neonatal (33 x 1,000 live births), infant (65 x 1,000 live births) and infant - juvenile (111 x 1,000 live births); (b) high mortality linked to communicable diseases, chronic non-communicable diseases and neglected tropical diseases, (c) worrying situation of sexual and reproductive health of adolescents and young people of both sexes and (d) poor leadership in coordination and management of the National Health System.

The root causes of these major problems are mainly: (I) the deficient supply of quality health services, (II) the limited use of services by the population; (III) the presence of an unfavorable environment for improving Health; (IV) Inadequate preparedness of epidemics and disaster management; and (V) poor management of resources earmarked for the health sector.

In response to this worrying situation, the Government of the Republic of Equatorial Guinea has developed a National Health Development Plan (NHDP) that includes four priority programs:



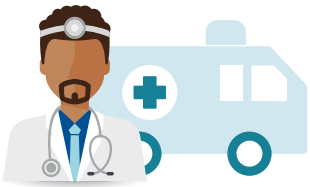


THE NHDP INCLUDES 4 PRIORITY PROGRAMS

Strengthening Leadership and Governance of the Health System

Health promotion

Equitable access of the population to Quality Health services



Health Security, Health Emergencies and Disasters

(a) Equitable Access of the Population to Quality Health Services; (b) Health Security, Health Emergencies, Catastrophes and Health Resilience; (c) Health Promotion and (d) Strengthening the Leadership and Governance of the Health System.

For the realization of these priority Programs, the Government hasmobilized significant economic resources through Ministry of Mines and Hydrocarbons aimed at preparation of a **Plan for the Operationalization of Health Districts (POHD) in Equatorial Guinea**, with Baney health District as the pilot. The intention is to learn of Baney's experience, before extending the model to the entire country, to quickly achieve universal health care coverage (UHC) of the entire population of the country.

WITH POHD WE WILL ACHIEVE

Quality Primary Health Care, efficient, resilient and equitable to accompany people's lives

In order to achieve UHC before the year 2030 as SDG No. 3 "Guarantee a healthy living and promoting well-being for all, in all ages", the MOHSW has effectively taken the operationalization of the Health District based on PHC, to improve the health of the population endorsing the principles from Astana to develop an PHC system that complies with the following:

1) Empowering individuals and communities to feel ownership of their Health, defend the policies that promote and protect

WITH POHD WE WILL ACHIEVE

Equitable access for the population to Quality Health services

it, and so that they assume the role of architects of Health and social services that contribute to their Health.

2) Addressing the social, economic, environmental and commercial determinants of Health through strategic actions that are based on evidence and encompass all sectors of national life.

3) Ensuring a strong public Health system and primary care throughout people's lives, as key elements of the provision of quality integrated services, accessible to all.

For this, the development and application of a District Health Strategic Plan (DHSP) focused on the new PHC dynamics of the Astana Conference, and has been the strategy chosen by the Government of Equatorial Guinea to have a strong, resilient National Health System, capable of meeting the health needs of the population and

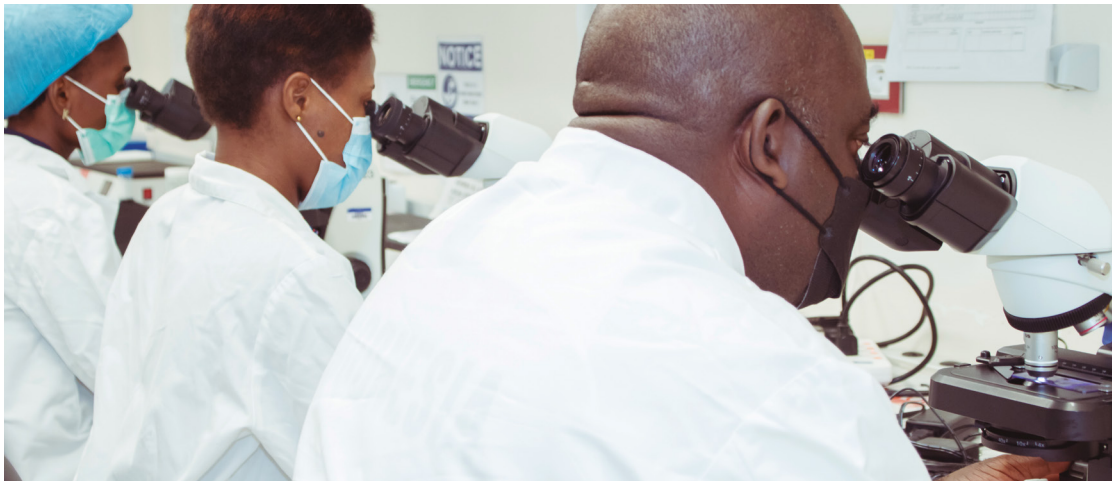
promoting equity, quality and efficiency in the provision of services and the management of resources.

The operationalization of the Baney Health District as a pilot experience will focus on all its primary and secondary Health substructures; namely, Rebola, Buena Esperanza 1 and Basacato de la Sagrada Familia Health centers including its network of six Health Posts, and the Baney District Hospital "Manuel Torao Sicara", located in the Research Center of Baney, as a first-level healthcare referral structure. In each one of these health structures, the most modern WHO guidelines and management procedures on Health Districts will be used in order to answer eleven specific questions in the successive evaluations of the operational plans:

1. **Are there enough health facilities to provide quality services in Baney health District?**

2. **Are the existing health facilities well distributedtoofferservicesat alllevels?**

3. **Are existing health facilities equipped and**



well maintained to offer quality careby level of service provision?

4. Are there sufficient human resources to meet the needs of the staff in the different service delivery areas?

5. Do thehealth establishments (health post and health center, hospital) have sufficient and continuous medicines and other health products?

6. Do the health facilities (health center and post, hospital) have sufficient financial resources to finance the operational plans of the Baney Health District?

7. Does the supply of essential care services by level (Health post, Health Center and hospital) adhere to the standards of an operational Health District?

8. Is there a sufficient number of women, children, adolescents and men who usethe essential services available (Health post, health centers and hospital)?

9. Is the data management of the health information system satisfactory at the Health District level?

10. Is the population receiving services satisfied about the quality of services offeredat BaneyHealthDistrict?

11. Are Leadership and technical management at the operational level satisfactory?

II. OBJECTIVES

a) General

Develop an Operationalization Plan for Health District focused on Baney as a model with a view of nationwide expansion.

b) Specifics

- Carry out a census and an analysis of the catchment population of Baney and four other districts (Ebibeyín, Mongomo, Niefang and Kogo) to facilitate the extension of the pilot.
- Use the technique of "voting as a citizen act" for the greater participation of the population in the free and voluntary choice of their health priorities.
- Prepare a strategic Plan for the Health District for the entire country based on the results of the choice of priorities and other available data.
- Develop the Baney Operating Model Tools.
- Have a secure financing strategy for the health system (community health insurance).
- Prepare a Roadmap for the extension of the Baney model at the national level.

III. PHASES, DELIVERABLE PRODUCTS AND ACTIVITIES

The process of Operationalization of the Health District in Equatorial Guinea includes four phases whose development through activities allows the obtaining of six deliverable products.

PHASE 1:
Preparation and Development of Strategic tools for the operationalization of Health districts

▶ Product 1: Baney District Health Priority Identification Report

Product includes carrying out the following activities:

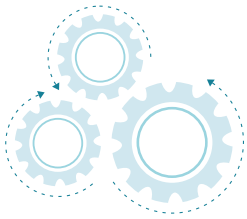
1) Identification of the priorities of the lower level of care (Health Centers and Posts) applying "a technique based on voting by the beneficiaries of their Health priorities" on the seven pillars of the National Health System. For this, a working session will be held with 41 participants, representatives of the central and provincial level, of the Neighborhood Communities of the Baney District, managers and technicians from Rebola, Buena Esperanza 1 and Basakato de la Sagrada Familia Health centres and the six (6) Health Posts (PS), as reflected in the following Table No. 1:

Table 1: Distribution of participants to prioritize basic health needs in Baney

Nº	INTEGRATIVE STRUCTURES AT THE DISTRICT LEVEL	TOTAL
1	Government Delegates	2
2	Baney Municipalities Representatives	2
3	Provincial Delegates of Health for Bioko Norte	2
4	Baney District Hospital Participants	4
5	Participants of Rebola, Buena Esperanza 1 and Basacato de la Sagrada Familia (2 / HC)	6
6	Participants from the 6 health posts of the health district (1 / health post)	6
7	Baney Neighborhood Community Representatives (2 / Health Post)	12
8	Baney District Education Sector Representatives	3
9	Baney District Social Affairs and Gender Equality	2
10	Representatives of Other sectors present in Baney (Private, Healers, NGOs, Cooperatives)	4
TOTAL		43

2) Summary of Health Priorities of the representatives of the population in the plenary session of the interview, as the first stage of the Operationalization of the Health District focused on the Baney District as amodel.

PHASES DHOP



1. Preparation and development of the strategic tools

2. Development of technical tools

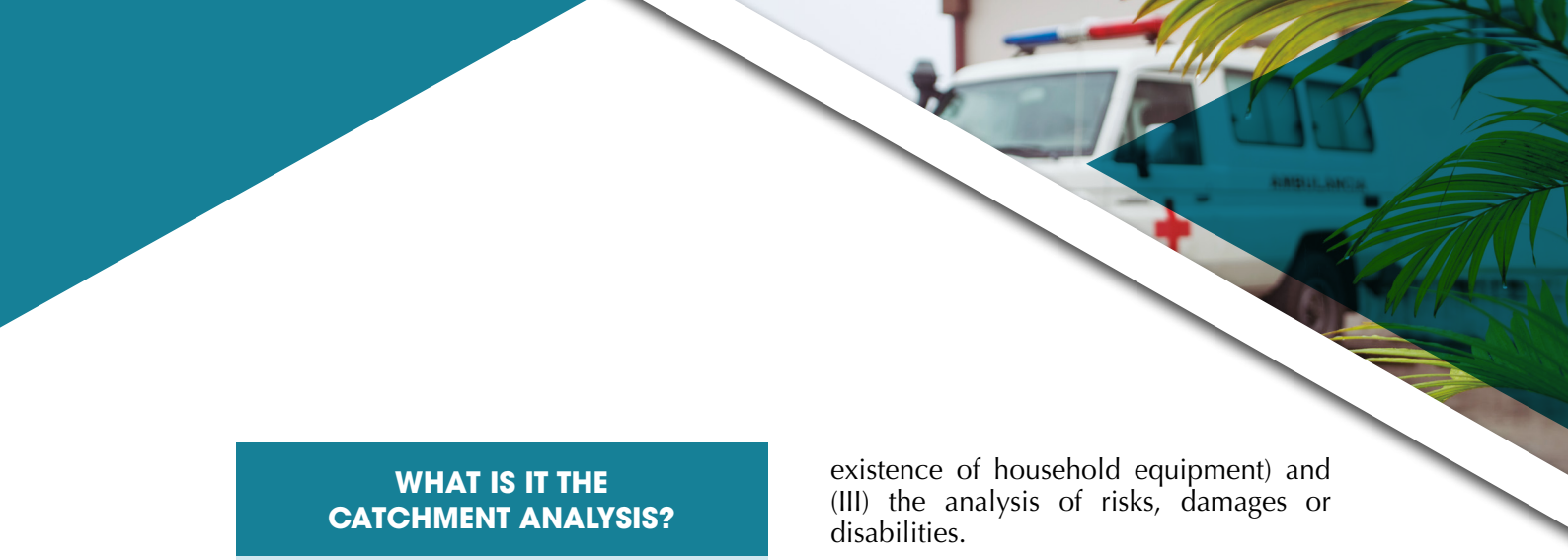
3. Application of the technical developed tools

4. Expansion of the Baney Health District model nationwide

▶ Product 2: Dispensation of Baney HealthDistrict

The Product is obtained after going through the review, update and application of the data collection tool on catchment analysis prepared by the Primary Health Care Team (PHC). It is an organized, continuous and dynamic process of evaluation and planned and comprehensive intervention, with a clinical, epidemiological and social focus, of the health status of individuals and families of the Baney District, in which Four groups have been established and structured as follows:

- **Group 1:** Supposedly healthy people: those who do not have risk, health damage or disability, and are able to face the problems of daily life in a balanced way with autonomy and responsibility, according to the stages of growth and development.
- **Group 2:** People with health risks: those who are exposed to conditions that, if not controlled, increase the vulnerability to suffer damage to individual or family health, reducing the ability to face the problems of daily life in a balanced way.
- **Group 3:** Sick people: those with a diagnosis communicable disease of long-term non or communicable.



WHAT IS IT THE CATCHMENT ANALYSIS?

Itisthedynamic organization and evaluation of the continuous state People's Health Within a community

WHAT DOES IT MEAN?

The registration, diagnosis, intervention and monitoring of the patient, his family and the community to improve his health

WHAT ARE THE CATCHMENT GROUPS?

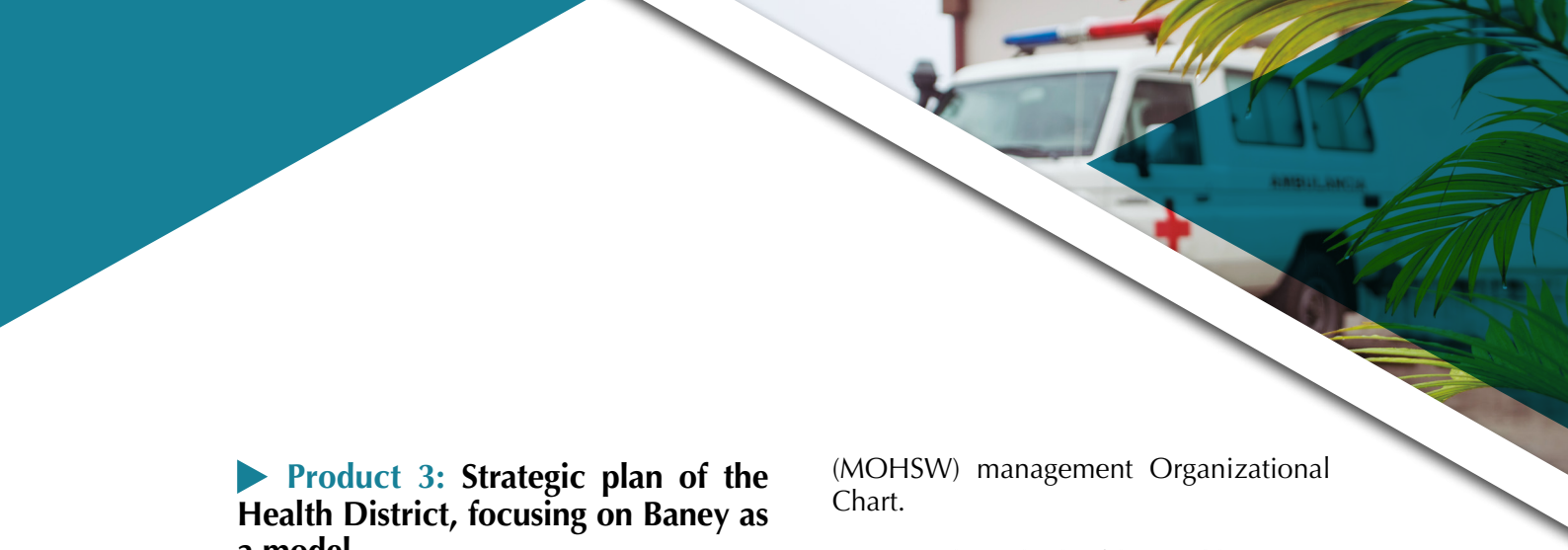
- **Healthy people**
- **People with health risks**
- **Sick people**
- **People with deficiencies and disabilities**

- **Group 4:** People with deficiencies and disabilities: those with a diagnosis of impairment or disability.

The process for collecting data from the Baney Health District includes the following variables:

a) The health situation of each family: (I) the structure and composition of the family, (II) the material living conditions (economic income, housing conditions with the existence of household equipment) and (III) the analysis of risks, damages or disabilities.

b) The state of Health of the population: (I) the Morbidity (Cardiovascular Diseases) Respiratory, Endocrine, Neurological, Neoplastic, Non- communicable Chronic Diseases and Communicable Chronic Diseases), (II) Mortality (Non-communicable chronic diseases and Communicable Chronic Diseases), and (III) Disability (physically handicapped such as amputations, hemiplegia, paraplegics, hip fractures with sequelae, osteoarthritis, neoplasms and mentally handicapped such as schizophrenia and mental retardation).



▶ Product 3: Strategic plan of the Health District, focusing on Baney as a model

Obtaining this Product goes through the following activities:

a) Formulation of the Logical Framework results of a Strategic Plan of the health District based on the priorities identified at the district level by the same beneficiaries in response to Health needs.

b) Organization of validation meetings of the Logical Framework Results with the participation of Government Delegates, District Health Teams, representatives of other Ministries and development sectors.

c) Completion of writing the document of the Logical Framework Results.

d) Preparation of the estimated budget of expenses.

e) Preparation of an Annual Work Plan to implement the Strategic Plan.

f) Development of a community Health Insurance.

g) Technical validation of the documents elaborated.

PHASE 2:
Development of technical tools for the Operationalization of the Health District.

▶ Product 4: Available and applied tools for the rationalization of the Health Distric:

1) Ministry Health and Social Welfare (MOHSW) management Organizational Chart.

2) Norms and standards of the Health District.

3) Health information Data management tools at the district level.

4) National Human Resource Development Plan available.

5) District-level Staff Supervision Manual.

6) Monitoring Manual for Health Center and district hospital.

7) Financing Manual for essential health services at the community level.

Obtaining this Product goes through the following by-products:

By-product 4.1: MOHSW Management Organizational Chart

The leadership and quality technical management of MOHSW are linked to the availability of a management organizational chart focused on the National Health Development Plan (NHDP) at the different levels of the health pyramid:

1) Organizational structure of the central level:

a) Cabinet of the Minister.

b) Secretary General.

c) Specialized health establishments.

d) General Directorates:

I. General Directorate of Public Health, Health Prevention, Traditional and Natural Medicine.

II. General Directorate for the Coordination of the fight against

EQUITY

QUALITY

EFFECIENCY

El Plan Nacional de Desarrollo Sanitario (PNDS) garantiza una cobertura sanitaria universal a la población y se materializa en el Plan de Operacionalización del Distrito Sanitario (PNDS).

Por la EQUIDAD, CALIDAD y EFICIENCIA de los servicios de Salud en Guinea Ecuatorial.

STIs, HIV/AIDS, Tuberculosis and Hepatitis.

III. General Directorate of Hospital Coordination, and no transmissible Chronic Diseases and Legal Medicine.

IV. General Directorate of Provisioning, Pharmacy, Biomedical Laboratory and Blood Bank.

V. General Directorate of Health Infrastructure, Logistics and Health Heritage.

VI. General Directorate for Studies, Planning, Health Information System, Monitoring and Evaluation.

2) Organic structure of the regional level, consisting of the following services:

I. Studies, Planning, Evaluation and Control.

II. HealthInformationSystem(SIS)and Human Resources.

III. MalariaandTraditionalandNatural Medicine.

IV. Primary Health Care and Operationalization of the Health District.

V. Neglected Tropical Diseases (NTD).

VI. Health Security, Response to Epidemics and Catastrophes.

VII. Maternal, Neonatal, Infant, Adolescent Health and Family Planning.

VIII. Hospital Managementand Non-Communicable Diseases.

IX. ISTIs, HIV / AIDS, Tuberculosis and Hepatitis.

X. School, occupational health and Legal Medicine.

XI. Medicines,Biomedical Laboratories and Blood Bank.

XII. Infrastructure, Logistics and Health heritage.

3) Organic structure at the provincial level with the following services:

I. Planning, Monitoring, Evaluation and Control.

II. Health Information and Epidemiological Surveillance.

III. Medicines and Biomedical Equipment.

IV. Infrastructures, Logistics and Health Heritage.

V. Administration and Finance.

4) Organizational structure of the district level composed as follows:

a) Office of the district Delegation of Health and Social Welfare:

- District hospital with an organic structure that includes provision services.
- Sections of the District Health delegation that are:

I. Planning, Monitoring, Evaluation and Control.

II. Human Resources, Finance and Logistics.

III. Primary Health Care (APS) and Community Participation.

IV. Vaccination and Epidemiological Surveillance.

V. Maternal, Child and Adolescent Health.

VI. Transmissible and chronic non-transmissible diseases.

VII. Essential Drugs and Cost Recovery in Health.

VIII. Health Information System (SIS).

IX. Infrastructure, Essential Services and Health Heritage.

b) Health Center (CS) with the following operational technical positions:

- Planning and Management of Resources (human, material and financial).
- External consultation and training.
- Prenatal Consultation and Family Planning.
- Vaccination, Monitoring of the Healthy Child and Nutrition.
- Laboratory and Epidemiological Surveillance.
- Essential Drugs and Income.
- Data from the Health Information System.
- Information, Education, Communi- cation and Social Mobilization.

c) Health Facility with the following technical positions:

- Consultation and patients orientation.
- Monitoring of pregnant and arturient women.
- Social Mobilization and Distribution community-based services.
- Health Information Data.

By-produc 4.2:
Norms and standards for the Health District

The norms and standards of the Health District are developed to regulate the supply and demand of quality services, which responds to the needs of the population of the first and second care level, and are composed of the following:

YOU are the owner of your Health

The COMMUNITY favors your health

The MOHSW accompanies you and helps you in favor of your Health

WHAT ARE THE RULES AND DSTANDARDS OF HEALTH DISTRICTS?

- **Those that regulate the supply and demand of quality services that respond to the needs of the population.**
- **Those that solve the problems of attention in the Centers and Health Posts.**
- **Those that regulate an adequate management of Health infrastructures, equipment and maintenance at the district level.**
- **Those that adjust the classification of health personnel by type or log book.**
- **Those that regulate the management of the Health District according to the main ones health indicators.**

a) Norms and standards of services

They are intended to solve the care problems identified at the community level (HC and HP) as a unit of the first level of contact with the population, to the secondary level corresponding to the District Hospital (DH), as a structure of HC reference. They consist, from top to bottom, of the following tools:

- Essential functions of the District Health Team (DHT).
- Complementary Activity Package (CAP) of the District Hospital.
- Essential Activity Package (EAP) from the Health Center.
- Minimum Activity Package (MAP) of the Health Post.

b) Norms and standards for infrastructure and equipment

The proper management of Health infrastructure, equipment and maintenance at the district level requires the following activities: (I) annual inventory of health related buildings and their official status as part of the assets of the MOHSW, (II) annual inventory of medical and non- medical equipment, (III) annual inventory of logistical resources (motorcycles, vehicles and others) and (IV) the creation of logistics bases in Bata and Malabo for the maintenance of the equipment and materials acquired.

c) Staff Rules and Standards

- Classification of personnel by type of structure based on the following:
  - Estimation of the workload based on essential package of activities (use of curative care, going from 0.5 to 1.5 new contact / year, for example). Indicate that a new case is equivalent to a contact time of 15 minutes and 2 nurses must cover a maximum population of 5,000 inhabitants.
  - Need to maintain a permanent service in the Health establishments that provide care (provision of services by qualified personnel at the appropriate time).
  - Level of provision of services in the Health system (hospital, Health center and Health Post).

PRINCIPALES INDICADORES DE SALUD		
2.1	**Estado de Salud**	· Mortalidad por edad y por sexo · Mortalidad por causa · Fecundidad · Morbilidad
2.2	**Factores de riesgo**	· Nutrición · Infecciones · Factores de riesgo medioambientales · Enfermedades no transmisibles
2.3	**Cobertura de servicios**	· Salud de la madre, recién nacido, niño y adolescentes · Vacunación · Paludismo · VIH/sida · Tuberculosis · Enfermedades tropicales desatendidas (ETD) · Detección y cuidados preventivos, por ej. Cáncer Cervicouterino · Salud Mental
2.4	**Sistema de Salud**	· Liderazgo y rendición de cuentas · Calidad y seguridad de los cuidados · Personal de Salud · Información sanitaria · Financiación de la Salud · Seguridad sanitaria

- Staff record book with all variables.
- Provision and distribution plan for personnel.
- Continuous training and specialization plan for the staff of all categories.

d) Norms and standards for health indicators

The indicators used for the management of the Health District are inspired by the Manual of Indicators, prepared by the MOHSW in 2019, focused on those referred to the previous table:

By-product 4.3: Data collection tools for the provision of health services available by level

The application of the norms and standards of services and personnel training requires the elaboration and distribution of data management instruments at the different levels of service provision; namely:

a) Hospital distrital con las siguientes herramientas:

- External Consultation Record Book.
- Patient Health Card.
- Laboratory Record Book.
- Prenatal Consultation Book.
- Mother and Child Health Card.
- Prenatal Control Sheet.
- Family Planning Reference Book.
- Family Planning Sheet.
- Book Obstetric Emergencies.
- Birth Book.
- Essential Medicines and Income register.
- Stock cards for Essential Medicines and Other Health Products.
- Semiannual Consumption and Order Sheet for Essential Medicines and Other Products.
- Hospitalization book.
- Death Registry Book.
- Maternal Death Registry book.
- Patient Referral and Counter-referral file.

b) Health and Posts Centers with the following tools:

- External Consultation Record Book.
- Patient Health Card.
- Prenatal Consultation Book.
- Mother and Child Health Card.
- Prenatal Control Sheet.
- Family Planning Reference Book.
- Family Planning Sheet.
- Follow-up Book of the Healthy Child and Nutrition.
- Healthy Child Nutrition Surveillance Card.
- Children under 5 years vaccination Card.
- Essential Medicines and Income reference Book.
- Stock sheet of Essential Drugs and Other Health Products.
- Semiannual Consumption and Order Sheet for Essential Medicines and Other Products.

· First level Laboratory Record book (HC).

· Information, Education and Communication Activities Registry Book / BCC.

· Childbirth book.

c) Health infrastructure and equipment:

The management of Health infrastructure, equipment and maintenance at the district level requires the development of the following tools:

· Annual inventory sheet of Health buildings.

· Annual inventory sheet for offices.

· Annual inventory sheet of medical equipment and Health materials.

· Annual inventory sheet of logistical means (motorcycles, vehicles and others).

· Management plan for Health buildings and biomedical equipment.

By-product 4.4:
National Plan for the Development of Human Resources available

The achievement of this By-product goes through the following:

- Carrying out an evaluation of Human Resources in Health at the district level.
- Preparation of a human resources development plan that includes the following:

· Human Resources Situation Analysis report available.

· Continuous training plan for all categories of personnel available.

· Provision and distribution Plan of staff by all categories available.

· Motivation plan (incentives, for example) and the professional career plan for all categories available.

· Annual recognition plan by types of establishments and health professionals.

· Personnel performance evaluation sheet.

By-product 4.5:
Education / Training Modules for the personnel to provide services at the district level (District Hospital, Health Center and Health Post)

1) Healthcare area (District Hospital, Health Center and Health Post) with the following modules:

I. Nursing and Essential Care.

II. Maternal and neonatal health, which includes the prevention of vertical transmission of HIV with the following thematic development:

· Prenatal consultation (PNC) focused on eight PNC recommended by WHO.

· Childbirth, puerperium and newborn care.

· Postnatal consultation.

· Family planning.

III. Norms and procedures of clinical services of the district hospital that include basic obstetric care.

IV. Sexual health and sexual rights of adolescents and young people.

V. Prevention and Control of Infection(PCI) associated with obstetric care.

VI. Information, Education and Communication for behavior change (IEC / CCC).

VII. Basic concepts of maternal and neonatal health, Family Planning, HIV and PCI at the community level (Health Post).

VIII. Ethics and medical deontology of the staff at the district level.

2) Healthcare area (district hospital, center and Health Post) with the following modules:

I. Planning and organizing at the district level (results-based management).

II. Supervision of the personnel of the Health District (health center and health posts and hospital).

III. Monitoring of Health Services Coverage (Health Center and hospital).

IV. Administrative and financial management at the district level (district team and management bodies).

V. Health information data management (data collection tools and indicators).

VI. Logistical management of essential drugs and other health products (data collection tools).

By-product 4.6:
Supervision manuals for the staff of Health Centers, Posts and District Hospital

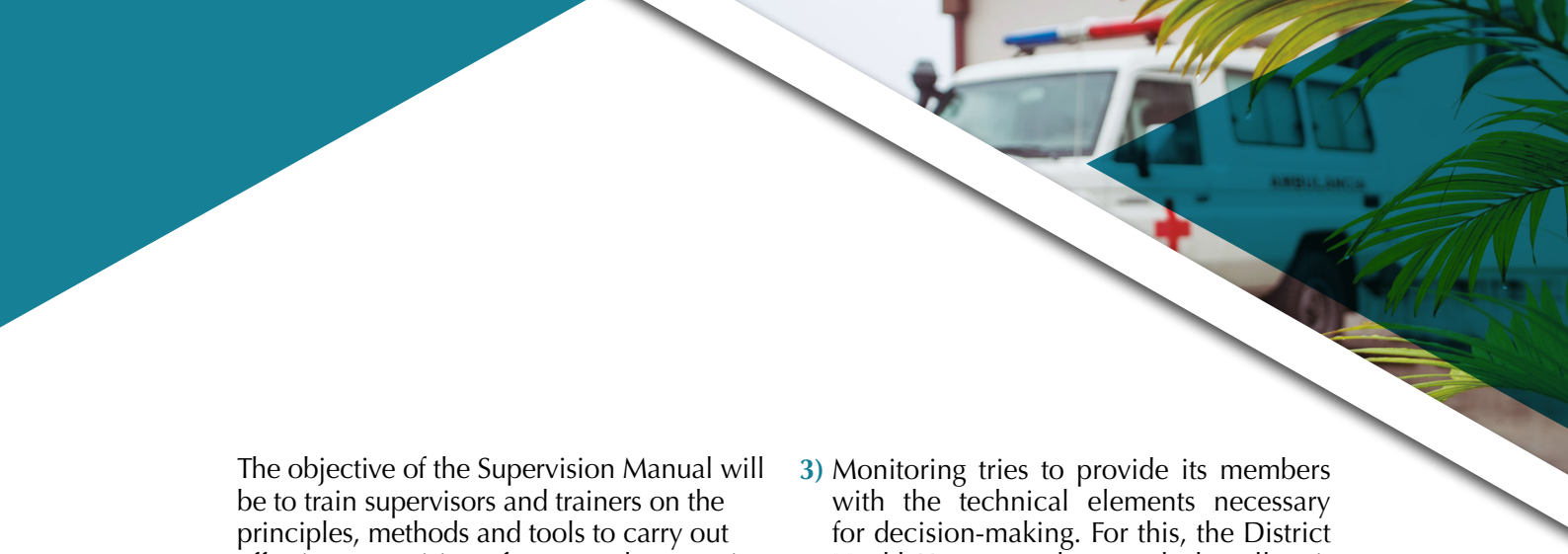
Three technical considerations fully justify this by-product, as a key tool of the Health District:

1) Supervision is necessary for the constant improvement of the quality of services in both qualitative and quantitative aspects.

2) Supervision is, at the same time, a function.

3) Management and leadership focused to ensuring effectiveness of the staff performance in their activities, and become more competent in their work.

4) Supervision is the point of convergence of management techniques and the qualityof leadership that each person responsible for the provision of services must have and apply at the different levels of the Health system.



The objective of the Supervision Manual will be to train supervisors and trainers on the principles, methods and tools to carry out effective supervision of personnel, answering the followingquestions:

- Why thesupervision?
- What are the supervision activities in the district?
- What are the supervision tools?
- How tomonitor?
- What is the profile of the supervisor?
- How to organize the organization of a supervisory training workshop?

By-product 4.7: Coverage Monitoring Manuals for Health Center and Hospital activities

The results of the periodic monitoring constitute an important competition tool for the motivation of the health structures that perform the best, have their package of activities defined by level. For this, 7 technical considerations have been taken intoaccount that justify the full implementation of a Manual for Monitoring the Coverage of Activities of the Health Center and the district Hospital to know:

1) A management tool at the local level focused to increase the coverage of service provision activities through a periodic (quarterly) evaluation.
2) The Health staff and the Management Committee for the Health Center and Hospital, supervised by the District Health Team, calculate each quarter the coverage indicators for the provision of priority services and analyze the evolution of the indicators to identify problems and quickly apply corrective actions.
3) Monitoring tries to provide its members with the technical elements necessary for decision-making. For this, the District Health Team must have tools that allow it to manage the work plans of each District Health Center and Hospital.
4) Five coverage determinants have been taken into account for the Coverage Monitor Service:
   - Availability of the necessary resources to carry out the activities.
   - Geographic accessibility to the place of provision of services.
   - Use of services by the target population.
   - Adequate coverage that reflects the degree of completion of the services provided.
   - Effective coverage that reflects the quality of the services provided.
5) An indicator corresponds to each determinant, chosen to be measurable and valid, that is, reflecting the determinant, for example, the vaccination of children as indicated in the following table.
6) The indicators will be calculated and reported in a diagram that allows the bottlenecks to be imagined, the causes of which will be analyzed with the participation of the Management Committee, in order to formulate correction strategies, which includes the preparation of a Microplan.
7) The monitoring results should be used to create emulation among the health personnel of the covered establishments who want to improve their indicators; however, it will be equally necessary to be attentive so that unmonitored activities are not forgotten by the service delivery personnel.

Table 2: Table of Monitoring of Coverage of Health Center services

Nº	Determinants	Coverage indicators
1	**Target population**	Children who have reached their first anniversary during the monitoring period.
2	**Availability**	% of days without rupture of stock of vaccines of the Expanded Vaccination Program.
3	**Geographic accessibility**	% of target population living within a 5 km radius of the fixed center or an outpost.
4	**Utilization**	% of target population that has received at least one vaccine.
5	**Adequate coverage**	% of the target population that has received all the PAV vaccines with respect to the intervals and ages of administration.
6	**Effective coverage**	% of days with refrigerator temperature with the required standards of the Cold Chain.

▶ Product 5: Funding mechanism for health of the population at the community level developed and applied with the participation of the same beneficiaries:

1) The sustainability of the supply of Health services requires a financing mechanism with the involvement of the same beneficiary population to avoid direct payments and catastrophic health expenses, through the following activities.

2) Establishment of a work space to host the offices of the Health District (official acquisition or rent) with the provision of necessary material (computers, printer, photocopier, officesupplies).

3) Activation of the district health management bodies (District Development Committee, District Health Committee, Health Center Management Committee), and the District Hospital Administration Council, for quality management of other resources that go beyond the financial resources of the Health District.

4) Sensitization of high-level decision-making authorities for the reactivation of the Health cost recovery policy focused on Essential Medicines.

5) Sensitization of high-level decision-making authorities for the introduction of the Health Identification Card (TISI) to facilitate the health monitoring of patients nation wide.

6) Sensitization of local authorities for the development of local income-generating initiatives that allow the prepayment of Health by the beneficiaries themselves to avoid catastrophic Health expenses.

7) Training in financial management for those responsible for the Health District (district team, hospital, Health Center) and members of the management committees at the district level.

8) Opening of a district account in a bank for the management of funds for recovery of health costs and donations from the natives and other sources.

9) Carrying out a census to identifyvulnerable groups benefiting from free health services in collaboration with the community leaders themselves.

10) Preparation of a Health Identification Card (HIC) that allows each beneficiary direct access to the essential services available in health establishments.

11) Creation of a computerized database of the beneficiaries of Health services based on the Health Identification Card (HIC).

12) Establishment of an integrated pricing system for the costs of services and a single box of service items within the framework of health costrecovery.

13) Establishment of the necessary connections with those responsible for the community so that dispensary groups of people can have access to the essential services they need.

14) Implementation of the Annual Operational Plan (AOP) model as a budget / program that facilitates the preparation of spending proposals based on routine information from the health units and public health programs of each Health District.

15) Establishment of a functional mechanism that allows the timely execution of the activities contemplated in the AOPs and their financial justification with transparency through technical sheets of expenses and financial reports.

16) Carrying out intersectoral awareness-raising activities for the Agriculture, Fisheries and other productive sectors mutually beneficial links between productive populations and the health sector at the district level, with the objective of establishing a prepayment mechanism for services without any financial barrier.

17) Promotion of community participation that contemplates a contribution from the same natives of the town in the financing of Health.

PHASE 3:
Application of the tools developed for the Operationalization of the Baney Health District.

▶ Product 6: Baney Health District Operationalization Tools applied in the field:

Obtaining this Product goes through the following activities:

1) Reproduction and distribution of the Health District Operationalization tools.

2) Training / retraining of service provision personnel in the workplace.

3) Periodic supervision of the service provision personnel by the District Health Team.

4) Quarterly supervision of service provision personnel by the Regional Health Team.

5) Semiannual supervision of the District Health Team and control by the Regional Health and Social Welfare Team.

6) Carrying out of the first six-month monitoring of health services coverage of the CS based on the Monitoring Manual prepared.

7) Application of the monitoring Microplan prepared by the District Health Team, the Management Committee and the personnel of the health establishments covered and monitored.

8) Carrying out the second six-month monitoring of activitiescoverage.

PHASE 4:
Extension of the Baney Health District model nationwide.

▶ Product 7: Final report of the Operationalization of the Health District with a roadmap to expand the Baney pilot nationwide:

Obtaining the Product goes through the following activities:

1) Preparation and delivery of a Technical Report of the Consultancy with the results obtained, the opportunities, possible threats and recommendations for the expansion of the Baney pilot nationwide.

2) Delivery of a Roadmap of the next stages of expansion of the Baney Model at the national level with the following development:

- Extension of the Baney Model in the first five districts chosen in the Continental Region.
- Generalization of the Baney Model at the national level to cover the 18 districts of the country.

Thank You for your attention

Ministerio de Sanidad y Bienestar Social
República de Guinea Ecuatorial

Plan de Operacionalización
del Distrito Sanitario
en Guinea Ecuatorial

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