





Technical Assistance to Ministry of Health for Assessment and Strategic Planning of Rehabilitation in Guinea Bissau



Guinea Bissau MOH recognizes importance of rehabilitation and its contribution to the health and wellbeing of their citizens

MOH demonstrated commitment through a formal request to WHO in July 2021 for technical support to strengthen health system to provide rehabilitation

MOH, WHO, AIFO and other stakeholders participated in multi stakeholder dialogue, organized by CAMI in Bissau in January 2022









Associazione Italiana Amici di Raoul Follereau (AIFO) collaborating with MOH since 1978. New MOU signed in 2021 with focus on international health cooperation in area of public heath and rehabilitation

AIFO in official relations with WHO as Non-State Actor. Agreement requests AIFO to raise awareness on the WHO Rehabilitation 2030 Initiative and contribute to WHO's efforts, including development of resources and support to countries

In November 2021, AIFO in collaboration with WHO, agreed to MOH request for technical support to strengthen rehabilitation and utilize WHO guidance



REHABILITATION IN HEALTH SYSTEMS: GUIDE FOR ACTION (RGA)

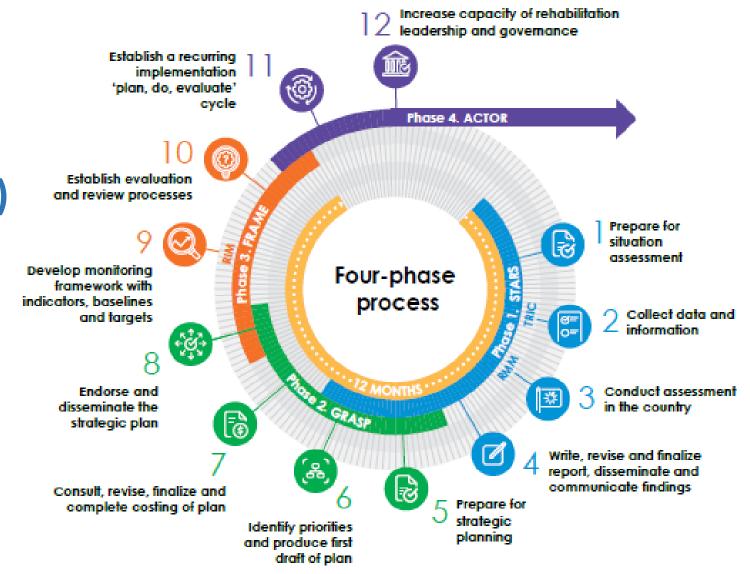
4 PHASES and 12 STEPS

1. STARS: Situation Assessment

2. GRASP: Strategic Planning

3. FRAME: Mon. & Eval. Framework

4. ACTOR: Implementation of Strat. Plan









OVERVIEW TO PROCESS:

December 2021: Commenced situation assessment in GB, using WHO Systematic Assessment of Rehabilitation Situation (**STARS**), report to be completed this month. STARS steps undertaken until now are: 1. Preparing for the assessment; 2. Collecting data and information with WHO tools; 3. Conducting an In-Country assessment, 4. Report writing

August-December 2022: Proposed development of National Rehabilitation Strategic Plan using WHO Guidance of Rehabilitation Strategic Planning (GRASP), including monitoring framework using WHO FRAME. Finalization of strategic plan and monitoring framework planned for November/December 2022.

January 2023: Implementation of plan with focus on coordination and operational planning – using WHO ACTOR.









EXPERIENCES WITH STARS IN GUINEA BISSAU:

Technical Working Group (TWG) important to the process from beginning.

Included key reps from: MOH, MOE, MOSW; Rehabilitation professionals; OPDs/users; development partners. TWG collected baseline data over two meetings for rehabilitation assessment (TRIC) and for assistive technology using WHO AT-C. The STARS report will include both comprehensively.

Creation of TWG important for:

- Improving coordination between stakeholders
- Creating a shared understandings about strengths and weaknesses of rehabilitation and ways forward
- Brining donors/development partners to the discussion

STARS process has required significant coordination across agencies:

- Coordination between 3 levels of WHO country, regional and headquarters offices, and between rehab and AT
- Coordination between WHO and AIFO, and between AIFO head and country office

1st and 2nd TWG Meeting

MOH, AIFO, WHO and other stakeholders











PRELIMINARY STARS FINDINGS

Key strengths:

- National Physical Rehabilitation Centre (PRC), trained and supported by ICRC, providing some rehabilitation including
 prosthetic and orthotic services, other assistive products for last 10 yrs. Good information available and services have
 included some outreach to regions
- National PRC and AIDA provide some rehabilitation for children with developmental delays and disabilities. Have priority criteria for users' admission, assessment tools and individualized rehab plans
- FGDs held with health providers at regional level found moderately aware of rehabilitation and interested in training on rehabilitation in their curricula, as well as creating rehab units with rehab workers in secondary level hospitals.
- International NGOs have raised awareness about rehabilitation, assistive technology and people with disabilities, government is willing to do more if resources available.

PRELIMINARY STARS FINDINGS

Key challenges:

- **Limited prioritization and leadership for rehabilitation**. While rehab is MOH responsibility, no specific Rehab and/or AT unit nor officers to develop programme. Historically, limited prioritization of rehabilitation in MOH planning.
- Limited workforce to provide rehabilitation services. No rehabilitation worker diploma/degree courses in GB, workforce reliant on sending students abroad to study. There are 7 physiotherapists, 1 prosthetists and orthotists (cat2) and approx. 10 rehabilitation assistants/CBR/nurses trained for NGO services.
- Low levels of financial commitment. MOH financing covers running costs for facilities and personnel salaries, but limited for rehabilitation services including assistive products, outreach etc. Risk that financing decreases as development partners (e.g. ICRC) reduce support.
- Services concentrated in PRC and a few other locations. Availability outside capital limited and rehabilitation not included in most secondary hospitals nor primary healthcare
- **Rehab information not routinely collected by MOH**. Although collected at facility level, data are not entered in DHIS nor utilized for rehab policy and programme planning.
- Limited assistive products available, and through donor support. Mobility products through ICRC, small MOH support







Next Steps and Phases:

Finalize STARS report:

- Review, feedback, finalize. Report includes findings, strengths, priority areas for action and recommendations.
- Make clear the risk that without further MOH investment and/or donor support the rehabilitation sector is at risk of weakening

Confirm MOH support for Rehabilitation Strategic Planning:

- MOH convene strategic planning workshop, including with TWG and development partners.
- Utilize STARS recommendations as basis for discussion on country's priorities, vision, objectives and actions
- Development partners work in coordinated way without duplication, support implementation of strategic plan
- Develop monitoring framework for strategic plan

Suggested priorities for Guinea Bissau to strengthen rehabilitation:

- > MOH integrate rehabilitation into their priorities, planning, financing
- > Train and retain rehabilitation workers, expand workers in healthcare
- > Stabilize tertiary level services
- Expand into secondary level / district hospitals with rehabilitation workers and training of existing health workers in rehabilitation
- Finance services that reach into provinces and community, including outreach activities
- > Work with NGOs and other providers for improved identification and referral system
- Finance assistive products, expand beyond mobility
- > Integrate rehabilitation into routine health information management processes
- > Monitor and coordinate the implementation of the strategic plan

