

# Applying a Behavior Change Lens:

A budget advocacy tool for the National Community Health Policy in Guinea

# The Accelerator

The Accelerator is a six-year (2018–2024) United States Agency for International Development (USAID) cooperative agreement, with co-funding from the Bill & Melinda Gates Foundation.

The project provides technical assistance across a broad range of health systems strengthening challenges to ensure that in-country institutions and organizations have the capacity and expertise to independently translate, adapt, and build more effective and sustainable health system interventions.

This tool draws on work undertaken through two Accelerator activities:

- Building Better Systems for Health Equity Using Social and Behavior Change
- Integrated Health Systems Strengthening Support to Improve Community Health in West Africa

# The Accelerator

## Building Better Systems for Health Equity Using Social and Behavior Change

The USAID Vision for Health System Strengthening 2030 identifies social and behavior change (SBC) as a cross-cutting approach critical to health systems strengthening (HSS). This activity seeks to generate new evidence and consolidate past evidence to aid in efforts to integrate SBC approaches into HSS programming under these three workstreams:

### Research and Analysis

- Improving the linkages between social accountability (SA) and SBC
- Identifying opportunities for HSS programming to integrate health equity and SBC

### Data Utilization and Learning

- Discussing findings of SA-SBC linkages study with national and subnational-level stakeholders
- Subnational focus brings in voices sometimes left out if discussion occurs only in capital cities

### Country Engagements

- Applying a behavior change lens to citizen mobilization around Universal Health Coverage (UHC) in Togo
- Applying a behavior change lens to budget advocacy and the community health strategy in Guinea

# The Accelerator

## Integrated Health Systems Strengthening Support to Improve Community Health in West Africa

In Guinea, the Accelerator focuses on improving the performance of the community health system. Partnering with Comité Jeunes Mon avenir d'Abord (CJMAD), the Accelerator implements activities under these three workstreams:

### Strengthen Implementation

- Strengthening leadership, governance, management, and planning for community health
- Working with key actors to improve the implementation of the National Community Health Strategy, including engagement in immunization activities

### Advocacy and Health Financing

- Discussing findings of SA-SBC linkages study with national and subnational-level stakeholders
- Subnational focus brings in voices sometimes left out with discussion occurs only in capital cities

### Adaptive Learning and Research

- Applying a behavior change lens to citizen mobilization around UHC in Togo
- Applying a behavior change lens to budget advocacy and the community health strategy in Guinea

# Why adopt a behavior change lens?

- Budget advocacy refers to citizen or civil society participation in decisions about the budget and using that participation to improve accountability in the use of public resources.
- Applying a behavior change lens to budget advocacy is a way to look at the actions and behaviors of various government, health sector, and citizen actors and identify possible ways their specific actions and behaviors positively or negatively influence the budgeting process.

# Tool to help apply a behavior change lens

- This slide deck is a tool.
- It provides guidance for applying a behavior change lens to strategies aimed at encouraging the participation of citizens and civil society in budget processes for the health sector.
- It aims to promote citizen and civil society engagement in budget advocacy for the National Community Health Policy (Politique Nationale de Santé Communautaire, PNSC) in Guinea.

# Tool outline

- This tool is divided into three sections, each with multiple sub-sections:
  - Understanding the Tool
  - How the Tool Works
  - Process of Using the Tool
- The supportive materials guide the use of this tool, with a step-by-step process to follow.
- The supportive materials include these worksheets:
  - Advocacy Prioritization Worksheet
  - Behavior Mapping Worksheet
  - Advocacy Strategy Worksheet

## **SECTION I**

UNDERSTANDING  
THE TOOL

### **Sub-sections**

Background  
Guiding concepts  
Budgeting  
Policy

## **SECTION II**

HOW THE  
TOOL WORKS

### **Sub-sections**

Starting points  
Actors and roles  
Budget process

## **SECTION III**

PROCESS OF USING  
THE TOOL

### **Sub-sections**

Mapping design  
Implementation  
Advocacy timing



**SECTION I**  
UNDERSTANDING  
THE TOOL

Section I lays the foundation for the tool by defining key technical and contextual points related to the current state of the PNSC.

# Background

**Why is this tool needed?**

**What is unique about this tool?**

**Who can use this tool?**

**How was the tool developed?**

# Why is this tool needed in Guinea?

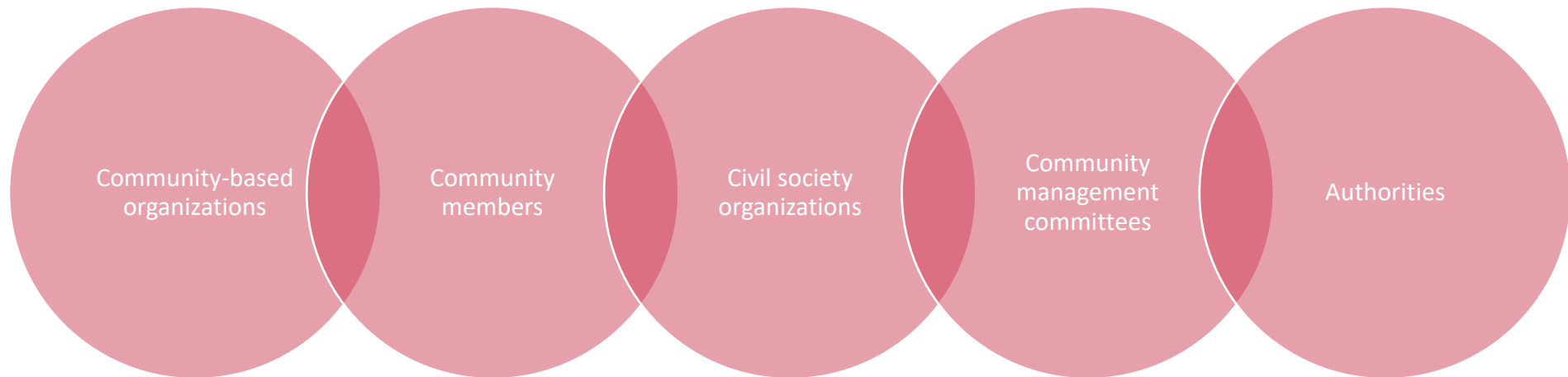
- **CITIZEN PRIORITIES:** National and subnational-level investments have sometimes been inconsistently responsive to citizen priorities in Guinea.
- **CITIZEN INVOLVEMENT:** Citizens and civil society organizations (CSOs) have a legislated role in Guinea, to help ensure the effective implementation of national policies and the application of laws.
- **COLLABORATION:** An inclusive budget-making process will benefit Guinea, including its citizens and the government.

# What is unique about this tool?

- **POLICY SPECIFIC:** This is a budget advocacy tool specifically aligned to Guinea's PNSC.
- **CONTEXT:** It includes key contextual information at the national and subnational levels in community health financing.
- **BEHAVIOR CHANGE LENS:** This tool integrates SBC approaches into budget advocacy, a form of social accountability.

# Who can use this tool?

- **GUINEANS:** The tool is designed to be inclusive. Any individual and or organization can apply it to community health financing advocacy activities. It can be used by individuals, organizations, and institutions.



# How was it developed?



- Consultations were held with national and subnational stakeholders, including those in the Mamou region.

- This tool was informed by reviewing the literature for relevant social accountability and SBC resources and tools.

- National and subnational stakeholders developed context-specific content and reviewed the final draft.

# Guiding concepts

**Health systems approach**

**Social accountability**

**Budget advocacy**

**Social and behavior change**



# Health systems approach



This tool strengthens the health system by supporting advocacy for budgets that invest in primary care at the community level, including the training, salaries, and activities of community health workers (agents de santé communautaires, ASCs) and community mobilizers (relais communautaires, RECOs).

ASCs and RECOs are vital actors in an efficient health system. They deliver essential health services to communities and link individuals to facilities through referrals to higher levels of care and providers.

# Social accountability



Use of this tool can help public officials to fulfill their community health responsibilities by advocating for budgets that align with the PNSC. It focuses on ensuring financing for the training, salaries, and activities of ASCs and RECOs.

Officials at all levels are responsible for supporting PNSC implementation and its related activities. Civic engagement with officials contributes to social accountability for the improvement of public services.

# Budget advocacy

## **DEFINITION**

Budget advocacy refers to citizen or civil society participation in decisions about the budget.

Budget advocacy is a form of participation from citizens or civil society to push for improved accountability and equity in decisions about and use of resources (public, private).

# Budget advocacy

## VALUE

Budget advocacy is a platform through which citizens or civil society can express their views.

Budget advocacy is an engagement and a process that can lead to improvements in decision-making regarding financial resources (public, private) and their use.

# Budget advocacy

## **PRACTICE EXAMPLES**

Budget advocacy is a type of activity that is designed and implemented largely by citizens or civil society. Here are two examples of budget advocacy.

The population and local authorities of Télimele advocated to the national government for increased financing for health, which led to the renovation of health centers and the purchase of needed equipment.

CSOs were involved during the development of the local development plans (Plan de Développement Locale) and annual investment plans (Plan Annuel d'Investissement) and monitoring.

# Social and behavior change

## DEFINITION

This tool defines behaviors as what is done, also referred to as 'actions' or 'practices'; these two terms are used throughout the tool interchangeably based on the context.

SBC is a systematic, evidence-driven approach to changing behaviors, norms, and the enabling environment.\*

\*This approach aims to modify behaviors and social norms through individual, social, and structural determinants.

# Social and behavior change

## VALUE

SBC approaches address why an individual, organization, or institution acts in a certain way, and how their actions can change to improve outcomes for others.

SBC approaches help address structural challenges by incorporating behavioral insights into efforts to hold actors accountable to make positive and sustainable changes.

# Social and behavior change

## PRACTICE EXAMPLES

### *Apply SBC to individuals*

SBC can be applied to *health* behaviors or practices, including handwashing with soap, exclusive breastfeeding, and facility-based deliveries.

SBC can be applied to *individuals* via interpersonal actions to influence increased inclusivity, improved communication, and proactive practices.

### *Apply SBC to institutions*

SBC can be applied to institutions to influence supportive structures, institutional practices, policies, and financing, through routine community engagement and dialogue.



# Budgeting

**Budgeting for health**

**Administrative levels**

**Government structure**

**Overview of budget process**

# Budgeting for health

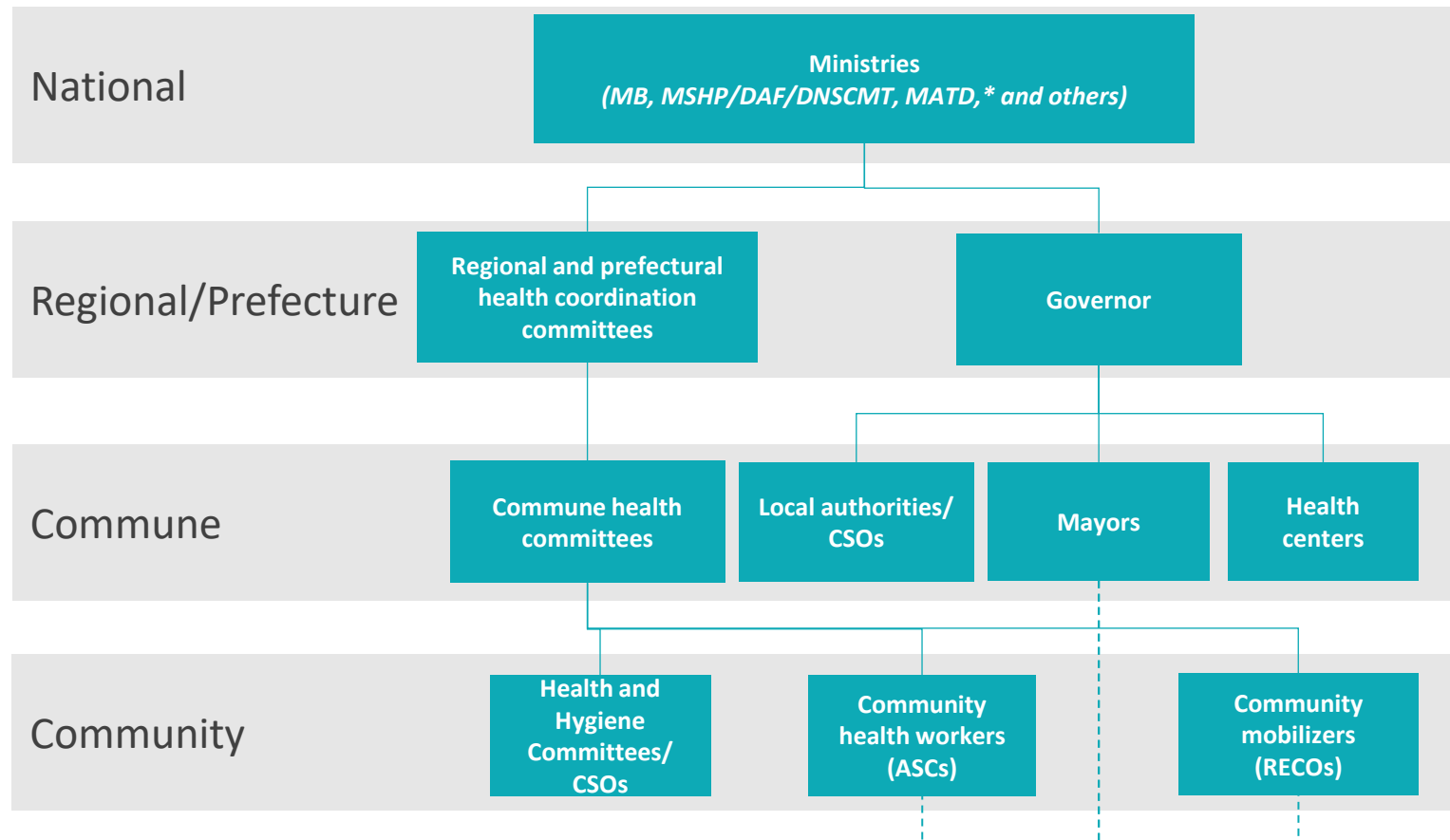
- A key objective of governmental budgeting for health is to facilitate the implementation of existing policies and strategic plans.
- Budget alignment with well-conceived national policies and strategic plans is crucial to achieve health and development goals.
- Budgeting in Guinea occurs at the subnational and national levels and aims to determine how to spend financial resources (public, private) for the best outcomes.

# Administrative levels



- In 2023, Guinea was made up of 8 administrative regions divided into 38 prefectures and 362 communes, each with budgeting responsibilities.
- Budget advocacy can occur at the national and subnational levels, using tailored approaches based on the purpose and target outcomes.

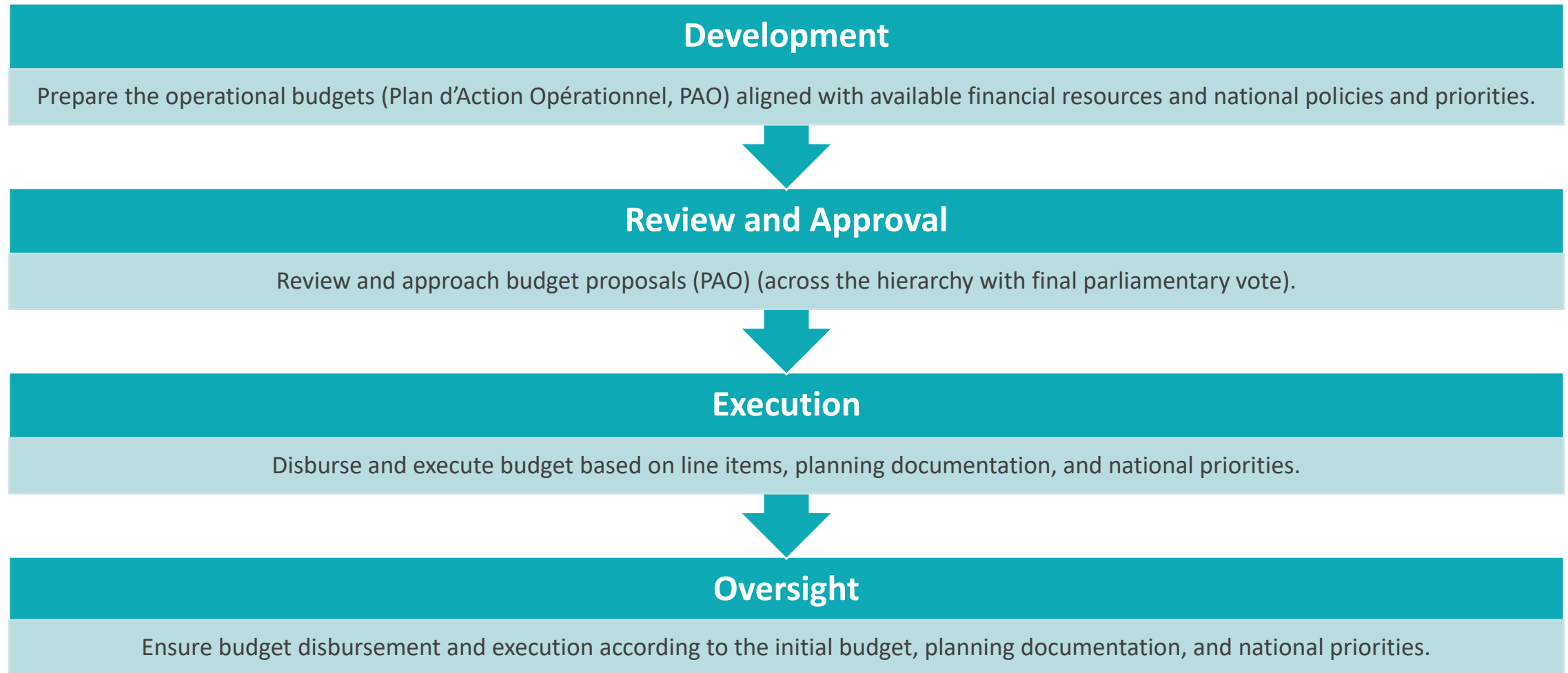
# Government structure



- Each level is engaged in the PNSC with responsibilities defined by the Ministry of Health.
- The national decentralization plan transfers key authoritative responsibilities to the subnational level.
- There are financing challenges at each level of the system.

\*Ministère de Budget (MB); Ministère de la Santé et de l'Hygiène Publique (MSHP); Direction Nationale des Affaires Administratives et Financières (DAF); Direction National de la Santé Communautaire et Médecine Traditionnel (DNSCMT); Ministère de l'Administration du Territoire et de la Décentralisation (MATD)

# Overview of the budget process



# National Community Health Policy

Overview

Community health staff cadres

Policy implications

Implementation progress

# Overview



In 2018, Guinea launched the new PNSC, focused on the recruitment, training, and payment of salaries for community-based staff (ASCs and RECOs).

This policy is a fundamental step toward achieving UHC and more equitable access to health care, particularly in rural settings.

# Community health staff cadres

- RECOs are community based and conduct health promotion and disease surveillance and prevention under an ASC.
- ASCs supervise RECOs, are linked to a health center, and complete health promotion and education, disease surveillance, and integrated management of child illness (uncomplicated malaria, diarrhea).
- Health facility (centre de santé, poste de santé) staffing plans are 1 RECO for 650 inhabitants in rural areas and 1 RECO for 1,000 inhabitants in urban areas, with 1 ASC for 10 RECOs.
- The policy sets the monthly salaries as 1,200,000 GNF for ASCs and 450,000 GNF for RECOs budgeted at the commune/national level, pending the application of the new law.



# Policy implications

- Under the PNSC, communes are responsible for overseeing community health services, including contracting and paying the salaries of ASCs and RECOs.
- This budget is fulfilled by tax revenues and central allocations, which under Law n° 2016/001/AN of 2016 funds commune authorities' local development budgets.
- In 2017, local communes were transferred key areas of authority under Law AN 017, including health services management and implementation, although the rollout of decentralization remains in progress as of 2023.
- Under Law 22/0017/CNT of 2022, the national level is responsible for budgeting the salaries of ASCs, and the communes' budget and pay for the salaries of RECOs.

# Implementation progress

- In 2018, the community health policy was piloted in 40 *convergence* communes, supported by MATD, under the full responsibility of local authorities per the PNSC.
- In 2019, the policy was implemented in 29 additional communes called *ordinaires*, with support from development partners but without local decentralization authority.
- In 2021, the PNSC was scaled up to more than half the country (55% or 188 of 343 communes), but only 40 *convergence* communes implemented it as articulated in the policy.
- In 2023, the national coverage was 60% or 218 out of 362 communes.
- Since 2022, the national coverage has been estimated at 1,906 ASCs and 19,050 RECOs, of which 873 ASCs and 8,515 RECOs have been trained.
- This tool aims to address the challenges that limit implementation progress, such as recruitment targets and financing goals, through targeted advocacy.

**SECTION II**  
HOW THE  
TOOL WORKS

Section II explains how to start budget advocacy and presents key information, such as the actors involved and their roles, as well as the budget process in Guinea.

# Starting points

Using this tool

How budget advocacy works

Using SBC in budget advocacy

Financing issues for the PNSC



# Using this tool

- The tool helps users understand health budgeting processes.
- The tool helps users develop budget advocacy strategies informed by behavior change approaches.
- Supplemental materials include worksheets to help apply the tool's information.

# How budget advocacy works

- Budget advocacy starts with understanding the gaps in how public resources are financed and used, along with the budgeting processes.
- Advocacy efforts are designed through analysis of the budget information and prioritization of key actions.
- Complex and technical information is conveyed to relevant actors to support the proposed actions.

# Using SBC in budget advocacy

- Incorporating SBC insights into budget advocacy informs contextually relevant strategies and messaging that can be adapted to the audience and overall goals.
- For example, advocates can inform mayors of the new law to include salaries for their required number of RECOs in their annual municipal budgets.
- Budget advocacy with behavioral approaches may facilitate achieving advocacy goals and help address longstanding health systems challenges with funding.



# Financing issues for the PNSC

- Financing issues across administrative levels have contributed to the limited uptake and implementation quality of the PNSC.
- As of October 2021, 218 of 342 communes had implemented the policy, of which none are financed by domestic resources, despite local financing requirements.
- In communes in which the plan is operationalized, there are gaps in available resources, honoring salary payments, and staffing coverage rates for community-based staff.
- This tool aims to support citizen and civilian engagement and oversight in budget processes at all levels, to increase officials' accountability and resolve these financing issues.

# Actors and roles

**Key considerations**

**Budget responsibilities by level**

**National actors**

**Regional actors**

**Prefectural and commune actors**

**Community and other actors**

# Key considerations

- There are many actors related to community health budgeting at each administrative level, from the Ministry of Health and Public Hygiene (MSHP), the Ministry of Territorial Administration and Decentralization (MATD), the Ministry of Finance (MF), and the Ministry of Budget (MB), to the communities and civil society.
- It is important to determine who is responsible for the different stages of the budget processes of development, implementation, and oversight.
- Budgets should include the necessary items required to support program and policy implementation, and they should be executed as planned with oversight.
- Understanding each actor's role, individually and within the system, will facilitate the design and implementation of successful behavior change and advocacy activities.
- Per the new community health law, RECO salaries must be included in commune-level budgets, and the MSHP is responsible for paying ASC salaries.

# National actors' budget responsibilities (I)

Title	Budget responsibilities
Ministry of Finance (MF)	<ul style="list-style-type: none"><li>• Analyze ministry budgets to ensure costs are appropriately allocated by defined budget lines and within budget ceiling for the sector.</li><li>• Work with ministries to ensure budgets align with budget ceiling for the sector.</li></ul>
Ministry of Budget (MB)	<ul style="list-style-type: none"><li>• Mobilise resources by ministry, present budget to Counsel of Ministries.</li><li>• Develop and publish citizen's budget; pay for all state expenses.</li></ul>
Finance Committee, National Assembly	<ul style="list-style-type: none"><li>• Review ministry budgets for alignment with international agreements and overall national budget processes.</li></ul>
Other Ministries (i.e., Health/MSHP, Local Government/MATD)	<ul style="list-style-type: none"><li>• Define and formulate sector budgets; internal validation to cover operational needs and costs including salaries, equipment, supplies, other costs.</li><li>• Consult with MF then submit to National Assembly including the Health Commission.</li></ul>
Secretary, National Assembly	<ul style="list-style-type: none"><li>• Develop budgetary documents for deputies and government members.</li><li>• Organize parliamentary budget sessions to review/vote on national budget.</li></ul>
National Transition Conseil, National Assembly	<ul style="list-style-type: none"><li>• Vote on budgetary laws (revenue and expenditure).</li></ul>

# National actors' budget responsibilities (II)

Title	Budget responsibilities
Direction of Administrative and Financial Affairs	<ul style="list-style-type: none"><li>• Prepare budgets for each ministerial department and submit to the government (Ministries of Budget and Finance).</li></ul>
Head of public projects and programs, financial authorities, other departments	<ul style="list-style-type: none"><li>• Respond to circular letter request to develop the budget.</li><li>• Prepare budgets for their respective missions and organizations.</li></ul>

# Regional actors' budget responsibilities

Title	Budget responsibilities
Governor	<ul style="list-style-type: none"><li>• Receives and shares the circular letter requesting the establishment of the regional and commune budget.</li><li>• Supervises the consolidation, validation, and transmission of municipal/regional budgets to the MF, MB, and other ministries (MSHP, MATD).</li></ul>
Regional directors	<ul style="list-style-type: none"><li>• Supervise the proposal, planning, validation, and transmission of the budget.</li></ul>

# Prefectural and commune actors' budget responsibilities

Title	Budget responsibilities
Prefect	<ul style="list-style-type: none"><li>• Oversees prefecture budget reception and execution.</li><li>• Supports identification of revenue sources with local authorities.</li></ul>
Sub-prefect	<ul style="list-style-type: none"><li>• Oversees prefecture budget reception and execution.</li><li>• Supports identification of revenue sources with local authorities.</li></ul>
Head of Budget and Financial Controller Section	<ul style="list-style-type: none"><li>• Prepares, monitors, and manages prefectural budget execution.</li><li>• Disseminates the circular letter and budget outline to the communes.</li></ul>
Commune Mayor	<ul style="list-style-type: none"><li>• Authorizes the commune-level budget.</li><li>• Receives circular letter; prepares and executes commune budget.</li></ul>
Commune Secretary General	<ul style="list-style-type: none"><li>• Assists in commune budget preparation and execution.</li></ul>
Receiver, Commune level	<ul style="list-style-type: none"><li>• Ensures that the commune budget is executed.</li><li>• Validates the commune budget by revenue and expenditure.</li></ul>

# Community and other actors' budget responsibilities

Title	Budget responsibilities
Local citizens	<ul style="list-style-type: none"><li>• Identify priorities and ensure budget transparency (right to review the budget), budget advocacy.</li><li>• Participate in fund replenishment and domestic resource mobilization (payment of taxes, fees, and charges).</li></ul>
Health and Hygiene Committee	<ul style="list-style-type: none"><li>• Mobilizes funds and health center management.</li></ul>
Civil society	<ul style="list-style-type: none"><li>• Supports resource mobilization, advocacy, and community inclusion in budget process via advocacy efforts.</li><li>• Social and societal accountability by civil society is included in the national legislation.</li></ul>
Technical and financial partners	<ul style="list-style-type: none"><li>• Provide technical implementation and financial support for health interventions and health system initiatives (private/public sectors).</li><li>• Support district efforts in vaccine financing, social mobilization.</li></ul>



# Budget process

**Key considerations**

**National budget process**

**Subnational budget process**

# Key considerations

- The structure of the budget process is largely set in advance, following a preestablished implementation schedule.
- Details of the national and subnational process are key to support advance preparation so that advocacy activities are proactive and not only reactive.
- Engagement with key stakeholders should be early and frequently; develop ongoing working relationships that are respectful of hierarchies and related boundaries.
- Citizen and civil society engagement is allowed throughout the budget process, although it differs at each level and stage (develop, review, implement, oversight).

# National budget process



# *Subnational* budget process

## **Prepare draft budgets**

Actors: DAAF, heads of public projects and programs, financial authorities, other revenue services

**2 Jun.–17 Jul.**

**18 Jul.–20 Aug.**

## **Budget conferences on revenues and expenditures**

Actors: DNB, DNDIP, DNCF, DNT, DNI, DND

# TOOL THUS FAR

Section I set the foundation for the tool, defining key technical topics and contextual issues related to the current status of the national community health policy.

Section II detailed how to start budget advocacy by describing strategic information, including the relevant actors and their roles as well as the budget process in Guinea.

Section III now provides guidance on how to put this information into practice by providing an overview of how to conduct behavior mapping, how to select target actors and behaviors to change, and when to conduct advocacy activities.

**SECTION III**  
PROCESS OF  
USING THE TOOL

Section III provides guidance on applying this information, with an overview of methods for mapping behaviors, selection of target actors and behaviors, and when to conduct advocacy activities.

# Behavior mapping design

**Key considerations**

**Behavior mapping process**

**Identify behaviors and actions**

**Identify relevant actors**

**Identify contextual factors**





# Key considerations

- Behavior mapping starts with convening a group of people.
- The group will use the worksheets to detail the behaviors and the actors, from individuals to communities to institutions.
- The group will then select target behaviors and actors for advocacy.

# Behavior mapping process

- Identify behaviors and actions, both positive and negative, that are related to the budget process and advocacy goals.
- Identify relevant actors as well as their associated behaviors using the tool's information on actors and roles (slides 44–48).
- Integrate these findings into the identified contextual factors to design behavior-informed advocacy activities using the supportive materials.

# Identify behaviors and actions

- Define positive and negative behaviors—what is done or the actions or practices—that impact the desired advocacy outcomes.
- Describe presumed influences, such as culture, norms, and external pressures that may inform behaviors in unique settings and issues.
- Use this knowledge to target positive actions and practices to amplify or negative ones to change to achieve advocacy goals.

# Identify relevant actors

- Use information in the 'actors and roles' section (slides 44-48) , list those engaged in positive and negative behaviors.
- Actors may be within a community or institution, or they may be an individual within a community or institution.
- Consider their *motivations* for these behaviors to understand each actor and how they behave within the broader PNSC environment.
- Use this knowledge to focus on *specific* actors whose behaviors and underlying motivations can change or be amplified by a certain time.

# Identify contextual factors

- Actions and behaviors of actors occur within a broader socio-ecological context, and this context should be considered.
- The details on behaviors and relevant actors should be considered in relation to the relevant institutional and structural dynamics.
- Considering the socio-ecological and systems-level context helps determine specific behaviors to feasibly change or amplify to achieve advocacy goals.

# Behavior mapping implementation

**Key considerations**

**List the potential actors**

**Identify their behaviors to target**

**Strategies for communication**



# Key considerations

- Use the information compiled in the mapping design section to implement behavior change-informed advocacy activities.
- Be organized, proactive, communicative, respectful of hierarchies, and considerate of competing priorities of key actors.
- Take a collaborative approach and be willing to support the process.

# List the potential actors

- Consider the desired outcome of the advocacy efforts—which actors *can* feasibly facilitate this output within the specified timeframe?
- Potential actors who can support successful advocacy may include those with the appropriate authority, available time, communication skills, and interest.
- Write out the existing relationships with actors, including positive and negative ones, to determine who is the best fit for advocacy success.
- Develop a list of actors who *can* support advocacy efforts, given feasibility considerations, the type of relationships, and the broader environment.



# Identify their behaviors to target

- Review the positive and negative behaviors as described during the mapping process from the list of potential actors for budget advocacy.
- Detail the behaviors by specific actors that can be changed or amplified to achieve the advocacy outcomes within the anticipated timeframe.
- Select target behaviors in consideration of external influences (cultural, political) that may impact achieving the desired advocacy outcomes.

# Strategies for communication

- Assess how the targeted actors may process information, including within their work environment (responsibilities, challenges).
- Tailor the messaging for actions to align with the actor's current behaviors as well as their underlying motivations and external factors.
- Develop concise messages about what to do and how it can be done—including with advocacy support—to achieve the budgetary outcome.
- Consider the pros and cons of different platforms to deliver messages (e.g., social media, letters, meetings, public forums, radio).

# Advocacy timing

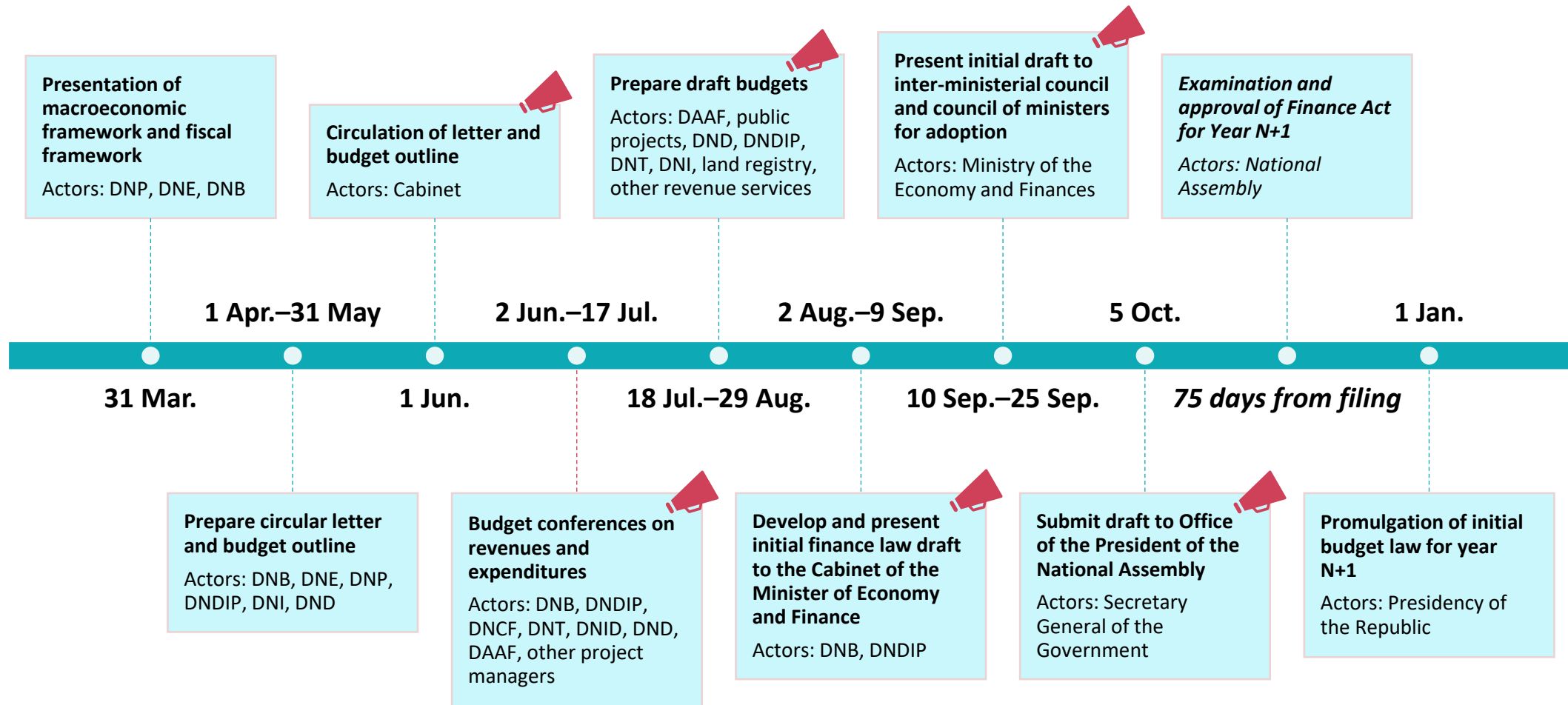
**National advocacy opportunities**

**Subnational advocacy opportunities**

**Putting this into practice**

# National budget advocacy opportunities

 = entry point for advocacy



# Subnational budget advocacy opportunities

 = entry point for advocacy

## Prepare draft budgets

Actors: DAAF, heads of public projects and programs, financial authorities, other revenue services



2 Jun.–17 Jul.

18 Jul.–20 Aug.

## Budget conferences on revenues and expenditure

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# Putting this into practice

- Consider the budget process along these timelines to plan the timing of behavior change-informed advocacy activities.
- Use this framework to facilitate proactive and targeted advocacy efforts by completing the guidance in the supplemental materials.
- Circular letters and the official budget timeframe are key opportunities to signal that it is time to prepare and begin advocacy activities.

# Main takeaways



# Takeaways

## *Using this tool*

- This tool brings together context-specific information to inform the development of advocacy strategies with behavior change approaches.
- These supportive materials are designed to support users to apply the tool's information in behavior mapping and to design advocacy activities:
  - Advocacy Prioritization Worksheet
  - Behavior Mapping Worksheet
  - Advocacy Strategy Worksheet
- These materials should be used as guidance and tailored to user needs for budget advocacy of the National Community Health Policy in Guinea.





# Takeaways

## *Behavior change-informed budget advocacy*

- Apply a behavior change approach to enhance the impact of advocacy, by adapting and applying contextually sensitive methods to solve longstanding issues.
- Understand the key actors (identify who, outline their behaviors), and then design tailored approaches for the advocacy activities.
- Review the budgetary process to plan the advocacy activities based on the potential entry points (refer to the dates in slides 68–69) and the actors responsible for each step.



# Acronyms

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**ASC:** agent de santé communautaire  
**AN:** Assemblée Nationale  
**CSO:** civil society organization  
**CNT:** Conseil National de la Transition  
**DAF:** Direction Nationale des Affaires Administratives et Financières  
**DNB:** Direction Nationale du Budget  
**DNCF:** Direction Nationale de la Contribution Foncière  
**DNCF:** Direction Nationale du Contrôle Financier  
**DNDIP:** Direction Nationale des Dépenses et Importation des Produits  
**DND:** Direction Nationale des Douanes  
**DND:** Direction Nationale des Dettes  
**DNE:** Direction Nationale de l'Économie  
**DNI:** Direction Nationale des Impôts  
**DNSCMT:** Direction Nationale Santé Communautaire Médecine Traditionnelle

**DNP:** Direction National de Planification  
**DNT:** Direction Nationale des Taxes  
**HSS:** health systems strengthening  
**MADT:** Ministère de l'Administration du Territoire et de la Décentralisation  
**MB:** Ministère du Budget  
**MF:** Ministère de l'Économie et des Finances  
**MSHP:** Ministère de la Santé et de l'Hygiène Publique  
**PAO:** Plan d'Action Opérationnel  
**PNSC:** Politique Nationale de Santé Communautaire  
**RECO :** relais communautaire  
**SA:** social accountability  
**SBC:** social and behavior change  
**UHC:** Universal Health Coverage  
**USAID:** United States Agency for International Development

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