



# Guinea malaria scorecard overview

## Background

The Guinea malaria scorecard was developed from 3 to 16 September 2017 by the Minister of Health and Public Hygiene with support from partners including ALMA, the World Health Organization, the Global Fund / Catholic Relief Services, US President's Malaria Initiative/StopPalu+, Plan Guinée, Child Fund, the Leadership, Management and Governance Project, and Systems for Improved Access to Pharmaceuticals and Services.

It has been developed under the leadership of the National Public Health Directorate of the ministry, in charge of the National Programme for Malaria, and was updated for the four quarters of 2017 thanks to WinDev data. For reasons of data migration to DHIS2 in 2018 and 2019, the updating process was interrupted by the change of database. Thus, the update process was effective from 2020 only to identify the strengthening opportunities of the use of the scorecard. Following this opportunity, a training pool was formed, composed of Ministry of Health and National Malaria Control Programme (NMCP) managers and partners to decentralise the use of the scorecard in the 38 sanitary districts of the country.

## How it works

At the national level, the scorecard is populated with data from DHIS2 every quarter. It enables the ministry to track progress of the indicators that reflect the priorities and objectives outlined in the strategic plan.

## Impact

### Use as an advocacy and resource mobilisation tool

During the meetings of the thematic Monitoring & Evaluation group, the scorecard is examined and analysed to identify the major issues concerning the indicators and develop a plan to address them.

The scorecard is used at different times such as during quarterly reviews and national and regional RBM committee meetings.

For instance, in order to solve the issue of a high positivity rate in the health training by location, the programme and its partners have organised an entomological and epidemiological inquiry within the community and the health training, and have conducted interviews with local authorities during 15 days. This led to the sanitation of the grounds, the drainage of breeding grounds and an increased use of long-lasting insecticidal nets (LLINs) within households.

## Key success factors

- Shared publicly (leaflets)
- Decentralised
- Interoperability with DHIS2 allowing easy feeding

## Partners

- [Global Fund / Catholic Relief Services](#)
- [World Health Organization \(WHO\)](#)
- [US Agency for International Development \(USAID\)](#) and the [US President's Malaria Initiative](#)