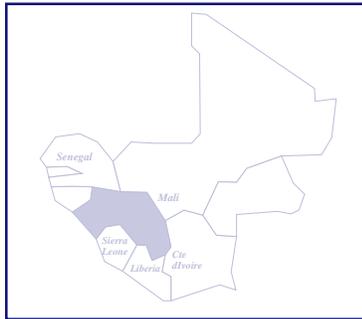
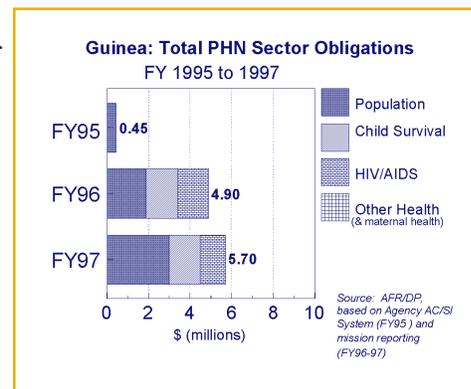


USAID Country Program Brief, October 1998  
 Family Planning and Health Activities in  
**Guinea**



Population:	6.5 million (US Census Bureau est. 1995)
Infant mortality rate:	153 deaths per 1,000 births (1992 DHS)
Adequate nutrition:	not available
Total fertility rate:	5.7 children per woman (1992 DHS)
Contraceptive prevalence:	1% (married women/modern methods, 1992 DHS)
Demographic and Health Surveys:	1992, 1999 (planned)
Multi-indicator cluster survey:	1996 (UNICEF)

USAID/Guinea’s new country strategic plan (CSP) for FY 1998–2005 specifies a program goal of “Improved economic and social well-being of all Guineans in a participatory society.” The plan outlines a program that builds on USAID/Guinea’s experience in family planning to establish a broad range of family health services. The successful strategies of social marketing and integration of public services will support important new program directions in maternal and child health (MCH), and prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and other sexually transmitted infections (STIs). USAID/Guinea’s results framework includes the following strategic objective and intermediate results (IRs) in family planning and health.



**Strategic Objective 2:** Increased use of essential family planning (FP), MCH, and STI and AIDS prevention services and practices.

*IR 2.1:* Access to FP/MCH and STI/AIDS prevention services and products increases.

*IR 2.2:* Quality of FP/MCH and STI/AIDS prevention services improves.

*IR 2.3:* Demand for and behavior favoring FP/MCH and STI/AIDS prevention services, products, and practices increases.

*IR 2.4:* A more effective response among donors, government, community organizations, nongovernmental organizations (NGOs) and the private sector addresses critical health system constraints.

**Activities in Family Planning, Maternal and Child Health, STI/AIDS**

**MSH/PRISM Public Sector.** USAID awarded a new five-year public sector grant for \$18,000,000 to Management Sciences for Health (MSH) in October 1997. This is the largest of the planned activities under the USAID/Guinea’s Health Strategic Objective (SO2). MSH/PRISM (Pour renforcer les Interventions en Sante Reproductive et MST/SIDA) will focus on strengthening public sector services in the regions of Forest Guinea and Upper Guinea. During the first year, activities will center on assessing the health delivery system, refining an integrated package of services/management, expanding outreach strategies, strengthening local health, establishing quality clinic norms and procedures, providing training to providers, and improving the supervision systems and management information systems.

**PSI Social Marketing Private Sector.** USAID awarded PSI a new five-year grant for \$4,800,000 in March 1998 to implement a nationwide private sector social marketing activity. This grant will be complemented with \$6,700,000 from the German government in mid-1998. The combined funds will be used for HIV/STI prevention, family planning and MCH activities. PSI is implementing this activity through OSFAM, its local affiliate in Guinea. Under

this activity, PSI will continue to build the institutional capability of the local affiliate to ensure the sustainability of social marketing interventions in Guinea.

**Africare.** In October, 1997, Africare was awarded a four-year grant to implement a maternal and child health (MCH) initiative in two prefectures of Upper Guinea. Africare will strengthen and expand the existing public sector MCH services and increase communities capacity to take responsibility for their own MCH needs. Africare's program is expected to reduce maternal and child morbidity and mortality in the two prefectures.

### Global Bureau and USAID/Guinea Joint Planning Activities

**AVSC International** is currently working with the Ministry of Health to expand access to long-term contraceptive methods and improve quality of services in rural and urban areas. AVSC also plans to help introduce family planning services in the private sector.

**BASICS** is currently preparing a follow-up equity study that was previously undertaken in 1996 and working with the BHR/PVC Save the Children Child Survival Grant to conduct a mortality study.

**MEASURE I** is responsible for implementing the national Demographic and Health Survey (DHS). Currently they are in the process of developing the survey protocol in collaboration with the Ministry of Planning. This study will provide critical baseline information needed to monitor these activities. The field work will start in May 1999.

**PRIME** is reviewing and finalizing a national training strategy, in collaboration with the MOH, for reproductive health. Once completed, the long-term plans are to integrate this activity into the PRISM project.

**The Population Council**, having just completed the field work, is analyzing the results of a national situation analysis conducted in collaboration with the MOH. This analysis evaluated the availability, accessibility, and the quality of services in the public sector. This information will be used to develop strategies under the PRISM activity.

### Bureau for Humanitarian Response, Office of Private and Voluntary Cooperation Child Survival Grantee of 1998

**Save the Children Federation (USA)** is implementing a four-year child survival program in Upper Guinea, Mandiana region, to promote improved care-seeking behavior, mobilization of communities to improve access to government health services and improved child survival services in health centers and posts.

### Bureau for Humanitarian Response, Office of Food for Peace PL 480 Food Program

**Africare**, under the PL 480 Food program, is implementing the Dinguiraye Food Security Initiative. The initiative is designed to improve maternal and child nutrition and health care in the Dinguiraye region.



*This USAID Country Program Brief was prepared for the Human Resources Division, Office of Sustainable Development, USAID Africa Bureau (AFR/SD/HRD), by the Center for International Health Information (CIHI). Questions and comments can be directed to CIHI ([info@cihi.com](mailto:info@cihi.com)).*