

## Guinea — BASICS II Country Program

Guinea's infant mortality rate ranks among the twenty worst in the world at an estimated 95/1,000 live births in 2002. The World Bank estimates adult literacy at a low 35%.<sup>1</sup> During most of the past year, the country was coping with a yellow fever epidemic and political unrest, with accompanying humanitarian emergencies. One-quarter of a million people were displaced as a result of cross-border attacks from neighboring Sierra Leone and Liberia, contributing further challenges to development.

### Child Survival Program Overview

In an effort to improve the well-being of its population in general and to lower the morbidity and mortality rates of children under five years, the Government of Guinea, with financial backing from USAID, launched an initiative to institutionalize child survival through the BASICS II project. In 2000, BASICS II hired a country team leader to begin implementation of a program of support to EPI (Expanded Programme on Immunization) and IMCI (integrated management of childhood illness). Support for IMCI activities will end this year, while immunization support is expected to continue through the end of the Project in June 2004.

### Technical Approach

BASICS II supports the Ministry of Health (MOH) in its efforts to strengthen systems for routine immunization services, to expand measles immunization coverage, and to institutionalize child survival strategies by establishing

community- and facility-based integrated management of childhood illness.

Interventions are targeted in Upper Guinea and support USAID's goal to increase the use of essential preventive services and practices for family planning, maternal and child health, and sexually transmitted infections and AIDS.

The Project provides the country's lead technical support for immunization programs. With BASICS II assistance, the MOH developed a strategy for partner collaboration to update and implement a five-year plan based on the results of an EPI review. The Project is also committed to strengthening managerial capacity for EPI activities at the district level and to improving performance in the areas of EPI, primary health care, training in essential medicines, and integrated supervision.

BASICS II also provides technical assistance and encourages partner collaboration for MOH implementation of the integrated management of childhood illness strategy. BASICS II assists the Ministry in increasing the use

1. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Guinea*.



Photo courtesy of Save the Children

of oral rehydration therapy, appropriate care-seeking and treatment of acute respiratory infections, and appropriate care-seeking and treatment for children with febrile illness in malaria-endemic areas.

## **Interventions**

### *Immunization*

BASICS II, in partnership with PRIME, introduced the “Performance Improvement Approach”—a process aimed at reducing zero-dose and drop-out rates for childhood vaccinations. BASICS II organized a workshop to train district health workers, MOH and regional decision-makers, and program partners. The Project completed an injection safety survey—the first step towards formulating a national immunization policy/action plan on injection safety. The national plan will be implemented

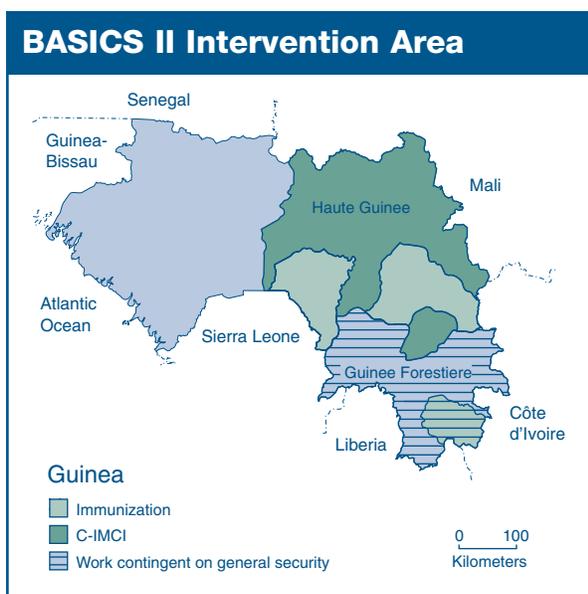
with support from MOH/EPI, the World Health Organization, UNICEF, and BASICS II.

BASICS II assisted with a successful application for GAVI (Global Alliance for Vaccines and Immunization) funding to provide systems support for increasing the measles immunization coverage and for the introduction of yellow fever vaccine into routine EPI. Though Guinea is not technically eligible for the introduction of new vaccines (DPT3 coverage is less than 50%), BASICS II advocacy successfully highlighted the importance of this intervention in light of the country’s widespread epidemic. The Project provided technical guidance in the development of an implementation plan for introducing this new vaccine and worked with the national inter-agency coordinating committee and the districts on locally adapted tools to track drop-outs and to motivate health workers and communities.

### *IMCI*

The Project, in collaboration with the World Health Organization, catalyzed action to operationalize the national IMCI program by mobilizing partners and donors, supporting the adaptation of the framework and training materials, and establishing baseline information in four selected districts. BASICS II and its partners also provided technical assistance for a national drug management of childhood illness (DCMI) study.

BASICS II helped plan, implement, and monitor vitamin A supplementation through National Immunization Days, which have achieved approximately 80% coverage. To ensure the sustainability of this intervention, integration of routine vitamin A supplementation through IMCI at the community level will be carried out in collaboration with Helen Keller International and other non-governmental organizations.



**Health Status Overview**

Total population of Guinea	7.6 million <sup>a</sup>
Under 5 mortality (CMR)	176.9/1000 live births <sup>b</sup>
Infant mortality (<1 year) (IMR)	94.8/1000 <sup>a</sup>
Neonatal mortality (<1 month)	48.4/1000 <sup>a</sup>
Low height for age < 3 years (<2 SD)	32.1% <sup>b</sup>
DPT3 coverage (among children 12–23 months)	57% <sup>c</sup>

a. PHNIP Country Health Statistical Report: Guinea, March 2002 Reference Document.

b. Enquete Démographique et de Santé, 1999; Direction National de la Statistique et Macro International Inc, 2000.

c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001

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**Key Partners**

**Ministry of Health:**

- Maternal and Child Health/Family Planning Unit: center for planning and implementation of IMCI activities

**Ministry of Health: key implementing partner**

- National Directorate of Public Health
- Regional Health Inspection Teams
- District Management Teams

**USAID-funded partners:**

- PRISM (*Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA*)
- Adventist Development and Relief Agency
- Africare
- Save the Children
- Helen Keller International

**International Non-governmental Organizations:**

- WHO
- UNICEF
- World Bank/Projet Population et Santé Genesique

**Foreign Government Donor Agencies:**

- Japanese International Cooperation Agency
- European Development Fund



**BASIC SUPPORT FOR INSTITUTIONALIZING CHILD SURVIVAL**  
**A USAID-FUNDED PROJECT ADMINISTERED BY THE PARTNERSHIP FOR CHILD HEALTH CARE, INC.**  
**Partners: Academy for Educational Development (AED), John Snow, Inc. (JSI), and Management Sciences for Health (MSH).**  
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