

## 1. Identification

<b>Country name:</b>	Guinea
<b>Country code:</b>	GIN
<b>Country Program Name:</b>	Child Health and Survival <i>(I will live a long time!)</i>
<b>Country Program Code:</b>	08
<b>Domain (s)</b>	Growing up Healthy & Habitat
<b>Covers fiscal years:</b>	Fiscal Years 05-10
<b>Date to begin (month/year):</b>	July 2004
<b>Date to end (month/year):</b>	June 2010
<b>Program Unit(s):</b>	1013

## 2. Issues

Poor health, poor hygiene, malnutrition, lack of access to health services and to safe drinking water are common throughout Guinea. The country's health indicators are among the worst in the world: Infant mortality rate is 92/1000, under-five mortality rate is 160/1000,<sup>1</sup> and maternal mortality rate is 300/100,000. In a country of 9 million people, 4.5 million are without access to health services; 4.3 million do not have safe water; and 4 millions lack adequate sanitation.

The main causes of under-5 mortality are Malaria 32% (the cause of death of one child in three); Acute Respiratory Diseases 25% (one child in four); Diarrhea 15%; Neonatal Tetanus 9%; Asphyxia / fetal distress 7%; Malnutrition 6% and others 6%.

The main causes of disease can be traced to (1) lack of information, (2) inappropriate behaviors and practices, (3) poor access to health services and (4) poor quality of health services.

### **Some health statistics on Guinea**

Population growth rate: 2.37%  
Birth rate: 42.26 births/1,000 population  
Death rate: 15.53 deaths/1,000 population  
Infant mortality rate: 91.82 deaths/1,000 live births  
Total fertility rate: 5.87 children born/woman  
HIV/AIDS - adult prevalence rate:  
3.2% (2003 est.)  
HIV/AIDS - people living with HIV/AIDS: 140,000 (2003 est.)  
HIV/AIDS - deaths: 9,000 (2003 est.)  
From :  
The World Fact Book – Guinea,  
2004 estimates except where otherwise mentioned.

### **2.1 Lack of information followed by inappropriate behavior and practices**

Guineans generally have little access to health information. More than half of the population cannot read or write. Guinean newspapers are substantially political and give little information on health practices and healthy behaviors. Very few people have televisions and, fewer have access to channels other than the single national TV which does little health promotion and information, like the newspapers.

Stemming from the lack of information, many Guineans adopt behaviors and practices that are inappropriate for their health as well as their children and families health. Many people ignore the links between information, behavior and health; or the links between clean water, clean environment and health. Solid wastes (including human wastes) are not disposed adequately, leading to widespread contamination.

### **2.2 Poor access to health and Water sanitation services**

Guinea has good health infrastructure coverage. 90% of the population in Plan communities lives within 5 km of health infrastructure, but 18% of the interviewed mothers declare that the costs are unaffordable for them. In the interior of the country, there is in principle, one hospital per prefecture, one health center per sub-prefecture and one health post per district. In the Plan program area there are 05 hospitals, 55 health centers, 108 health posts and some communities health infrastructures (290 birth houses and 339 birth huts). In spite of this good health infrastructure coverage, there some problems are remaining. Long distances, lack of means of transportation, bad roads and lack of bridges put these infrastructures beyond the reach of many children and families living in distant and inaccessible communities. School health is limited to urban centers and consists mainly of anti-tetanus vaccination and once in a while the supply of

<sup>1</sup> Page: 2  
World Health Report, 2005

anti-malaria and anti-anemia drugs. According to the Education CPO baseline survey results, in the Plan communities, 29% <sup>2</sup>of schools have clean water against 79% of households. In the schools, 74% of children use the clean water sources.

Concerning the latrines, 35% of the households have and use hygienic latrines, 28% use the traditional types of latrines that do not have any hygienic guarantee, whereas 37% of households continue to live without toilet and defecate in nature. At the schools level, 52<sup>3</sup>% of the schools lay out of the latrines separate girl-boys. This situation in the schools is better in rural zone where 54% of the schools have latrines separated against 46% in the urban centers.

### **2.3 Poor quality of health services**

Even where the infrastructure exists, health services in Guinea are generally of very poor quality. More than 60% of the qualified health personnel is concentrated in Conakry the capital. On the other hand, nurses, community health workers that are trained on IEC, mostly run health structures especially in the interior. There are frequent shortages of vaccines and essential drugs and spare-parts for the refrigerators. The main reason for this situation is the low governmental subsidy and delay in the payments for health, the lack of transparency in the management of health infrastructure and the lack of maintenance funds, despite the existence of management committees.

The involvement of the government health personnel in the community health network is very limited. The government health personnel lack the motivation and sometimes the skills to provide good quality of services to the communities. As a result of this, families and communities have lost confidence in government health personnel and sometimes consult them only as a last resort. In addition, quacks and the illicit trade of counterfeit medications are widespread. Their cheapness and mobility make them more accessible to the families who ignore the incompetence of the quacks and the ineffectiveness of the medications they peddle.

The Community Health Workers (CHWs) intervention increased the request for the services through the IEC, whereas the offer of services is insufficient and has bad quality.

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<sup>2</sup> Page 23

Education programme baseline, June 2005

<sup>3</sup> Education program baseline, June 2005, page 24.

### 3. Previous Experience

Plan Guinea has been operating in Forest Guinea since 1989 and this has had some positive results in Plan communities. As seen in some of the health statistics above, the Forest Region has clearly better situation than the other regions of Guinea. Plan Guinea has been supporting a number of Community Health Workers (CHWs) since 1994 to promote awareness in health, hygiene and sanitation. Plan Guinea supported more than 350 CHWs via the five CHWs' associations/NGOs. These associations are organized per prefecture and are strengthening their capacities in a bid to transfer some of their tasks to community members. Plan Guinea has jointly funded more than a dozen vaccination campaigns especially against polio; has helped the construction of tens of health posts, health centers, birth houses; improved wells, drill holes and springs; organized the training and the equipment of hundreds of Traditional Birth Attendants (TBAs); and financed Information and Education (IEC) sessions on various health-related topics. The community health network constituted by CHWs, TBAs, and health personnel has been described as the ideal solution to Guinea's health problems. For example, trained personnel (nurses, matrons, mid-wives or TBAs) assisted 79% of the interviewed women in Plan areas during their last child delivery, compared to 55.5% at national level.<sup>4</sup> Plan Guinea supports registration, equipment & training, and supervision for rural TBAs to promote their integration into the national health services. The birth kits are composed of items which are available on the local market or which can be replenished by the local hospital. Plan Guinea is currently reviewing its TBA program in the context of a Plan-wide discussion on these types of programs, and in the context of the widespread involvement of Traditional Birth Attendants in Guinea in female genital cutting.

Fifteen years' experience in Child Centered Community Development in the same geographical area has made Plan a pioneer organization in the country, especially in the Forest Region where the Plan program is based. The result is that Plan has the reputation to influence changes in national policy and at the local level, and in the daily behavior of children, adolescents and adults. Important lessons learnt from the past period of intervention include the following:

- Communities must agree to allocate their budgets for health projects. In addition the CHW give advice to communities improving sanitation arrangements with their own resources.

The collaboration with the local health departments and the CHWs has improved significantly. As a result, there has been an improvement in the vaccinations rates and birth registration. The infant and pregnant deaths rates have decreased and the nutrition status of children has improved. According to a baseline study by Plan Guinea in April 2005, in Plan Guinea's program area, it is noticed that:

- 40% mothers of children under 6 months old practice exclusive breast-feeding (against 35% at national level);
- 45% of children from 0-11 months are completely vaccinated (compared to 35% country-wide);
- Although 75% of mothers of children under 3 years old know how to prepare ORS, only 10% of them increase the food of the child when the latter is taking ORS;
- 81% took their children to appropriate treatment when they had respiratory infections; 13% did not attempt any treatment at all.

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<sup>4</sup> Page: 4  
MICS 2003 – Unicef and the Ministry of Plan and Statistics

- 67% of mothers know the cause of malaria, and 54% take their children for appropriate treatment within 24 hours of noticing the fever.
- 62% of women of childbearing age know where to obtain Family Planning information or contraceptives in their communities, but only 2.4% could name two modern contraceptive methods.
- 90% of the interviewed women declared having heard of HIV/AIDS but their knowledge of HIV/AIDS prevention methods are preservatives (69%), fidelity (59%) and abstinence (50%).
- 97% of interviewed youths confirmed having heard of HIV/AIDS, but 15% do **not** know HIV transmission methods; 29.7% of the youths interviewed do not know correct methods of STD prevention.
- 49% of the population has access to potable water;<sup>5</sup> 41% urban and 11% rural populations have access to adequate human waste disposal infrastructure.<sup>6</sup> According to the baseline survey report of April 2005, 79% families in Plan Guinea communities have access to potable water and the remainder use unclean and unprotected water sources including streams and gutters. According to the same report, 35% of households in Plan areas have adequate human waste disposal facilities.
- This is one of the largest and most decentralized rural health programs anywhere in West Africa – giving locally trained professional Health Workers the chance to serve their own communities and work with these communities to tackle their own issues.
- The Child-to-child approach is a methodology wherein bigger children in school are taught to transmit health and education messages they learn in school to smaller children at home and in the community. In this way, school-going as well as non-school-going children have the opportunity to learn and practice notions in preventive health, hygiene, sanitation, HIV/AIDS prevention and care, education and fun games.

However, during its presence in Forest Guinea, Plan has identified some opportunities to improve its health program. Examples include:

- Dependence on MOH structures and bilateral programs: The vaccination and referral components of this program are over dependent upon the smooth running of large national programs. Plan Guinea still needs to continue invest more time and human resources to improve communications with national policy makers and donors and to campaign for certain policy modifications.
- It has been noted that overloading of the CHW program influence the quality of their services. This is mostly due to the shortage of government health agents at rural levels.
- The late reference of pregnant women towards health posts/centers and the level of qualification of health agents in charge of prenatal care are the major reasons of the high rate of deaths in the health centers/posts. Therefore, it has been suggested in collaboration with the local MOH to revise the activities of the CHWs and reinforce the skills of government health agents.

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<sup>5</sup> Poverty Reduction Strategy, MEF/2000

<sup>6</sup> Page: 5

National Action Plan, Africa 2000 initiative, Min of Health

- The lack of construction materials and increases of prices also jeopardized the implementation and completion of projects/activities.
- Plan Guinea needs to concentrate more efforts in strengthening the capacities of communities to manage their achievements. Village health committees, health center/post management committees and water management systems need to be strengthened not only to manage existing resources but also to mobilize outside ones.

Other areas for improvement in this program are:

- Reinforcing malaria prevention and treatment methods for children and pregnant women
- Reinforcing STD and HIV/AIDS prevention activities
- Improvement of the data collection and analysis
- Reinforcing the capacity of CHWs and community animators
- Reinforcing the involvement of the communities in building latrines and/or birth centers
- Transfer of knowledge and responsibilities from CHWs to community members, especially to children and women

### **Past Evaluations**

Over the years of its operation in Forest Guinea, Plan has commandeered many evaluations of its health program from internal collaborators as well as from external consultants. Plan Guinea has just completed a baseline evaluation of the indicators of this CPO. Some key recommendations of the past evaluations are:

- Plan Guinea should develop a communication strategy specially targeting women and adolescents.
- Plan Guinea should strengthen the follow-up of individual children and mothers through the use of an improved database system both by the MoH structures.
- Plan Guinea needs to clarify, with the local MoH structures, the roles and responsibilities of the CHW especially vis-à-vis the MoH. Plan and the MoH each claims that the CHW belongs to and is managed by the other.
- Plan should envisage placing a more professional ‘health’ person per zone to supervise and coordinate the activities of the CHWs and relate these to the national health program.
- Plan’s administrative bottlenecks constitute an obstacle to its own effectiveness in implementing its program

## 4. Program Objectives

The objectives of this Program contribute directly to the attainment of the Country Goal of promoting good health and reducing child mortality and morbidity in the five Prefectures (Kissidougou, Gueckedou, Macenta, Yomou, N'Zérékoré) of Plan program areas.

The objectives are:

### **1. Children under 5 years of age**

- 1.1. Contribute to increased immunization coverage of children aged 0-5 years.
- 1.2. Contribute to reduced mortality and morbidity due to malaria, diarrhea and respiratory infection among children aged 0-5 years.
- 1.3. Contribute to reduced malnutrition among children aged 0-5 years.
- 1.4. Contribute to decreased peri-natal and maternal mortality

### **2. Children from 6 to 13 years**

- 2.1. Contribute to increased school attendance and school completion rates through improved health and nutrition among school-aged children.

### **3. Adolescents**

- 3.1. Promote responsible and safe sexual behavior among adolescents

## 5. Indicators

For this CPO the “Plan program area” is defined as the entire area covered by the five Prefectures of Kissidougou, Gueckedou, Macenta, Yomou, N’Zerekoré.

**Objective 1:** Contribute to increased immunization coverage of children aged 0-5 years.

- **Result 1.1: At least 80% of children under five years of age are fully immunized.**

<b>Indicator 1.1.1:</b> % of children aged 12-23 months who are fully immunized		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	47%	90%
Gueckedou	46%	85%
Macenta	44%	85%
N’Zerekoré	47%	75%
Yomou	46%	70%

**Objective 2:** Contribute to reduced mortality and morbidity due to malaria, diarrhea and respiratory infection among children aged 0-5 years<sup>7</sup>.

- **Result 2.1: Less than 20% of children aged 0-5 years suffer from fever within a two-week period**

<b>Indicator 2.1.1:</b> % of mothers of children aged 0-59 months who declare that their child suffered a fever within the last 15 days		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	54%	20%
Gueckedou	33%	15%
Macenta	55%	20%
N’Zerekoré	58%	25%
Yomou	48%	25%

<b>Indicator 2.1.2:</b> % of mothers of children aged 0-59 months who declare that their child slept under an insecticide-treated bed-net on the night preceding the survey		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	31%	50%
Gueckedou	14%	30%
Macenta	17%	30%
N’Zerekoré	19%	25%
Yomou	22%	25%

<sup>7</sup> The baseline 2005 has applied on children aged 0-35 months

- **Result 2.2: Less than 15% of children aged 0-5 years suffer from diarrhea within a two week period.**

<b>Indicator 2.2.1:</b> % of mothers of children aged 0-59 months who declare that their child had diarrhea during the last 15 days		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	17%	10%
Gueckedou	16%	10%
Macenta	23%	15%
N'Zerekoré	31%	20%
Yomou	30%	20%

<b>Indicator 2.2.2:</b> % families possessing and using latrines that respect privacy and that do not risk contamination or accidents		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	30%	50%
Gueckedou	30%	50%
Macenta	30%	50%
N'Zerekoré	30%	40%
Yomou	30%	40%

<b>Indicator 2.2.3:</b> % of mothers with children aged 0-59 months who utilize oral re-hydration therapy (packaged ORS or safe home liquids) to treat diarrhea		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	73%	90%
Gueckedou	70%	90%
Macenta	64%	90%
N'Zerekoré	54%	60%
Yomou	54%	60%

- **Result 2.3: At least 90 % of children aged 0-5 years with acute respiratory infections who are correctly treated.**

<b>Indicator 2.3.1:</b> % of mothers of children aged 0-59 months who refer their children with symptoms of pneumonia for appropriate treatment		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	100%	100%
Gueckedou	93%	95%
Macenta	77%	90%
N'Zerekoré	93%	100%
Yomou	73%	90%

- **Result 2.4: At least 80% of mothers of children aged 0-5 years have access to quality health services.**

<b>Indicator 2.4.1:</b> % of mothers of children aged 0-59 months who report that they consulted a health care facility in their own community during the last episode of their child's illness.		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	40%	90%
Gueckedou	40%	90%
Macenta	30%	85%
N'Zerekoré	40%	65%
Yomou	30%	60%

**Objective 3:** Contribute to reduce malnutrition among children aged 0-5 years.

- **Result 3.1: Less than 4% of children aged 0-5 years are malnourished.**

<b>Indicator 3.1.1:</b> % of children under 3 years who have a weight for age score below minus 2 standard deviations from the median weight-for-age of the international norm		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	8%	4%
Gueckedou	6%	4%
Macenta	9%	4%
N'Zerekoré	10%	5%
Yomou	14%	7%

- **Result 3.2: At least 50% of mothers exclusively breastfeeding their children up to the age of six months.**

<b>Indicator 3.2.1:</b> % of mothers with children aged 0-5 months who report that they are exclusively breast-feeding their children		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	17%	40%
Gueckedou	40%	70%
Macenta	30%	60%
N'Zerekoré	30%	50%
Yomou	20%	30%

- **Result 3.3: At least 20% of women of child-bearing age use modern family planning methods.**

<b>Indicator 3.3.1:</b> % of sexually active women of childbearing age who desire no more children in the next two years and who are currently using a modern family planning method		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	10%	25%
Gueckedou	8%	25%
Macenta	5%	20%
N'Zerekoré	8%	16%
Yomou	6%	12%

**Objective 4: Contribute to decreased peri-natal and maternal mortality**

- **Result 4.1: At least 80% of pregnant women use quality ante-natal services.**

<b>Indicator 4.1.1:</b> % of mothers with children aged 0-11 months who were fully immunized against tetanus during their last pregnancy		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	72%	90%
Gueckedou	75%	90%
Macenta	66%	80%
N'Zerekoré	74%	80%
Yomou	74%	80%

<b>Indicator 4.1.2:</b> % of mothers with children aged 0-11 months who took at least two (3 <sup>rd</sup> and 6 <sup>th</sup> month) preventive malaria treatments with Sulfadoxine-Pyramethamine during their last pregnancy.		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	0%	80%
Gueckedou	0%	80%
Macenta	0%	80%
N'Zerekoré	0%	50%
Yomou	0%	50%

- **Result 4.2: At least 80% of pregnant women deliver their baby with the assistance of a professional health care provider**

<b>Indicator 4.2.1:</b> % of mothers with children aged 0-59 months who delivered their last child with the assistance of a professional health care provider.		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	80%	90%
Gueckedou	80%	90%
Macenta	59%	80%
N'Zerekoré	60%	70%
Yomou	42%	60%

**Objective 5:** Contribute to increased school attendance and school completion rates through improved health and nutrition among school-aged children.

- **Result 5.1: At least 80% of primary schools have appropriate and functional latrines and convenient access to clean water.**

<b>Indicator 5.1.1:</b> % of public and private primary schools that have appropriate latrines and access to clean water		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	ND	80%
Gueckedou	ND	80%
Macenta	ND	80%
N'Zerekoré	ND	60%
Yomou	ND	60%
Ensemble	<b>52%</b>	80%

**NB:** Baseline: Data not available by prefecture

- **Result 5.2: At least 50% of children in primary schools are regularly treated for intestinal parasites and Schistosomiasis.**

<b>Indicator 5.2.1:</b> % of public and private primary schools that report a systematic parasite treatment of students during the last 12 months		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	25%	70%
Gueckedou	25%	65%
Macenta	25%	65%
N'Zerekoré	20%	30%
Yomou	15%	25%

**NB:** Baseline column: The systematic parasite treatment is included in Government Health policy, but this activity is not regularly carried out.

- **Result 5.3: At least 40% of children in primary school receive one hot meal during school days.**

<b>Indicator 5.3.1:</b> % of public and private primary schools that operate a school feeding program for at least five days per week		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	28%	50%
Gueckedou	77%	90%
Macenta	0%	10%
N'Zerekoré	8%	20%
Yomou	45%	10%

**Objective 6:** Promote responsible and safe sexual behavior among adolescents

- **Result 6.1: At the age of 19, less than 40% of girls have ever been pregnant.**

<b>Indicator 6.1.1:</b> Proportion of adolescent girls aged 15-19 who have ever been pregnant		
<b>Prefecture</b>	<b>Baseline<sup>8</sup></b>	<b>Target</b>
Kissidougou	Data not available per zone or prefecture, but it's 49% at the national level.	40%
Gueckedou		40%
Macenta		40%
N'Zerekoré		30%
Yomou		20%

- **Result 6.2: Sexually active adolescent girls and boys increasingly use condoms during sexual intercourse with casual partners.**

<b>Indicator 6.2.1:</b> Proportion of sexually active unmarried boys aged 15-19 who used a condom during their last sexual intercourse.		
<b>Prefecture</b>	<b>Baseline<sup>9</sup></b>	<b>Target</b>
Kissidougou	54%	70%
Gueckedou	48%	70%
Macenta	37%	60%
N'Zerekoré	56%	60%
Yomou	56%	60%

<b>Indicator 6.2.2:</b> Proportion of sexually active unmarried girls aged 15-19 who used a condom during their last sexual intercourse.		
<b>Prefecture</b>	<b>Baseline</b>	<b>Target</b>
Kissidougou	54%	70%
Gueckedou	48%	70%
Macenta	37%	60%
N'Zerekoré	50%	60%
Yomou	49%	60%

**NB:** Macenta : RESTOR evaluation results

<sup>8</sup> EDS Guinea 1999

<sup>9</sup> Impact RESTOR Evaluation 2005

## 6. Program Approach

Plan will never develop and implement effective and sustainable initiatives and programs without appropriate support from and to local and central government. One of Plan Guinea's strategies will therefore be to support and accompany the government of Guinea in the implementation of its health policies and regulations.

The program outlined in this CPO addresses the supply side of services for health, hygiene, water, and sanitation. It outlines the strategy of Plan Guinea's collaboration with service providers, primarily the Ministry of Health, the Ministry of Education, and the Ministry of Hydraulic and Energy.

The other, equally important part of the Plan Guinea strategy addresses the demand side for health, hygiene, water, and sanitation. This includes the work with children's groups, women's groups, water committees, village health committees, etc. This strategy is outlined in a different CPO dealing with governance and civil society strengthening.

The principal partners in the program outlined in this CPO will be:

### **The Ministry of Health at the level of the Prefectures (DPS)**

Plan Guinea will sign annual agreements of cooperation with the five DPS in the Plan program area based on annual work-plans. The scope of Plan's support to the DPS is defined by the program priorities outlined in this CPO, and by the priorities identified by communities during the annual meeting of the "politique budgetaire".

Assistance provided to the DPS may include

- Technical assistance in the form of personnel at the Health Post, Health Center, or Prefecture level employed on a contractual basis by Plan but administratively and technically fully managed by the DPS.
- Financial assistance for priority activities, including supervision and training, related to the strategy outlined in this CPO.
- Assistance in infrastructure development to expand the network of primary health care facilities in the Prefectures.

The Plan assistance to the DPS will be administered by the *Comité de Pilotage des Projets d'Intérêt Général* (COPPIG), and jointly monitored by COPPIG, Plan, and the DPS. Monitoring and evaluation indicators included in this CPO and any additional indicators chosen to manage the cooperation agreement between Plan and the DPS will be collected on a Prefecture wide basis as part of data collection for the Prefecture's health information system. To the greatest extent possible, Plan will avoid to develop separate information and data collection systems.

### **The Ministry of Education at the level of the Prefectures (DPE)**

Collaboration with the Ministry of Education, through the National school health Service, will focus on the development of hygiene, health, nutrition, water, and sanitation services for primary schools in the five Prefectures.

**The Ministry of Hydraulic and Energy**

Collaboration with the ministry of hydraulique and energy through the SNAPE “Service National des Points d’Eau” et SEEG “Société d’Exploitation des Eaux de Guinée” will focus on the construction of new tube well/borehole with hand pump.

All projects in the program will have to be approved by the local Ministry of Health and the Plan Advisory Board prior to analysis by the Country Director.

Plan Guinea will collaborate with both local and non-local organizations and agencies in a bid to increase effectiveness in the Plan zones, and to scale up impact at national level. Non-local partners will include UN Agencies, International NGOs, Bilateral Cooperation Agencies, and specialized National Programs.

## 6. Assumptions and Risks

Some of Plan Guinea's assumptions are:

- **Stability in the county:** Guinea will experience political stability as opposed to upheavals, rebellion, war and disorder.
- **Availability of vaccines and medication:** Plan Guinea supposes that there will be continuous availability of drugs and vaccines, condoms and contraceptives and other medical supplies in the country. With this assumption Plan will promote the demand for health services and supplies and regular ruptures in the supply of these will strike a shattering blow to the program.
- **Respect the partnership convention between Plan, its Partners and the Government:** Plan Guinea assumes that its program partners and the government will continue to respect existing conventions and understandings.

## 7. Monitoring, Evaluation & Research

The program will be monitored at district, Rural Development Community (CRD in French), Prefecture and CO levels as follows:

- At **district level**, Community Health Workers will interact with community members including children, women, TBAs, Traditional Healers, health, water and sanitation committees. The Health Post Chief will coordinate the activities of these different individuals and entities. Animation and IEC sessions, outreach vaccination strategies, community-meetings are done at the district or village level. Health posts, wells, family latrines and other small infrastructure projects are also done at this level. Minutes of meetings and reports of community education sessions are filed for reference at this level. These and CHWs' monthly reports will propose adjustments in program implementation as and if identified at the district level. Also, the restitution of these reports in the communities will permit the identification of training needs of the different actors.
- At the **CRD level**, The Health post Chief in the different districts of the CRD hold monthly meetings to compile their report before sending it of the to the DPS and Zone office. The compilation of the CRD report is coordinate by the Health center chief. This compilation meeting constitutes an opportunity for sharing lessons and integrating these into the future of the program.
- At the **Prefecture level** the Primary health care Manager and the CHW Supervisors meet once a month to compile their reports before sending these to the DPS, the Zone Coordinators and the Health Advisors. Again, there is an opportunity for learning and integrating lessons into the future of the program. Also, at the prefecture level the local MOH organizes technical meetings every semester. Health programs and activities are revised per CRD and the results are shared with all stakeholders.
- At the **Country Office level**, the Health Advisors receive compilations of CHW reports at zone level. The Health Advisors analyze these reports, give feedback and advise on action to be taken when necessary and finally prepare the quarterly report.

### How this program will be monitored.

Types of monitoring activity	Who should carry it?
Informal discussions/sharing during visits	Community, partners
Periodic follow-up: use of minutes of meetings, various assemblies, activity reports, etc.	Community, Partners and Plan staff
Monthly reports of community workers	CHWs, Health Advisors and Zone Coordinators
Quarterly reports of Zone Coordinators and the CO	CZs, Health Advisors, CMT
Monthly financial transactions	Accounting Dept.
Controls/audits	Partners, consultants
Internal Controls	Internal Controllers
Prefectoral MOH monitoring reports	Local Ministry of Health staff
Annual round table project evaluations	Plan and Communities
Grants reports preparation	PSM, Technical Advisors
Field Visits to see projects	Plan senior staff

**The plan for the mid-term review of this program.**

A mid-term review will be carried out by a registered and independent structure after 3 years of implementation of the program with the involvement of health agents and representative of community's leaders and children. It will permit to point out the strengths and weaknesses and recommendations in continuing the Program. Plan will facilitate meetings with children, community leaders, health personnel and partner NGOs to design the terms of reference. Plan will finance the review. The health agents and representative of communities will administer the questionnaires. The consultant will be responsible of the monitoring of the review and writing up the report. If necessary the program will be revised taking into account the findings and recommendations.

**The plan for the final evaluation of this program.**

The final evaluation will be carried out at the end of the program. An independent consultant/bureau with the technical support of Plan Guinea will carry it out in the same way as the midterm review described above. The impact of the program will be assessed and recommendations for future program will be defined.

The final evaluation of the program will follow the traditional approach of the evaluation of projects. Communities, including youth/children will first evaluate the programs with the assistance of the communities' animators. A team composed of the representative of Plan Guinea staff and the CMT, communities' leaders and authorities and youth/children will then validate the results of the evaluation.

**Other evaluations that are planned for this program.**

Others evaluations will help identify issues and suggest solutions on time, e.g. mini-evaluation from Quality Sampling (*LQAS Lot quality assurance Sample*) carried out by field agents.

Plan Guinea will take all these recommendations and learning into considering during the implementation of the present program.

**Research opportunities:**

1. Study on the possibility of communities to pay for water. Now, different sustainability initiatives are being put in place in different communities (monthly payment, payment per bucket, payment per number of persons in the household, voluntary contributions when repairs are needed, no payment at all).
2. A study on community-based solution to the high costs of medication that cannot be covered by health centers.
3. A study on the most appropriate strategy for the promotion and distribution of insecticide-treated bed-nets.
4. A review of the strategies in collaborating with Traditional Birth Attendants (TBAs)

## 8. Resource Implications

### Financial Resources

The budget for this program is US\$ 14,903,839 excluding community participation, which is estimated to be around 15% of Plan's contribution during the life of this CPO. Around 70% (\$10,305,488) of this will come from Plan's Sponsorship funds. About 20% will be raised in grants from corporate funders and individual contributions through Plan National Organizations. Plan Guinea intends to mobilize 10% of the budget in locally raised grants from bilateral and multilateral donors and the government of Guinea.

Community participation is key to the success of this program. As such, communities will contribute financial resources for the implementation of this program.

### Human Resources

CHWs/Associations: Plan Guinea has for the last 10 years been supporting Community Health Workers (CHWs) specially trained to do health promotion in communities. They do community mobilization in health subjects such as vaccination, prenatal consultation, HIV/AIDS, environmental protection, potable water, sanitation and hygiene. Years of experience have led these agents to organize themselves into officially recognized health worker associations operating in Forest Guinea where Plan's program is based. Now, the CHWs will reinforce the activities in the health post and Health centers, and they will be responsible for social mobilization around health activities (hygiene, potable water, sanitation, vaccination, nutrition and prenatal consultation). There is one CHW in each health post in the program area.

Plan Guinea will need to investigate the possibility of contracting/hiring one more qualified health person per zone to supervise the CHWs and coordinate with the local MoH, Plan and other actors in the zone.

TBAs: Traditional Birth Attendants (TBAs) are very influential in the Forest Region of Guinea. They assist women in child delivery, and they are recognized leaders of women in the communities. More controversially, they are performing female genital cutting. Plan Guinea will continue to collaborate with TBAs, but will review the support and training focus regarding the discussion about these types of programs that is currently conducted by Plan at the international level. Plan Guinea will also develop a program approach to the elimination of female genital cutting (within the child rights program), and will review the role of TBAs in this context.

Children/youth (Child-to-Child, Children's/Youth clubs...): Children and youth will have active roles to play in this program. They will do peer sensitization; raise community awareness via theatre and songs and participate actively in community meetings.

National and Rural Radios: This year's baseline study of the program highlighted that the radio is the most important source of information for women and adolescents.<sup>10</sup> Plan Guinea will therefore closely collaborate with the 5 Rural Radios in its program area and with the National Radio/TV in Conakry to transmit health messages and promote appropriate practice.

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<sup>10</sup> S.A.I.F/PlanGuinea CPO 08 Baseline 2005 Section 12.1.5

Local Health Committees/Mutuelles de Santé: The CHWs will train the village health committees and other community health institutions to gradually take over social mobilization and infrastructure management (health posts/centers, water points)

The Ministry of Health: As mentioned in the issues section above, most districts have a health post headed by a “Chef de Poste”. The Head of the Health Center, situated at the CRD level, supervises the Chef de Poste. The Health Center Head in turn is supervised by the Head of Primary Health Care at the Prefecture level. Plan will use the opportunity of the presence of this chain of government personnel to enhance achievement of program objectives and promote program quality. The Direction Regionale de la Santé and the Direction Préfectorale de la Santé (at regional and Prefecture level respectively) will be in charge of technical training, monitoring and compliance with the national policy.

Plan (including CMT, and Country and Regional Technical Advisors): When possible and feasible Plan will contribute with funds, technical advice and lobbying with partner organizations and the technical services of the government.

## **9. Outputs and Funding**

Plan and communities will jointly finance the program. Funding of the program will come from the sponsorship funds and internal and external grants/subsidies. Plan, communities and partners will continue to look for other ways of collaboration and mobilization of resources to facilitate the program implementation.

Please see attached spreadsheets for detailed information on outputs, indicators and funding.

**10. Approval**

Submitted by: Ousmane Raymond SEYE  Date: .....	.....  (Originator)
Approved by: John CHALONER  Date: .....	.....  (Regional Director)