

# Findings

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Good Practice  
Infobrief



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## Guinea: Health and Nutrition

*This project was implemented over the period 1994-2002 with a World Bank credit of \$24.6 million. The objective was to improve the health status of the population of Middle and Lower Guinea (the prefectures of Boke, Kindia, Mamou and Labe regions), especially the most vulnerable groups of the population, by increasing quality and access to low-cost basic health services. This was to be accomplished through (i) expansion of service coverage and quality improvement of health, nutrition and family planning services; and (ii) strengthening sector organization, management and resource mobilization and community participation in order to build a sustainable program.*

### Impact on the ground

- All planned constructions and rehabilitations were completed or in advanced stages of completion by the time of implementation completion. These included the building of twenty health centers, four prefectural hospitals and the rehabilitation of the central offices of the Ministry of Health (MOH), eighteen prefectural health offices and one regional inspectorate. As a result of this intervention, it is estimated that coverage of primary health care in Middle and Lower Guinea has increased from 50 percent in 1997 to 70 percent in 1999 and to 85 percent in 2001 (the target was 70 percent).
- By strengthening the logistics system for purchasing vaccines and essential medicines in the public sector, the project contributed significantly to reduced shortages and stock-outs.
- Training and capacity building for management and improved service delivery were undertaken at all levels and involved all cadres of formal and informal staff. This training included the following : 12 OB/gynecologists doctors and hospital midwives; 44 trainers in child birth programs; 40 trainers in the management of family planning programs; 360 trainers in fighting goiter; 263 trainers to prevent malnutrition; 54 hospital doctors; and 40 statisticians to collect and analyze statistics.
- Radio communication was installed in all new health facilities, linking health centers with prefectural, regional offices and the headquarters of the Ministry of Public Health and Social Affairs. This now serves as the major means of communication and is used in the weekly surveillance of communicable diseases.

- Prenatal care coverage among target populations of facilities in Middle and Lower Guinea has increased from 31 percent in 1997 to 65.3 percent in 1999 and to 85 percent in 2001 (the target was 65 percent). Maternal mortality dropped from 666 in 1999 to 528 per 100,000 in 2001. Infant immunization coverage has increased from 50 percent in 1997 to 61.3 percent in 1999 and 80 percent in 2001 (the target was 65 percent).
- In the area of nutrition, 108 villages were involved in training, education and surveillance of childhood malnutrition. This has contributed to a reduction in moderate and severe malnutrition in 0–5 years old children in the catchment populations from 36 percent in 1997 to 27 percent in 1999 and 18 percent in 2001 (the target was 27 percent).
- The utilization of impregnated bed nets was 5 percent in 1997, rising to 30 percent in 1999 and to 70 percent in 2001.
- Health sector management has been decentralized in eighteen Health Prefectures and one regional Health Inspectorate, which are fully functional.

### **Lessons learned**

- Sustainability would require donor commitment over a longer period than originally envisaged.
- Household surveys are needed during the project to ensure that sources of inequity in access to services are addressed.
- Guinea has illustrated the capacity of Project Implementation Units and strengthened regional/prefecture administrations to manage complex health programs, thus underlining the value of investing in local management.
- Local contractors should be encouraged to participate in small projects, and the experience used to determine their ability to manage larger projects.
- The Bank needs to address issues of water and land for health facilities before they begin to affect the provision of care.
- Community mobilization and interventions are critical — the nutrition intervention and community surveillance in this case were very well received.
- Short training courses that were part of the project need to be sustained and translated into improved quality of care. Better coordination will be required between the Ministries of Health and Education if a comprehensive training outlook is to develop. Retired nurses and midwives should be used to provide skilled care and help with training. Also, retention, deployment and incentive issues need to be addressed.
- Informal providers, including traditional healers, should be linked with the formal system.
- The government should formulate policies that facilitate private sector participation and investment in the health sector.
- There should be more inter-sectoral collaboration to address health issues — the Community Driven Development approach should emphasize health issues in a decentralized framework.

*This Infobrief has been excerpted from Implementation Completion Report 24243. For more information, e-mail Khama Rogo : [krogo@worldbank.org](mailto:krogo@worldbank.org)*

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