

'SOCIAL DEVELOPMENT AND SOCIAL POLICY  
IN GUINEA : HEALTH AND EDUCATION  
1958 - 1984'

by

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TO THE PEOPLE OF GUINEA

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ABSTRACT

SOCIAL DEVELOPMENT AND SOCIAL POLICY IN GUINEA:  
HEALTH AND EDUCATION 1958 - 1984

Guinea, a former French colony, experienced an abrupt severing of relationships with the colonial power when President Sékou Touré rejected De Gaulle's offer of becoming part of a French commonwealth of nations and opted for total independence instead. France withdrew all support, trade and personnel within a matter of days, and Sékou Touré attempted to develop this new nation along strongly independent and ideological lines. He made a verbal commitment to social development and evolved an ambitious programme to develop the health and education services.

This thesis uses dependency theory as a tool of analysis to ascertain whether independent, autonomous development indeed took place, particularly in the fields of health and education, once the break with the metropolis was made. The period under review, 1958 - 1984, was the period of Sékou Touré's presidency.

The four criteria used to assess the measure of development achieved are:

- a) The successful rejection of Western models of development.
- b) Equal development and an equal distribution of resources between the regions.

- c) No urban/rural imbalance.
- d) Services available for all rather than limited to an elite.

In the light of these criteria, Guinea was indeed able to experience some measure of independent, autonomous development, more particularly in education. The health sector had been less developed as only 2.1% of the national budget was devoted to it in 1981, compared to 17.6% spent on education in 1980. The inequalities in the health service were particularly noticeable in the urban/rural imbalance, Conakry in particular enjoying a larger share of available resources, but this was not the case in education where no such imbalance appeared to exist. The area of Labé emerged as the least developed area of the country but the discrepancies in provision were not too marked. Guinea also achieved much in the promotion of women and the eradication of elites, especially among the different ethnic groups.

With the death of President Sékou Touré in 1984, Guinea's experimenting with a revolutionary form of development came to an end. The nation's future, now in the hands of the military, is uncertain.

## Introduction

The first question which I am usually asked when referring to this study is "Guinea? Oh, is that Papua New Guinea (Equatorial Guinea, Guinea-Bissau ....)?" When I have carefully explained that it is none of these places and my interlocutor has probably admitted that he/she has never heard of Guinea, the next question is usually: "Why Guinea?" As this question has some relevance to my thesis, I shall try to answer it.

My original intention was to make a study of two former French colonies as, having a B.A. in French before straying into the realms of social policy and social administration, my interest in things francophile had not diminished. The possibility of a comparison between a former French colony having experienced capitalist development, such as the Ivory Coast or Sénégal, with the only francophone Marxist state, Guinea, was a possibility which presented itself. However, as I began to read about Guinea, I became fascinated by the picture of development which was gradually revealed to me. Here was a state that had broken abruptly with the colonial power at independence, severed relations with most of the rest of the Western world and so had started out as a new nation state with a minimum of help from the developed nations and apparently free to put into practice its ideological beliefs in its commitment to development. More than that, Guinea's president, Sékou Touré, was still in power more than twenty years after independence. It therefore seemed appropriate to make a study of Guinea alone, to see how its development had worked out in practice and whether the heady ideals of the first years of

independence had in fact been realized and whether they were still informing development planning in the 1980's. Another question which interested me was to ascertain how much Guinea, as a member of the United Nations, had been influenced by development policies propounded by the international organizations such as the basic needs approach and a commitment to primary health care.

As I began to research on Guinea, another intriguing fact came to light; that was the extreme paucity of material written about the country. In England, this was minimal, the only person of any repute having done any serious work on the country was Dr Bill Johnson of Magdalen College, Oxford. In France, the two main scholars in the field were Jean Suret-Canale and Claude Rivière. A Nigerian, Ladipo Adamolekun, had also written a comprehensive work, but otherwise there was very little else. Most of the writers were concerned with the political development of Guinea and also its economic development, or lack of it, according to the ideological bias of the writer. The French press usually majored on allegations of human rights abuses and the torture and assumed death of Guineans who had 'disappeared'. I soon discovered that Guinea and its development was, for many, a very emotive subject and it was difficult to find a neutral and unbiased analysis. As for studies of a sociological nature, Rivière was the only one who had looked at this area but most of his work was carried out in the 1960's. Johnson (1978) referred to "ambitious health, social welfare and educational programmes" (p. 48), but nowhere did I find any systematic study of social development and social policy. Collections of abstracts of university theses included nothing on.

Guinea. In addition, tables produced by the United Nations and the World Health Organization had many gaps as far as Guinea was concerned or the figures given were asterixed and said to be estimates only. Reports produced by these organizations sometimes made no reference to Guinea or else gave minimal information, at times with a footnote explaining how difficult it was to get information out of the country. The American published "Area Handbook of Guinea" gave the only comprehensive account and I used this as an important starting point

My research therefore continued in 1982 with the writing of letters to request information. Some of these were addressed to international organizations, both to the headquarters and to their regional offices. In some cases the letters were unanswered, in others little factual information was available. Letters to centres for African studies at British Universities\* also failed to provide any concrete leads on Guinean social policy, while letters to the Guinean Embassy in Paris and to the French Embassy yielded nothing. Letters sent to Guinea itself, to Conakry Polytechnic and to government ministers either did not arrive or were not answered.

It was only in 1983 that anything of a promising nature was discovered: the first was a thesis on Guinea by a French student, M. Philippe Guillerme, with whom M. Suret-Canale himself had put me in touch. The second was a helpful reply by the United Nations Fund for Population Activities which had carried out a comprehensive Needs Assessment Report on Guinea and which provided a great deal of statistical and sociological data.

\* A letter from the Director of one of these pointed out that I had chosen a very difficult subject for my research as Guinea had been almost inaccessible to researchers since 1958.



It became more and more apparent, however, that it would be impossible to obtain sufficient information for my thesis without visiting the country itself. This I was assured would be difficult as visas were very hard to obtain, in view of the suspicion in which all foreigners were held. A further problem was that in spite of there being a Guinean Consulate in London, it was not permitted to allocate visas; this could only be done in Paris. However, with the concerted help and support of Mr J.V. Lunzer, then Honorary Consul in the U.K. for the People's Revolutionary Republic of Guinea, and the persuasive powers at the Guinean Embassy in Paris of the Reverend Jonathan Gibbs of St Michael's Church, Paris (not forgetting a large number of people praying for a successful outcome), a visa was eventually obtained making it possible to visit Conakry in November 1983. Even then, due in part with unfamiliarity by all concerned with the formalities involved in gaining official acceptance, it took me a week to convince the authorities that I was not a spy and that my research was intended to contribute to Guinea's development rather than undermine it. After this period, I was finally given permission to contact different departments within the administration of the Ministère de l'Enseignement Supérieur et de la Recherche Scientifique, but not allowed access to a school. My information about health policy came primarily from the World Health Organization representative resident in Conakry at that time. An advisor for the World Bank, who happened to be in Conakry while I was there, also provided me with invaluable information. Unfortunately, it was not possible to gain permission to travel outside the capital, and even had this been given, the lack of transport would have made it virtually impossible within the time limit of my stay.

The other sources of information were UNESCO, BREDA and UNICEF in Dakar, Sénégal, where I was able to spend a few days prior to going into Guinea and on my return from Conakry. In each of these places, I received a great deal of assistance and their files were made available to me.

It will, therefore, be apparent from the above that the bulk of the source material consists of unpublished documents and reports by the Guinean government and the international organizations. It seemed appropriate, therefore, to present this thesis in the form of a case study, in order that as much information as possible be made available to the reader. The reason for concentrating on health and education relates to the fact that these are the only areas of social policy which have been developed to any extent in Guinea, although a brief reference will be made to social welfare and social security. The whole area of employment was a politically sensitive one and it appeared that the International Labour Organization played little part in helping Guinea develop this. I was told at the ILO office in Dakar that the then current role of the Organization was in training interpreters and waitresses for the OAU conference scheduled to be held in May 1984.

In the first chapter, attention will be given to defining the concept of social development. The major part of the chapter will however be devoted to constructing the theoretical framework for this thesis which will be based on the tenets of dependency

theory. I shall be drawing on its insights in order to try and understand and assess Guinea's social development. Where appropriate, this will be compared with the development of other French West African countries in order to assess how this ex-French Colony has fared outside the close relationship which France still has with many of her former protégés.

Finally, I shall be basing what I have to say about development, essentially the development of people, on the following beliefs about man:

1. A belief in the innate worth of man, made in the image of God, and the consequent right of each person to an adequate and fair share of the world's - and nation's - resources.
2. A belief that all men are created equal. This follows on from the idea of man's inherent worth, which means that one can speak of equality of condition, however that is defined, without denying the fact that talent and ability are unevenly distributed, as MacPherson (1982) points out (p. 22).

3. A belief in the doctrine of 'original sin' with the result that however 'enlightened' policies may be, especially as regards an attempt towards greater redistribution and social justice, these will be continually undermined by man's individualism manifesting itself in self-interest and self-seeking.
4. A belief that man's happiness and fulfilment does not consist solely in having his material needs satisfied. While accepting the fact that most poverty is a state resulting from a lack of the basic essentials of life, such as adequate food, shelter and clothing, one should not lose sight of the non-material aspects of poverty. E.F. Schumacher, as a Buddhist, was anxious to see the spiritual element recognised in development. Gandhi's vision for India gave primacy not to economic development, believing that material affluence would lead to cultural erosion and moral bankruptcy, but to the development of the inner spirit and the reinforcement of positive values within traditional culture - a view with which, as we shall see, Sékou Touré had much in common. Finally, Jesus Christ himself said that "man does not live by bread alone, but by every word that proceeds from the mouth of God" (Mt 4.4)

Thus, we shall be looking at Guinea's development in the field of health and education from 1958, the year of its independence to 1984, the year of the death of Sékou Touré, a man who had led the nation for over twenty years.

CHAPTER 1

SOCIAL DEVELOPMENT AND DEPENDENCY THEORY:

A THEORETICAL FRAMEWORK

Much has been written to try to define the general term "development". Most writers who have attempted such a definition are in agreement that development involves a process and has undertones of progress, but "progress" is a value laden concept and opinions vary as to what constitutes progress, although most would agree that it is a passing from something less good to something better. The concept of "process" too begs many questions. Is there one route to development or are there many?

A further element in the idea of "development" is "change", which leads the writers of the Open University Course on Third World Studies to see development as "organized or directed change". They continue to define it thus:

"This is the process by which individuals and social groups attempt to change social circumstances in order to meet their needs and express their interests and their identities. It takes place at differing social levels and on longer and shorter time scales. At its largest and longest, 'development' is the making of history, but at any smaller scale it takes place against a backdrop of historical change which it appears to influence hardly at all".

(Crow and Thomas 1983, Open University, Block 5, p.7)

Foster-Carter (1985) distinguishes between four types of development: economic, social, political and cultural. Traditionally, development has been equated with economic development and this aspect still predominates on the world scene. This is strengthened by the use of national growth rates of income or output to measure "development" and, as

Kitching comments, the World Bank's Annual Development Report stands as a league table of countries ranked in terms of per capita income "so that everyone may know where they are in the world league table of development" (1982: p.4). In view of the widespread poverty and deprivation in the Third World, economic development must certainly play a major role in the creation of wealth and income in order to improve the condition of life for the majority of the people in these countries. But is economic development sufficient in itself? Many people would give a negative answer to that question, especially the proponents of "social development" as a concept in its own right.

Historically, social development has been seen as a subsidiary to economic development or the "residual model of social welfare", a phrase first coined by Titmuss (1972). This accompanied the confident belief, particularly prevalent in the 1950's, that the new prosperity being generated would soon percolate down through the layers of society and that all would benefit in time. In other words, state intervention in social welfare need only be temporary and minimal. There was also the belief that expenditure on social welfare was non-productive, a drain on resources and that it sapped individual initiative. It was this view that was introduced by the colonial authorities into many developing countries before independence. As a result, social policy and social development were seen either as providing a safety net to cushion those caught up in the upheavals of social change,

or as a means of social control and as a response to social deviance. Crime, delinquency, vagrancy, prostitution, were considered suitable areas for social intervention (Hardiman and Midgley, 1982; MacPherson, 1982).

This view was modified to some extent in the 1960s with the growing realization that economic development alone (or almost alone) was not going to solve the problem of widespread poverty in the developing countries. At the same time, a growing demand, especially by those in urban areas, for modern health, education and other social services led to an increase in budgetary allocation in these sectors and a gradual extension of existing provisions to include a greater number of the population. Social welfare now came to be seen no longer as a drain on resources, but as an investment in human capital, no longer as a provision solely for the deviant, but as beneficial for an ever expanding number of people, as long as economic growth continued.

It is this model of social welfare that still persists in many developing countries and conditions their social development and their social policy decisions. It is still, however, seen as subordinate to economic development and dependent on continuing economic expansion.

The third view of development sees it as an integrated approach with the economic and the social as equal partners in the attempt to bring about the desired result. A certain



measure of redistribution of resources is also important to this approach.

Two final questions that one needs to ask concerning development are "what is one seeking to develop?" and "what is the end in view towards which the development process is aiming?" Cardoso (1979) seriously questions whether sufficient thought has been given by theoreticians of development to the kind of society that will emerge when the development process reaches its apogee. Nor is it always clear exactly what it is that the leaders of a nation are seeking to develop. Perhaps Julius Nyerere of Tanzania put it most simply and cogently when he defined development as meaning the development of the people. "Every proposal must be judged by the criterion of whether it serves the purpose of development - and the purpose of development is the people". (Quoted in MacPherson 1982: p. 24).

Such a definition embraces every aspect of development and does not lose sight of the fact that the people themselves must be the main beneficiaries. As we look at the country of Guinea in the next Chapter, we shall see this theme picked up by President Sékou Touré.

### Theoretical concepts relating to development

The elaboration of theoretical concepts in the field of development dates from the inter-war period when a greater awareness emerged of the far reaching and chronic problems

experienced by many people in the so-called Third World. The devising of some form of theoretical framework was necessary in order to make sense of the existence of such widespread poverty and why it was that this area of the world had remained undeveloped or become progressively under-developed. Theoretical concepts too are not only useful in analysing and explaining economic and social realities but in establishing causal links, in communicating ideas in a way that can be easily understood and in predicting the outcome when a certain chain of events are set in motion or when a set of development strategies is put into operation.

Two main theoretical perspectives have dominated the field, modernization theory and dependency theory, although classical Marxism too has much to say on the subject. Modernization theory has its roots in the camp of capitalism, dependency theory drawing more of its ideas from socialism and both theories incorporate many of the assumptions, insights and values of these respective positions.

In this study of Guinea, my analysis will be set within a dependency framework but first, I shall consider the modernization approach before looking in greater depth at dependency theory.

### Modernization Theory

Modernization theory dominated the field in the 1950's and 1960's in both the theory and practice of development. Its policies were essentially economic and based on the be-

lief that a high standard of material living, such as was being experienced by many people in the West, could be enjoyed by the majority of people in the Third World, given time. The key factor was to be the development of the industrial sector which would lead, possibly quite quickly as was seen in Brazil, to an increase in GNP. The benefits of this would gradually "trickle down" the hierarchical pyramid of society to the subsistence farmer at the base, who would thus be the last in line to receive the fruits of "success", although this point was not stressed too much. Modernization and development were taken to be synonymous and the "trickle down" effect was not limited to an increase in income for all but to the gradual spread of modern techniques from the relatively 'advanced' sectors of the economy to the 'backward' areas.

The model proposed by modernization theory was essentially a linear one: the movement of a society from a state called 'underdeveloped' (often tacitly equated with being 'ignorant') to a state known as 'developed', that is to say a carbon copy of the West. The assumption was that everything achieved in and by the West was both possible and desirable.

The best known of the theorists associated with modernization theory, is Walt Whitman Rostow, an American economic historian. In his book "The Stages of Economic Growth: a non-communist manifesto" (1960) he put forward a schema of five stages through which all developing societies must pass in

order to reach the nirvana of being 'developed'. These he named 'traditional', 'preconditions for take-off', 'take-off', the 'drive to maturity' and the 'age of high mass consumption'. Rostow's theory has been widely criticised, not least for theoretical inadequacy (a number of countries in Latin America never had a 'traditional' stage at all) and for its lack of empirical validity. In the twenty five years since his book was written, very few of the underdeveloped nations have made a significant move along the continuum of stages which Rostow suggested were mandatory in the development of each nation state. It has also been criticised for being too simplistic in a complex world of inter-related nations; in Rostow's theory, each developing country seems to stand on its own, insulated as it were from what is happening in the rest of the world.

A further criticism concerns the ethnocentric nature of the theory which assumes that 'West is best' so that the model of what it means to be 'modern' or 'developed' is taken directly from the experience of Western Europe and North America and projected on to the Third World (Open University, 1982). Linked with that is the belief that a common interest exists between the developed and underdeveloped nations (MacPherson, 1982) which was resurrected in recent years in the Brandt Report under the concept of 'mutuality'. It is an assumption, however, that has been widely questioned.

A second belief underlying modernization theory is that modernization, usually equated with industrialization, is necessary for development and presupposes the absorption of the subsistence sector into this process. Urban development is seen both as necessary and desirable and agriculture is transformed so that it is primarily serving and servicing industrial urbanized society and the needs of the international market. An alternative view, termed 'populist' or 'neo populist' by Kitching and held by such people as Schumacher, and the proponents of alternative and appropriate technology, is that the subsistence sector and the peasantry are not necessarily an obstacle to development but can grow and develop from within their existing structures. MacPherson (1982) quotes a Papua New Guinean, John Waiko, who holds a similar view:

"Subsistence culture is a total way of life and itself provides an ideology for the subsistence population. What is lacking is leadership; the kind of leadership that can decide now whether the society, or the majority of its members, must live within a cash economy based on intensive capital from outside, or whether it can retain and revitalize the subsistence economy based in primary resources....."

(p. 28)

Thirdly, from the perspective of the 1980's, it can be questioned whether Rostow's final stage of high mass consumption is in fact a desirable one or an elusive will o' the wisp promising a contentment it does not yield, even for those who experience it, and a source of frustration and temptation for those for whom it is, and will perhaps remain, out of reach.

Fourthly, it accepts the beliefs inherent in capitalism that inequalities are necessary and desirable for progress and that whatever benefits may 'trickle down' over time, will happen by the autonomous process of market forces, the need for any redistributive measures being, therefore, minimal. "First, it should be noted that our subject matter is growth, and not distribution" (Lewis, 1955, quoted in MacPherson, 1980: p. 25). This prediction has been borne out over time as the benefits of growth have largely accrued to those who were already well off (Hardiman and Midgley, 1982: p. 54).

If one, therefore, asks two questions of the modernization approach: "does it develop people?" and "has it significantly reduced poverty?" the answer must surely be 'no'. Hardiman and Midgley attribute this failure largely to the residual role allotted to social welfare in this approach where the economic is dominant (pp. 15 - 17). In view of this, they maintain that modernization theory is no longer as popular as it was in academic circles (p. 54). Nevertheless, as MacPherson points out,

"Despite thorough going rejection of such theories on both theoretical and practical grounds, they continue to have profound influence on development policies not least as these are mediated through the major international agencies."

(p. 25)

and so "remain to a large degree in most countries of the Third World" (p. 16). Perhaps this is not surprising. To quote Kitching again:

"Although a great deal of modern development studies literature states or implies that the main aim of development should be the relief of poverty and/or the reduction of inequality, it is doubtful whether this has ever been the main aim of the politicians and statesmen who have endeavoured to stimulate development from the nineteenth century onwards. For them, the primary goal of development, or more exactly of industrialization, was to protect or enhance the power and independence of the nation states over which they ruled."

(p. 3)

### Dependency Theory

Dependency Theory emerged as an alternative viewpoint on development when it became increasingly apparent that the promises of increased prosperity for all, inherent in modernization theory, were not being realized for the majority of people in Third World countries. On the contrary, poverty and inequality appeared in many instances to be increasing rather than decreasing. The new thinking on development had its origins in Latin America. Questioning about accepted development theory and practice had begun as early as the 1930s during the Great Depression, the effects of which were keenly felt in the developing as well as in the industrialised world (Blomstrom). At the same time, social science research in this part of the world became more systematic and a growing number of ideas and analyses based on concrete Latin American situations began to appear. No longer were purely Western models accepted as adequate to explain the realities being experienced by Third World countries.

These ideas began to take form during the last years of

the 1940s amongst a group of Latin American economists working for the U.N. Economic Commission for Latin America (ECLA), founded in 1948 in Santiago, Chile. The key figure at this time was Raúl Prebisch, an Argentinian, who became director of ECLA in 1950. He took the radical line that the causes of underdevelopment lay outside Latin America itself and were to be found in the international system of free trade. Development and underdevelopment were to be seen not as a linear process, the second necessarily and inevitably culminating in the first, but as the simultaneous result of a single process within a single structural system. The unequal division of the fruits of progress and the deterioration of terms of trade engendered a structural imbalance between different nations, so destroying the premises of classic economic theory (Ominami 1979). The solutions envisaged for remedying the situation were industrialization, import substitution, stimulation of the domestic economy and modernization of the agricultural sector to create national and self-sustaining development. The state machinery was to be strengthened and modernized so that it would have more control over development strategy. (Cardoso 1979).

The theories of the ECLA group were to form a springboard for the development of the dependency school, the origins of which can also be traced back to Marxism and neo-Marxism. According to Lenin, the obstacle to capitalist development in the less developed countries was to be



found in the colonial ties to the mother country. If these ties could be broken, capitalist development was possible. It was thus through Marxism that the concept of external dependence was introduced, an idea that got a brief mention, but no more, in the writings of the ECLA economists.

The industrialization policies of ECLA had their heyday in the 1950s, but by the 1960s, the belief that these would have the required effect of stimulating the "backward" sector of the economy and bring about greater equality were being questioned. On the one hand, there was grave economic stagnation; on the other hand, the system could not meet the rising expectations of the population and it seemed to have no effect on the "deformaciones estructurales" (structural distortions), i.e. the concentration of wealth and property, the low level of literacy, regional imbalance and growing inflationary pressure. In addition, new divisions were appearing. Not only was the urban/rural division unresolved, but those who benefitted from increased prosperity in the urban sector were limited to certain areas and certain social classes. (It is interesting to note that during this same period, Che Guevara made his appearance, refuting the possibility of bourgeois reform and pushing for armed intervention through guerilla warfare). From the middle of the 1950s, the introduction of multinational companies made the key point of ECLA i.e. national industrialization, a nonsense. With the demise of ECLA, a new theoretical current began to emerge which was to be known as "the dependency school", "dependency theory" or "studies on dependency" (Alvarez, 1982).

The writers who formed the original dependency school or "dependistas" were all Latin Americans and included such names as Celso Furtado, Osvaldo Sunkel, Fernando Henrique Cardoso, Enzo Faletto and Aníbal Quijano. All of these were writing in the mid-sixties and the school reached its peak during the late 1960s and early 1970s. Much has been written about whether in fact all the above mentioned and others sympathetic to this viewpoint can be included under a single umbrella term as "dependistas". The confusion arises in part from the dependency school's mixed heritage but the "dependistas" themselves also held different beliefs about the particular historical processes that have caused underdevelopment and about the relative roles of the various factors governing the future development of the poorer countries. Nevertheless, it is generally agreed that they have sufficient in common to talk of a dependency school although earlier attempts to evolve a single theory of dependence were later abandoned, making the term "dependency theory" something of a misnomer; However, it is still widely used to describe this school of thought (Blomstrom, 1984, Hall, 1975, Browett, 1985).

The dependency school defined its approach as an historical-structural approach to development. In modernization theory, the causation of underdevelopment is rarely examined, the fact of development being the starting point. For the dependistas, causation was a key factor and could be located within an historical framework. For some, underdevelopment began when capitalism first took root and spread through the

international trading system, exploiting and impoverishing once prosperous regions (Alvarez 1982, Cardoso 1979, Frank 196 ); most see the start of the relationship of dependency beginning at the time of independence when the ties with the colonial power were lessened if not broken. (Alvarez 1982, Lall 1975).

The structuralist aspect of the approach saw the world as a single, interlocking system of nations where the development of one group, the dominant one, (referred to variably as the core, the metropolis, the centre) would be a determinant factor in the simultaneous underdevelopment of the Third World nations (referred to as the periphery or satellite nations). In the words of Blomstrom and Hettne:

"Underdevelopment should be thought of as part of the global historical process of development. Underdevelopment and development are two sides of the same universal process, i.e. they interact and are mutually conditional. Their geographic expression is manifested in two polarizations: first, the polarization of the world between the rich industrialized and developed nations on the one hand and the underdeveloped, backward, poor, peripheral and dependent nations on the other; secondly, the internal polarization between advanced, modern industries and the so-called 'traditional sector'.

The concepts of development and underdevelopment must therefore be seen as partial yet mutually dependent structures forming one single system. One important characteristic which separates the two structures is that the developed system, mainly because of its ability to grow, to a great extent dominates while the underdeveloped system is dependent, partly because of the nature of its own dynamics." (Blomstrom 1984: p. 50).

The new elements introduced by the dependistas therefore included the concept of domination, an emphasis on the inter-relations within the structure of world trade rather than on the external factor per se and the view that the obstacles that ECLA tried to overcome through policies of national industrialization were insurmountable in view of the fact that these were externally determined. (Cardoso 1979, Ominami 1979, Lall 1975).

It will be apparent, in view of the above, that dependency theory was conceived of initially in purely economic terms, relating to world trade and the spread of international capitalism. Certainly, the ECLA group excluded all social and political problems from their analysis and in the early days of development theory, when the concepts of development and economic growth were thought to be synonymous, other developmental issues were considered of secondary value. In time however, modern development theory began to include other disciplines, first population growth, then the fields of health care and education; political factors were added and credence also given to attitudes and institutions. By the time the dependistas were writing, development theory was already seen as being inter-disciplinary in nature.

To take the theories of the dependency school and apply them to a study of social policy and social development therefore has good precedents. Cardoso and Faletto focussed

on the socio-political aspects of development although their interest was mainly in the governmental and political processes of decision-making, and not so much in the great mass of Latin Americans who were the real victims of underdevelopment. Cardoso later acknowledged this. Nevertheless in 1969, he could say with Faletto "It's a question of seeking a perspective that will link, in a concrete way, both the economic and social components of development in the analysis of the behaviour of social groups..." (Cardoso and Faletto 1969 p.18) (my translation). Furtado, too, moved from being a conventional ECLA economist to giving a greater emphasis to socio-political aspects. Quijano and Sunkel developed the aspect of cultural dependence, particularly as reflected in the belief and value systems of a country. (Quijano, Aníbal "Cultura y Dominación" Revista Latinoamericana de Ciencias Sociales, Vol. 12, No. 3 - June - December 1971 p. 39 - 56). As regards social policy, Quijano himself carried out a study of the relationship of dependency to social change and urbanization in Latin America (1970). Finally, in the words of MacPherson, "dependency and underdevelopment, with their roots in colonialism, are as important to an understanding of contemporary social policy as they are to the economic plight of the Third World" (1982, p. 72).

A second question that might be asked concerns the relevance of dependency thinking outside a Latin American context. Is one justified in applying a theory of development built up from the analysis of the economic and social realities of Latin America to the development of an African nation?

Blomstrom and Hettne (1984) in their comprehensive work on the dependency school trace the spread of these ideas to other developing nations and show how they finally reached Africa in the 1970s. Prior to this date, there had not been a social science debate in African universities similar to that experienced in Latin America, mainly because of the fact that the African nations were amongst the least developed in the world at the time of independence (between 1967 and 1975 the rate of growth of GNP in Africa was 5.2% compared with 6.7% in Latin America) and because there was an almost non-existent system of higher education in most African countries. (We shall see this to have been the case in Guinea). The situation began to change for West Africa, in particular, when in 1970 Samir Amin was appointed head of the United Nations African Institute for Economic Development and Planning (IDEP) in Dakar, Senegal. Under his direction, the research orientation was changed towards the study of uniquely African development problems within the context of a dependency approach. Ideas spread from the IDEP to other African nations and Ahiakpor (1985) shows how the economic and social policy of Ghana was influenced by dependency theory in the 1980s after the 'conversion' of Flt. Lieutenant Jerry Rawlings to this school of thought during his time living on the university campus following his premature retirement from office in 1979.

A third question which must be considered relates to

the standing of dependency theory today. Its critics have been as fierce as those who have attacked modernization theory and in reading them, one could be justified in asking whether it has not been completely discredited as a theory of development. To quote Booth (1985):

"The once dominant dependency approach has been subjected to what ought to have been fatally damaging criticism on logical, analytical and theoretical grounds. But partly because in various ways the radical literature has conspired to weaken the impact of this attack, the dependency perspective has refused to die....." (p. 776).

It is not relevant to this piece of work to analyse and assess the criticisms in great detail, but it is important to call attention to some of the major ones.

1. Nohlen (1980) takes up the voice of those who refute that dependistas produced anything new in terms of development theory, asserting that their theories were only an adjunct to the theories of imperialism and thus belonged to the camp of marxism or neo-marxism. Marxists however have been among the critics of dependency theorists because of their disregard of the importance of a class analysis (Blomstrom p. 82).
2. More frequent among the critics is a questioning of whether the ideas of the dependistas can be called

a "theory" at all. Nohlen, quoting Kuhn, asserts that both modernization and dependencia (sic) are merely "basic theoretical and methodological convictions which determine opinions and value judgements about given facts" (T.S. Kuhn, "The Structure of Scientific Revolutions", Frankfurt 1978), and so disputes that it is a theory in the scientific sense of the word.

3. Lack of homogeneity is another criticism frequently levelled at the dependency school. Alvarez (1982) asserts that dependency theory contained too wide a range of views under one umbrella title, especially as some of these were dissenting views. Browett (1985) however takes the opposite view and claims that "Frank, Wallerstein and Amin are so sufficiently similar that they constitute and embrace something, termed a dependency paradigm or perspective, which can be regarded as an explicit alternative both to modernization theory of the diffusionist paradigm and to the classic Marxist theories of imperialism" (p. 790).

Cardoso (1977), himself a "dependista" lays the blame at the feet of the consumers of the theory rather than at those of its proponents, especially those in the United States, where, he asserts, dependency came to be consumed as a theory implying a corpus of formal and testable proposals. "I was always reluctant to



use the expression 'theory of dependency' because I was afraid of formalizing the approach" (p. 15).

Booth (1985) also maintains that it is a mistake to think in such grand terms, asserting that many Latin American dependency writers were concerned from the beginning not with structural development or dependency conceived in these broad and problematic terms, but with more specific economic and social problems, such as the patterns of deteriorating income distribution, social marginalization and cultural alienation. In this he reflects the view of Palma (1978) who concludes that the most successful analyses of the dependency school are those which analyze specific situations in concrete terms; he gives as an example a study by Cardoso of class relations and class structure in Brazil.

This strand in dependency thinking which gives greater import to its use as a method of analysis rather than as a complete theory of development, is the one on which I shall be drawing in this thesis.

4. A more major criticism is the allegation of vagueness in the definition of key terms, such as structural dependence and marginality (Nohlen 1980). Booth (1985) comments: "The crucial flaw remains the definition of 'development' (and hence 'underdevelopment') that was

smuggled into the statement of the hypothesis, with the result that the proposition becomes tautologically true, rendering the historical material illustrative rather than corroborative" (p. 762). He goes on to level accusations of "circular reasoning, fallacious inferences from empirical observation and a weak base in deductive theory". Lall (1975) made a similar charge. Booth does however exonerate Frank from this general condemnation as he felt that his attempts to formulate a theory of development were more empirically based, but generally he questions whether in any way marginalization can be shown to be the result of dependence rather than any other factors suggested by other kinds of development thinking. In other words, does the existence of certain factors add up to a distinctive state of dependence? This was the question taken up by Lall who came to the conclusion that there was more evidence to show that one country influenced another in a certain direction, rather than there being a relationship of domination and dependence between them.

5. Alvarez (1982) criticizes dependistas from the point of view of the practical outworking of their theories which, unlike those of ECLA, do not contain any precise strategies for development. Ahiakpor (1985) too argues that one reason for the 'failure' of dependency theory was its inability to provide a sound basis for the

formulation of viable economic policies. However, we shall see in the concluding chapter, that several nations did in fact attempt to construct development strategies on just such a base. Nohlen (1980) argues that insufficient attention was given to ways of breaking free from a situation of dependence, other than through "instantaneous revolution" (p. 86). There is also comparative silence on the kind of development envisaged, if that propounded by modernization theory is to be rejected. Cardoso (1979) accuses his fellow 'dependistas' of proposing the same sort of development as that experienced by the industrialized world but for the benefit of other social classes. He maintained that the question "what sort of society?" and "for the benefit of whom?" was not explored sufficiently (p. 46). Alvarez (1982) however believes that the goal of socialist as opposed to capitalist development is explicit in the theory itself.

6. Other criticism centred on the over-emphasis given to external rather than internal factors i.e. a belief that development in the periphery could only be a reflection of what was going on in the centre. However, Furtado gave consideration to internal factors, as did Sunkel and Dos Santos in his later writings. The latter asserted that although internal factors determined social changes, dependence created the prerequisites of internal structures (Blomstrom 1984 p. 66).

7. Finally, some critics maintain that the path of development followed by some Third World countries gives the lie to dependency theory. Bill Warren's study on 'Imperialism and Capitalist Industrialization' (1973) is probably the best known study in which he asserts that the prospects for successful, capitalist development were relatively good in the newly industrialized countries of the Far East. The development of Kenya and Tanzania also seemed to question the tenets of dependency theory (Blomstrom 1984 p. 154, 160), while Lall (1975) feels that dependency theory ignores the evidence of some dependent countries which have managed to raise the living standards of their poorest sections.

Although many of these criticisms must be seen as valid - and in fact many of the dependency writers have modified their earlier, simplistic ideas - the majority of them refer to the attempt by their protagonists to construct a development paradigm. The view that the ideas of the dependency school are more appropriate as a methodology for the analysis of concrete situations, rather than a theory of development, is one that is less affected by the attacks made on this position. (Palma 1978, Alvarez 1982, Cardoso).

The question that must now be broached is what relevance does dependency theory have for a study on Guinea?

As mentioned above, I shall be adopting the dependency perspective as a tool of analysis for the study of concrete situations within this country during a specified historical period, i.e. from 1958 to 1984 - the period in which Sékou Touré was President - and most particularly in the field of social policy and social development. Palma (1978) appeals for more analytic work based on the study of case studies and according to Chenery and Syrquin (1975) "inter-country comparisons play an essential part in understanding the processes of economic and social development". Thus, this study of Guinea should be seen from this viewpoint and may be placed alongside analyses of other countries studied from a dependency perspective. Although it is not suggested that through cross-national testing one can prove dependency theory, it is permissible to see whether the findings weaken or strengthen the tenets of dependency theory. This is one of the aims of this study.

Mention has not yet been made as to whether any sort of independent development is possible for a country locked into a relationship of dependency.

A submission by a group of Third World countries, favourable to dependency theory, to the United Nations' attempt to find a unified approach to development and planning (UNRISD 1980) went as follows:

"Third World countries are faced with an alternative. Either they accept their dependence or they pursue the path of their own self-reliant autonomous development. In the first case, they are bound to increased polarization, inequality and mass poverty. They continue to accept the mobilization of their resources primarily in function of foreign requirements. The mobility of the immense reservoir of dormant productive and creative potentialities (sic) of the mass of their people will remain unutilized or underutilized." (p. 104)

Lall (1975) suggests that the "dependistas" can be divided into three categories according to whether they believe independent development is possible for a dependent nation. He distinguishes:

- a) The mild position, held by Cardoso, that some growth is possible but always in a subservient or 'marginalised' role.
- b) The medium position (early Furtado, Sunkel and Dos Santos) which concedes that independent development might in certain circumstances be possible but their general view is fairly pessimistic.
- c) The strong position, that dependence leads to immiserization, i.e. the development of underdevelopment, and so consequently, all dependent economies are growing poorer. The main protagonist of this viewpoint is André Gunder Frank, but it is also the line taken by Amin and Wallerstein. According to these, there is no possibility of self-sustaining independent development while

the dependency relationship remains. The only recourse, therefore, is by a breaking of this relationship, usually by means of a revolution.

"Since the periphery was doomed to underdevelopment because of its linkage to the centre, it was considered necessary for a country to disassociate itself from the world market and strive for self reliance. To make this possible a more or less revolutionary political transformation was necessary. As soon as the external obstacles had been removed, development as a more or less automatic and inherent process was taken for granted." (Blomstrom 1984 p. 76)

When this delinking happened, a violent reaction was predicted from the metropolis, or colonial power.

"One of the manifestations of hegemony is the resistance of the centers to the status quo,,,,,,. Immediate interests prevail and when the periphery, rightly or not, hurts these economic or political interests, the centers - especially the principal dynamic center - frequently react with punitive measures, in extreme cases even with military intervention". (Raúl Prebisch in Meier and Seers 1984 p. 190).

The country of Guinea lends itself extremely well to an analysis of whether independent development is possible once the ties with the centre have been broken. As mentioned above, Guinea broke ties abruptly in 1958 with the colonial power, France, not through a revolution but through the result of a referendum of the Guinean people who stated their preference for autonomous development, i.e. a delinking from the nation in the position of dominance, rather than becoming a member of the proposed French Commonwealth of nations.

General de Gaulle conceded to Sékou Touré's decision and broke off all links with Guinea. I shall therefore be concerned with assessing whether autonomous independent development did indeed take place during the twenty-five years in which Sekou Touré was president of Guinea and looking especially at what happened in the development of health and education.

Another facet of dependency theory which is relevant to this study is the concept of internal dependency, that is to say where the relationship of dominance and dependency is found within regions of the country itself. Cardoso (1977) referred to "a structural pattern that internalized the external" (P. 13). Palma (1978) explains it more fully thus:

"The system of 'external domination' reappears as an internal phenomenon through the social practices of local groups and classes, who share its interests and values. Other internal groups and forces oppose this domination, and in the concrete development of these contradictions the specific dynamic of the society is generated." (p. 910).

This concept of internal dependency appears in the works of several of the dependistas including Sunkel, Frank and Myrdal as well as Cardoso, mentioned above (Blomstrom 1984, Alvarez 1982, Nohlen 1980, Cardoso 1969, 1977, 1979). This is another strand which will be followed through in my analysis of Guinea.



Finally, what is to be expected when the links with the metropolis or colonial power are broken and autonomous development is allowed to take place? This must obviously depend to some extent on the political stance of the country concerned. However, the group, mentioned above (UNRISD 1980) that propounded an alternative form of development for independent nations laid stress on the following: the arousing of the creativity and active participation of the masses of the people; the creation of a "new man in a new society" with egalitarian values, frugal consumption aspiration and co-operative social relationships". Policies and mechanisms for production, distribution and the provision of social services, in particular education, were to be shaped so as to contribute to this central aim. As we shall see below, this is very much in the spirit of Sékou Touré's own approach to the development of Guinea.

The other factors which one would expect to emerge in a truly independent nation are firstly, that social policy would no longer be shaped by Western models, secondly, that the capital city would not receive the lion's share of available resources at the expense of the rest of the country, and thirdly, that no one region or area would be less developed than the country as a whole. Similarly, the provision of education and health services would not be for the benefit of an elite but for the enjoyment of the masses. (Again, we shall see whether this was the experience of Guinea).

The availability of material, or rather lack of it, as outlined in the introduction must necessarily mean that there will be gaps in this analysis. Two areas which could have been considered, were the evidence sufficient, are:

1). The role of internal factors such as social class.

It is sometimes denied that the "dependistas" had any interest in class analysis per se, but that is not true for all of them. The sociologists among them, Dos Santos, Quijano, Marini, Faletto and Cardoso were particularly concerned to show the existence of domination between classes. (Cardoso 1979). As far as Guinea is concerned, Riviere's studies look at these areas during the 1960s but nothing has been written on them subsequent to that date.

2). The question whether Guinea, having cast off one relationship of domination took on another one, namely with the Soviet Union and the Eastern bloc. It would be interesting to know if Guinea's social policy was influenced in any way by that of the USSR.

In this chapter, I have discussed briefly what is meant by social development, looked at some of the inadequacies of modernization theory and considered dependency theory in more depth. Keeping in mind these areas of dependency theory most relevant to this study, especially its application as a tool of analysis, we now turn to the country of Guinea itself.

CHAPTER 2

SOCIAL, POLITICAL AND ECONOMIC  
STRUCTURES OF GUINEA

I. The Four Regions of Guinea and the Major Ethnic Groups

The country of Guinea is bounded by Guinea-Bissau and Sénégal in the north, Mali and the Ivory Coast in the east and Sierra Leone and Liberia in the south. As with many African countries, the borders were arbitrarily drawn, the result of partitions of the land by the colonial powers who laid claim to Africa. It is a crescent shape, much of its terrain being mountainous or swampy, so that a journey from the capital, Conakry - situated on the coast - to some of the more outlying areas of the country, can be quite hazardous.

Guinea can, however, be divided up into four distinct and relatively homogenous areas from the point of view of relief, climate, scenery and man's way of life and influence on the area. Also, each region has one major ethnic group living within its borders.

a) Maritime Guinea (la Guinée Maritime) or Low Guinea (Basse-Guinée)

Maritime Guinea, in the southern part of the country, is a low-lying swampy area which stretches beyond the borders of Guinea from the Gambia to Sierra Leone. The coastline is marked by huge "rias", estuaries which penetrate many kilometres inland and very high tides which flood vast areas of alluvial plains. Much of the area is covered by mangrove swamps. For most of the year, the water is salty and only becomes fresh during the period of the heavy rains.

The climate is very hot and humid, favourable to the development of agriculture and natural vegetation, but not to human effort. Six months of the year form the dry season and six months the wet season, though rainfall can be very heavy during this period - as much as 300 mm in a day in August.

Thanks to its climate, Maritime Guinea is an area rich in agricultural possibilities: some of the swampland has been developed for the growing of rice and due to a road and railway network, with access to the nearby ports of Conakry and Benty, one finds banana plantations and also pineapple plantations in this region. Only a small amount of the area's potential has been realized however: more of the swamps could be drained and market gardening developed on that land. Coffee, peanuts and sugar cane are grown in a small way. The local preparation of salt by traditional means was once important. Fishing is carried out by the people living on the coast, but this only serves the local market.

The major ethnic group in Maritime Guinea is the "Sousou" or "Sosso". The Sosso villages - "ta" - are found further inland, built in the valleys of the foothills, the houses arranged in 'loose' family groupings. In former times most of the land was farmed communally but with the increase in population, individual exploitation and private ownership have become much more widespread. Land shortage is, however, not a problem.

b) Middle Guinea (Fouta - Djalón) (la Moyenne-Guinée)

This is the only region of Guinea which is completely mountainous. It is made up of a number of different mountain masses and plateaux, broken by deep gorges and ravines. The climate is typical of that found in tropical areas, having two main seasons: a wet season and a dry season. The temperatures are, however, affected by the altitude and are much cooler than on the coast. Rainfall too is affected in the same way and not as much falls in the Fouta-Djalón as on the coast. On the other hand, rain may fall during eight months of the year, the dry season being therefore reduced to only four months. Some areas of fertile soil are to be found, mainly at the foot of mountains, and the undrained swamplands are used for growing rice in the rainy season. Much of the forest cover has been destroyed over the years by the slash and burn method of clearance, with the result that a large proportion of the natural vegetation has been removed and the soil exhausted. For the most part, outside the few fertile areas, the plains of the Fouta-Djalón are devoted to cattle rearing. The cooler, rainy climate is well suited to cattle and there are always water holes and fresh pastures to be found, even in the dry season.

The people of the Fouta-Djalón are mainly Peuls, originally a nomadic group of people who came in successive waves from the Sahel and ousted those who had already settled in the area, particularly the Dialonké, who still live on the

borders of the territory. The Peuls are mostly Moslems and in the eighteenth century a "Holy War" took place which resulted in a theocratic state being set up - hence the name Fouta-Djalou - which was structured along very hierarchical lines. Slavery was practised by the Peuls. Some of their slaves were the Dialonké whom they had overrun. Others were brought or captured from other tribes living in the surrounding areas. During colonial times, a third of the population of the Fouta consisted of "captives". Most of the Peuls have now opted for a more sedentary way of life, although a few remain nomadic herdsmen.

Partly due to the nature of the terrain, the Peuls live in hamlets, usually made up of a cluster of huts with a garden surrounded by a palisade or hedge. These are very often occupied by members of the same family (either nuclear or extended) and they work together as an economic unit. The hamlets are known locally as "misîdes". One only finds larger conglomerations around former political capitals or existing provincial areas. When land became scarce, married sons would leave the "misîde" and form a satellite community called a "foulasso" but still dependent on the "misîde". Slaves lived apart in their own "foulassos" called "roundés". In spite of their dispersed way of life, all members of the communities meet up from time to time for religious or social activities.

The Peuls divide their time between cattle raising and agriculture. Cattle are viewed more as a mark of social

prestige than as a means of economic production. As a result, there are many aging steers in the herd which their owners are reluctant to kill but which still need to be fed. Cattle are used as a means of social exchange, for example, as dowries, and also for sacrifices at religious ceremonies. They are seen in addition as an insurance against poverty and starvation, but there are stories of herdsmen preferring to starve to death rather than slaughter any of their cattle. In the wet season, they are pastured on the high plateaux; in the dry season they come down to the valleys and are pastured on the fallow fields and those which have already been harvested.

The main areas of agricultural production are found around the "foulassos" and "roundés" and protected against marauding cattle by palisades. These are worked mainly by the women, the men being concerned only with fencing and the growing of manioc. These fields are known as "tapades". Vegetables and spices for seasoning are grown there, also maize, root crops, bananas and fruit trees, especially oranges.

Land further afield from the "foulassos" is cleared by the slash and burn method and used to grow rice, sorghum and especially "fonio" which grows well on poor soil and is widely eaten by the people. These more distant fields are not fenced and straying cattle can be a problem. Nuts and berries are picked in the forests and form an important part of the diet.



The Plateaux of the Centre and of the North (Dalaba,  
Pita, Timbis, Labé)

This area is very densely populated (over 50 inhabitants per sq. km) which is unusual for Africa, and was the only part of Guinea to suffer from malnutrition during the colonial period. The inability of the traditional means of agriculture and cattle raising to support such a large population has resulted in migration from the area. Some of the men, known as "navétanes" are seasonal migrants who go to Sénégal during the wet season when extra labour is needed for the growing of peanuts. Others leave for longer periods for Dakar and Conakry, where they enter domestic service, become manual labourers or become part of the informal sector of the city. Others go and work on the plantations of Guinea maritime.

c) High Guinea (la Haute - Guinée)

High Guinea is situated to the east of the Fouta-Djalou, where the mountains give way to a fairly level plateau, which slopes away gently towards the north east. This provides a somewhat monotonous landscape. The climate is typical of the "sudanese" zone of Africa, with marked contrasts between the wet and dry season. The area used to be covered with natural forests, but much of this has now been destroyed, leaving vast areas of tree covered plains or native bush.

This region is relatively sparsely populated and most of the occupants are from the "mandé" or "malinké" tribe. They are found mainly in the valleys and especially in the two urban areas of this region, Kankan and Siguiri. The "malinké" of this region have a reputation as traders (the local word "dioula" - travelling salesman - has become synonymous with their ethnic name "malinké"). Trading for them is a seasonal occupation, taken up once the crops are harvested.

Agriculture is practised on low-lying terraces at some distance from the villages, where "néré" and "karité" (trees with edible seeds) are grown, as well as rice, manioc and "fonio". In the fields immediately surrounding the village, the men grow maize, tobacco and "fonio", while the women have their own gardens where they grow vegetables and spices. Onions have become an important market activity run by the women of this area, especially in Kobani. Twice a week the onions are collected by "specialists" from Kouroussa and Kankan and sold in the markets there. Many women are able to take part in this business venture and the profit is invested in cattle.

In the malinké villages, the houses are built very close together around a central courtyard, in spite of the fire hazard that this creates. The individual huts are round, without a veranda, and topped by a roof of straw. Many of the villages have more than a thousand occupants and often the majority of these are from the same family..

In times past, the malinké people were involved in hunting, ivory trading, the collecting of rubber from the forests, which they then sold and gold mining. There is now, however, little to be gained from these activities and many malinké migrate to the Ivory Coast, Liberia, Sierra Leone, or seek to colonise some of the forest areas of Guinea. The natural resources of the area are few and what can be developed suffers from a lack of manpower. In addition, communications and transport pose a problem.

d) Forest Guinea (la Guinée Forestière)

In many ways, Forest Guinea is more akin to Sierra Leone and Liberia and the fact that it became part of Guinea was due more to political chance than to any rational division of the territory. The Kissi tribe found in this part of Guinea are also found in Sierra Leone, while the Toma, Guerzé and Manon peoples are equally distributed between this part of Guinea and Liberia.

This is an area of hills and mountains, but without the continuous chains of mountains and valleys of the Fouta-Djalon. It enjoys an equatorial climate, with the rainy season lasting for nine months of the year, the dry season only three - or sometimes two (December, January and occasionally February).

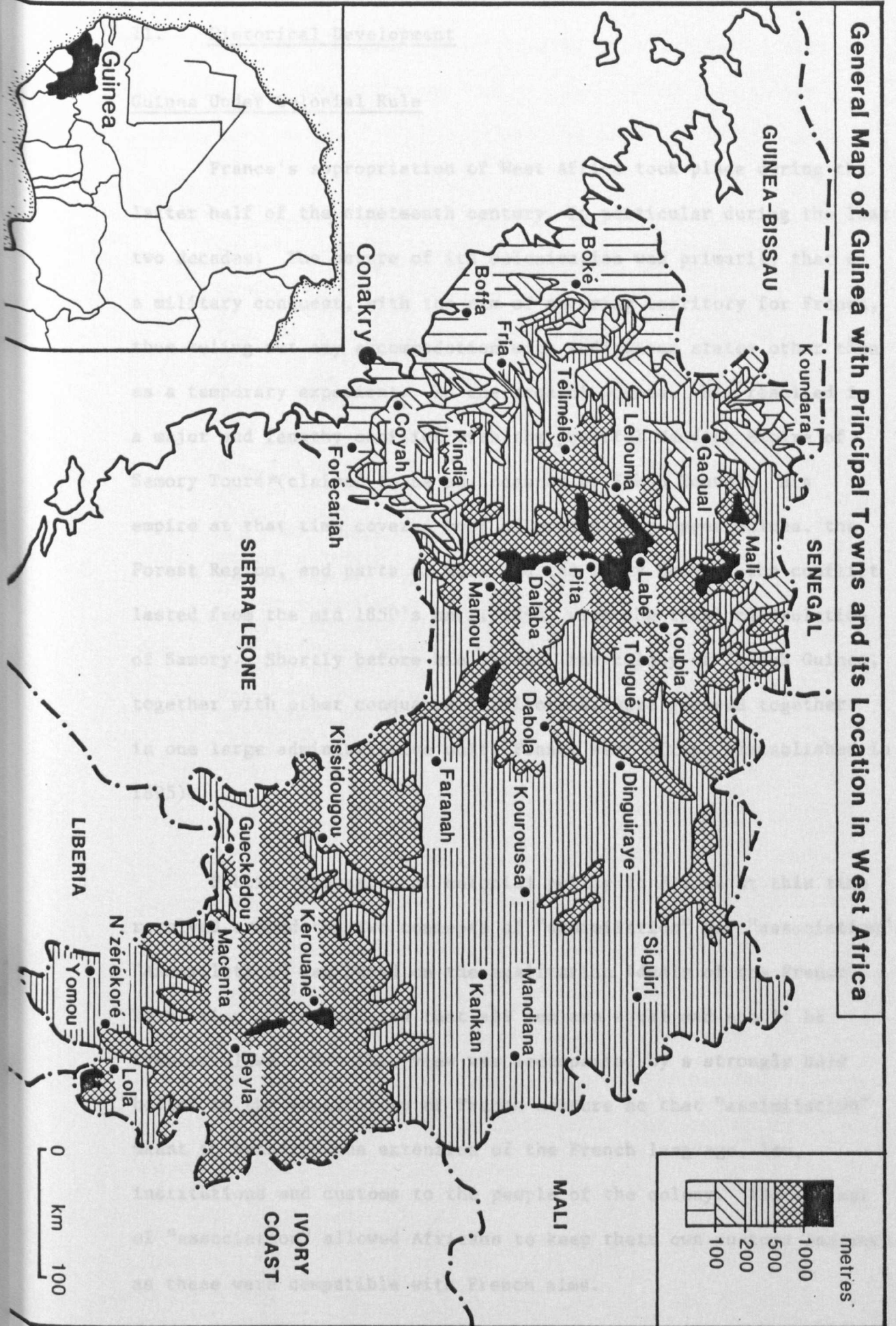
Such a climate is exceptionally favourable for agriculture; most of the area is still covered by dense forests which have helped preserve the fertility of the soil. This, however, is threatened in some areas by the traditional methods of agriculture, especially those practised by the Kissi, who are reducing the period that land is left lying fallow. The Kissi cultivate their fields together, grouping the land under cultivation in one area, making it easier to guard them against foraging animals and birds. Rice has become an important crop in the lower lying areas, and once this is harvested manioc or peanuts are grown on the same land, so that it is in continuous use throughout the year.

The Kissi villages are small, housing about 150 inhabitants usually from two or three extended families. Their round huts with a veranda are grouped around a central open space. Behind the village enclosure are the women's gardens where they grow tomatoes, sorrel, peppers, tobacco, papaya, bananas and oranges. Beyond that is the forest, where cola nuts can be picked and where mango trees and more especially coffee is now grown.

Two other groups which occupy this region are the Toma (the name given to them by the French colonists but originally Loma) and the Guerzé (Kpèlè). They have remained much more traditional in their use of the land, spurning the opportunities offered by the low lying areas, and preferring to burn off the vegetation on the hillsides in order to grow rice there.

Since the early 1950's, coffee has become the most important crop of Guinée Forestière, especially the "Robusta" variety which seems to suit the soil and climate. Unfortunately, however, it has not been cultivated with adequate care and protection against disease, with the result that the bushes were decimated in 1958 as the result of an outbreak of tracheomycosis. The potential of this area is certainly great, both from the point of view of agriculture and also because of its mineral resources: iron at Nimba and Simandou and diamonds in the river basins of Baoulé, the Makona and the Diani. Hydroelectric power could also be further developed along the Diani and Makona rivers. The main problem of the area remains, however, its isolated position, cut off from the rest of Guinea and many miles from Conakry and yet unable to use its natural coastal outlets as these lie in Liberia and Sierra Leone.

General Map of Guinea with Principal Towns and its Location in West Africa



## II. Historical Development

### Guinea Under Colonial Rule

France's appropriation of West Africa took place during the latter half of the nineteenth century, in particular during the last two decades. The nature of its colonisation was primarily that of a military conquest, with the aim of securing territory for France, thus ruling out any accommodation with indigenous states other than as a temporary expedient. In the area of Guinea, this resulted in a major and lengthy conflict with the powerful Manding Empire of Samory Touré\*(claimed to be an ancestor by Sékou Touré). His empire at that time covered most of present-day Upper Guinea, the Forest Region, and parts of Mali and the Ivory Coast. The conflict lasted from the mid 1850's until 1898, with the final capitulation of Samory. Shortly before his defeat, the colony of French Guinea, together with other conquered territories, were grouped together in one large administrative unit, French West Africa (established in 1895).

Public discussion of colonial policy in France at this time revolved around the two concepts of "assimilation" and "association". "Assimilation" was based on the egalitarian ideals of the French Revolution which insisted that all men are equal and should be treated alike. But this view was accompanied by a strongly held belief in the superiority of French culture so that "assimilation" meant in practice the extension of the French language, law, institutions and customs to the people of the colony. The concept of "association" allowed Africans to keep their own customs inasmuch as these were compatible with French aims.

\* Samory has become something of a cult figure and a "hero of the resistance" in modern Guinea in view of his stand against colonialism.

The way that this was interpreted in French West Africa was, however, very different from the discussions back in the metropolis. Nelson (1975) describes the situation in this way:

"In practice colonial policy ... was one neither of assimilation nor of association. The assimilation concept of French cultural superiority was embraced by most colonial administrators, who saw themselves as the instruments of a civilizing mission and felt that the African subject should be happy to accept the free gift of French culture ... the concept of association also soon became a hollow term describing French development procedures that increasingly relegated the African to an inferior status and concentrated more and more power in French hands. Some colonial administrators did advocate continuance of the traditional chieftanships, but nothing came of this. Early in the colonial era, chiefs who opposed the French were eliminated and others willing to accept a subordinate status were appointed. The administrative authority of such chiefs was reduced to the execution of French orders and their judicial powers were curtailed and brought under French supervision. Parallel with their loss of temporal power occurred a diminution of their religious role and prestige. Eventually, except in remote villages, the French ruled either directly or through chiefs who functioned essentially as French agents."

(pp. 23/24)

In addition to the attack on the chiefdoms, other social changes were set in motion by attempts from the early 1900's to suppress serfdom and the slave trade. This was felt particularly in the Fouta-Djalou where the hierarchical structure of Peul society was very dependent on slave labour (see above). Many of these former slaves and serfs, with no land of their own, remained therefore economically and psychologically dependent on their former masters.



### III. Political Development

Prior to 1946 there were four main indigenous political parties in Guinea corresponding to the four principal geographic and ethnic regions, but their interest lay mainly in regional affairs and there was little vision for tackling nationwide problems. In 1946, however, a conference was held in Bamako to unite the multitude of territorial political groups, both in Guinea and in the other areas of French West Africa, and to formulate a common policy for French Black Africa. Out of this emerged the African Democratic Rally (Rassemblement Démocratique Africain - RDA); it is interesting to note that one of the delegates was Sékou Touré himself.

From this early move towards pan-africanism, there grew a new Guinean political party, the Parti Démocratique Guinéen - PDG, founded in 1947 but making little impact in its early years due to inter-ethnic differences and the diverse political views of its leaders. As a result it attracted little mass support. In 1952, however, Sékou Touré became Secretary General of the Party and began actively to recruit members from the unions belonging to the communist dominated General Confederation of Labour (Confédération Générale du Travail - CGT) in which he held a prominent position. In the next six years prior to independence, the PDG became, under his leadership, a highly united and tightly organized party gaining in popularity and electoral success as opposition to the colonial régime grew.

After the numerical success of the PDG in the legislative elections in May 1957, it immediately set about instituting a number of social reforms, the most important of which was the abolition of the "chefferie" - the traditional tribal chiefs. Originally, in the life of the Guinean villagers, the chiefs had played an important and respected role, but as pawns of the French colonial power they had been used as tax collectors, a role which they abused to line their own pockets. They were, therefore, the focus of much hatred throughout Guinea and in some areas they exercised a reign of virtual tyranny over their people.

A second major reform concerned the attempt to establish more democratic social structures. The "canton" - the colonial unit of administration - was abolished and in its place the PDG set up village councils ("conseils de villages") with elected heads ("chefs de villages" or "maires"), each one an arm of the Party structure. In this way there were Party members at grass-roots level in each part of Guinea. A women's committee and a youth committee were also set up and each of these would meet regularly on a weekly basis (see below).

These, however, were both structural reforms. Much harder was the task of winning the hearts and minds of the Guinean people. For centuries the villagers had lived in very hierarchical, non-egalitarian societies, where certain families were seen as the most privileged, where slavery was an accepted way of life (in spite of the reforms instituted by the French), where women were treated as inferior to men and where the elders of the village

were the ones who exercised authority over the rest. Simply changing social structures did little in the initial period to alter such a deeply engrained way of life.

These reforms and other more minor ones did much to satisfy the peasants, the proletariat and the emerging bourgeoisie which had been responsible for bringing the PDG to power. Nor did it constitute too great a threat to the colonial government and for two years this latter and the PDG co-existed in a mutually suspicious, but not openly hostile, relationship. External events, however, brought about a precipitous change.

The outcome of the Algerian War in 1958 and the coming to office of General de Gaulle in the same year, opened up discussion about all of France's overseas territories and their relationship with the metropolis. Guinea, originally, did not want to become independent and wished to remain part of the Franco-African Community, but on Sékou Touré's terms: self-determination and self-government within the Community. General de Gaulle visited Guinea in May 1958 and refused to negotiate on the basis of Sékou Touré's demands. The constitution which was on offer from France was on a "take-it-or-leave-it" basis. A referendum of the Guinean people in September produced 1,134,324 "non" and only 56,981 "oui". On October 2nd, 1958, the territorial Assembly became the National Assembly and the independence of the Republic of Guinea was proclaimed. Ahmed Sékou Touré became its first President as well as head of the PDG.

France's reaction to Guinea's response was swift and devastating for the country. Within 48 hours of the referendum, all French personnel working in the country were advised to leave, taking with them documents, archives and all technical material that was portable. All forms of assistance and aid were immediately stopped. Any French personnel who remained were advised that they did so at their own risk and as a result only a few of those on contract with the Guinean government and about a third of the teaching staff remained. France abstained in the vote to admit Guinea to the United Nations.

Guinea's response was to try and consolidate its independence by more internal reforms and by diplomatic initiatives to gain support from the rest of the world. Most of the Western nations were lukewarm in response to Guinea's independence and requests for help, for fear of jeopardizing their relationship with France. Guinea therefore turned to the rest of Africa and the Eastern bloc for help. Ghana responded first by a generous loan and then the socialist nations provided Guinea with imports of rice, sugar, flour, cement and matches at favourable prices, so that the newly fledged government could sell these basic products at a price people could afford. Unfortunately, however, most of the supplies were bought up by speculators who sold them as contraband at much higher prices in the Ivory Coast, Mali and Sierra Leone, the local market hardly benefitting at all (Suret-Canale, 1970).

One early move by the Guinean government to compensate for the lack of financial resources was to mount a large-scale human invest-

ment programme. This involved unpaid voluntary labour utilized on a variety of projects. Tremendous initial enthusiasm was generated through the efforts of Sékou Touré and the PDG cadres and during the first two years of independence there were very real achievements. Local schemes, where immediate concrete results could be seen, worked much better than bigger, more generalized development schemes. During this period, many schools, dispensaries, Party buildings and mosques were built and minor roads, linking villages, were constructed. After 1961, however, enthusiasm started to wane as problems arose, not least difficulties in obtaining supplies and materials. In some areas, local government and Party officials began using work groups for their own or Party aims and this caused resentment. In the end, participants worked only because of threats or other pressures and the economic importance of the programme decreased accordingly.

### External Relations

Guinea's precipitate response to de Gaulle's overtures in 1958 has affected the whole course of the country's subsequent development, not least in isolating it from the support, both economic and political, enjoyed by most other newly emerging regimes. Whether Sékou Touré's stand against France was a piece of inspired bravado or whether it was a serious miscalculation that went wrong has caused a lot of ink to flow. Johnson (1978) opts for the latter view, maintaining that "Guinean independence may be celebrated as a 'revolution', but it was won by a reluctant revolutionary in a state of psychological trauma brought on by compulsive resort to rhetoric" (p. 40).

The most serious breakdown in relations were those with France and the former French West African states. France has always prided itself on a special relationship with its former colonies but its links with Guinea remained for nearly twenty years on a "love-hate" basis, very similar to that between a child growing into adolescence and its baffled parent. Camara (1976), a Guinean "émigré" himself described it thus:

"Every act of reconciliation is followed by renewed tension which hinders the application of any agreement reached."

(p. 15) (my translation)

The lowest point was reached in 1970, with massive purges of "dissidents" and "counter revolutionaries" after a suspected plot against the regime, which led to a mass exodus of the remaining French (see below). It was only with the coming to power of Giscard d'Estaing in France in 1974 and the visit by Mitterand to Guinea in July of that same year, that relations were finally restored between France and Guinea the following year.

Guinea's relations with the former French West African states, especially Sénégal and Ivory Coast, "blew hot and cold" in a similar way with accusations of plots, counter-plots and denunciations followed by angry retorts by the injured party - in spite of their close partnership in the RDA prior to independence. The relationship was not helped by the fact that both countries harboured a large number of Guinea's political refugees. In the early years following independence, "hundreds of thousands" of Guineans fled the country as political exiles, including a large

number of the country's intelligensia (Nelson, 1975). This was followed in later years by a further exodus following the ideological purges.

#### Party and Administrative Structure

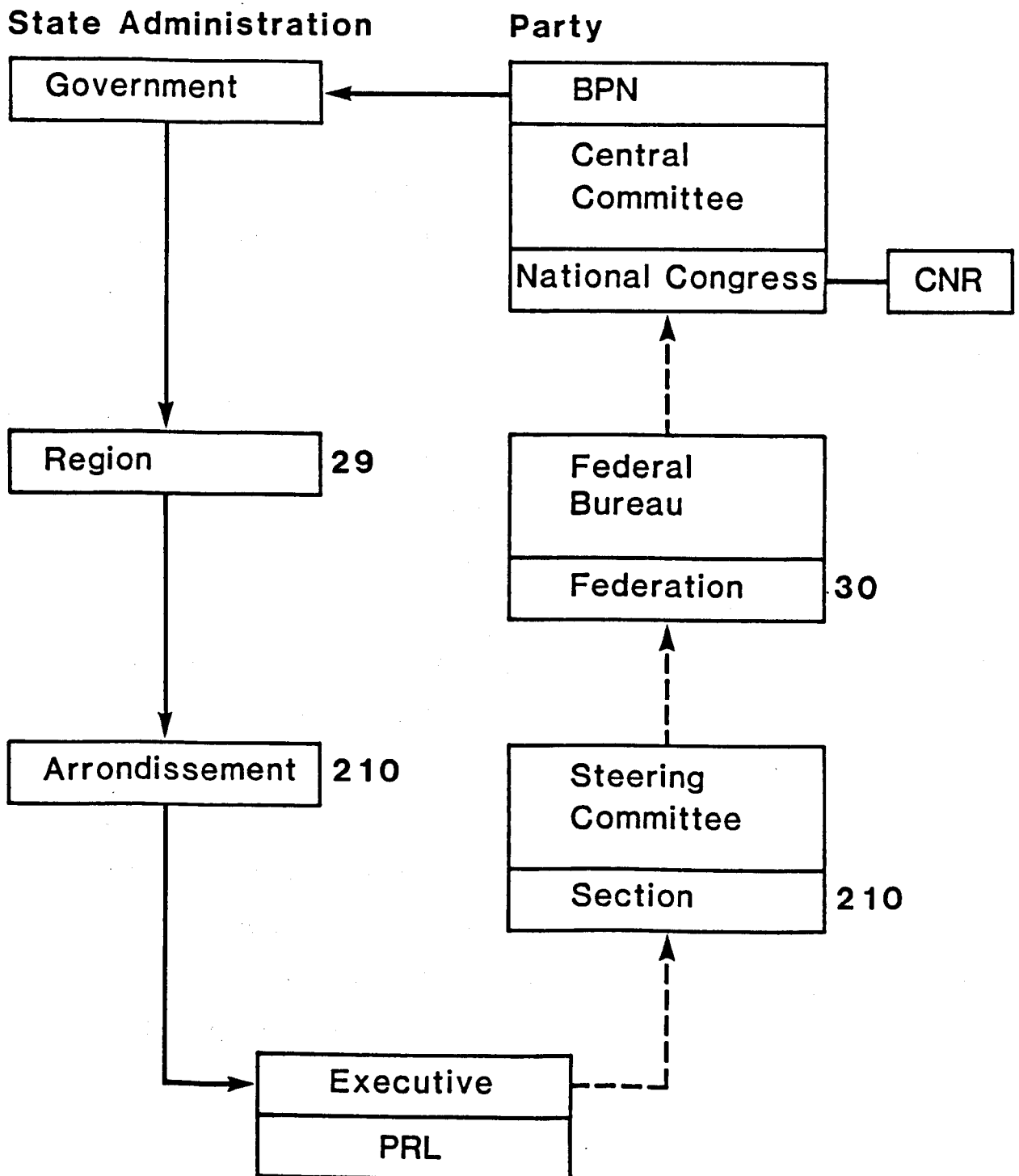
The coming to power of the PDG in 1957 and the declaration of independence one year later resulted in Guinea becoming a one party state. The Party structure (see Figure 2.1) was pyramid-shaped with a large number of committees at the base. At the apex were four main bodies: the National Congress, the National Council of the Revolution (Counseil National de la Révolution - CNR), the Central Committee and the National Political Bureau (Bureau Politique National - BPN). National decisions were taken at this level with the BPN occupying a dominant position in the decision making process and representing the executive organ of the Central Committee, the national ruling body of the party. The CNR (which was summoned twice a year) acted as the supreme Party institution in between sessions of congress, which took place at least once every five years. Congress had the responsibility of laying down the broad outlines of national policies (Adamolekun, 1976).

In setting up this Party structure, of which membership was compulsory for every Guinean, the objectives were threefold.

- a) to establish a central authority throughout the territorial area of the state. This was seen as extremely important as prior to the rise of the PDG the multiplicity of ethnic and political groupings had made Guinea a fragmented nation.

FIGURE 2.1

## Party and Administrative Structures in Guinea



—→ Administrative hierarchy  
 - - - - -→ Party hierarchy

Source: Adamolekun, 1976

The region of Conakry, the national capital, is divided into two federations, hence, 30 federations for the 29 regions.



- b) to bridge the élite-mass gap (This will be considered in more detail below).
- c) to involve the masses in the political process.

This third aim is one that has aroused much interest, especially in developing socialist nations. Every village and urban "quartier" had its local Party committee, representing approximately 1,500 inhabitants and situated ideally not more than six miles from its farthest sector. The area was divided into sectors, each sending three delegates to general meetings to represent grassroots opinions. A locally elected bureau ran the committee, made up of seven members, one of whom was to be a woman. Decisions taken would be fed through the Party system to central level and the structure likewise served as a channel of communication for the dissemination of decisions made by the national executive to local members. This process was backed up by the Party-controlled radio and press. It seems that participation and involvement in the political process functioned well at grassroots level but further up the hierarchy it existed in name only. In addition, automatic membership of the Party implied some measure of compulsion and constraint on individual choice, especially as each member of the cell-group was encouraged to be responsible for the loyalty and commitment to Party ideals of every other member. Failure in this respect was to be reported to the elected bureau.

#### Administrative Structure

From Figure 2.1, it can be seen that the administrative structure operated alongside and parallel to the Party structure.

This was in fact an interlocking system with considerable overlap of personnel. National ideology maintained that the Party structure was superior and certainly, Party officials had greater status than administrative employees. All national and presidential decisions were made in the name of the Party. It is interesting to note, however, that the administrative machinery was very powerful in spite of this. A key factor concerned the personnel. The administrative employees were career civil servants, enjoying permanency of tenure, a fixed salary, recruitment by qualification or through competitive examinations and regular promotion. The Party personnel on the other hand were part-time volunteers, except for the federal secretaries, although many of these also held office in the administration. Part of the reason for this was the limited pool of trained and professional Guineans from which to recruit officials.

The administrative structure at the local level was more or less unified with the Party system and according to Nelson (1975) "it was difficult, and in some cases impossible, for the average Guinean citizen to distinguish between the two, particularly in his village" (p. 157). Originally the two were separate but conflicts developed between them and in the 1960's they merged, the Pouvoirs Révolutionnaires Locaux (PRL) assuming both functions. The PRLs in fact were entrusted with a considerable amount of political and administrative responsibility. They had responsibility for the collection of taxes, the maintenance of law and order and the keeping of records for births, marriages and deaths. Every PRL executive too was expected to mobilize their members for locally

initiated projects aimed at promoting social and economic development. This was a very important factor in the development of the health and education services as we shall see later.

According to Adamolekun (1976):

"If all the 8,000\* PRLs in Guinea were functioning properly, this would mean that 104,000 PRL executive members and many other citizens effectively exercise state power within their area."

(p.30)

Unfortunately, not all did function properly; many PRLs only performed a fraction of the tasks allotted to them; in some, their freedom of action was limited by intervention from higher levels; others failed to be given the guidance and assistance needed to adequately perform their role. Nevertheless, there was an overall genuine commitment to participation both in the political process and in economic and social development; in some areas it worked well, as we shall see.

A final word must be said about the judiciary. This functioned at every level and could be referred to a higher level if a decision was not reached. Settlement by conciliation operated at the lower levels. Adamolekun (1976) remarked, somewhat cynically, that the original reason for entrusting the administration of justice to PRLs (from 1962) was because of an acute manpower shortage. This was later baptised as 'popular justice' and was now displayed as an outstanding example of the Party's commitment to involving the masses in the political process!

\* The figure in 1976. A different source (RPRG Health, 1983) gives a figure of 2,385 for the end of 1982.

Sékou Touré and the PDG's Ideology

Perhaps more than any other national leader, Sékou Touré roused considerable emotion both within his own nation and within the international community. It is interesting to note that the Guinean opposition, mostly political exiles, were never able to form a united front to make a bid for power during his lifetime because of their deep-seated divisions in their attitude to Sékou Touré and his regime. Some saw it as far too left-wing and would have liked to see a 'conservative' government in its place; others believed that Sékou Touré had betrayed Marxism by compromising with the West.

Sékou Touré himself came from a poor Muslim peasant family. Born in 1922 in Faranah, he attended and completed primary school but beyond that point was self-educated, starting adult life as an employee of the postal service. He entered political life through becoming general secretary of the union of employers of the postal service and helped to found the Guinean branch of the CGT, (Confédération Générale du Travail), becoming general secretary of this in 1948. In 1952 he became general secretary of the PDG and mayor of Conakry in 1956, before assuming the Presidency in 1958, a position he held for over twenty five years until his death in March 1984. A critical factor in this was Sékou Touré's personal charisma; he excelled as a mob orator who could hold his audiences spellbound for up to five hours of continuous speechmaking. His leadership talent was also said to be due to his "intuitive intelligence and great capacity for work, his sincerity, simplicity and transparent honesty (Adamolekun, 1976 : p. 150). Others have

labelled these qualities as arrogance and megalomania. Rivière (1977), who is by no means totally negative to Sékou Touré, expresses it thus:

"No-one would dream of pointing out to him that he had made mistakes, or simply that he might be fallible - on the part of an ordinary citizen, this would be taken as impertinence; from a minister, indebted as he was to Sékou Touré for his post, it would be inadmissible; and from a foreigner it would be considered as meddling in the State's internal affairs."

(p. 85)

For those who are most opposed to Sékou Touré and his régime, it is probably the human rights abuses that have caused the greatest alarm and received the most publicity. In 1982, an Amnesty International Report caused an outcry in Guinea and worldwide when it named 78 political prisoners which it alleged had died in Guinean prisons and a further 2,900 others who had "disappeared" since their arrest in the 1970's, many in the aftermath of the ill-fated attempt to invade Guinea in November 1970 by "counter-revolutionaries" from Guinea-Bissau. Others were seized in two waves of mass arrests on security grounds in 1971 and 1976. According to a report in "West Africa" (11.10.82):

"Many are believed by Amnesty to be dead as a result of execution, torture, deliberate starvation and inhuman prison conditions ... the movement has received reliable reports that some prisoners died after being put on what was known in the prisons as "la diète noire (the black diet) - denial of food and water until death. This was reported to have happened to prisoners who failed to 'confess' under torture."

Others were said to have died through being underfed and held in overcrowded, insanitary conditions in Camp Boiro, Conakry, Camp Keme, Bouraima in Kindia and elsewhere, sometime "during the 1970's". The response from Conakry was angry denial of all this and a reference to "Amnesty dishonesty", calling them "childish" and "perverse" (Momoh E - "West Africa", 8.11.82). A similarly strong condemnation had been maintained for many years by the Movement of French Wives in Paris, whose husbands had disappeared in Guinea and who made a vociferous demonstration at the time of Sékou Touré's visit to Paris in September 1982 ("Le Monde", 5.9.82).

#### Ideology of the PDG

The ideology of the PDG and of Sékou Touré was essentially a combination of Marxist-Leninist thinking and African socialism. (The view of the PDG and the president were virtually one and the same; all of Sékou Touré's pronouncements were made in the name of the Party while most national policy guidelines and manifestos were written by the president). Sékou Touré himself described the rule of the PDG as a popular dictatorship based on the will of the whole people and therefore contrasting it with the class dictatorship of the communist states, to which a number of outside observers used to liken it. He rejected the Marxist concept of class struggle during the first decade of independence as inapplicable to Guinea, asserting that he and the PDG were not interested in theoretical doctrines but rather in practical needs. This attitude changed somewhat, however, by the early 1970's, especially after the attempted coup in November 1970. His opposition to the principle of class struggle lessened as he warned the people that there was a

'fifth column' in Guinea, representing a serious threat to the country's revolutionary goals.

Sékou Touré saw as vitally important the need to define his party's ideology and his own political theory. His writings on the subject were profuse: more than ten volumes of his collected writings and speeches were published between 1958 and 1972, many of these appearing in more than one edition. As we shall see in Chapter 4, much emphasis was placed on ideological training in all of Guinea's schools. In addition, the state controlled radio and press devoted large portions of their coverage to ideological matters.

Sékou Touré's approach to development was basically anti-capitalist. Believing that Africa was largely free of the capitalist class, it could therefore progress directly from the traditional communalism of the village to a modern socialist state. As the need to accumulate capital grew with the demands of a modern economy, he saw it as vital that both the means of production and large-scale trade should be under state control, in order to prevent the emergence of a bourgeois class. His attitude to foreign investment was that it should be restricted to projects which the government found it could not develop itself and any "intervention" would be tightly controlled by the state. This led to an attitude sensed by foreign personnel working in Guinea, with whom I spoke, that they were not really welcome although their financial investment was. It did, however, mean that Guinea's economy was not controlled by transnational corporations and nowhere

in Conakry was there to be seen flashy posters advertising foreign goods.

The political stance of the PDG to the rest of the world was officially one of non-alignment. Although remaining consistently friendly with the Eastern bloc countries, Sékou Touré managed successfully to woo some of the Western nations with the result that the range of economic interests represented in Guinea, although small in scale, were of every colour of the political spectrum. Adamolekun (1976) refers to this approach as "the practice of flexible politics behind a façade of a rigid and inflexible ideology" (p. 148). Others might have called it 'two-faced'.

Internally, the emphasis was on nationalism, the building up and political unification of the nation. This concern for integrity and internal security led to a belief in a 'permanent plot' aimed at the PDG led government. This was described in "Horoya" (the national newspaper) of 12th September 1971 as a "sword of Damocles suspended over the young Guinean nation". At the time of my visit to Conakry in 1983, I was able to look in at the preparations for the Twelfth National Congress, and in the huge conference room in the Chinese-built "People's Palace", a large text was emblazoned across the front of the hall claiming that "No plot, wherever it comes from, will ever succeed".

The first report of such a plot was in April 1960 when nationalist French soldiers, based in the Ivory Coast and Guinea, planned to overthrow the government and reclaim Guinea for France.



The plot was discovered, however, and, whether it was a legitimate threat or not, it had the effect of welding the people together. A new plot, the 'teachers plot' was discovered in 1961 which led to a vicious putting down by the army and militia of a solidarity strike by students and professors. Numerous arrests followed, secondary schools were closed and many teachers left the country at that time (Rivière, 1977 : p. 128). Other plots emerged in 1969, 1970, 1971 and 1973, the most serious attempt being the armed landing of the seaborne invading force from Guinea-Bissau (referred to above) in November 1970 when the "Battle for Conakry" was fought. Sékou Touré's residence was demolished but the assailants were defeated. In 1976 a further plot against Sékou Touré's life was discovered, which led to renewed purges and imprisonments.

The anti-capitalist and also anti-colonialist stance was one used with great effect by the Party and the president to mobilize supporters. Sékou Touré's speeches were laced with invectives against imperialists and special boards were erected in the streets of Conakry bearing carefully painted and stirring slogans, some against the imperialists, some urging unity both within Guinea but also with the other African states. The positive values stressed in speeches and manifestos have been "liberty", "dignity" and "justice". The slogan thrown out by Sékou Touré to de Gaulle at the time of his visit to Conakry in 1958, shortly before independence, was that Guinea preferred "poverty in freedom to prosperity in chains" (Johnson, 1978 : p. 40). Through the years of economic stagnation, Sékou Touré stressed the

importance of the supremacy of these moral values over economic plenty - though offering that as a future goal. Indeed, at the time of my own visit, I was aware that the Guineans I met did have a sense of their own dignity; in addition, although there was certainly petty pilfering and corruption, I was assured that there was little violent crime and that it was quite safe to walk around the streets of Conakry unaccompanied at night. There was evidence, however, that Guineans were losing patience with their ever-lengthening wait for prosperity. In 1977, Guinea's mothers took to the streets to protest that they could not feed their children on anti-imperial and anti-colonial slogans which led to the reintroduction of private trading on a small scale and the reopening of the markets overnight ("Guardian Weekly", 1st August 1982 - "Le Monde" section). I was told that Sékou Touré took this as a personal affront, having believed until then that the women of Conakry were his staunchest allies, and refused from that day to drive past the Marché Niger, the main market of Conakry (personal interview).

A third line taken by the PDG was its support of pan-africanism. Guinea was a member of the Organization for African Unity, the Economic Community of West African States and also the Mano River Union. May 1984 was to have been the high point of Sékou Touré's commitment to African unity as Guinea was due to host the OAU conference. A whole area of shanty towns had been cleared from part of Conakry to be replaced by villas, pristine white against the orange-red ferrous soil. Moroccan in style (built with Arab aid) and ready to house the delegates. A vast

new conference hall had also been constructed. Sadly, Sékou Touré never experienced this moment of glory as his death occurred two months before the conference.

IV. Economic and Social Development

Prior to independence, very little was done by the colonial powers to develop Guinea's rich resources, both agricultural and mineral, and industrial development was minimal. Johnson (1978) expressed it thus: "French colonialism did not exploit enough, it merely pillaged" (p. 46).

After independence three principles dominated Sékou Touré's approach to development.

- (i) Economic decisions must take account of the interests of Guinean citizens. This, it was felt, had not happened under colonial rule, and Guineans had little to say in how the money from the French development fund, FIDES\*, was spent.
- (ii) The economic sphere should be subordinate to the political, an example of the application of the doctrine of Party supremacy in this field.
- (iii) The need for all development, whether economic or social to be centrally planned. This led to the devising and publication of a series of national plans.

The first national plan was the Three Year Plan, 1960 - 1963. In view of the lack of qualified Guinean planners, a French team, under Professor Bettelheim, was called in to help. A

\* Fonds d'investissement pour le développement de la France d'Outremer.

questionnaire was prepared which was sent to all Guinean villages to find out the state of agricultural production, the development of this sector being the key area under this first plan. By the time of its approval, however, in April 1960, there were no personnel trained to administer it nor had any administrative machinery for planning been established.

As a result, very few of the proposals saw the light of day. In addition, the Plan was unrealistic in the amount of money needed to develop each sector: not enough had been spent on - or allocated to - the buildings of roads and transport to enable products to be distributed to and from more outlying areas; too much money was spent on prestige projects, including Conakry airport, a stadium, also in the capital, seating 25,000 people and a national printing works, Patrice Lumumba. In spite of these failures, the Three Year Plan did achieve the bringing of all trading ventures under government control and the first industries were created in 1964 (Suret-Canale, 1970).

The second plan, the Seven Year Plan 1964 - 1970, was more of a nationally based one and the role of the PDG, both in its planning and its implementation, was far greater. The plan consisted of a list of economic and social projects put forward by the Party at each level, including the PRLs, and by the central government ministries. However, the approach was still far from satisfactory. In the words of Adamolekun (1976):

"The plan proposals bore no evidence to the use of the techniques of economic analysis as they consisted essentially of targets to be achieved in the specified areas of social and economic activity. There was no mention of any quantitative goals for the growth of the entire economy or for any of the individual sections (except for the declaration of the industrial sector as the priority of the plan) nor was there any analysis of the inter-relationships among the various sections. Furthermore, there was no mention of the financing of the plan ...."

This plan proved to be largely a failure.

The next plan, the Five Year Plan 1973 - 1977 was more successful, partly due to the fact that with the momentum given to education in the previous decade (see Chapter 4), there were more Guinean planners available by 1971.

The plan current at the time of my visit to Guinea, the Five Year Plan 1981 - 1985, appears to have built on the mistakes of the past inasmuch as quantitative goals are included and budgeting is an integral part of the planning. However, the aims of the plan are still very much of the nature of targets to be achieved in each separate area of the economy and social sphere. As we look at the aims and objectives of the health and education sectors in Chapters 3 and 4, we shall see this approach reflected there. Again, in other reports written on these areas, there seems little awareness of the inter-relationships between the various sectors.

#### Agricultural Development

On the eve of independence, 90 per cent of the population of Guinea were employed in agriculture, the majority being

subsistence farmers, while a small number were involved in growing crops for export, the most important of which were bananas, but also included coffee, palm kernels and groundnuts.

Guinea is a very rich and fertile country so that the crops grown throughout the country were abundant and varied. Cereals accounted for a large proportion of what was grown, especially rice, the staple food, production of which was around 375,000 tonnes per annum in 1980 (ABECOR, 1980). Several different types of rice were grown according to the suitability of soil and climatic conditions. "Fonio" (a variety of millet but low in nutrition) was an important crop, especially for local consumption; maize was grown in the "tapades" of the Fouta-Djalón; some millet was grown too, but its importance was declining.

After cereals, roots and tubers were the next most important crop, including manioc, sweet potatoes, taros and yams. These too were cultivated in the "tapades" or gardens surrounding the houses. With the change in eating habits, many Guineans becoming avid rice eaters, the development of root crops has suffered some neglect. Other crops grown included mangos, cola nuts and palm products in Maritime Guinea and the Forest Region, coconut palms on the coast and orange groves in the Fouta-Djalón.

Outside subsistence needs, there was a thriving market gardening 'industry' which provided most of the produce for the domestic market. This was operated mainly by the women who, for centuries, had been marketing produce which was in excess of their

families' needs. This was now, however, becoming a specialised occupation, land being set aside to grow produce entirely for marketing. The onion growers of Kobani, a co-operative run entirely by women, is an interesting example of this.

The Three Year Plan envisaged that these local producers would provide the newly established state-run canneries and fruit and vegetable processing plants with raw materials but this did not work out as planned, partly because of the low prices offered to these women. In fact, much of the produce by-passed the local market altogether and was sold across the border in neighbouring states where much higher prices could be obtained. (In 1960, the CFA franc was no longer accepted as the national currency of Guinea. It was replaced by the Guinean franc which in 1972 was superseded by the syli, which could not be used or exchanged outside the boundaries of the country, making it virtually valueless).

The chief cash crop at the time of independence and also the most important single export-earner was the banana. Its cultivation was heavily dependent on a few thousand Europeans, many of whom fled the country at independence. No "African plantocracy" emerged to replace them, due both to the socialist policies of the regime, but also to "the sheer disorganization of the post-independence state" (Johnson, 1978 : p. 47). The result was that production plummeted from 100,000 tons in 1955 to 40,000 tons in the mid 1970's and virtually nothing by 1980. The situation with most of the other cash crops including coffee grown in the



Forest Region, has been much the same. Only the pineapple export crop had shown any real growth since independence and this, in 1980, was the subject of a project financed by the World Bank (ABECOR, 1980).

A similar situation prevailed with food crops. In spite of attempts to increase the production of rice (a special rice growing campaign was launched in 1966 under the slogan "produire pour se suffire"), Guinea has had to depend, for almost the whole of the post-1958 period, on imports of grain and rice mainly from the United States under the U.S. PL480 programme (Johnson, 1978). Rice production continued to drop throughout the 1970's. Each year, Sékou Touré issued dire warnings that these imports could not be allowed to continue. Not only were they financially debilitating, but they contradicted the whole concept of 'self-reliance' which Guinea was trying to foster. In recent years the output of cassava has also plummeted, reaching an all time low in 1980 as a result of a virulent leaf mosaic virus. This being the chief food of rural dwellers during the 'hungry season' up to the October harvest meant that crop failure had a particularly dire effect ("West Africa", 30.3.81). In addition, there has been a fall in the overall number of livestock since 1958.

The response of the PDG to the worsening state of agriculture has been, since the early years of independence, to reorganize it on a collective basis. This began in 1960, when only small private plots were allowed to be retained. On the model of a similar Soviet scheme, agricultural modernization centres were set up to

provide loans, equipment and extension services. After three years, however, it had all collapsed due to inadequate financial investment, lack of trained personnel and a seeming inability to understand the mentality of the Guinean subsistence farmer. Shortage of consumer goods gave the farmers little incentive to produce a surplus and dissatisfaction with the fixed prices paid by the government for their products either led them to trade through the black market (see above) or else they simply failed to produce a surplus, so boycotting the system. The tractors allocated to the collectives were eventually commandeered by a few individuals who formed themselves into a 'tractor bourgeoisie'. When the government realized what was happening, the number of tractors imported the following year was drastically reduced, having an even more disastrous effect on agricultural output (Adamolekun, 1976).

A new campaign of collectivization was organized in 1975, centred around Motorized Production Brigades. The universities and colleges were closed for nine months and large numbers of students were sent into the village to spread new techniques and to 'learn from the people' in the Chinese manner. This too failed to significantly increase the level of production.

The most recent "socialist" experiment in agriculture was in 1979 with the creation of state farms called Fermes Agro-Pastorales d'Arrondissement (FAPA). Two hundred FAPAs were to be established in all of Guinea's administrative districts, with two or three state farms per "arrondissement". Staff positions were

to be filled by young graduates from the agricultural schools at Foulayah and Faranah. Once again, the results were a dismal failure. Apart from the ravages of floods and caterpillars, the agronomists were poorly trained, with little practical experience and often sent to a region where they were unfamiliar with the language. Supplies and spare parts failed to arrive on time, seeds were not properly stored and so failed to germinate and the whole approach provoked resistance if not antagonism from local subsistence farmers, who saw the FAPAs as expropriating the best land, paying too low a wage to attract manual labour and squandering public resources in an attempt to raise agricultural production (Hecht, "West Africa", 30.3.81).

The result of all this has been the stagnation of the agricultural sector, with exports virtually non-existent and an increasing need to import foodstuffs from abroad, in spite of the fact that seven eighths of the population are still employed in this sector (ABECOR, 1980). The response of the subsistence farmers has been to turn in on themselves after having been virtually ignored by the government for over twenty years. Hecht (1981) comes to the following conclusion about Guinea's agriculture:

"... There are still no signs that the government of Sékou Touré has recognised the need to promote small farmer agriculture, as a way of increasing food production, and raising rural living standards. On the contrary, all the current evidence points to the Guinea regime's belief that agriculture can only be harnessed to national development through the creation of radical new structures of production - large-scale and mechanised - rather than through a gradualist approach focusing on small farmers."

("West Africa", 30.3.83 : p. 680)

Three years prior to this article, Johnson (1978) hinted that increased malnutrition and even starvation might well be the lot of many of the rural poor if there was no change of direction in agriculture.

## Industrial Development

A small industrial sector, almost all of it state-owned had been built up since independence, particularly during the seven years of the second national plan, which made industrial development its focus. However, it was in its enormous mineral wealth that lay most of Guinea's potential for economic development. Guinea has immense reserves of high grade bauxite while iron reserves exceeded 10 million tonnes, again with a high metal content and diamond reserves were more than 30 million carats. In addition, there were deposits of gold, copper, cobalt and manganese (ABECOR, 1980).

Most of the mineral extraction was being carried out by foreign consortia, the chief industrial complex being centred at Fria where bauxite was mined on a huge scale by the giant foreign conglomerate, of which the dominant partner was US Olin Matheson Corporation. Extraction of the ore commenced in 1960 and within a year provided almost three quarters of total exports by value and foreign exchange earnings. Other bauxite deposits at Boké began to be developed in the early 1970's by Harveys of California and by 1975, bauxite and alumina (some of which was processed in Guinea) made up over 95 per cent of all exports and 98 per cent of foreign exchange earnings (Johnson, 1978; ABECOR, 1980). Fria's modern development created a pole of attraction in the area, with wages paid higher than those of the state controlled industries, an efficient apprenticeship training scheme for mining engineers and a movement of traders

and market gardeners to the vicinity keen to supply the needs of the complex. Fria's hospital too had the reputation of being the only 'efficient' one in the country and the one where all expatriates headed in time of need. It did mean, however, that two parallel developments were growing up in that area, the modern and the traditional (Suret-Canale, 1970).

The other main mineral development project was at Mifergui-Nimba, near the Liberian border, where vast deposits of high grade iron ore were to be found. Production had been planned, but delayed, for years while Guinea tried to gain agreement from Liberia to use their railway line and the port of Buchanan for exporting the ore. This was eventually agreed in 1980 ("Le Monde", July 1982). The building of the huge Konkouré dam, also on the drawing board for many years, would make possible the production of hydro-electricity for the future development of an aluminium processing industry.

Close state control was kept over the activities of foreign consortia and all agreements made with the companies named the Guinean government as a partner, owning 49 per cent of the investment and receiving 65 per cent of the taxable profits (Adamolekun, 1976).

Apart from the bauxite mining, however, and to a lesser extent the extraction of other minerals, Guinea's state run industrial sector was in a state of total disarray. There was "wholesale under-utilization of capacity, chronic corruption and

inefficiency, low quality and low quantity output" (Johnson, 1978 : p. 48) while the foreign debt was running at around \$1,500 million (half of which was owed to Moscow). Oil prices swallowed more than a third of Guinea's earnings while the servicing of the external debts absorbed a further quarter ("Le Monde", July 1982; "West Africa, May 1982). Guinea was therefore ranked among the least developed countries, with a GNP per capita for 1982 of only \$300.

### Trade and Commerce

Trade and commerce too were primarily state controlled, the attitude of the PDG to private trading being ambivalent. Its ideology expressed the belief that a growth in private enterprise would lead to the emergence of a bourgeoisie and the economic exploitation of man by man. So, in the early years of independence, tight controls were exercised over it and in 1964 'traders' were excluded from Party posts. However, pressure was great to allow some private trading, especially in the informal sector and among the Malinké "dioulas" (itinerant traders), so that restrictions were relaxed and then re-imposed several times during the twenty six years of the regime. Reference has already been made to the march of the Conakry mothers in 1977 which led to the re-opening of the markets and an increase in private trading. The other effect of tight state controls was to encourage the development of a large and effective parallel market "on a sustained scale quite possibly unique even in African history" (Johnson, 1978 : p. 40). He goes on to describe it thus:

"Every producer or trader attempted to sell his goods across Guinea's extensive borders for hard currency and the goods it could buy. Traders found themselves quite inevitably involved in the black market to survive - including, of course, a huge black market in currency. PDG-run co-operatives fairly openly sold their entire production across the frontiers; shepherds herded their flocks across the border (hence the fall in livestock numbers); and literally hundreds of thousands of Guineans emigrated by stealth to sell their labour abroad."

The government used every measure to try and stem the flow of resources across the border, with black market dealers being periodically punished and their belongings confiscated. However, since many of Guinea's "imports" of consumer and luxury goods came in in this way a blind eye was inevitably turned some of the time and the practice has continued. There is no doubt, however, that it represents a serious drain on Guinea's scarce resources.

#### Rural Development and Urbanization

From the first years of independence, the PDG saw the development of the rural areas as the main focus of development with the general aim of increasing agricultural production and raising the standard of living of its citizens, especially rural dwellers as these formed the majority of the population\*. As we have already seen, however, the most influential policy decision in this areas was the total reorganisation of structures, with the aim of moving away from individual and family production and instituting in its place communal cultivation and collectivization. This was to be a first step towards the creation of "socialist communities" which were to be both a showplace of modern agricultural

\* Over 80 per cent of Guinea's population still lived in rural areas in the early 1980's.



methods, which the farmers in the area could wonder at and emulate, and also a forum where right social relationships could be worked out, to prevent the emergence of a rural bourgeoisie. An important factor in this was to relate agricultural development to educational reform and we shall be looking at this in more detail in Chapter 4. Suffice it to say here that experiments in the educational field included the establishment of secondary schools in rural areas, the introduction of production work into the curriculum of schools at all levels, as well as into teacher training colleges and institutes of higher education and decentralization of these latter to prevent rural depopulation by the educated young. Both schools and colleges were to draw from and contribute to the surrounding rural areas. A further important move in this respect was the introduction of national languages into the classroom and also the organization of literacy campaigns, again with the emphasis on those in rural areas.

A second move, already described above, to encourage the development of rural areas, was by the devolution of responsibility to the PRLs, so that political, economic and social development was carried out at grassroots level. This has particular relevance for the development of health care as well as education as we shall see in the next two chapters.

It seemed that the attempt to prevent a mass rural exodus to the towns was largely successful in the first decade of independence, as by the early 1970's, not more than 12 per cent of the population lived in agglomerations of more than 10,000 inhabitants. After this

period, however, urbanization began to increase but it was still on a relatively small scale, in comparison with other African states. Reasons given by Nelson (1975) for this trend were that people left the rural areas to escape the monotony of farming or because they needed to earn cash. Some were attracted by the excitement of the "bright lights" and the prestige attached to wage earning. For others, their migration to the towns was on a seasonal basis only, returning to their families and villages each year for the planting and harvesting seasons or to work on plantations and commercial farms. Some of these eventually remained in the town and settled permanently into an urban way of life.

No recent study has been made on the patterns and trends of urbanization but a survey made in the mid-1960's by Claude Rivière, a French sociologist, showed that a large percentage of urban dwellers were young: in his study of a suburb of Conakry, Dixinn-Port, 38 per cent of the inhabitants were between 15 and 30 years old and only 27 per cent had been born in Conakry itself. In a further study he found that there were increasing numbers of women among the salaried workers. They worked as nurses (a job formerly held only by men), teachers, vets and telephone operators, railway conductors, traffic control wardens and checkers of luggage at customs inspection points on the borders. A large number of urban women worked as small traders, buying fish from fishermen for resale or had small shops or market stalls.

Government attempts to stem the flow to the urban centres, especially Conakry, ranged from attempts to create 15,000 new jobs

in industry and commerce under the Three Year Plan (1960 - 1963) (which largely failed to materialize) to police round-ups of the 'fake' unemployed. A particularly 'effective' sweep was carried out at the beginning of 1966, during the dry season, when most migrants came to town. Those rounded up were condemned to a period of forced labour, lasting between three and twelve months, and then repatriated back to their areas of origin. Whether this last proposal actually took place is unclear, but after 1966, the movement of migrants appeared to diminish (Nelson, 1975 : p. 105).

### Role of Women

One of the main reforms brought about by the PDG when it came to power was the emancipation of women. In fact, prior to this, women were already involved in the PDG's political struggles to gain electoral success, especially after 1953, and their involvement in the political scene has not diminished since that date.

A whole number of radical measures affecting the status of women were passed by the PDG national conference shortly after independence. Many of these were designed to strengthen marriage and family life but also to ensure that women's rights were fully protected within this institution. Respective duties of husbands and wives were laid down by law; the legal marriageable age was increased to seventeen (formerly, girls had been promised in marriage as young as twelve or fourteen, or even before birth); the amount of the dowry was restricted and this became the property of the wife, delivered to her by the husband in front of a legal witness; the consent of both parties was now required for a valid

marriage and women were legally entitled to control their personal property. Perhaps one of the most radical moves was the abolishing of polygamy in 1968, although this proved very hard to enforce and from people I spoke to in Conakry, it appeared that this law had made little difference to the actual state of affairs. Other reforms benefiting women were the attempts to increase the number of girls enrolled in school (see Chapter 4) and the establishing of maternal and child welfare centres across the whole of Guinea, often attached to existing health facilities. Centres for the Promotion of Women were also established with a particular concern for the well-being of women outside the education system and a 'comprehensive' social security system was developed, especially for pregnant women and new mothers (see Chapter 3).

Reference has already been made above to the increasing number of women in urban salaried employment and a rising number were gaining professional qualifications. On the political front, the PDG had a women's wing which was represented at every level of the Party and, in the words of Adamolekun (1976)

"the existence of this single women's national organization with nationwide structures that cut across ethnic, religious and linguistic barriers is one of the factors that has helped to promote national integration in Guinea."

(p. 142)

The main aims of the PDG's campaign was to replace the subordination of women to men within the traditional social systems of the country by a new social order in which men and women are treated as equals. Much success has undoubtedly been

achieved, but according to Johnson (1978), although

"there is no doubt that the régime's pride in and support of feminine emancipation is sincere and strong, the 'longest revolution' still has some way to go .... At present, the official ethic of total female emancipation runs considerably ahead of social practice."

(p. 51)

Rivière (1977), who has carried out most of the few existing studies on the role of women in Guinea, expresses concern about the 'side-effects' of this rapid change of status leading to a deterioration of the traditional system, excessive individualism, bourgeois ambitions, a distaste for domestic work and moral laxity. In spite of the positive aspects of social change in this respect, he feels that it has been "harmful to family unity and ... encouraged the formation of some groups based on class interests - such as women merchants, wives of bureaucrats and the like" (p. 222/223).

#### The Role of Young People

As well as the promotion of women in an attempt to put right their unequal relationship vis-a-vis men, there was a parallel promotion of youth to counteract the unequal relationship under the old régime between the older and younger generation. The focus of this emphasis on youth has been the creation of a 'virile youth organization', the JRDA (Jeunesse de la Révolution Démocratique Africaine), which like the women's group was a parallel institution of the PDG and existed at every level of the Party. A second reason for its formation was to create a single

youth group to create national unity and to be a mouthpiece for indoctrinating Party ideals. Previously, youth groups had been formed according to ethnic or religious affiliations which were seen as divisive. A further reason for the desire to build on the young was that they had not been tainted by colonialism and imperialism and were therefore more likely to be 'imbued with the values of the revolution' than their elders. The JRDA played an important role in mobilizing the youth of Guinea (although many of the planned projects failed) and also in creating a popular militia of young people responsible both for national defence and for defending the moral tone of the revolution. This involved patrolling the dance halls and hotels and were even responsible for prescribing the dress, make-up and the kind of music that was allowed.

### Ethnic Integration

The years before independence were marked by intense inter-ethnic rivalry, especially between political groups which were based on regional and ethnic affiliation. This was seen both as the principal obstacle to but also the first priority in creating a single nation state. No reliable census of the percentage distribution of the different ethnic groups has been made since 1955, but Rivière (1971) estimated that in 1967 there were 1,400,000 Peuls (and associated ethnic groups), 800,000 Malinké and 500,000 Soussou and that 73 per cent of the population belonged to these three major groupings.

The attitude of the PDG is ambivalent to ethnic groups. Officially, differences no longer exist as all are Guineans first and foremost (This attitude made it difficult for Rivière to carry out his study on remaining ethnic differences as how can one research on something that officially has been eliminated). On the other hand, ethnic cultural differences are seen as part of the African heritage, despised by the colonial powers, and which therefore should be reinstated and preserved. Similarly, the languages of the different groups were being encouraged and developed (see Chapter 4).

As well as the creation of the one-party state and the banning of all youth organizations except the JRDA, other practical steps were taken shortly after independence to try and counteract the noxious and destructive effects of ethnic division. These included:

- (1) the practice of 'ethnic arithmetic'. A conscious effort was made to have a balanced representation of the different ethnic groups, especially in positions of power and influence in both the Party and the administration. Sékou Touré himself was a Malinké but spoke Soussou. At one point, his seconds-in-command were a Peul and a Toma. In the regions, the administrative chiefs were rotated from one area to another, spending at most two years in one post. Nevertheless, a certain balance had to be maintained and a number of the predominant ethnic group of an area were appointed to positions of influence in order to ensure the smooth running of the administration. A greater number of inter-ethnic marriages have resulted from this policy.

- (ii) education was seen as one of the principal ways of achieving integration, both through a massive increase in school enrolments and also through literacy campaigns (see Chapter 4).
- (iii) information and propaganda were spread through the state owned press and radio, most villages possessing their own transmitter.
- (iv) leisure and sport were seen not only as pleasant pastimes but as an opportunity for all ethnic groups to play and create side by side, towards a common goal, and in so doing, merge their ethnic identities. Football was particularly popular as was drama, although most plays had a moralistic or political theme.

The law (Article 45) backed up all these reforms by threatening severe penalties for any racist act or propaganda. In theory, anyone caught in such an act could be imprisoned for up to ten years and have their civil rights removed. It would seem unlikely, however, that such a drastic measure has ever been carried out.

#### Religious Affiliation

In spite of the Marxist stance of the Guinean government, the constitution assured freedom of religion. The majority of Guineans, i.e. between 75 to 90 per cent, were Muslims and Islam



had spread throughout the three major ethnic groups, the Soussou, the Peul and the Malinké. In spite of a move to close religious schools in the early 1960's, there was evidence to show that Koranic schools persisted and were even increasing in number. Sékou Touré seems to have accepted this state of affairs, in view of the high percentage of Muslims in the population, and tried instead to incorporate the schools in some way into the state system (Touré, 1976).

Christianity was the religion of only about 1 to 2 per cent of the population and was concentrated mainly in Lower Guinea. The majority were Roman Catholics, converts of the missionaries who came in at the time of colonial penetration, when they set up rudimentary schools and dispensaries, the forerunner of the present day health and education services. A small but growing number of Protestant groups were scattered throughout the country, most of them belonging to the National Evangelical Church of Guinea. This was planted by American missionaries in the second decade of the century, but since 1961 had been entirely under Guinean leadership and financially self-supporting. This relatively early handover of leadership had helped its survival when, in 1967, a move against the Christian church by the government led to the expulsion of most missionaries, priests and nuns, both non-Guinean Africans as well as whites. The Roman Catholic church was particularly hard hit at this time.

The remaining approximately 18 per cent of the population followed indigenous, animist cults, these being centred primarily

in the Forest Region. In the late 1950's, the PDG waged a "debunking campaign" ("campagne de démystification") against these groups, partly out of a genuine concern to uproot 'superstitions' seen as incompatible with modern progress but also in order to gain total control of people's minds, through the indoctrination of the Party line. This involved a campaign against fetishism and also the desecration of their sacred groves by sending teams of young people to turn them into banana and coffee plantations. Although no recent national study was available on the effects of this campaign, Claude Rivière, the French sociologist, conducted a poll of his students in the Faculty of Social Sciences at Conakry polytechnic, in the late 1960's, concerning their attitudes to indigenous religion. Generally, educated young people tended to regard these beliefs as belonging to the elderly and as incompatible with the goal of creating a Guinean nation. There were indications, however, that some returned to their old beliefs when they returned home after studying or working elsewhere. There was other evidence to show that the ranks both of Islam and Christianity had been increased by the adherence of ex-animists looking for a religious faith to replace that which had been taken from them.

### Summary

In this chapter, we have cast a brief glance at the people and country of Guinea and at its political, economic and social development from independence until 1984, that is to say the period of the presidency of Sékou Touré until his death. This has, of necessity, been only a birds-eye view of a complex and

little known country from which, until very recently, little information was allowed out. The main purpose of this chapter, however, is to provide a background for our study of health and education in Guinea and to place it in the context of the country as a whole.

## S U M M A R Y

Guinea has much in common with other developing countries in the profile of diseases endemic within its territory (although statistical data is scarce) and the poor levels of infant mortality rates and life expectancy. (The average life expectancy for the developing world as a whole is 53 and 47 for Africa, whereas it will be remembered that the figures for Guinea are 37 for men and 38 for women; similarly, the infant mortality rate for Africa as a whole is "over 100" and for Guinea 158). Again, indicators measuring health care provision place Guinea firmly amongst the least developed countries. The average number of doctors per head of population in the developing world is between 20,000 and 40,000; in Guinea this was between twelve and a half and seventeen thousand (see Table 3.15), but whereas in the developing world as a whole, there had been a slight improvement in the number of hospital beds per thousand inhabitants, in Guinea the situation seemed to have worsened.

A further area in which Guinea was in line with most other Third World countries was in its commitment to primary health care. Emphasis was placed on preventive medicine and the promotion of health, seen especially in the vaccination programme, which was one of the more promising developments in the health sector, and the introduction of a school health programme. Health promotion was incorporated primarily in the health education programme, which

used the press and radio as well as the 'classroom' to spread the word. The idea of training village health workers was adopted with enthusiasm, 'participation' of the local people in a health service that was to be 'by the people for the people' was organized by the PRLs and an attempt was being made to involve traditional healers into the new structures. There did seem, however, to be a question mark over Guinea's commitment to environmental health. Water projects were organized and carried out by SNAPE, but in the thirteen years of its existence, it seemed to have achieved comparatively little. Similarly, little seemed to have been done in the provision of sanitation and waste disposal and even less in the renovation or replacing of housing in which it appears the PDG had no part to play. Likewise there seemed to be no policy for the treatment of diarrhoeal diseases in young children and no reference to problems of mental health.

As far as women are concerned, some priority has been given to their needs by putting the emphasis in the development of primary health care on services for maternal as well as child health. Again, information is scant as to what this means in practice although we do have evidence that take-up of anti-tetanus injections by pregnant women in Conakry "and four medical regions" was poor. There is no information concerning access to and utilisation of other services provided for women, although the spread of the CPF's (Centres for the Promotion of Women) and legislation concerning social security benefits for women may be seen as promising developments.

It is extremely difficult to assess the 'success' of Guinea's health care programme, mainly because most of it was still in the planning stages; far less had been achieved in health than in education. Some of the plans were so ambitious that, given the financial commitment to the health sector, i.e. 2.1 per cent of GNP in 1981, one is tempted to see much of what is written as little more than rhetoric. However, one can admire the full-scale commitment in word, if not in deed, to primary health care and the rejection of an élitist system.

CHAPTER 3

HEALTH

## Health Care in Developing Countries

One of the most fundamental aspects of the basic needs approach is the pledge to provide health care to the many millions in the Third World, especially the poor, who are at present denied access to medical facilities. Whether the development of social policy in this field be for humanitarian reasons alone or whether health is seen as a means of developing a country's human potential for the purpose of economic development, the continuing existence of widespread death and disease in the developing world needs a concerted and radical approach in order to ameliorate the situation. We shall look first at the nature of the problem and then consider the response made by the colonial powers, the situation following independence and finally the change of emphasis since the 1970's.

The state of health of a nation can be assessed in three different but complementary ways: by looking at the main diseases endemic in these countries, by considering health related indicators and thirdly, by using statistics relating to the provision of health care.

### Categories of Disease

The most common diseases in developing countries are those transmitted by human faeces: these include the intestinal parasitic and infectious diarrhoeal diseases and also poliomyelitis, typhoid and cholera. They are often fatal, particularly in children or in combination with other infections. Studies undertaken in several



developing countries found that between 40 and 50 per cent of young children suffered from diarrhoeal infections every month (MacPherson, 1982, Hardiman and Midgley, 1982).

A second major group of diseases are those spread by airborne transmission and include pneumonia, influenza, bronchitis, measles, whooping cough, meningitis, diphtheria, tuberculosis and chicken pox. Smallpox also used to feature under this heading, but virtual eradication of this disease was achieved in the 1970's with only Ethiopia and Somalia reported to have the disease in 1977.

The remaining major categories of disease are the waterborne diseases, those transmitted by direct contact, such as leprosy and yaws, and the vectorborne diseases. This latter group are less widespread than the first two groups and account for fewer fatalities, partly because their incidence is often limited to certain geographical areas. Nevertheless, their effect is devastating in the areas where they are endemic and there are signs that many of these are no longer responding to attempts to control them with the result that they are on the increase in many parts of the world. This is the case with bilharzia, a disease transmitted by water snails which owes its increased incidence to the development of irrigated agriculture and hydro-electricity schemes. Malaria too is spreading, partly as a result of the vector becoming immune to the insecticides used. It has been estimated that the number of new malaria cases increased by over 230 per cent between 1972 and 1976 (Mac Pherson, 1982 : p. 97). Another disease

in this category in onchocerciasis, or river blindness, which as we shall see is endemic in parts of Guinea.

A further major cause of ill-health and a contributory factor to the high mortality rates in most developing countries is malnutrition. This has been referred to by the Food and Agricultural Organization (1970) as the "biggest single contributor to child mortality", although it seldom appears as the primary cause of death in official statistics. Malnutrition has an insidious effect on both illness and health. The World Bank (1980) lists four areas where malnutrition creates serious problems. Firstly, it can lead to premature births and to abnormally low birth rates; secondly, it impairs normal body responses to disease and reduces immunity that has been acquired; thirdly, not only can malnutrition increase susceptibility to disease, but disease can contribute to malnutrition. Epidemics of diarrhoeal diseases, for example, are often followed after a few weeks by outbreaks of nutritional diseases. Finally, large family size and close spacing of births frequently reduce the availability of food and care to children (pp. 22/23). This is sometimes made worse by cultural factors. In some societies men and male children eat first while the women and girls have to make do with what is left while in others there is a taboo on certain nutritional foods during pregnancy (Foster-Carter, 1985; Hardiman and Midgley, 1982).

Health Related Indicators

A second way of assessing the health of a community, a nation or the developing world as a whole is by considering health related indicators. According to Hardiman and Midgley (1982):

"Crude death rates and age-specific mortality and life expectancy estimates do not provide information about the prevalence of disease but they are believed to give useful indications about the health status of a population. Improvements in mortality and life expectancy are associated with a reduced incidence of communicable disease and with improved social and environmental conditions which have an effect on health."

(p. 154)

The indicators used for health are crude mortality rates, infant mortality rates and life expectancy rates. The latter are sometimes measured from birth, sometimes from the age of one. Life expectancy at birth gives a much poorer result than the second category as many babies die during the first year of life. In fact if one considers the more refined indicators, such as age-specific mortality rates, it can be seen that there is a rapid reduction in deaths during the second and subsequent years of infancy. As with all statistics from the Third World, these indicators need to be treated with caution, especially in cross-national studies. High infant mortality rates in one country may be due as much to more accurate means of recording these figures rather than to increased poverty or disease. Similarly, a low mortality rate may be linked with the young age structure of a population rather than a significant increase in the nation's

health. Nevertheless, health-related indicators still remain, to date, the most effective way of assessing development in this field.

Of the indicators used, life expectancy at birth is 'the most reliable measure of health status available' (World Bank, 1975). Life expectancy for the developing countries as a whole is about 53 years (World Bank, 1980). This increased dramatically between the early 1940's and the early 1970's, but the trend began to falter in the 1960's and has continued to slow down. The figure for Africa of 47 years is the lowest for the regions of the Third World, due to the very high death rates among children. To quote the World Bank Report (1980) again:

"In Africa as a whole, the infant mortality rate is over 100 deaths per thousand births compared with 15 per thousand in developed countries. In developing countries, children between the ages of one and five years are 12 to 15 times more likely to die than children born in developed countries. In much of Africa, half of all deaths occur among children under the age of five."

(p. 10)

The Report goes on to comment that these rates are probably even higher in rural areas where infant mortality is "grossly under-reported" (p. 12). As we shall see, they are the very areas where health care and medical provision are in shortest supply.

#### Health Service Indicators

A third approach to describing health conditions in the Third World is through the use of statistics relating to the

provision of medical care. These include the number of doctors and nurses and the number of hospital beds per hundred thousand of the population. According to Hardiman and Midgley (1982), improvements in the ratios of medical personnel have been reported in most developing countries in spite of rapid population increases but population per hospital bed ratios improved only slightly between 1960 and 1970 (p. 163). Nevertheless, there remain low absolute levels of staffing in most Third World countries, with Africa once again having the poorest provision. MacPherson (1982) quotes the figure of 20,000 to 40,000 persons per doctor for that continent (p. 101).

But perhaps more crucial than the overall figures is the level of distribution of health care resources within each country. Here, the bias is nearly always an urban one. In Sénégal, for example, 76 per cent of the country's doctors were in the capital Dakar, where only 17 per cent of the population lived (MacPherson, 1982 : p. 101). The same is true of hospitals, most of which are sited in urban areas and serve only a small proportion of the population. Health posts and dispensaries tend to be unevenly distributed and it has been shown that there is a clear relationship between the utilization of health facilities and the distance people live from them. A study carried out in Uganda by Jolly and King (1966) found that utilization of these facilities declined by 50 per cent for every three miles.

Thus, national statistics of health care provision not only tell us little about the distribution of services within a

country but they tell us even less about access to and utilisation of these services, especially by the poorest, the majority of whom are rural dwellers. In addition, it is questionable whether they are a valid measure of health at all for, as we shall see, conventional medical services have had only a limited impact on the most prevalent diseases in the Third World.

### Provision of Health Care Services

The first introduction of Western-type health care services was during the colonial era, although all countries had their own traditional healers and herbal medicines prior to that period. This involved the building of hospitals in urban areas for the European settlers and their families and the medical care offered was primarily curative. Little was provided for the 'native' population except on plantations or other European ventures where a large indigenous labour force was employed and this was usually in the interests of economic development rather than through a humanitarian concern for the people themselves. The approach of the Christian missions however was quite different and many of the rural hospitals and dispensaries that are operative today owe their origins to the often sacrificial work of early missionaries, many of whom lost their own children through lack of adequate health care.

After independence, the majority of newly emerging states increased the extent and scope of health care provision but the pattern remained much the same. In addition, the highly trained doctor, who had been the keypin of the colonial system, assumed

even greater importance as, with the increase in educational provision, more nationals aspired to qualify in this field. The national plans of many of these countries pledged themselves to provide services in rural areas but "the rhetoric of post-independence health plans was almost always contradicted by actual expenditures and programmes" (MacPherson, 1982 : p. 104). In fact, health expenditure patterns showed an even greater bias towards emerging élite and urban groups than had been the case before independence. Hospitals with specialized facilities were built, sophisticated medical equipment and pharmaceutical products were imported and medical schools established, while low priority and minimum expenditure was accorded to public health. The 'pyramid of health facilities' emerged in most countries, a hierarchical structure with the hospital at the top, followed by the health centre and finally the dispensary or health post at the base with little relationship between the scale of the facility and the population it actually served. Likewise, there was a similar imbalance in the amount of resources allocated to the different levels, the building and maintaining of the hospitals requiring the lion's share of available resources. As most developing countries devoted less than 2 per cent of their gross national product to health (and still do), it can be seen that there would be little remaining to provide facilities for rural areas.

This situation continued until the 1970's, with a few notable exceptions, such as Tanzania. Just as most of the developing countries were imbued with the ideals of modernization

theory in economic development, so these values spilled over into health care and 'Growth' was seen as all important and the concept of equality or the needs of the mass of the rural population were hardly considered. By the end of the 1970's however, there was a marked change of emphasis with the growing realization that the diseases of the Third World were the diseases of poverty first and foremost, that better nutrition, sanitation, disposal of waste and the supply of clean water, plus better housing, would do more to reduce the mortality rates, especially in rural areas, than the training of yet more doctors or the importing of expensive drugs. Such provision would have a marked effect on mortality levels too. Little has been said about morbidity so far, as it is far more difficult to measure than mortality, yet those diseases which do not kill can have a chronic debilitating effect, especially when compounded by malnutrition. The point was powerfully made by Myrdal:

"It is conceivable that a large part of a population may be diseased or at least lacking in normal vigour, all or most of the time, even though rates of mortality are decreasing and life expectancy is increasing. It is even conceivable that people live longer only to suffer debilitating conditions of ill-health to a greater extent than before."

(quoted in MacPherson, 1982 : p. 98)

This can have a particularly disastrous effect at the crucial periods of planting and harvesting when a large number of those involved may be unable to work to full capacity.

This new approach coupled with the growing realization that "conventional health services organized along Western or other



centralized lines, were unlikely to expand to meet the basic health needs of all people" (Djukanovic and Mach, 1975), led to the development of the primary health care approach, enunciated by the Director General of the World Health Organization in 1975 and formally adopted at Alma Ata in 1978. This advocated the need for "clear national health policies, (a) relationship between health and development strategies, ... massive redistribution of resources and, fundamentally, the reorientation of health systems around community-based primary health workers" (MacPherson, 1982 : p. 106). In other words, the conventional health structure was to be inverted with development and resources targeted to the poorest areas and trained primary health care workers, chosen by the people from their own communities and controlled by them, were to be the key agents of development. The health centres and the hospitals were to act as referral centres for more difficult cases and should not be seen as first aid posts for minor ills which could be treated at village level. A further emphasis was to be on the involvement of the community in planning for and providing its own health care, so that it could be 'health by the people for the people'. The importance of preventative health including immunization was stressed, an area largely neglected under the old system, although this was to be linked with curative and promotive services. Finally, traditional healers were to be reinstated with the hope being expressed of upgrading them through training and integrating the best of their knowledge and skills into the health care provided. According to Bennett (1979):

"Primary health care is the outcome of collective human conscience - a recent awareness that there has been inequality in the distribution of health which is a human right .... Primary health care programmes aim at changing this situation and the achievement of health for all by (the year) 2,000 has now become a feasible proposition."

Understandably, this emphasis was countered by more sober critics who were realistic about the difficulties involved. Rifkin (1981) pointed to the fact that a need for change in political will meant more than an increase in allocation of resources to the health sector; it would involve a totally new approach to development of which the commitment to health care would be a part. Only in this way too would there be a realistic distribution of resources as in most countries, the urban élite would be committed to maintaining the status quo in as much as the Western-type health care system was more suited to their needs than primary health care.

An integral part of the development of primary health care since the Alma Ata declaration, has been the emphasis placed on combating environmental causes, especially malnutrition and the lack of access to clean water and sanitation, and a concentration on diarrhoeal diseases among young children.

During the early 1980's, the World Health Organization laid particular stress on the formulation of comprehensive nutrition strategies, in order to identify groups that were malnourished and to determine the underlying causes. The importance of developing a multi-sectoral and community based approach was underlined. Some countries had set up national nutrition units through which

the determination of national priorities and policies regarding both food and nutrition could be made. In addition, the development of methodological tools for assessing problems and defining strategies had enabled many countries to examine the impact of their nutrition activities within the context of primary health care. A further promising development was the devising of a five year nutrition plan in 1981, in co-operation with UNICEF, the aims of which were to reduce infant mortality and morbidity, promote child growth and development and improve maternal nutrition (WHO, 1984). In a situation where two out of three children under five in the developing world are under-nourished, the need for adequate nutritional policies cannot be underestimated.

Access to clean water is a second area which has received much attention with the United Nations "International Drinking Water Supply and Sanitation Decade". It has been estimated that 80 per cent of the world's diseases can be related to a lack of safe water and sanitation. In 1982, access to clean water was available to only 29 per cent of the population of low income countries and 50 per cent of middle income countries (New Internationalist, 1983) while a global survey carried out in 1980 by the World Health Organization concluded that whereas three out of four residents in urban areas had access to safe water, this was only available to one out of three rural dwellers. As regards sanitation, this was available to 50 per cent of urban dwellers but only 1 in 8 of those in rural areas (WHO, 1984 : p. 126).

The World Health Organization admits difficulties in achieving the goal of provision of drinking water and sanitation to all people still unserved. In order to accelerate this, they lay stress on the need to make water and sanitation an essential component in primary health care, the need to strengthen the political commitment to the Decade's goals and also to increase awareness of its relevance to health. In addition, they underline the importance of targeting supplies to under-served populations, the development of community-based approaches, the overcoming of inter-sectoral obstacles and the necessity of assuring the continued operation and maintenance of facilities.

The aetiology of diarrhoeal diseases is very much linked with the above and this has been a target area for the World Health Organization since 1978. Since this date, 71 developing countries had completed plans for national diarrhoeal control programmes, fifty of which were already operational in 1983 (WHO, 1984). Surveys carried out in 1982 showed that the under 5's in the developing world experience three episodes of acute diarrhoea annually and that about one third of all deaths in this age group were associated with diarrhoea. The approach to combating diarrhoeal diseases has been through the distribution of oral rehydration salts, both in hospitals and in clinics, as well as through house to house visitation by voluntary health workers. As well as being cheap to produce, these salts can be produced in the countries themselves and this was already happening in 38 developing countries. Experimentation was also being carried out on the components of the "salts" to try and produce a more stable

formula and a recent television programme on the subject suggested that rice water might be equally, if not more effective, than glucose when combined with salt. The World Health Organization are cautiously optimistic about the result:

"Although for most countries it is too early to assess the impact of their control programmes, there are already positive and encouraging signs in a reduction in mortality from diarrhoea."

(WHO, 1984 : p. 178)

The countries cited where this has been particularly successful were Costa Rica, Haiti, India, the Philippines and Tunisia.

One more area of concern within primary health care and which has only recently been afforded anything like the importance due to it, is the whole subject of mental health. It is believed that between 15 and 20 per cent of all patients seen at primary health care level suffered from some form of mental illness and that psychological and/or social problems directly affected a much higher percentage.

"The very concept of health for all requires that health be seen in its socio-cultural context, hence the evaluation of health programmes must not be limited to assessing physical disease and mortality."

(WHO, 1984 : p. 114)

The final area of concern for primary health care is that of imported pharmaceutical drugs. It has been estimated that up

to 50 per cent of health budgets of developing countries are spent on imported drugs (New Internationalist, 1983). Not only does this drain national resources, but it creates considerable financial strain for individuals, especially the poor, who may forego food to afford what are promoted as necessary drugs. Huge resources are spent on advertising campaigns and other promotional techniques but a cause for even greater concern is the "dumping" of drugs, often by trans-national companies, which either cannot be sold in the industrialised countries for safety reasons or because the expiry date has been exceeded. These often have incomplete or erroneous instructions relating to their suitability for different illnesses, and little about harmful side effects. Wrong prescribing and over-prescribing are therefore commonplace (New Internationalist, 1983, War on Want, 1983, Foster-Carter, 1985).

The approach of the World Health Organization is to encourage developing countries to reduce their imported drugs to 200 and to opt for generic rather than brand-named drugs, the latter being considerably more expensive. At present, only 30 per cent of drugs are manufactured in the developing world but with the patents expiring on many of those produced in the industrialized countries, there will be more opportunities for "home produced" remedies. One of the countries which has been successful in this field is Bangladesh which in June 1982 issued a National Drugs Policy and banned nearly 1,700 drugs which were found to be "unnecessary, ineffective or harmful" (War on Want, 1983).

In assessing the impact of primary health care, an article in World Health (1983), drawing on two studies by the World Health Organization and one by USAID, attempted a "first assessment". Of the seventy countries looked at, over sixty per cent had a per capita GNP of less than \$500 and were amongst the least developed. Its findings, however, were not optimistic that health for all could be achieved by the year 2,000. The targets set for infant mortality rates to be reduced to below 50 per 1,000 live births had been achieved by only seven of the countries that reported back and three of these were developed countries. Likewise, only thirteen countries had achieved or exceeded the target of life expectancy at birth of over 60 years. Progress in increasing financial expenditure and a redistribution of resources had been disappointing. "In general, the rising cost of hospital and other traditional services has meant that the true budget for primary health care is often lower than that planned and published" and "While many countries are placing more emphasis on providing resources for local care, the shift is nowhere near what is required".

Yet, an interview with Halfdan Mahler, Director General of the World Health Organization, puts a more positive viewpoint:

"I believe that whatever resources you have, if they are being used in the spirit of social equity, then you have health for all....

"Market forces, political apathy, lack of courage - these kinds of countervailing forces, are rampant throughout the developing world. Nevertheless, if you ask 'has primary health care penetrated in the past five years to a significant proportion of professionals and made them uneasy about the present health system?' Then, yes, I think definitely so."

(New Internationalist, 1983)

Our main concern, however, is with the country of Guinea, and in the next pages, we shall see how Guinea's approach to health compares with what we have seen of the developing world as a whole.

We shall take a brief look first at the historical development of health care in Guinea and then consider some basic demographic data. This will be followed by a look at the patterns of disease and mortality and morbidity in the country after which we shall look in detail at Guinea's approach to and development of primary health care, both curative medicine and preventative health. This will be followed by a few pages on social welfare, social security and occupational health. The numbers and training of health care personnel is considered in more detail and the remaining sections will cover statistics and data collection, research and development and international aid.



I. Historical Development of Health Care in Guinea

Little has been recorded about the provision of health care in Guinea during the colonial régime and even Suret-Canale (1970) who has written more than most about Guinea during this period is virtually silent on this. What is known, however, is that the health sector at independence suffered from an almost total lack of investment and that existing provision was almost entirely hospital based. A public health report published in 1956 gave the following facts: there was one hospital in Conakry with 450 beds which was grossly overcrowded, and plans to build a second one of 500 beds. At Kankan, Guinea's second town, there was a hospital with 185 beds, a further 214 beds were to be found in four smaller "second-class" hospitals and there were 40 beds in 25 area health centres. In addition there were 88 dispensaries scattered across the country as a whole and 100 places which received weekly visits from mobile dispensaries. As regards health personnel, there were 17 doctors (of whom 3 were Africans; 14 "médecins africains" (with degrees from the School of Medicine in Dakar, Sénégal); 58 midwives and 306 nurses (UNFPA, 1979 : p. 45). The population of Guinea at this period was slightly more than 2½ million (see Table 3.1).

Since independence, much has been done to improve health care at all levels. The various national plans have included a section on health and as we shall see in the succeeding pages, there has been a change of emphasis in policy statements away from curative medicine towards an increase in preventative and promotional health, including health education. The training of

health personnel at all levels has been seen as a necessary precursor to an adequate health service and within ten years of independence the number of ancillary workers had tripled. Nurses' training schools were established in 1959 and the first doctors to receive a full medical training in Guinea itself graduated in 1973. Concern was expressed, however, by Sékou Touré about the number of doctors trained abroad who did not return. Many others emigrated from the country for political and economic reasons (Nelson, 1975 : p. 115).

A second important change of emphasis occurred during the period of the Seven Year Plan, which covered the years 1964 to 1971. This was the decision to decentralize the health services and give priority to the development of rural areas. By 1970, each of the twenty nine regional headquarters had at least one moderately equipped hospital and about 200 new dispensaries had been built. Also, in 1967, it was estimated that Guinea had one physician for every 37,000 inhabitants, which represented almost a halving of the inherited proportion of 1:70,000 (Adamolekun, 1976 : p. 97). This emphasis remained the current one in the development of health policy and health services for the rest of Sékou Touré's presidency and in the rest of this chapter, we shall see how this has worked out in practice. The target of "Health for All by the Year 2,000" was one which was adopted enthusiastically by Sékou Touré in the name of the People's Revolutionary Republic of Guinea.

## II. Demographic Data

To understand something of the scale of the problem to be tackled, it is important to look at the demography of Guinea. Sadly, there is an almost total lack of reliable statistical information in this area and most of the figures given will therefore be approximations. Where estimates differ wildly according to the various sources, these will be quoted in full so that the discrepancies may be better understood. The most reliable data is found in the demographic sample survey carried out by the French in 1954/55, a few years before independence. This is a very rich source of information and in fact contains the only information on fertility and mortality in Guinea as a whole. Since this is now thirty years out of date, however, the problem of applying these figures to the contemporary situation will be appreciated.

### Total Population

On the basis of the demographic sample survey of 1954/55, the total 'de facto' population of March 1955 was calculated at 2,571,000 with an additional 77,000 persons then resident outside the country. The total 'de jure' population was therefore 2,648,000. This 'census' is the only reliable one to date.

In 1960, an official Guinean estimate numbered the 1958 population at 2,750,000. In 1976, another government estimate placed the 'de jure' population at over 5 million whereas the United Nations Population Division's estimate for mid 1978 arrived at the figure of 4,763,000 (Table 3.1).

TABLE 3.1: GUINEA: TOTAL POPULATION, DE FACTO AND DE JURE  
1955 - 1983 WITH PROJECTIONS FOR THE YEAR 2,000

	<u>De Facto</u>	<u>De Jure</u>
1955	2,571,000	2,648,000
1958	2,750,000	
1967	3,536,381	3,784,786
1972	4,783,254*	5,143,284
1975	4,106,880*	4,416,000
1976	4,650,000*	5,000,000
1977	4,527,216	4,867,974*
1978	4,763,000	
1983	5,781,014	
2000	8,641,000	High
	8,214,000	Medium
	7,242,000	Low

Sources:

1955	=	1954/55 demographic sample survey.	} quoted in UNFPA, 1979: pp. 6, 8, 9
1958	=	Official government estimate.	
1967	=	Administrative enumeration.	
1972	=	Administrative enumeration.	
1975	=	United Nations Population Division.	
1976	=	Official government estimate.	
1977	=	Ministry of Health, Jan. 1980.	
1978	=	Population Policy Compendium. United Nations.	
1983	=	Government decree No. 410, 7th September 1983.	
2000	=	UNFPA, 1979, Table C, p. 79.	

Notes:

1. The 'de jure' population includes those living outside Guinea. It is not clear whether the figures given for 1958, 1978 and 1983 are 'de jure' or 'de facto'.
2. The 1967 'de facto' figure was given by M. Jean Suret-Canale, former Director of the Institut National de Recherche et Documentation in Conakry (UNFPA, 1979 : p. 8).
3. The 1972 figure, the result of a government census conducted on December 31st, 1972, differed substantially from United Nations estimates and those of foreign governmental organisations made around the same period (Nelson, 1975 : p. 55).
4. This same 1972 figure is estimated to include approximately 1.5 million emigrants (UNFPA, 1979 : p. 9).

\* estimate

For many years, the Guinean government had realized the need for an accurate and up-to-date census of their country. The United Nations Fund for Population Activities (UNFPA) has been involved in planning such a venture with the government, and the census, which was to have taken place in 1977, was eventually carried out in February, 1983. The survey was based on the seven main administrative units, the Commissariats Généraux de la Révolution (CGR) and took two weeks to complete. The provisional figures were published on 31st March 1983, but as there was some disagreement between UNFPA and the Guinean government on the accuracy of the figures for the administrative region of Conakry, the official results were delayed and were not available at the time of writing. The provisional results however gave the total population for February 1983 as 5,781,014 (see Table 3.1 above). It is not clear whether this figure includes Guineans living outside the country.

#### Rate of Natural Increase of Population

As can be seen in Table 3.2, the rate of natural increase of the population has remained fairly constant. This was in line with the government's pronatalist population policy and if current trends continue, the projected growth rate for the years 1995 - 2000 is likely to remain high. No information on difference in urban and rural areas or on regional variations was available.

TABLE 3.2: GUINEA: AVERAGE RATE OF GROWTH OF POPULATION  
1954 - 1983 WITH PROJECTIONS FOR 1995 - 2000

1954 - 1955	2.2	
1960 - 1970	2.8	
1970 - 1975	2.37	
1970 - 1980	2.5 <sup>1</sup>	
	2.9 <sup>1</sup>	
1980 - 2000	2.8	
1995 - 2000	2.7	High
	2.3	Medium
	1.4	Low

Sources: 1954/1955 = demographic sample survey.  
1960-1970 = IDA in Reprospect, 1982.  
1970-1975 = UNFPA, 1979 : p. 9.  
1980-2000 = IDA in Reptrospect, 1982.  
1995-2000 = UN Population Policy Compendium, 1980.

Notes:

1. 2.5 (1975 - 80)  
2.9 (1970 - 80)
2. In a detailed analysis of the 1954/55 figures, W. Brass (1968) found that the rate of growth of population, stated as being 2.2 for that year, was too high. This is possibly because all unweaned children included were assumed to be under 1 year old, in spite of a cultural tradition of prolonged breastfeeding. A more realistic estimate was felt to be 1.1 to 1.2 per cent. However, this lower figure does not seem to have been taken into account later by the United Nations or any other organisation concerned with making population estimates for Guinea (UNFPA, 1979 : pp. 6 - 7).

Morbidity and Mortality

TABLE 3.3: GUINEA: ' MORBIDITY AND MORTALITY RATES FOR 1954 - 1983  
INCLUDING LIFE EXPECTANCY, GENERAL MORTALITY RATE,  
INFANT MORTALITY RATE AND CHILD DEATH RATE

Year	Life Expectancy		General Mortality Rate (per thousand)	Infant Mortality Rate (per thousand live births)	Child Death Rate (1-4) (per thousand)
	M	F			
1954/55		27.5	40	220	-
1960		35	30	208	50
1975	39.4	42.6	22.9	-	-
1975-80	41.9	45.1	20.7	-	-
1979	-	-	-	216	-
1980		45	20	165	37
1981		43	22	160	36
1983	47 <sup>1</sup>	50 <sup>1</sup>	27	156 <sup>1</sup>	36

Sources: 1954/1955 = demographic sample survey (see UNFPA, 1979 :  
p. 13).  
1960 = IDA in Retrospect, July 1982.  
1975 = UN Selected Demographic, Socio-Economic and  
Health Indicators by countries, 1975.  
1975-1980 = UN Population Divisions Estimate.  
1979 = Population Policy Compendium - UN.  
1980 = IDA in Retrospect, July 1982.  
1981 = UNICEF, 1984.  
1983 = Ministry of Health publication

Notes on Table 3.3

1. World Development Report 1985 gives a lower figure for 1983, i.e. life expectancy is 37 for men, 38 for women while the infant mortality rate is placed at 158.
2. The average life expectancy was lower for males, in urban areas and in the south-east Forest Region of Guinea.
3. The discrepancies revealed in the figures relating to infant mortality rates were very great. The most extreme were 351 per thousand per annum, a figure quoted in the 1967 Report of the Inspecteur Général de la Santé (RFRG GUI/80/P03 SMI). At the other end of the scale, UNICEF gave a figure of 110 per thousand for 1979 which seems extremely low (UNICEF, 1980).
4. In the same report by the Inspecteur Général de la Santé, it was stated that six out of ten children were surviving to the age of five. In the light of the infant mortality rate reported by the 1955 survey, this figure seems "so high as to be incredible" (UNFPA, 1979 : p. 37).
5. A study carried out in the CGR of Labé 1980/1981 discovered a mortality rate of 210 per thousand in the 0 - 5 age range (UNICEF, 1982).



The low level of life expectancy and the high infant mortality rates, reflected in the above table, were a source of grave concern to the government. A recent report listing the developing countries according to their infant mortality rates showed that Guinea has the seventh poorest record in this area (UNICEF, 1984). Most of the government's preventative health programmes, especially the emphasis on maternal and child health, were aimed at considerably reducing this figure.

TABLE 3.4: GUINEA: FERTILITY RATES: 1954 - 1983, WITH  
PROJECTIONS TO THE YEAR 2000

Year	General Fertility Rate (per thousand)	Total Fertility Rate	Crude Birth Rate (per thousand)
1954 - 55	223	7.0	61.7 <sup>1</sup> (46-50)
1960	-	-	47
1975 - 80	-	-	46.1
1980	-	6.2	46
1981	-	6.3	47
1983	200 <sup>2</sup>	-	47
1985 - 90		High	44.0
		Medium	42.0
		Low	38.0
1990 - 95		High	41.7
		Medium	39.3
		Low	32.9
1995 - 2000		High	39.1
		Medium	36.1
		Low	27.6

Sources: 1954/55 = demographic sample survey.  
1960 = IDA in Retrospect, 1982.  
1975-80 = UN Population Policy Compendium, 1980.  
1980 = IDA in Retrospect, 1982.  
1981 = UNICEF, 1984.  
1983 = Ministère de la Santé, 1983.  
1985-2000 = United Nations Fund for Population  
Activities 1979, Table H, p. 84.

Definitions

General fertility rate = number of births per thousand women of  
child bearing age.  
Total fertility rate = number of live births per woman.  
Crude birth rate = number of births per annum per thousand  
population.

Notes on Table 3.4

1. The crude birth rate of 61.7 for 1954/55 comes from unadjusted data. Detailed examination of the figures showed a marked over-reporting of births in the previous year. The adjusted birth rates are between 46 and 50 per 1000 (UNFPA, 1979 : p. 12).
2. The general fertility rate of 200 for 1983 was an estimate based on the trend of the other current figures relating to fertility.
3. In the 1954/55 demographic survey, there was a substantial regional difference in the general fertility rate. This was higher in rural areas: 226 and lower in urban areas: 186.
4. Sterility, i.e. the number of women who have never had a live birth was seen as a problem. The figures given varied between 2 and 7% with regional variations.

Age Distribution of Population (see Table 3.5)

As in many developing countries, nearly half of Guinea's population was to be found in the 0 - 14 age group. The percentage in this group had risen slowly, but steadily since 1954/55 and most sources give comparable figures.

After 1980, however, the trend of the figures diverged according to the sources consulted. UNICEF saw the rise continuing until 1985 but gave no projections beyond that date. UN projections predicted a gentle decline until the year 2000 from 43.8% in 1985 to 41.0% at the end of the century. The Guinean government however anticipated a continuing rise to 46.2% by the year 2000 which would, of course, be in keeping with its pro-natalist policy, as would the population estimates on which this figure is based (see note 7, Table 3.5).

In the 15 - 64 age group, there were more variations in the figures. The UN estimates saw the percentage in this group as decreasing very slightly until 1985 and then beginning to increase by the end of the century. The Ministry of Health figures showed a continuing decrease. UNICEF, being concerned primarily with children, gave no estimates for this age group.

The figures in the 65+ age group are even more difficult to interpret or to use in making predictions. The UN placed the percentage of elderly people in this grouping at around 3% and saw them as a steadily increasing proportion of the population. The government's figures depicted them as a much more sizeable

TABLE 3.5: GUINEA: ESTIMATED AND PROJECTED COMPOSITION OF THE  
POPULATION BY AGE GROUPS 1955 - 2000

Year		0 - 14	15 - 64	65+	Total %
1954/55	Sample survey	42.1	54.5	3.3	100
1972 <sup>1</sup>	Admin. census	43.1	49.5	7.4	100
1975	U.N. estimate	43.1	54.0	2.9	100
1975 <sup>2</sup>	UNICEF	45.2	-	-	
1980 <sup>3</sup>	Ministry of Health	43.41	49.48	7.59	100
1980 <sup>4</sup>	UNICEF	45.87	-	-	
1985	U.N. projection	43.8	53.1	3.1	100
1985 <sup>5</sup>	UNICEF projection	46.0	-	-	
1990 <sup>6</sup>	Ministry of Health	43.41	49.38	7.57	100
2000	U.N. projection	41.00	55.5	3.5	100
2000 <sup>7</sup>	Ministry of Health	46.2	46.93	7.19	100

Sources:

1. Sample survey, administrative census, U.N. estimate = UNFPA, 1979.
2. UNICEF, 1980.
3. Ministry of Health, 1983.

Notes on Table 3.5

1. UNFPA (1979) comments that in the light of the 1955 sample survey and stable population estimates, the proportion of older persons seemed to be unrealistically high, especially in the figures stated in Guinean government publications. The UN estimates however opted for a lower figure.
2. The 1975 estimate by UNICEF assumed a population of 4,416,000.
3. The 1980 estimate by the Ministry of Health assumed a population of 5,250,000.
4. The 1980 estimate of UNICEF assumed a population of 5,014,000.
5. The 1985 estimate of UNICEF assumed a population of 5,700,000.
6. The 1990 projection by the Ministry of Health assumed a population of 7,000,000 which is higher than the highest UN projection for that year (6,600,000) (see Table 3.1).
7. The 2000 projection by the Ministry of Health assumed a population of 10 million. The highest UN projection for that year is 8,641,000 (see Table 3.1) which seems to suggest that the figure of 10 million is nothing more than a wild and random guess!  
  
NB The UNICEF figures are for the age group 0 - 15; the others refer to the grouping 0 - 14.
8. The dependency ratio is estimated as 878 children and older persons per 1000 population in the productive age groups (UNFPA, 1979 : p. 10).

grouping in the population, around 7%, but slowly decreasing in size towards the end of the century, albeit only marginally.

The figures in Table 3.6 are again not easy to compare as UNICEF and the Ministry of Health use different age groupings. However, it is interesting to see that the government anticipated a very slight drop in the 0 - 4 age group by the end of the century, possibly due to the effect of the programme to encourage better spacing of births (see below p. 176). UNICEF's figures for the 0 - 6 group reflect a similar trend by 1985 but make no predictions beyond that date. It is likely that the middle age group, 5 - 12, will experience the greatest percentage increase in the 0 - 15 age group and which will obviously be a factor in the provision of primary education (see Chapter 4).

One can therefore conclude that Guinea's population is characterised by a relatively young age structure (UNFPA, 1979 : p. 9). Another feature to be noted is the surplus of females in the population. This may be partly explained by the large number of emigrants, many of whom are men.

TABLE 3.6: GUINEA: ESTIMATED AND PROJECTED COMPOSITION OF THE 0 - 15 AGE GROUP (PER CENT)

	Age Groups						Total in Numbers
	0 - 4	0 - 6	5 - 9	7 - 12	10 - 14	13 - 15	
1975 UNICEF		23.64		15.13		6.48	1,998,000
1980 UNICEF		23.81		15.48		6.60	3,407,000
1980 Ministry of Health	18.15		14.68		10.58		2,279,533
1985 UNICEF		23.54		15.74		6.74	2,623,000
1990 Ministry of Health	18.12		14.65		10.64		3,039,219
2000 Ministry of Health	17.21		18.92		10.10		4,623,518
Percentage annual growth rate (UNICEF)							
1975 - 80		2.69		2.99		2.93	
1980 - 85		2.34		2.91		2.97	



Sources for Table 3.6

UNICEF, 1980. .

Ministry of Health, 1983.

Notes

1. Rivière (1965) gives the following figures for 1963:  
118,500 children aged 7, 520,000 aged 7 - 13 and  
375,000 aged 14 - 20 that is approximately 4%, 17%  
and 12% based on a population of 3 million.
2. The US/German team which came under the auspices of CCCD  
(Combating Communicable Childhood Diseases) in May/June  
1983 estimated that 15% of Guinea's child population were  
in the 0 - 4 age range (p. 11). The above table would  
suggest that a higher figure should have been chosen as  
a base for their proposals.

### Spatial Distribution of Population

The average density of population for the country as a whole was variably stated to be 14 inhabitants per km<sup>2</sup> (UNICEF, 1980), 18 inhabitants per km<sup>2</sup> (UNFPA, 1979, : p.11). Both purported to come from figures published in 1977. The average density for the country was similar to that of other states in Western and Eastern Africa. Lower Guinea, which includes Conakry, was the most densely settled area of the country while Upper Guinea was the most sparsely populated (the rural areas of Kankan have 9.7/km<sup>2</sup> and of Kouroussa 7.3/km<sup>2</sup>). Middle Guinea, however, had pockets which were very heavily populated, especially the agricultural areas of Labé (54.1/km<sup>2</sup>) and Pita (50.2/km<sup>2</sup>) (UNFPA, 1979 : pp. 11, 77). Other settlements in this region, which included the Fouta Djallon mountains, were said to have a density as high as 70/km (UNFPA, 1980 : p. 6). This was causing some concern to the government.

Urbanization was another problem with which Guinea was attempting to cope, in common with most other developing countries. In 1958, the percentage of urban dwellers was said to be between 6 - 8% of the population. The Population Policy Compendium put the figure for 1980 at 19.1% although 26% is the figure given by UNFPA, 1979 (p. 11) for 1977. The UN estimate for the year 2000 is that the number of urban dwellers will have risen to 33.2% (UNFPA, 1980 : p. 1). UNICEF gives the following urban/rural breakdown for 1975.

	<u>Male</u>	<u>Female</u>
Rural	83.35%	84.09%
Urban	16.65%	15.91%
Total	100%	100%

These figures suggest that slightly more men are being attracted to the urban areas, probably seeking employment and higher incomes in the wage sector (UNFPA, 1979 : p. 39).

Conakry, in particular, acted as a strong pole of attraction to rural dwellers. In 1945, the population of the administrative region of Conakry was said to be 26,000 while in 1977 it had risen to 525,000 (UNFPA, 1980 : p. 6). A substantial expansion of the population in other urban areas had also taken place with the town of Kankan reaching 40,000, Labé 30,000 and N'Zérékoré 23,000. In 1970, there were 12 urban centres with populations of over 10,000 inhabitants.

Immigration into Guinea by foreigners was insignificant and was not encouraged by the government. There was however a renewed influx of Lebanese into Conakry in 1979, after the restoration of private trading, and they were currently active in the commercial sector. Apart from the rural/urban drift, there was very little internal migration other than the seasonal movements of the Fulani cultivators to and from the groundnut growing regions.

Emigration of Guinean nationals was, however, very high, perhaps as many as 2 million, although exact figures were not

available. This was due to political and economic factors. Most Guinean expatriots were to be found in France, Sénégal, Ivory Coast, Sierra Leone and Liberia (UNFPA, 1979 : p. 40).

### III. Patterns of Disease, Mortality, Morbidity and Malnutrition

In the introduction to this section, we pointed out that the most effective way of assessing development in the field of health was through the indicators of life expectancy at birth and infant mortality rates. In Table 3.3 if one takes the alternative figures published in the World Development Report, 1985, life expectancy for men is 37 and for women, 38. These figures are extremely low when compared with the average for Africa as a whole, i.e. 47 years, and Africa, as pointed out earlier, has the lowest figure for all the Continents of the Third World. Life expectancy in the surrounding countries are: Sénégal 44 and 47 years; Mali 43 and 47 years and Sierra Leone 37 and 38 years.

As regards infant mortality rates, Guinea's figure of 158 is again well above the average for Africa as a whole and one can suspect, in view of the low level of development of the country's statistical services, that there may be gross under-reporting, especially in rural areas. Sierra Leone has an even more alarming rate (198) while Mali's is slightly less (148) and that of Sénégal is 140.

TABLE 3.7: GUINEA: LEADING CAUSES OF MORTALITY 1977  
PERCENTAGE OF ALL DEATHS; BASED ON HOSPITAL DATA

1.	Respiratory infections	15
2.	Typhoid and paratyphoid fevers	11.32
3.	Malaria	10.8
4.	Vitamin deficiencies	9.6
5.	Diarrhoeal diseases	5.7
6.	Tuberculosis	4.0
7.	Intestinal occlusions	2.5
8.	Others	41.8

Sources:

1. RPRG, Health, 1983B. Annexe V
2. USAID, 1983 : p. 10.

Mortality (see Table 3.7)

Although providing us with the only detailed information available on mortality, this table tells us very little about the state of health of the populace of Guinea. Perhaps most important and relevant is that there is no breakdown of the deaths into age groups. One suspects that the 5.7 per cent of deaths from diarrhoeal diseases refer mostly to children, but the figure seems very low. The fact that it only records deaths from diarrhoea in hospital is significant as it is likely that the vast majority die at home. It is also unsatisfactory that nearly half the numbers of deaths (41.8% are unspecified). Nevertheless, those which are detailed follow the disease patterns of the developing world as a whole as outlined in the introduction.

Morbidity and Communicable Diseases

Information on morbidity in Guinea is again scant, although the range of communicable diseases prevalent in the country is better documented and these are an important contributory factor. Table 3.9 shows the leading causes of morbidity but the lacunae described in the previous table also apply here.

Nelson (1975) listed malaria, venereal diseases and tuberculosis as the three principal endemic diseases in Guinea. Venereal diseases were widespread, especially in the twenty to thirty age group and, together with tuberculosis, were said to account for more than one third of hospital admissions.

Tuberculosis was thought to constitute one of the most important medical problems in Guinea. Although there were no reliable statistics, it was estimated that 55 per cent of adults and 35 per cent of children under the age of five were affected. This was aggravated by the climate, a low standard of living and malnutrition. The World Health Organization had reported 65,000 cases of leprosy in 1965, the prevalence at that time being conservatively estimated at between 2.5 and 3 per cent of the population, which would place the actual number of cases much higher. No later figures were available. Bilharzia was widespread but trypanosomiasis (sleeping sickness) was declining due to effective vector control. Parasitic worms were common and amoebic dysentery was responsible for several hundred admissions to hospitals or dispensaries each month. Skin ulcers were a major cause of incapacity, occurring during periods of low rainfall and low relative humidity and were thought to be sometimes associated with dietary deficiency. Hookworm and yaws were prevalent in forested areas while measles was a disease of great severity in Guinea (see below). Polio and diphtheria were prevalent everywhere in Guinea and typhoid fever was also endemic in most areas. A particularly severe outbreak of polio was recorded in Conakry in 1967 (WHO, 1967). Most of these diseases showed geographical variations in their prevalence and Table 3.9 gives a regional breakdown of the most common of these. One can see that Kankan, Faranah and N'Zérékoré were the three CGRs most affected. The incidence for Faranah was particularly high because it covered two areas, Kissidougou and Guékédou which belong to the Forest Region where the climate was particularly problematic for health (RPRG Health, 1983A).



Of the diseases listed, it was however malaria which the Guinean government recognised as its main health problem especially among pregnant women and young children. Figures for 1982 mentioned 93,190 cases of reported malaria, 31 per cent of which were for children under 5. Babies under one were particularly vulnerable (USAID, 1983) (see also Table 3.10). In 1973, a study of the records at Donka hospital, Conakry, revealed that 37 per cent of all obstetrical admissions were for malaria and that congenital malaria accounted for 7 per cent of all admissions of neonates. A further study carried out in 1975 by a student at the medical school in Conakry showed that among 129 randomly selected pregnant women entering the hospital, 51 per cent had positive smears and 83 per cent had received therapy prior to admission. Of the 90 women with previous pregnancies, there had been 9 abortions, 7 premature deliveries and 5 neonatal deaths (USAID, 1983). Table 3.9 shows the regional breakdown of the incidence of malaria, the CGRs of Labé, Kankan and Faranah being worst affected. More detailed government surveys revealed that the urban areas of Kankan and Faranah were affected and that the disease was 'hyper-endemic' in the rural and savannah areas of High Guinea and the rural areas of the Forest Region (RPRG Health, 1983A). However, Table 3.10 shows that there has in fact been a decline in deaths from malaria between 1979 and 1981, particularly in babies under one.

Although it was not listed as one of the major causes of morbidity and mortality, the scourge of onchocerciasis, or river blindness, caused much suffering and was the focus of a huge

TABLE 3.8: GUINEA: LEADING CAUSES OF MORBIDITY, 1977  
PERCENTAGE OF ALL VISITS TO HOSPITALS

1.	Malaria	17
2.	Cuts and wounds	7.35
3.	Scabies	5.3
4.	Intestinal parasites	4.6
5.	Diarrhoeal diseases	3.5
6.	Inflammatory diseases of the eye	3.5
7.	Others	58.75

Sources:

1. RPRG Health, 1983B. Annexe V.
2. USAID, 1983 : p. 10.

TABLE 3.9: GUINEA: REGIONAL BREAKDOWN OF COMMUNICABLE DISEASES  
1983

	Conakry	Boké	Labé	Kankan	Faranah	N'Zérékoré
Malaria			X	X	X	
Bilharzia					X	X
Onchocerciasis				X	X	X
Trypanosomiasis	X					
Leprosy		X		X		
Yaws			X			
Diarrhoeal diseases				X	X	X

Source:

RPRG Health, 1983A.

Note:

1. Information is given for six of the seven CGRs. No mention is made of the situation in Kindia.

TABLE 3.10: GUINEA: MALARIA BY AGE (DEATHS), 1979 - 81

(From ambulatory visits reported to the Service des Statistiques)

	CASES (DEATHS) % DEATHS		
	1979	1980	1981
0 - 11 months	9,488 (45) 0.47	16,133 (57) 0.35	15,361 (27) 0.17
1 - 4 years	19,269 (32) 0.16	27,861 (38) 0.14	22,645 (28) 0.12
5 - 14 years	21,333 (28) 0.13	29,289 (13) 0.04	27,238 (11) 0.04
15 - 49 years	25,284 (18) 0.07	39,756 (21) 0.05	39,726 ( 3) 0.008
50 years over	11,492 (10) 0.09	13,442 ( 7) 0.05	16,271 ( 4) 0.02
Total	86,866 (133) 0.15	126,481 (129) 0.10	121,241 (73) 0.06

Source: USAID, 1983

campaign mounted by the World Health Organization and other international organizations in an attempt to eradicate it from the region. Onchocerciasis occurred in much of West Africa and was spread by the vectors *simulium damnosum* and *simulium soubrense*. It was particularly prevalent in the upper basin of the Niger (that is the area of High Guinea) where it prevented cultivation in the fertile river valleys and in the south-east Forest Region. The northern part of Guinea, from Siguiri to Gaoual was also a high risk area.

Various surveys had been carried out to ascertain the extent of the disease, but most of these had been on a small scale. The Report on the Health Services for 1978 - 1981 mentioned two such surveys (Hakizimana, no date). Twentyfour villages were studied in 1980 in the regions of Koubia, Labé, Lelouma and Tougué. It was discovered that 15.95% of the inhabitants were affected by onchocerciasis and 0.43% had become blind through it. A further eight villages were surveyed in the regions of Koundara, Gaoual and Mamou and there it was estimated that 28.35% had onchocerciasis and 1.95% were blind. A more recent survey was carried out in 1982 but only 1,000 people were examined. From this sample, the prevalence of the disease was given as 32.8%, although the size of the sample was said to leave the significance of this figure open to doubt (RPRG Health, 1983A). Earlier surveys by the World Health Organization gave indices of infection ranging from 0.5% to 44.9% in the Kankan area on the Milo River and from 8.1% to 71.4% in a survey of 24 villages in the Kankan and Kerouané areas (WHO, 1969 and 1970).

Traces of the disease could be seen in children as young as 5 - 9, but the highest frequency occurred in the 15 - 29 age group. Men were more affected than women. There was a benign form of the disease but 33.23% of the sample in the most recent survey were suffering from the non-benign form. This affected the skin and the eyes; some of the eye lesions could be treated but others not.

#### Morbidity Among Children Under Five

Diseases which affected children under five, in addition to malaria, were measles, whooping cough (pertussis), tetanus and diarrhoeal diseases. In May/June 1983 a joint UN/German team visited Guinea to assess the possibilities of helping combat childhood communicable diseases. Their report contained figures for the incidence of three of these diseases for 1979 - 1981. (see Table 3.11).

They estimated that the degree of under-reporting was probably extreme which may account for the fact that none of these diseases are listed among the leading causes of morbidity and mortality. This is inconsistent with findings from other West African nations and it is unlikely that Guinea should be different in this respect. In addition, the Division of Medical Sciences of the United States National Research Council published a survey of morbidity in 1966 which showed that measles was probably the most serious fatal disease among children in Guinea (UNFPA, 1979 : p. 44).

TABLE 3.11: GUINEA: MEASLES, PERTUSSIS AND TETANUS MORBIDITY BY AGE, 1979 - 81

(Data from ambulatory visits reported to the Service des Statistique)

AGE	MEASLES			PERTUSSIS			TETANUS		
	1979	1980	1981	1979	1980	1981	1979	1980	1981
0 - 11 months	1435	1966	2028	470	522	584	40	156	241
1 - 4 years	2588	3468	3451	1011	834	1040	24	39	119
5 - 14	1857	1542	1753	603	482	526	25	100	58
15 - 49	271	283	153	117	38	54	26	88	64
50 +	85	27	0	11	1	0	2	16	9
	6236	7286	7385	2212	1877	2204	117	399	491
	65%	75%	74%	67%	72%	74%	34%	39%	49%
					% under 5 years			% under 1 year	

Source: USAID, 1983

A more recent regional breakdown of cases of measles reported across the country also suggested under-reporting. Conakry was listed as having one of the lower incidences of measles, along with Boké and Labé, and yet official figures for vaccine coverage of this disease quote 59% coverage for Conakry "ville" and 44% for the rest of the country, with coverage for Kindia, for example as high as that of Conakry.

Indeed, the US/German team estimated that the reported figures for measles were less than 5% of those expected, bearing in mind that 15 per cent of Guinea's population was in the 0 - 4 age group and that approximately 20 per cent of this group contracted measles each year. They also questioned the "remarkable consistency" in the number of clinic visits for whooping cough, the similarity of the age distributions and the fourfold increase in tetanus over a three year period (see Table 3.11). Nevertheless, although the figures are still high, Nelson (1975) is confident in asserting that vaccination programmes and other preventative measures have reduced the very high death toll recorded in the 1960's (p. 114).

The figures given for diarrhoeal diseases also show signs of under-reporting, partly because mothers did not always seek treatment from health facilities for this complaint. Nevertheless, in 1982, 39,155 out of 242,944 ambulatory visits reported to the Secteur d'Epidémiologie were for diarrhoeal diseases. This figure constituted 16% of all visits and 43% of visits in the 0 - 4 age group (USAID, 1983 : p. 13). Further, a study at the Donka Hospital showed that the death rate from acute diarrhoeal.



TABLE 3.12: GUINEA: MEASLES IN CHILDREN LESS THAN 5 YEARS OLD BY CGR,  
WITH POPULATION AND % TOTAL CASES REPORTED 1982

	Cases Reported	% Total Population	% Total Cases Reported
Conakry	851	19.2	8.8
Boké	826	9.7	8.6
Faranah	1,798	13.1	18.7
Kankan	2,070	12.7	21.5
Kindia	1,405	11.3	14.6
Labé	824	17.4	8.6
N'Zérékoré	1,860	14.2	19.3
	<hr/> 9,634		

Source: USAID, 1983

TABLE 3.13: GUINEA: DIARRHOEAL DISEASES BY AGE, (WITH DEATHS AND CFR)1979 - 81

(Data from ambulatory visits reported to the Service des Statistiques)

	CASES (DEATHS)				CFR
	1979	1980	1981		
0 - 11 months	5640 (56)	7312 (68)	5645 (14)		0.7%
1 - 4 years	6348 (23)	8715 (53)	6631 ( 3)		0.4%
5 - 14 years	6406 (13)	6475 (14)	5882 (10)		0.2%
15 - 49 years	6769 (24)	7460 (22)	6839 ( 3)		0.2%
50 years over	2534 (12)	3291 (30)	2936 ( 1)		0.5%
Total	27,697 (128)	33,253 (187)	27,933 (31)		0.4%

Source: USAID, 1983

cases was about 10% (UNFPA, p. 50). In spite of not being comprehensive, these three sets of figures strongly suggest that diarrhoeal diseases were a contributory factor to the high infant mortality rate and an area where medical intervention would be effective. Oral rehydration treatment had not yet been used in Guinea (USAID, 1983 : pp. 12/13). It is interesting that one of the government's stated aims in its budget proposals for 1984/1985 was to considerably reduce the incidence of these diseases (RPRG Health, 1983, no date : p. 10).

There seems to be a variety of causes contributing to diarrhoeal diseases in infants and young children, especially lack of sanitation and access to clean water but also cultural factors. In the nursing infant, attacks of diarrhoea were believed to occur because the mother's milk had "gone bad". The infant was therefore given herbal teas and boiled vegetable potions instead of breast milk at this time. Kwashiorkor, which was relatively common in Guinea, was also associated with outbreaks of diarrhoea, in babies and young children as were intestinal parasites. It was estimated that 85% of Guinean children were host to one or more of these.

#### Malnutrition

The opening sentence of paragraph 184 in the Report on Guinea by the United Nations Fund for Population Activities reads as follows: "The principal health problems are related to the infectious diseases and malnutrition". This simple sentence, however, begs more questions than it answers for although information on infectious diseases is reasonably well documented, there is

little information on the extent and effects of malnutrition. The Area Handbook for Guinea informs us that the people of Guinea consume "somewhat less than 2,000 calories a day" and that amounts available were slightly higher in the south than in the north (Nelson, 1975 : p. 112). It also attributes the high level of goitre and dental caries due to the inadequacies of diet.

The World Development Report (1985) puts the daily calorie supply for 1982 at 1,987, which suggests that little had changed in the last ten years. This represented 86 per cent of requirements. Figures for surrounding nations are: Sierra Leone, 2049 calories, which is 85 per cent of requirements, Mali, 1731 calories, which is 74 per cent, Sénégal, 2392 calories, which is 101 per cent, Ivory Coast, 2652 calories, which is 115 per cent. .

Various pointers give some idea of the nature of the problem and its causes.

The main diet of all Guineans was rice and since Independence, different parts of the country had been developed as rice growing areas, both for paddy and for rice which needed dryer conditions. Rice too was one of the foodstuffs imported on a regular basis. For poorer families, however, who did not grow rice themselves, the staple diet was root crops: cassava, taro and sweet potatoes, and also "fonio", millet and maize. All these foods were high in carbohydrates and there was a general lack of protein. Part of the reason for this was availability but local customs and taboos also played their part. In

the Fouta Djallon, for example, the Peul cattle herders measured their wealth and status by the number of head of cattle that they owned. Only on festive occasions were they killed for food. In spite of a census imposed by the government and a law requiring 10% of each man's cattle to be killed for the nutritional needs of the country each year, more disappeared over the borders to be sold on the black market in neighbouring countries than ever reached the local markets, butchers or canning factories (Suret-Canale, 1970; Rivière, 1971, 1977).

Another factor linked with malnutrition were the seasonal variations of the agricultural year. In most areas of the country, there were two to three "hungry months" between the exhaustion of one year's grain and the harvesting of the next. Storage facilities were not totally adequate (UNFPA, 1979 : p. 47). During this period, people were often forced to search in the bush for wild roots, nuts etc. or alternatively, a farmer - especially the subsistence farmer - would become prey to a middle-man ("commerçant") by selling his harvest to him ahead of time, for a very low price, in order to have money to buy food for his family.

As would be expected, the subsistence farmers were hardest hit at this time. It is estimated that about 80% of the population were rural dwellers, many of them "subsistence farmers", and their numbers had increased over the years rather than decreased. This was partly due to the general pauperisation of the country since Independence but also to government agricultural policies, which

had largely failed to benefit anyone other than those at management level. Farmers were compelled to sell a fixed proportion of their surplus to the state at set prices, which were very low. As many resented this, some chose not to produce a surplus while others sold theirs on the black market, by-passing the state system.

This, of course, has had serious repercussions on the availability of food for both urban and rural dwellers. Distribution of food from one area of the country to another was under-developed, partly due to the bad state of many of the roads, partly due to lack of transport, spare parts, petrol, and diesel fuel. Some wealthier farmers ran their own transport system and charged inflated prices to those who wanted to use it, but because of the charges, it was not available to the majority.

Wealthier urban dwellers could obtain most foods. The markets were thriving, stocked with all kinds of consumer foods, including processed foods, smuggled in through the black market and all for sale at black market prices (ten times the official rate in 1983, i.e. \$1 = 24 sylis or 240 sylis). Fresh fruit and vegetables were sold at these inflated prices and market gardeners who lived near the cities were among the wealthier Guineans. Basic foodstuffs: rice, sugar, oil, flour, etc. were provided on a ration system at subsidised prices through state distribution centres. However, there was never enough to feed a family adequately. To obtain more, census returns were falsified and most poorer Guineans in the towns tried to sell what they could

in order to buy food. All the main streets of Conakry abound with vendors' stalls or trays of those trying to survive.

The situation in urban areas had become more difficult in recent years with the increase in urbanisation and subsequent increase in unemployment. Some of these former rural dwellers still had frequent contact with their villages and were supplied with adequate foodstuffs; for others this was no longer the case.

From the above, one can see that the problem of malnutrition was not a simple one. Although it was being tackled at the level of health education (see p. 185) and no doubt there was a need for a better understanding of dietary factors - the whole agricultural, economic and distribution systems required some measure of reform before any major impact would be made on the problem.

IV. Objectives and Priorities of the Health Care Programme

"L'objectif de notre Parti-Etat en matière de santé vise à faire accéder toute la population à un niveau de santé qui lui permette de mener une vie socialement et économiquement productive." \*

(PDG 12th National Congress,  
November 1983)

In this quotation from a recent government report on health policy, the need for a healthy population is seen as a necessary prerequisite for economic and social development. A previous government report made a similar statement: "health is the essential element in economic development" (RPRG Health, 1981B). A healthy population presupposes a potentially larger population - one of the aims and objectives of the Guinean government - in order to develop the country's natural resources to the full. It also presupposes a more youthful population which could be ideologically trained in the ways of the Revolution and which would be "untainted by the vestiges of colonialism" (UNFPA, 1979 : p. 36).

The same government report added, however, that "health is a fundamental human right and the attainment of the highest level of health possible is an extremely important social objective". Health was therefore seen by the government as not only a means to an end but also as an integral part of social development in its own right.

- \* The objective of our Party-State in the field of health aims at enabling the whole population to reach a level of health which will permit it to lead a socially and economically productive life.



The broad aims of the health care programme were stated in the Government Report of March/April 1981 as health promotion, prevention of illness and restoration of well-being (RPRG Health, 1981A : p. 1).

"Health promotion" included maternal and child health, nutrition, mental health and occupational health.

"Prevention of illness" included epidemiology and environmental health.

"Restoration of well-being" included hospitals, the primary health care programme and rehabilitation services.

The Five Year Plan 1981 - 1985, however, limited its brief statement on the objectives of the health care programme to buildings and finance (p. 81). It aimed for "the improvement of the infrastructure and the equipment of existing health centres ... and the creation of new centres in order to substantially raise the general level of health of the population". Since 1979, the government had committed itself to do this through "human investment" programmes and through international co-operation (Hakizimana, no date). Some few lines were then devoted to the cost of this and the way in which the money would be invested (see section on Finance).

By far the most comprehensive and detailed account of the objectives and priorities of the health care programmes are to be found in the government report of March 1983 (RPRG Health, 1983B).

These are very similar to those stated in earlier reports (RPRG Health, 1980 and 1983A) and the slight differences are not worth commenting on. It seems apparent therefore that the objectives have remained unchanged for the last four years.

They are as follows:

I. General Objectives

1. To considerably reduce the general mortality rate and the infant mortality rate.
2. To ensure that each mother and child receives ante- and post-natal care, systematic vaccinations as well as all preventative measures.
3. To eradicate or control all communicable diseases.
4. To ensure for everyone the adequate disposal of rubbish and excreta.
5. The provision of clean water and an adequate education in health and nutrition.
6. To provide each village of 600 to 1,000 inhabitants with an appropriate health infrastructure and to ensure the provision of primary health care for everyone.

II. Priority Objectives

1. To develop and reinforce the health infrastructure in order to ensure the provision and improvement of health services for the whole population.

2. To promote primary health care, the prevention and reduction of communicable diseases, health education, nutritional education, environmental health, including the provision of clean water and the diffusion of health information.
3. To reduce the infant morbidity and mortality rates by the development of a more comprehensive vaccination programme against measles, whooping cough, poliomyelitis, diphtheria, tetanus and tuberculosis.
4. To develop the training of health personnel of all categories.
5. To develop traditional medicine and integrate it into the health structures (RPRG Health, 1983B : p. 6). The 1982 Report added a sixth priority objective which seems to have been abandoned in the 1983 Report.
6. Perfect the system for gathering statistics including the frequent publishing of health indicators (RPRG Health, 1983A). (my translation)

The 12th National Congress (1983) does, however, add the following to these objectives:

- a) Improve the provision and distribution of essential drugs.
- b) Perfect the management of human and material resources so that a more disciplined and rational use of these would enable objectives to be realized.

- c) Reinforce the active participation of villagers in the conception and execution of health policy decisions, in the context of continuing health education for all.
  - d) Ensure the planning of training and the equitable distribution of health personnel.
  - e) Ensure the continuous control and evaluation of programmes.
  - f) Reinforce the health services in peripheral areas.
- (p. 174) (My translation)

In the following pages, we shall see how these objectives have been worked out in practice.

V. Structure of Health Services

The administration of the health services was based on the politico-administrative framework of the country established by the Parti Démocratique de Guinée (PDG). This stretched from central level to village level through a comprehensive hierarchical structure, involving the whole population in the formulation and execution of development policies and so, it was planned, ensuring that all be reached by the health services of the locality.

At central level, the Minister of Health was responsible for the overall planning, execution and control of activities relating to health (Hakizimana, no date). He was seconded by a Director General of Health (Directeur Général de la Santé), a Chief of Cabinet (Chef de Cabinet) and a General Health Inspector (Inspecteur Général de la Santé). The Director General headed four directorates:

- (i) National Directorate of Curative Medicine (to which was attached the maintenance workshop).
- (ii) National Directorate of Preventative Medicine and Primary Health Care..
- (iii) National Directorate of Traditional Medicine.
- (iv) National Directorate of Pharmaceutical Services.

Also at national level were found the following four departments:

- a) Statistics and epidemiology.
- b) Office for studies, planning and documentation.
- c) Central service for infrastructure and materials.
- d) Office for international technical co-operation.

Since 1974 these four departments have been attached directly to the National Directorate of Health.

In addition, there was a National Commission for the importing of medicines and medico-surgical materials and also a "national council of health" concerned solely with sanitation. This came directly under the Ministry of Health.

At regional level, there were four tiers of administration: the seven Commissariats Généraux de la Révolution (CGR), thirty three administrative regions, the arrondissements (320 in number in March 1983) and the Pouvoirs Révolutionnaires Locaux (PRL) which numbered 2385 at the end of 1982. Each CGR was headed by a Minister or Commissaire and each administrative region by a governor; the arrondissement was presided over by a commandant and each PRL had a committee president or mayor. There is a story that these dignitaries are now all called mayors rather than presidents, due to a confusion of identity when ex-President Sékou Touré telephoned one of these village "presidents". He was not recognised as being the President, but thought to be another PRL president. Their title was promptly changed!\*

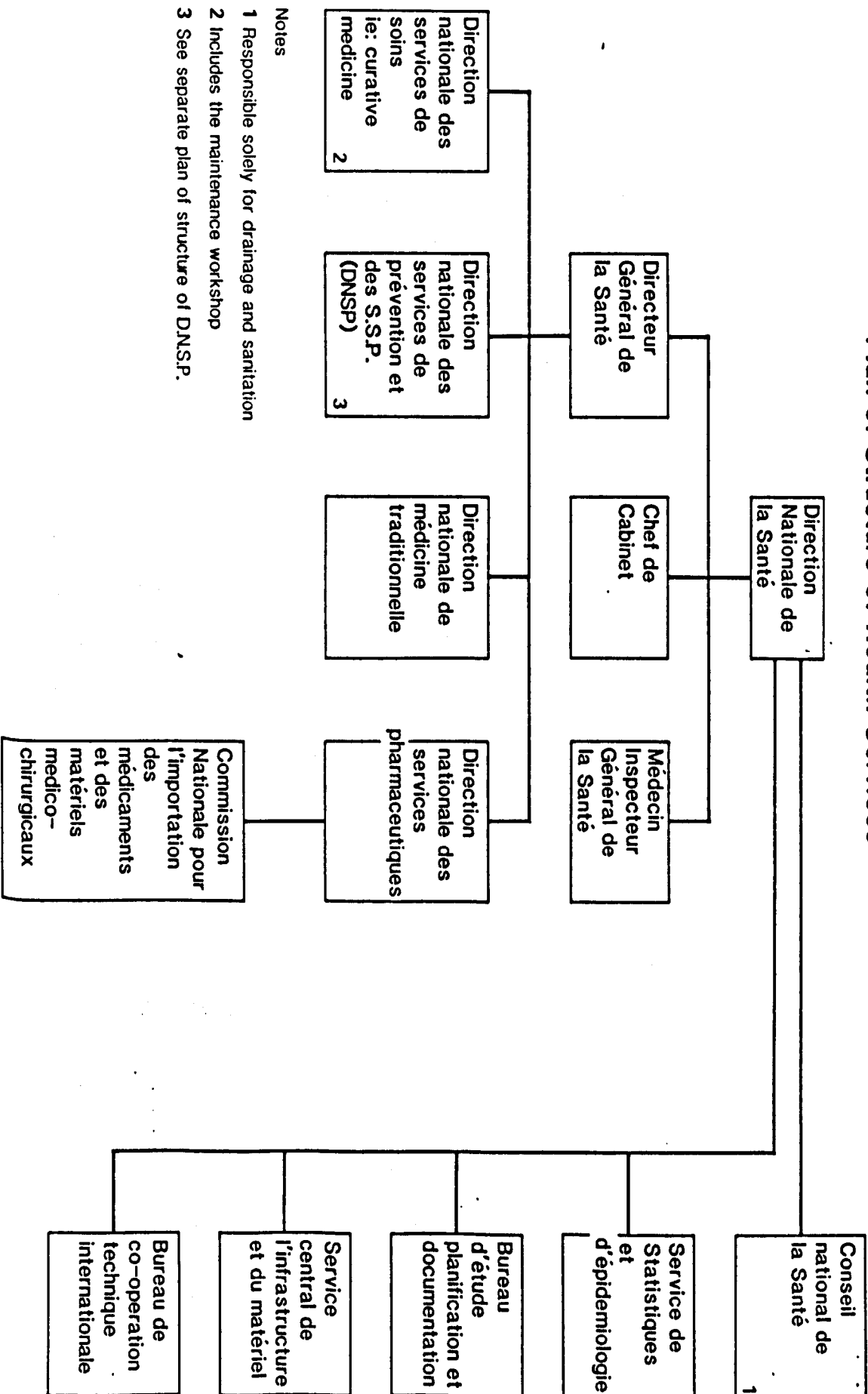
\* Personal interview. My informant was resident in the country at the time of the incident.

In each of the seven CGRs was a Medical Inspector who presided over the 33 Medical Regions (corresponding to the administrative regions). Each of these was headed by a doctor (médecin chef régional) who had under his authority the regional hospital and the arrondissement health centres. At PRL level there was the health post or 'unité de soins de santé primaires' (formerly 'poste de santé'). The PRL was responsible for promoting the economic and social development of all the people who belonged to the party cell group, (numbering between 1,000 - 1,500 people). Each health post was to serve between 600 and 1000 people.

Health services thus operated on five levels, from the village health post to the university hospital. Only three areas of health care were excluded from this structure: the National Directorate of Maternal and Child Health and Nutrition which came under the Ministry of Social Affairs, and the National Directorate of Occupational Health, which was attached to the Ministry of Labour. However, dividing the administration in this way created problems of co-ordination and co-operation between the three ministries.

FIGURE 3.1

### Plan of Structure of Health Services



#### Notes

1 Responsible solely for drainage and sanitation

2 Includes the maintenance workshop

3 See separate plan of structure of DNSP.



VI. Curative Medicine

A. Hospitals

The hospital system was based on the two university hospitals in Conakry (Ignace Deen and Donka), the CGR hospitals and the regional hospitals which came under the control of the "médecin chef régional". These latter supervised and gave support to the area health centres. In 1983, there were 36 general hospitals in Guinea, two of which were at Fria and Boké and belonged to the international mining consortia. In addition, there were a few specialist hospitals for leprosy and also maternity hospitals. It was estimated that more than 90% of births occurred in health institutions and in Conakry there were five small maternity hospitals with about 100 beds. All of the hospitals in the country had some maternity and paediatric services, but the number of beds was said to be insufficient. There was also a small unit for premature babies at Donka (UNFPA, 1979 : p. 49).

The more recent government publications categorized the general hospitals as follows:

2 University hospitals:	Ignace Deen	496 beds built circa 1900.
	Donka	505 beds built circa 1956
4 1st category hospitals		
12 2nd category hospitals		
18 3rd category hospitals		

(Hakizimana, no date)

(RPRG Health, 1983B)

In seeking to elucidate the different criteria used for categorising hospitals, it emerged that these were in a state of flux and that in fact there was no clear distinction between them. The Minister of Health had recently initiated a project to redefine the categories, based on such factors as the number of beds, the amount of equipment and the qualification of the personnel. Until this was completed, Ministry of Health publications preferred to use administrative categories only. The 1983 Report on the health services gave the following table:

<u>Type of Hospital</u>	<u>Number</u>	<u>Number of Beds</u>
University Hospital	2	1001
CGR Hospital	6	841
Regional Hospital	26	1552
"Hôpital de Societé Mixte" (belonging to mining consortia)	2	176
Area Health Centre	315	266
PRL Health post	212	-
Total	563	3836*

(RPRG Health, 1983B)

\* In Table 3.14 this number is given as 3570.

This would mean a ratio of 0.7 beds per thousand population, suggesting that the situation had deteriorated since 1978 when the ratio was said to be 1.5 (UNFPA, 1979 : p. 48).

A proposal to establish a third hospital in Conakry - a children's hospital - had been mooted, following a visit to Germany by President Sékou Touré and his wife, where they were offered secondhand equipment for such a hospital. Were it to be built, this would be partly funded by the EEC. At the time, the EEC were said to be reluctant to consider the proposal as it would be difficult to justify such a financial commitment for Conakry, in view of the state of the rest of the health sector.\*

Greater concern had been expressed over the run-down state of the existing hospitals in Conakry and of certain hospitals in the interior. A study, financed by the EEC was carried out by SEDIM in 1982 to ascertain the feasibility and cost of renovating the two university hospitals (Hakizimana, no date). The result of this showed that 7.4 million dollars would be needed to refurbish the existing plant and increase the bed capacity to 522 at Ignace Deen and 646 at Donka. This figure did not include the cost of the necessary equipment and furnishings. The full complement of staff envisaged for the two hospitals was 78 physicians plus a fully supporting medical team (USAID, 1983; RPRG Health, 1983B : p. 19).

Following this report, it was decided to concentrate resources on renovating one of the hospitals, Ignace Deen. The cost of this was estimated to be \$4,000,000 and \$2,500,000 was being sought from the EEC (RPRG Health, 1983C).

\* information based on personal interview.

The six hospitals at CGR level served approximately 500,000 people, had an average capacity of 140 beds and were situated at between 135 and 1000 km from the university hospitals in Conakry. They too were in a poor condition and there were plans to restore them by increasing their bed capacity to 250 and by employing more qualified personnel in order to extend the range of medical services. The estimated cost for this was \$9 million (USAID, 1983; RPRG Health, 1983B : p. 19).

The twenty six hospitals at regional level were all built prior to independence in 1958. Four more were, however, in the process of construction at Lelouma, Lola, Mandiana and Yomou. The regional hospitals varied considerably in size with Koubia having only 8 beds and Kissidougou having 121. Each served a population of 150,000 people and were situated at between 35 and 200 kms from the CGR hospitals (see Table 3.14). The buildings were partially electrified and were supposed to provide a wide range of services including surgery, maternity care and preventative medicine. Maternal and child welfare services were sometimes available, paediatric services rarely. In fact, the availability and quality of all forms of medical care was extremely variable : radiology was provided in about half the hospitals, although all provided simple laboratory services and had their own pharmacy. Generally, the interior of the plant was in poor condition and there was no running water in most of the buildings. The cost of renovating all 26 hospitals, of increasing the number of beds to 120 and building new annexes at some was estimated at \$15,600,000 (USAID, 1983; RPRG Health 1983B).

Hospital care, as one would expect, was concentrated in the capital but Table 3.14 gives a breakdown of the spread of hospital provision across the country. Leaving aside the CGR of Conakry with 1226 beds, the distribution of beds in the rest of the country varied from 319 in the CGR of Labé to 467 in the CGR of Faranah, the birthplace of Sékou Touré.

The present hospital system was intended to be inter-dependent, the arrondissement health centres passing on the more serious cases to the regional hospitals which likewise referred on their graver cases to the CGR hospitals. In practice, this did not always work as planned due in part to the distances between hospitals, lack of transport and fuel and the general lack of co-ordination between the different levels of the health service.

Health care, in hospital, was supposed to be free of charge but most medical personnel expected some payment in return for their services. Only the bare essentials were provided - a bed and a mattress without bedding - while further care, meals and laundry were the responsibility of the patients' relatives. My impression from a visit to one Conakry hospital was that hygiene too was minimal.

TABLE 3.14: GUINEA: DISTRIBUTION OF HOSPITAL BEDS, 1982

CGR	Hospital	Number of Beds
1. CONAKRY	1.1 Hôpital Universitaire Ignace Deen	496
	1.2 Hôpital Universitaire de Donka	505
	1.3 Hôpital Régional de Coyah	21
	1.4 Hôpital Régional Forécariah	57
	1.5 Hôpital Régional de Fria	64
	1.6 Hôpital FRIGUIA	83
S/TOTAL	6	1226
2. BOKE	2.1 Hôpital CGR BOKE	86
	2.2 Hôpital Régional de Boffa	53
	2.3 Hôpital Régional Koundara	77
	2.4 Hôpital Régional Gaoual	45
	2.5 Hôpital de KAMSAR	93
S/TOTAL	5	354
3. KINDIA	3.1 Hôpital CGR de Kindia	157
	3.2 Hôpital Régional Télimélé	83
	3.3 Hôpital Régional Mamou	77
	3.4 Hôpital Régional Dalaba	43
S/TOTAL	4	360
4. LABE	4.1 Hôpital CGR de Labé	153
	4.2 Hôpital Régional de Tougué	25
	4.3 Hôpital Régional de Mali	74

Table 3.14 (Continued)

	4.4 Hôpital Régional de Pita	46
	4.5 Hôpital Régional Lélouma	13
	4.6 Hôpital Régional Koubia	8
S/TOTAL	6	319
5. KANKAN	5.1 Hôpital CGR de Kankan	218
	5.2 Hôpital Régional Mandiana	27
	5.3 Hôpital Régional Kouroussa	55
	5.4 Hôpital Régional Siguiri	115
	5.5 Hôpital Régional Kérouané	33
S/TOTAL	5	448
6. FARANAH	6.1 Hôpital CGR de Faranah	126
	6.2 Hôpital Régional de Dabola	73
	6.3 Hôpital Régional Dinguiraye	38
	6.4 Hôpital Régional Guéckédou	109
	6.5 Hôpital Régional Kissidougou	121
S/TOTAL	5	467
7. N'ZEREKORE	7.1 Hôpital CGR N'Zérékoré	101
	7.2 Hôpital Régional de Lola	47
	7.3 Hôpital Régional Yomou	47
	7.4 Hôpital Régional Macenta	103
	7.5 Hôpital Régional Beyla	98
S/TOTAL	5	398
GENERAL TOTAL	36	3,570

Source: RPRG Ministry of Health, 1982

B. Pharmaceuticals and Traditional Medicine

a) Pharmaceuticals

One of the aims stated in the section on health care in the Report of the 12th National Congress is:

"To improve the provision and distribution of essential medicines and ensure the promotion and progressive integration of traditional medicine within the health service."

(RPRG, 1983C : p. 174)

It then goes on to point out that there is still much to do to achieve this objective. Medications should be dispensed free of charge to patients at the time of first consultation for a health problem but following this, further drugs had to be paid for (USAID, 1983 : p. 8). In fact, I was informed that drugs were seldom available free of charge, that many were sold on the black market, so pricing them out of the range of most people and increasing their unattainability. It was not uncommon for patients to die in hospital from ailments that could be treated, such as tetanus or snake bite, due to the unavailability of the appropriate drug.\*

The production, acquisition and distribution of pharmaceutical products was the responsibility of the state-owned organization Pharmaguinée. Many drugs were imported, but some were now being produced in Guinea itself such as the freeze-dried smallpox vaccine

\* Personal interview. My informant was someone who had lived in a rural area of Guinea for many years.



at Kindia and quinine at Sérédou. Encouragement was given to the home-production of drugs by ENIPHARGUI (L'Entreprise nationale de l'Industrie pharmaceutique de Guinée) in order to lessen imports. Quality control of both imported and home-produced drugs was another area where more attention was needed (RPRG, 1983, no date).

b) Traditional medicine

The use of traditional medicines and healers has always been an important resource for Guineans, especially those living in rural areas. The 12th National Congress Report estimated that about 70 per cent of the population would contact a traditional healer sometime in their life (RPRG, 1983C : P. 175). The government publicly recognized this by creating, in 1967, an Institute of Traditional Medicine and later, in 1971, the "Service National de Médecine Traditionnelle", so giving it a national directorate within the health care service. Subsequent statements of health policy objectives have always seen traditional medicine and co-operation with traditional healers as an integral part of the health care system, with the aim of combining and so benefiting from the best of both systems, traditional and "modern".

This reawakened interest in traditional medicine concentrated on two areas: research into medicinal plants and co-operation with the local healers.

Research into medicinal plants received much encouragement and backing from the government and from Sékou Touré himself.

'Pharmaguinée' created a special section devoted to this; at Sérédou (where quinine was manufactured) an inventory of 204 plants had been compiled and it was hoped to exploit 8 of these industrially. Three faculties at the University - pharmacy, biology and medicine - were also involved. Students had written theses on the topic and the Faculty of Pharmacy had a drug store of 110 plant species.

Less progress, however, had been made in incorporating traditional healers into the national health system. Initially, when the Institute of Traditional Medicine was founded in 1967, medical and Party personnel at regional, arrondissement and PRL levels were instructed to make contact with local healers in their area, to note their specialities, the names of the plants they used and record any successes. The importance of speed was stressed as the old men also had this knowledge were dying out (Nelson, 1975 : p. 116).

The response, however, was disappointing. Mistrust and reticence was shown by many of the healers and a reluctance to divulge their knowledge. Perhaps, as a result of this, very little traditional medicine was being practised within the 'official' health services, even at PRL level, and it was often ignored or even despised by existing health care personnel (GBNACE, no date).

The main aim of incorporating the healers into the health service was in order to contact and use those people whom the

villagers trusted most and were therefore most likely to consult when they were ill. At the same time it was hoped to train them, as village health workers, so that they would be more effective in their work. Many of the 'healers' were local farmers who practised their traditional medical skills as a parallel activity. A greater knowledge of their practices could also compensate in some way for the chronic lack of modern drugs. It was hoped that all healers in an area could be organized into a team under the supervision of the Area Health Centre. This, however, seemed far from being realized, due to distances involved and a chronic lack of transport.

## VII. Primary Health Care in Guinea

"Les soins de santé primaires sont constitués par des prestations des services essentiels répondant aux besoins fondamentaux de la population en matière de santé, fournies grâce à des techniques acceptables et rendues universellement accessibles à tous, avec la pleine participation de la collectivité." \*

(Conférence Nationale de la Santé,  
30 et 31 mars, 1981)

Guinea's commitment to primary health care was first announced in 1972 at a regional WHO/AFRO conference. It was later reaffirmed at the Alma Ata Conference of WHO in 1978 and has continued, with some organizational modifications, to be the cornerstone of the government's health policy.

### Structure at National Level

Primary health care ("soins de santé primaires or SSP") was the responsibility of the Direction Nationale des Services de prévention et des soins de santé primaires. This came under the Directeur Général de la Santé (see Figure 3.1). Under the control of the DNSP were 8 sectors relating to primary health care (see Figure 3.2).

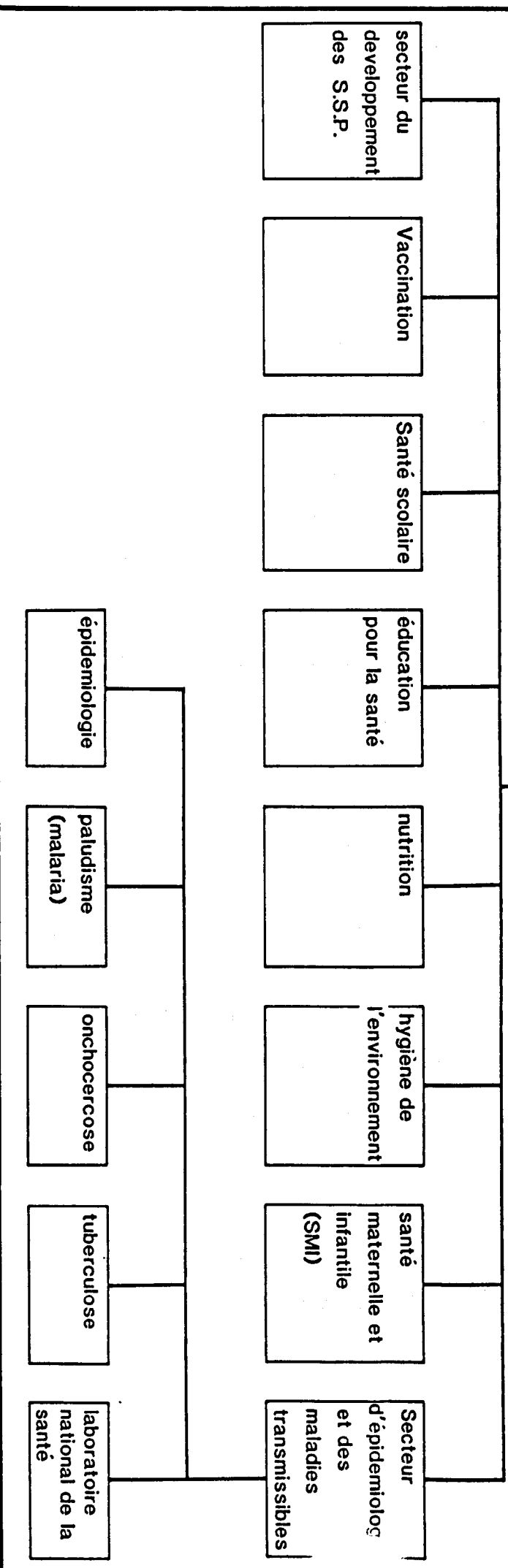
\* Primary health care consists of the provision of essential services corresponding to the basic needs of the population in the field of health, furnished by means of acceptable techniques and made universally accessible to all with the full participation of the community.

1. Development of primary health care.
2. Epidemiology and infectious diseases.
  - a) Epidemiological surveillance
  - b) Malaria control
  - c) Onchocerciasis control
  - d) Tuberculosis control
  - e) National health laboratories
3. Vaccination programme.
4. School health.
5. Health education.
6. Environmental health.
7. Nutrition.
8. Maternal and child health.

This present organizational format was only adopted at the beginning of 1982 in order to give a more effective service. At the same time, a new Director was appointed to head the DNSP, Dr Mohamed Kader, who was, in addition, the Dean of the Faculty of Medicine and National Director of Maternal and Child Health and Nutrition. This appointment could be an important factor in the planning of the training of doctors and other health personnel at the Faculty of Medicine, especially in relating the content of their courses more closely with the needs of the people.

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**D.N.S.P.**



## Objectives of Primary Health Care

The main aims and objectives of the primary health care programme in Guinea were stated to be the following:

1. Accessibility. No matter how remote the village or hamlet, a health post should be within reach of all.
2. Acceptability. The services on offer at the health posts should be appropriate to the people's needs and acceptable to them. Much groundwork is still needed to be done to discover how people view illness, their use of traditional healers, the take-up of existing services and their likely response to the introduction of 'new services'.
3. Participation. The slogan "health by the people for the people" needed to become a reality and the plan to train village healthworkers (see below) was one aspect of this.
4. An integrated approach, combining curative and preventative medicine, with the main emphasis on promotion, prevention and health education. Within the integrated approach was seen the need to include every aspect of socio-economic development, including clean water, sanitation, nutrition and agricultural development. There were plans to create, at PRL level, a multi-disciplinary and multisectorial committee in charge of co-ordinating SSP activities and of planning other aspects of community development.

5. Universal coverage. Plans were being made to cover only 50% of the country with a primary health care system. Even a commitment to this extent would involve a massive investment of resources and a much expanded training programme.

(RPRG Health, 1983 A & B, Health, no date A).

#### Structure at Local Level

The lynchpin of primary health care at the local level was the health post ("unité de soins de santé primaires") and the area health centre ("centre de santé d'arrondissement").

a) The health post (USSP)

Health posts were to be established at village or PRL level to serve between 600 and 1000 inhabitants (or at least 1500 inhabitants according to a later report (RPRG Health, 1938B)). They were to be housed in simple buildings, provided or built by the villagers themselves, consisting of two rooms: a waiting room, which could double as a classroom for health education purposes, and a treatment room. They would be staffed by an "Agent Technique de Santé" (ATS) who would be helped by two or three village health workers (the number varies according to the source consulted) one of whom must be a woman. These voluntary health workers would be chosen by the community, who would give them remuneration in kind for their services. Before beginning their work, they would receive a simple training from the ATS, either "on the job" or at the "Area Health Centre".



They were to be familiar with the health needs of their community and would work alongside the ATS in mobilising people to clean up the village, construct wells and dig latrines. They would also be involved in health education, giving advice on nutrition and child rearing. A knowledge of first aid would also be necessary. It was hoped that the equipment needed would be provided through foreign aid.

To a great extent, the idea of universal coverage of the country by village health posts was one that only existed on paper. The 1982 Report on the health service stated that 48 health posts had been created so far but only 24 were actually functioning (RPRG Health, 1983A). According to another report (the "Medium Term Plan of Action 1981 - 1985), 50% coverage of the country would involve building 3600 health posts! However, the 1982 Report mentioned the existence of 212 dispensaries at PRL level and these no doubt offered some rudimentary health care and advice. Perhaps these dispensaries could be developed into health posts when the necessary resources become available. If all the function envisaged for the new style health posts are to be realised considerable resources would need to be found.

b) The Area Health Centre (CSA)

The Area Health Centre was the next unit above the health post in the hierarchy of primary health care and was to serve a population of between 5,000 and 20,000 inhabitants. It acted in a supportive role to the health posts in its area and was concerned with both preventative and curative medicine and also

with rehabilitation. It was designed to cater for some in-patients, having a capacity of between 10 and 20 beds, and would have a resident doctor as well as ancillary health staff. Its functions were to include a whole range of medical services, including minor surgery. In addition, it was to serve as the nerve centre for the health posts, planning and evaluating their activities and overseeing their execution. In order to fulfil all these tasks, adequate laboratory and administrative provision should be available and proper statistical records kept.

Three hundred and fifteen area health centres were in existence in 1983 but not as yet fulfilling the role envisaged for them (RPRG Health, 1983). Many of the problems centred around the buildings. A large number of these were old and in a bad physical condition both inside and out: 70% of them were built of traditional materials<sup>1</sup>, 20% were partially built with concrete<sup>2</sup>, and 10% were more substantial, being made entirely of concrete<sup>3</sup>. None had running water; most drew their water from traditional water points, wells, springs and streams; only 2% were equipped with electricity; there was seldom an adequate system of refuse disposal or proper drainage. The refuse from the health centre itself was either burnt or buried. Also, the buildings were unevenly distributed so that the distance between the centre and the nearest regional hospital, to which they should be able to refer patients, varied between 5 km and 120 km.

Area health centres should be able to accommodate between 10 and 20 in-patients, but many did not have facilities for this.

Notes:

1. 'en banco'
2. 'en semi-dur'
3. 'en dur'

Those which did, had at the most two or three beds. Of the medico-technical services which should be available there, radiology was non-existent, laboratory services were rare and there was occasionally a pharmacy attached.

It was recommended that future area health centres should be greatly expanded and be able to deal with a much wider range of health needs.

### Future Plans

Plans for the future of health posts and area health centres were mainly concerned with increased geographical coverage, the provision of new buildings or the renovation of existing ones and the training and retraining of health personnel in skills appropriate to primary health care. Emphasis was also placed on the finding of sufficient funds (mainly through international aid) to provide equipment and vehicles.

As far as the health posts were concerned, various plans of action had been laid down but most had been superseded in subsequent Ministry of Health reports. The plan covering the period 1981 - 1985 anticipated 50% coverage of the country by health posts by the year 1985 (RPRG Health, no date, B Medium Term Plan of Action 1981 - 1985). It foresaw the setting up of three health posts for each PRL so that by the end of the project period there would be 3,600 health posts in existence. It was planned that 5% or 384 of these were to have been established by 1982. The 1982 Report, however, showed that by this date, only 24 were fully operational.

Another report from the Second National Health conference, March 1981, also aimed at 50% coverage by the year 1990. This mentioned the figure of 2,000 health posts, somewhat at variance with that of 3,600 mentioned above.

A slightly more realistic plan appeared in the budget proposals for 1984 - 1985 (RPRG Health, no date, A : p. 5). These were prepared for the World Health Organization. Here, the aim was stated to be 25% rather than 50% coverage over the same period, i.e. 1984 - 1985. This would include another 284 health posts, each with its full complement of four health personnel, one Agent Technique de Santé and three village health workers.

A further plan published in June 1983 aimed at the construction and equipping of 750 health posts by the end of 1985 at a total cost of \$16,500,000, of 875 more to be built and equipped by 1990 at a cost of \$19,250,000 and a further 875 by the year 1995, bringing the total to 2,500 for the whole country (RPRG Health, 1983C : p.1).

This same plan - the latest to date - gave information on the proposed new area health centres, concentrating on the building, renovation and equipping of the plant. By 1995, the plan anticipated that 169 new buildings will have been constructed. 54 will have been renovated, 27 will have been restored and 250 will have been equipped at a total cost of \$55,891,000.

Although in the government health reports, emphasis was placed on buildings and equipment, there was an awareness that it

needed more than these, plus adequately trained personnel, to offer an effective primary health care service. The aims for the development of primary health care included plans to identify the problems in two villages in every CGR in order to be able to offer a health service which was not only effective but acceptable to the local people (RPRG Health, 1983A). It is interesting to note that in 1983, all medical students preparing their final thesis were involved in village-based projects, as part of the preparation for setting up a health post in that area (USAID, 1983). "Sensibilisation" is a word much used by those involved in setting up 'new' services in the villages, the need to discover what in fact are the health problems and needs of each community and the necessity to explain fully the services which will be offered. There was recognition of the importance of collaborating with the traditional healers and in using what is good of their remedies.

The aim of the Ministry of Health to achieve even 50% coverage of the country with a primary health care system is an ambitious one. Some progress had been made so far. A doctor in charge of primary health care had been appointed for each medical region, a seminar on this subject was held for doctors at the end of 1981 and another course was organized by WHO to train the trainers of Agents Techniques de Santé (Hakizimana, no date). Nevertheless, in comparing what has been achieved with all that is planned, one feels that it will take considerably longer than the next 20 years to bring this about.

### VIII. Programmes Within Primary Health Care

The main emphasis within the Primary Health Care Programme was on maternal and child health. As mentioned above, there was great concern at government level at the high morbidity and mortality rates among pregnant and nursing mothers, babies and young children. The infant mortality rate was stated to be 165 per thousand live births in 1980 (IDA, 1982) and 156 in 1983 (RPRG Health, 1983B) while the child mortality rate, i.e. between the ages of 1 - 4, was said to be 37 in 1980 (IDA, 1982). The main thrust of the programme was towards "family well-being" which should include a wide range of services including pre- and post-natal consultations, advice on birth spacing, health education and nutrition, as well as an immunisation programme and the treatment of sick children (RPRG Health, 1981, 1983A, 1983B).

Facilities for maternal and child health should exist at every level of the hierarchy of health care: at CGR level, at regional level and at arrondissement level. It was only in 1980, however, that it was suggested that these services should be spread even more widely and should be available at each health post at PRL level. This was seen as a priority but has yet to be adequately developed (UNFPA, 1980).

Apart from four autonomous maternal and child health centres in Conakry, which came directly under the Ministry of Social Affairs, the administration of the other centres was shared by two ministries: the Ministry of Social Affairs and

the Ministry of Health. The former was responsible for the general running of the centres while the latter was responsible for building and personnel. As can be imagined, this created problems, not least those of co-operation and co-ordination, wastage of materials and equipment and lack of adequate supervision of personnel. There were approximately 41 regional centres for maternal and child health across the country, in addition to the four in Conakry (figures for 1981) (Hakizimana, no date).

The centres in Conakry were probably the most well equipped and staffed. The 1982 Report by the Ministry of Health mentions a doctor, 18 midwives, 12 state nurses, 12 ordinary nurses ("infirmiers ordinaires"), 7 health aids ("aide-infirmiers"), 1 "agent technique de salle", 3 social aids ("aides sociales"), 5 "filles de salle", 4 "garçons de salle" and 1 guard as being the total complement of staff for three of the Conakry centres. At each of these, they could offer maternal health services (pre-natal and post-natal checks, anti-tetanus vaccinations, urine checks), child health services (sick children, well-children, vaccination), laboratory tests and health and nutrition education. No similar account existed for maternal and child health services in the interior of the country, but they were unlikely to be as developed or as well-endowed as those in Conakry. The World Health Organization had, however, been involved since 1963 in helping develop countrywide coverage of maternal and child care services (WHO, 1963).

The aspect of maternal and child health which was receiving most publicity, at least by the international agencies, was the

birth spacing programme. In view of the pro-natalist population policy of the government, any suggestion of a birth control programme would be anathema. However, birth spacing could be linked in with the idea of promoting better maternal and family health. The United Nations Fund for Population Activities was currently backing and supporting such a population programme. This was initiated in 1980, but there had been delays in getting it off the ground. Originally, it was hoped to develop it in four stages.

- a) The upgrading and qualitative improvement of personnel. This included the plan to train family advisers to instruct couples in the essentials of family well-being.
- b) Research into family attitudes and behaviour. This was due to begin in January 1984 when teams of researchers would go out into the four regions of Guinea to begin an enquiry into women's attitudes to child bearing, family size, virginity, etc. In the Forest Region, a girl was expected to have a baby before she was married as proof of her fertility, whereas among the Moslem Peuls, virginity was highly valued. Guinean sociologists would be working alongside foreign sociologists in this venture. Research was also needed into the services and facilities offered by existing maternal and child health centres, to ascertain how widely these were used and factors affecting take-up of services.



- c) Communication, education and information in preventive medicine, nutrition and maternal and child health. This included sex education, something fairly new in Guinea but seen as necessary with the increase of promiscuity among adolescents and among those where family ties and taboos were less strong as a result of urbanization. Two films had been produced through Syli films, the national film company, relating to health and sex education. The first "Man and the Environment" was of a general nature and showed the effects of the environment on health. The second, more specifically on sex education, had been shown to an audience of doctors, teachers and parents. The initial reaction of these showed some resistance to the need for such a film. However, after some discussion, it was accepted and once the sound track has been translated into three of the national languages and the film transposed to the right size, it will be shown at different regional centres round the country. "Population studies", it was advised, should also be introduced into the school curriculum (RPRG, 1983C).
- d) The equipping of health centres with medicines, equipment and teaching materials.
- Family planning advice and consultation was given in some of the regional health centres and at the Conakry maternal and child health centres. A pilot study had been carried out at one of these. This was still, however, at a very

basic stage and has concentrated mostly on educating doctors, nurses, midwives and other health personnel. In some clinics, family planning was discussed with women who came for their pre-natal and post-natal checks. The general feeling was that many women would welcome help and advice, but that their husbands were against this. Much interest too had been expressed in traditional birth spacing methods and the need to utilize and develop these more. In many areas, post-partum abstinence was practiced for 2 to 3 years following a birth (UNFPA, 1979 : p. 12, 37) so that the child might be fully established and have a firm hold on life before the mother became pregnant again. This too would of course benefit the health of the mother. Breast feeding was also continued over a prolonged period, which acted as a natural form of contraception. The Guinean law on contraception and abortion reflected the French law of 1920, but in an even more extreme form (UNFPA, 1979 : p. 38). This made all contraception and all abortion illegal, except where the mother's life was in danger. In urban areas, there was concern about the increasing number of abortions, especially among unmarried women students. Sterility was another area which was receiving attention, in an attempt to increase fertility and so to increase the overall population.

## Vaccination and Immunisation

Another important element in the attempt to improve maternal and child health was the vaccination and immunisation programme. Although measles and smallpox vaccines were dispensed before 1979, it was in this year that an extended programme of vaccination was launched. Following preliminary studies, a plan was drawn up for the years 1980 - 1984 to give nationwide coverage by the vaccination programme and the aims and objectives for this were adopted at the Second National Health Conference in 1981. The diseases covered by the vaccination programme were measles, whooping cough, poliomyelitis, diphtheria, tetanus and tuberculosis. Smallpox was no longer a major problem, thanks to a successful campaign in the mid 1970's.

The target groups aimed at in the original plan were the following:

- i) 55% of children 0 - 4 (18% of the population) to be vaccinated against whooping cough, diphtheria, tetanus and poliomyelitis by 1984.
- ii) 55% of children 0 - 14 (15% of the population) to be vaccinated against tuberculosis during the same period.
- iii) 75% of children 9 months - 4 years (15% of the population) to be vaccinated against measles.
- iv) 50% of pregnant women (5% of the population) to be vaccinated against tetanus (RPRG Health, no date, B).

There had been some modifications in the aims and objectives of the programme since its inception. The period had been extended to 1985 and some of the target groups had been reduced. The 1982 Report on the Health Service mentions at least 50% (instead of 75%) of children to receive the measles vaccine and 20% (instead of 50%) of pregnant women to be vaccinated against tetanus. It was also hoped that the third dose of the multiple vaccine (diphtheria, whooping cough, tetanus, polio) could be given to the target group during 1982. This target group too had been changed to cover 20% of the 0 - 3 year olds instead of 55% of the 0 - 4 year olds (RPRG Health, 1983A).

Before 1979/80, the vaccination programme consisted of mobile teams equipped with smallpox and measles vaccines. The new extended programme continued to use the mobile teams, adding the other vaccines to their range. In addition, vaccinations were given at fixed centres, such as maternal and child health clinics and in schools as well. Fixed centres were more in keeping with World Health Organization policies, using the mobile teams instead as supervisory, training and supply teams to support and equip the existing centres, especially in outlying areas. There were plans for equipping arrondissement vaccination centres with mobylettes and vaccine carriers for outreach activities. Ped-o-jets had also been used in many parts of the country as part of the mobile teams.

The administration of the immunisation programme had been planned from the centre to the periphery. During the first year, the programme started in each CGR, covering a radius of 15 kilometres around the main towns; during the following two years, it was to be extended to the regional capitals and their surrounding areas and then in the last two years of the planning period, it would be extended to arrondissement level. Current plans called for the equipping of all 320 arrondissements with a fridge for vaccine storage. One hundred and sixteen of these already had one, but there was no report on the condition of these units. It is obviously in keeping with the government's concern for the accessibility of its health services that the establishment of a vaccination programme at arrondissement level becomes a reality. Alongside this, there was the need to educate people concerning the benefits of preventive immunisation, to inform them of the availability of vaccines at clinics and to encourage increased attendance there, so that they might receive the whole range of services as and when these become available.

It is early days to assess the results of the vaccination campaign but there are some figures available which can act as pointers, although most of these are subject to under-reporting and other inaccuracies. The government estimated that national coverage with the measles vaccine (which has been administered for a longer period than the other vaccines) was 44% and 59% for Conakry (USAID, 1983 : p. 12). A special study of measles cases admitted to the Donka university hospital in Conakry showed a reduction in the number of cases from 462 in 1981 to 231 in 1982; 73% of this reduction occurred in the 9 months - 3 years age

group, suggesting that an effective measles vaccination programme could have played a part in this (USAID, 1983 : p. 12).

Figures given in the 1982 report under the heading "realization of objectives" for 1980 - 1984 are as follows:

DTC-P	=	16.4% of the target group (3rd dose)
Measles	=	87% of the target group
BCG	=	22% of the target group
Pregnant Women	=	60.7% of the target group (tétanus)

Note: DTC-P = Diphtheria, tetanus, whooping cough, polio

It is interesting to note that the widest coverage occurred with the measles vaccine, (although 87% seems unreasonably high compared with other figures quoted). No reasons are given for this, but no doubt availability, familiarity in the use of the vaccine by those administering it, and evidence of the beneficial effects on the children by those receiving it, all have a part to play. In the same report, figures are given for "Conakry and four medical regions". Once again, the percentage coverage for the measles vaccine (43.8%) is well above the figures given for the other vaccines.

The government can probably be cautiously optimistic about its vaccination programme, although there are many problems associated with it.

One of the problems, as in every area of the health service, was the availability and training of personnel. This was seen as a priority by the government. The report on activities from 1978 - 81 (Hakizimana, no date) gave a list of staff trained specifically for the vaccination programmes.

1980	15 persons including 2 doctors
end 1981	13 persons including 1 doctor
beginning 1982	34 persons including 2 doctors

WHO had organized courses and seminars and given grants so that 5 Guineans could attend a 'superior level course' in 1981 and 1982. The government organized a week's course in the same period on vaccine handling techniques which 47 people were able to attend.

At central level, the original plan mentioned the need to appoint a national director of the programme, qualified in epidemiology and specialized in the management and planning of vaccination programmes. It also mentioned the need for a technical and administrative team to assist the director.

Many of the problems, however, centred around the supply and storage of the vaccines, most of which had to be imported (although there was a centre at Kindia for the production of freeze-dried smallpox vaccine). The reception facilities for vaccines in Conakry consisted of 4 freezers and one refrigerator at the "Direction des Services de Prévention" offices. Excess

vaccines were stored at the Conakry slaughterhouse and the brewery, by verbal agreement with their management. Supplies from Conakry to the regions were very erratic, resulting in frequent breaks in supply. Vaccines were not infrequently stolen at each stage of reception and delivery and sold on the black market. As a result, unrealistic estimates for the needs of the 1980 - 84 period were submitted and many vaccines were wasted due to expiration. This led to greater scrutiny by the donor agencies, which only increased delays. In addition, the 5 year plan appeared to have under-estimated the cost of vaccines, due to inflation and other factors, and UNICEF, WHO and USAID were all asked for further funds. In the regional centres, the unreliability of the electric current led to problems with the cold chain storage system and once again, vaccines were often lost or wasted in this way. In 1981, vaccinations were stopped altogether in parts of Guinea due to this and other problems. Transport and difficulties of travel only exacerbated the situation.

A further problem was concerned with 'take-up', especially with those vaccinations which required more than one dose. One set of figures relating to the DTC-P vaccine show that 61.5% had the first dose, 27% the second dose and 11.3% the third dose, leading to incomplete coverage of a significant section of the population. The same report (RPRG Health, 1983A) quoted the take-up for anti-tetanus injections by pregnant women in Conakry and 4 medical regions as being 'very poor', but gave no figures for this. This contrasted sharply with figures (quoted on p. 182) of the countrywide take-up of the various vaccinations on offer.



Here the figure of 60.7% could in no way be described as 'very poor'. These same set of figures gave a very high rate of coverage with the measles vaccine, as already mentioned, and it seems likely that they gave an over-estimate of the current situation.

Finally, there was the problem of keeping records and sending in statistics. This was done very inadequately in the regions, with little consistency from one area to another. It was therefore virtually impossible to assess the effectiveness of the vaccination programme or to make rational plans for the future. Future plans at present were aimed at the increased coverage of target groups, the continuation of extending the vaccination programme to arrondissement level, the hope of some sort of evaluation in 1985 and the establishment of a new plan of action after that date.

### Health Education

Health education played a very important role in the government's overall preventative health policy, with the aim of ensuring that every citizen had an adequate training in basic health and nutrition (UNFPA, 1979 : p. 52). Not only was the Ministry of Health involved in this campaign, but also the Ministry of Social Affairs and the Ministry of Rural Development, so that an integrated approach to the problem should be possible. Given the government's politico-administrative system, which reached out to the remotest villages, there should be the ideal structure for a mass health education programme.

At national level, a commission for health education was created in 1969 and was made up of members of the various ministries concerned and members of the PDG. This commission was responsible for audio-visual materials and the organization of discussions in village meetings and educational establishments. In 1971, a health education section was created in the Direction Nationale des Services de Prévention et des soins de Santé Primaires. At the regional level, health education was the responsibility of a public health technician, assisted by a regional commission. His responsibilities also included public health and school hygiene.

One of the aims of the health education programme was stated to be the creation of new habits and attitudes to health and the environment. This was achieved by broadcasts and publications through the mass media and by the production of educational materials; seminars had been organized in secondary training institutions and educational meetings had been held in the villages. In addition, health education was part of the daily programme in some of the maternal and child health clinics across the country but to date maternal and child health as a subject had not been given much coverage in health education programmes. Themes covered included personal hygiene, cleaning up the environment, infectious diseases, food hygiene and cleanliness in the home, diarrhoeal and parasitic diseases, first aid, sex education and venereal diseases.

The mass media were in fact a very effective means of communication. It was claimed that there was universal access to radio broadcasting which was transmitted in six of the national languages and also in French (UNFPA, 1979 : p. 59). As 60 per cent of the broadcasting time was devoted to news events and information, Guineans were strongly encouraged to listen on a regular basis as a sign of their loyalty to the régime. There was a scheduled hour per week for health education programmes which were broadcast at 5 pm, peak listening time in Guinea. Television was becoming more available and it was estimated that 10% of the population had access to a television set. A 30 minute programme on health education was televised each week. It was planned that each PRL should own a television receiver so that group viewing would be possible. 'Horoya', the weekly national newspaper, also carried articles on different aspects of health education and there were papers produced specifically for youth, workers, women, soldiers, students, managers and sportspersons which might also be used in this way.

Another potential means of communication which was beginning to be exploited (see above p. 177) was 'Sily films', the national film corporation which was already producing and manufacturing its own films. It was however being currently reconstructed and there was still a lack of trained staff. Two mobile film units were being planned by a WHO/UNESCO project but more than two were needed for adequate coverage of the country.

Although there was great scope for extending the health education programme, the collaboration between the Health Education Section and the different organs of mass-communication had tended to be episodic and irregular. In addition, this section suffered from a very limited regular budget, no specialised offices and a small range of equipment.

This lack of overall planning was to be found too in the area of visual aids needed for health education. All projects tended to be sectoral and partial, although many came under the auspices of the 'Institut Pédagogique National' (IPN) which promoted and commissioned school textbooks, literacy training materials and other educational aids, including those linked with health education. Other problems centred around the printing of these by IDEC, the educational printshop (see Chapter 4).

The Health Education section did, however, have its own research programme which aimed for better health education approaches and collected local beliefs, traditions and customs related to health. However, it had not yet been involved with assessing the impact of government backed health education programmes on the life of the community in general nor in evaluating the best means of communication for transmitting the message. This would be essential to enable better use of scarce resources and to plan a more effective programme in the future.

Training of health personnel was another area which once again needed attention and investment of funds. This would

include the training of a nucleus of experts in health education for planning and implementing the national programme and the training of instructors for the regions. Attention needed to be given as well to the inclusion of health education courses in the training of different categories of health workers, teachers etc. An attempt had been made to introduce health education into the school curriculum in the 1st, 2nd and 3rd cycles and a teacher's manual was produced by IPN and MEPU (Ministère d'Enseignement Préuniversitaire) in October 1982. This was entitled "Programmes d'éducation sanitaire des C.E.R. des 1er, 2ème, 3ème cycles".

At village level, health education, nutrition and hygiene could well be included in the training of rural development agents who had direct contact with the villagers.

Training schemes involved sending personnel out of the country and also the running of seminars in Guinea itself. Twelve Guinean health educators had been trained at the WHO centre in Lomé and six more went to Togo in June 1983. Students in the faculties of biology and social sciences were able to attend a training conference on health education in the course of their studies.

Recommendations by the United Nations Fund for Population Activities for a more efficient and effective health education programme included the following:

1. The need to draw up national guidelines for the programme.
2. The need for greater collaboration between the ministers concerned.
3. The need for a wider range of health educational materials.
4. The inclusion of health education in the school curriculum as part of the preparation for family life (see above).
5. More emphasis should be placed on health education at PRL level, where there was direct involvement with the villagers.
6. The inclusion of a health education programme in the "Centres de Promotion Feminine - CPF (women's vocational training centres).  
(UNFPA, 1979 : p. 53)

#### Nutrition

The nutrition programme was an integral part of the health education programme and was carried out on a daily basis within the maternal and child health services. There was some evidence to suggest that this was producing promising results in Conakry but there were no figures to indicate what was happening in the rest of the country. As there was no national nutrition programme and a lack of nutritional experts, it seemed likely that the help and advice available varied considerably from one area of the country to another.

Nevertheless, in view of the fact that malnutrition was considered to be one of the main debilitating factors affecting maternal and child health, the government saw this as an important area for development. The 1982 Report on the Health Service mentioned as its objectives for that year.

- a) the strengthening of nutritional education and the monitoring of vulnerable groups, and
- b) intervention, where necessary, in feeding programmes and applied nutrition in collaboration with all others concerned (RPRG Health, 1983A).

In order to achieve these objectives, the training and retraining of staff in the theory and techniques of nutrition was seen as a priority. The personnel from the maternal and child health centres and arrondissement health centres of Conakry and Mamou were those to be trained first. The press, particularly the national weekly, 'Horoya', was to feature items on nutrition each week as would the national radio station.

Nutrition, as a subject, was to be introduced into the training programme at the Faculty of Medicine and finally, a nutritional survey was to be carried out in one of the four regions of the country. As a first step, two booklets had been produced with the help of the World Health Organization, FAO and the Organization of African Unity. These were "Un guide pour l'alimentation du nourrisson en Guinée" FAO/OMS/OUA and "Politiques et programmes alimentaires et nutritionnels en R.P.R. de Guinée" OMS/FAPA. (RPRG Health, 1983A).

As mentioned above, there were some encouraging activities based on nutritional education being carried out in Conakry.

'Success' was rated according to the following criteria:

- a) Number of talks and demonstrations given to pregnant women and nursing mothers.
- b) Numbers of women who attended these.
- c) Number of malnourished children who recovered.
- d) Number of healthy children who were followed up.
- e) Number of home visits.
- f) Number of talks given outside the maternal and child health centres.
- g) Involvement in gardening activities within the PRL (RPRG Health, 1983A)

Even in Conakry, however, the number of participants in these activities and the number of malnourished children who recovered remained small. On the whole, domiciliary visits and activities away from the centre had not taken place. Staff needed to realize the necessity of taking their services outside the health centres, while in the centres themselves, much needed to be done to rejuvenate the nutritional activities on offer there. As in every area of the health service, lack of transport had hampered the activities of the nutrition teams. An Institute of Nutrition was mentioned as a future project in the Budget proposals for 1984 - 1985 but it is not known if this idea was pursued (RPRG Health, no date, A).



## School Health

In addition to the introduction of health education into the school curriculum, the health of school children themselves was another area of concern in the attempt to reduce the morbidity and mortality rates in children. The objectives of the school health service were stated in the 1982 Report:

1. Observation of the school population in order to detect infectious diseases, physical and mental handicaps and nutritional deficiencies, so as to promote the best physical and mental development of school children.
  2. Assist in the teaching of general and personal hygiene.
  3. Care for the sick and vaccination against tetanus and tuberculosis.
- (RPRG Health, 1983A)

This would include health checks of all school children and students and supervision of the state of cleanliness of schools and institutes of higher education.

Health checks had been carried out in the schools of Conakry where 46% of the pupils in 1st, 2nd and 3rd cycle schools were seen. It was found among these children that bronchitis was the most chronic health problem. This affected 10.5% of those examined. Malaria was the other main problem which led students to seek medical advice. Children were tested at the same time

for immunity to tuberculosis, but before doing the tests, the testers omitted to ask the children if they had already been vaccinated with BCG. Consequently, the results were invalid and not published. A school health service had also been established now at Regional level ("Regions Medicales") throughout the rest of the country (RPRG Health, 1983A).

As there had been no evaluation of the functioning of the school health service outside Conakry, it was impossible to assess the impact of this on the health of children and young people. The 1982 Report does however list several problems besetting the service which suggested that, as in many areas of the health service, much needed to be done in order for it to fulfil its potential.

Insufficient numbers of personnel was the first problem mentioned. Seventy per cent of these were female and their attendance was said to be erratic with frequent absenteeism. There was also the impossibility of finding, on the local market, the medical materials necessary for equipping the school infirmaries and a lack of pharmaceutical products. Lack of co-ordination and communication between the regional school health service and the student health service impeded a national approach to the problem. Finally, the actual clinics and infirmaries on the school and faculty premises were often in a very bad state of repair.

## Activities to Control Endemic Diseases

Malaria has already been mentioned as one of the main health problems of the nation and the reason for which students most frequently sought medical help and advice. Nevertheless, the battle for malaria control was still very much at an embryonic stage.

Anti-malarial activities began in 1969 when the government, WHO and UNICEF signed an agreement to start a demonstration zone for training, research and control activities. The project did not in fact get off the ground until 1971 and then in 1974 the original demonstration site, Dubréka, was abandoned in favour of a new zone in the 8th and 9th arrondissements of Conakry. This was to enable easier access to the malaria activities by the pupils of the Ecole Nationale Secondaire de la Santé and the medical students from the Faculty of Medicine, both in Conakry. As can be imagined, these frequent changes in the first five years of the project's inception caused major delays in the development of activities.

Most of the activities across the country in general focussed on the mosquitos themselves and anti-vectorial campaigns, rather than on the people affected by malaria. Surveys had been carried out in the administrative regions of Labé, N'Zérékoré, Pita, Lelouma and Koubia and a group of 2 - 9 year olds were tested to find out how endemic the disease was in each area. It was planned to test the sensibility of vectors to existing insecticides but unfortunately the tests could not be carried out. At the time set

aside for the tests, the breeding grounds had almost dried up. Similar tests that were carried out in laboratories, involving the dissection of adult mosquitos, were seriously hampered, often paralysed, by the lack of water and frequent cuts in electricity (RPRG Health, 1983).

In Conakry itself, in 1977, a chemoprophylaxis campaign was conducted in the maternal and child health centres. A sample of 18,500 children aged between 0 - 4 years and 10,000 pregnant women were tested. After 6 weeks of prophylaxis with chloroquine, the following results were obtained (based on 9,915 children and 2,329 women).

Changes in Parasitic Index

	<u>Urban</u>		<u>Suburban</u>	
	<u>Before</u>	<u>After</u>	<u>Before</u>	<u>After</u>
1 - 11 months	3.6%	2.8%	25.0%	4.0%
12 - 23 months	3.9%	2.4%	33.3%	0.0%
2 - 4 years	8.6%	5.6%	37.2%	12.9%
Pregnant Women			6.8%	1.3%

(USAID, 1983)

Although it was disappointing that such a small percentage of the original sample were able to be tested, the results - especially in the suburban area - suggested that a concerted prophylactic campaign could have a marked effect on the health of women and young children. Unfortunately, although the benefits

of such a programme were recognised by the government, lack of chloroquine and trained personnel had pushed it towards an anti-vectorial approach. This had largely consisted of information gathering and had now been recognised to have been a failure.

Plans were being made to include malaria control in the primary health care programmes and in the training of the village health workers. Before this could succeed, however, there were still many problems to be overcome. The preparatory campaign to sensitize and inform the villagers of the benefits of chemoprophylaxis had not yet been studied in depth. Audio-visual aids, used in the past for this purpose, were used ineffectively and the barriers of resistance produced in this way would need to be overcome. Added to this, there was a strong sense of fatalism among the people in the face of illness and some of their local customs were detrimental in the fight against malaria.

Not only, however, did the villagers themselves need to be motivated. It was necessary to mount a vast training programme at every level and co-operation from the staff of maternal and child health clinics, who were in closest touch with the people, needed to be sought. So far, this had not been forthcoming.

Statistical data on demography was also lacking. For example, the structure of the population by age and sex and facts relating to nuptiality, morbidity and migration had yet to be ascertained. Accurate figures were not even available in the demonstration zone, nor were there reliable figures on the prevalence of malaria. Added to this there was an acute lack of

drugs: a sizeable quantity of nivaquinine was stolen in 1979 and another lot given to health centres not concerned with the project so that donor agencies had withheld supplies for the time being. Transport difficulties due to lack of vehicles and appalling road conditions were also a major problem. In view of this it seemed unlikely that an effective malaria control programme would be established for some time (WHO, 1980).

The treatment of many of the communicable diseases (see p. 127) was carried out in the medical regions by mobile teams. There were 32 of these with 4 - 5 members each. Activities by the teams included investigation, vaccinations and laboratory tests. Once again, diagnosis and treatment was still very much in the early stages and an accurate epidemiological map had yet to be drawn so that the extent of the needs of each health area might be known more accurately (RPRG Health, 1982A).

Surprisingly enough, no special programme of treatment or prevention for diarrhoeal diseases existed in Guinea, even though one half of the morbidity due to diarrhoeal diseases was attributed to children under 5 years old. Also, such diseases accounted for 16% of outpatient visits (according to the DNSP). No oral rehydration packets had been used in Guinea, although some home prepared mixtures had been used on a modest basis. This could be another area to be developed in the training of the village health workers, as happens in many of the countries which use and train these people to treat basic health problems among villagers (USAID, 1983).

Because of the extent and seriousness of tuberculosis, the creation of a national directorate of tuberculosis control was recommended at the Second National Health conference in 1980, in order to better organise a national campaign against the disease. According to the 1982 Report, the project was not yet operational (RPRG Health 1983A). A site had been chosen, laboratory material contributed by WHO had been delivered, vehicles and other materials have been provided by UNICEF, EEC and USAID and a doctor, qualified in public health, had been appointed to head the team. Meanwhile, prophylactic vaccinations were given by mobile teams; in the maternal and child health centres and in schools, as mentioned above.

Onchocerciasis was another very serious problem afflicting much of West Africa. The emphasis was once again on anti-vector control, collecting of data and laboratory dissections of the female of the *simulium damnosum* vector. Insecticides were to be applied to their breeding sites in fast flowing rivers and streams (RPRG Health, 1983A).

The Guinean project was based at Kankan and employed 19 staff, eleven of whom had a grant from the Onchocerciasis Control Program (see below). It included sections on entomology, parasitology and ophthalmology. The project's activities were erratic and spasmodic and in fact stopped altogether in 1982. This was largely due to a lack of fuel which immobilised the team. As a result, the project personnel spent their time examining anyone who came to see them at the project headquarters, so that most of their work during that period had nothing to do with onchocerciasis!

As well as the investigations linked with anti-vector control, part of the project was concerned with treatment of those suffering from river blindness. This however had not proved very satisfactory for several reasons. Only 2% of the patients treated came back for a check-up, which was disappointing. Part of the problem could be the drug which was used in treatment. Progressive doses of DEC were given which is a drug that produces severe reactions. The possibility of using a homeopathic remedy in future was currently being explored.

A very large Onchocerciasis Control Programme (OCP) had been mounted as a joint venture by WHO, UNDP, FAO and IBRD with the aim of eradicating the disease in the Volta River Basin area of Western Africa. The area included part of Benin, Ghana, Ivory Coast, Mali, Niger, Togo and the whole of Upper Volta, i.e. a total area of approximately 700,000 km<sup>2</sup> and involving some 10 million inhabitants, 70,000 of whom were blind. Plans were being made to extend this project westwards to include parts of Guinea and in 1982, WHO personnel carried out several preparatory missions in Guinea to explore the feasibility of beginning operations in this country (RPRG Health, 1983A).

In April 1982, two entomologists from OCP came to Beyla to consider setting up an entomological centre there to serve the east and south-east of the country. The resulting report was unfavourable and the proposition rejected. The research was carried out in the rainy season to assess all year accessibility to capture areas and larva control areas. Due to the state of



roads and bridges at this time of the year, it was decided that this would be impossible. Furthermore, the vector in this area, the upper basin of the Niger and the south-east Forest Region, was *simulium soubrense* which was resistant to the insecticides used.

The Guinean government was taken aback by this negative report and asked OCP to reconsider their decision, pointing out that there was a large area of the country, especially in the north, where *simulium soubrense* was not present. Nor did they believe that the bad state of the roads and bridges was an insurmountable problem. In addition, the topography in the north was more suited to aerial spraying which was a further problem in the east and south-east of the country.

These objections were discussed at a meeting at Bissau in November 1982, and it was decided to include Guinea in the project from 1983 - 1985, instead of leaving Guinea out of the project zone until 1991, as had been the original intention. A new document, drawn up at Bamako, in December 1982 sets out the aims for OCP in Guinea. Most of these were concerned with carrying out surveys into the sites of breeding places of different vectors and their behaviour at different periods of the year, a study of the landscape to ascertain the best way of treating these areas and training of the necessary personnel.

Although, according to WHO reports, this massive OCP programme was going according to plan, there were still very many question marks over such a programme. Ecologically, there

was no way of predicting the effect that such a large dose of insecticides would have on the eco-system; some vectors had already developed an immunity to the insecticides and also vectors had been finding new feeding and breeding grounds in untreated areas. The long term effects, both beneficial and noxious, were yet to be seen.

IX. Environmental Health

The final area which was being tackled in part through the primary health care programme was the provision of clean water and sanitation. Nelson (1975) describes the situation at that date in the following way:

"Many Guineans lived under insanitary conditions. Thatched roofs were havens for rodents and insects; homes were poorly ventilated. Livestock was often kept close to human habitations. Water sources were often contaminated. In most areas drinking water was derived from streams, springs, lakes or ponds and shallow wells. During the rainy season, surface water was heavily silted. Well water had a high mineral content during that period and became at times unpalatable."

(p. 116)

He continues to point out that only Conakry and a few of the larger towns had water-supply systems. Conakry alone - in certain sections of the city that is - had an organized system of sewerage disposal. Disposal of household rubbish was attempted in the capital, being tipped on to a low-lying swampy area. This, however, was inadequately covered and provided a breeding ground for rodents.

The World Health Organization was involved in this problem as early as 1960 when a three year project, supported by themselves, UNICEF and EPTA was initiated "to study environmental sanitation problems throughout the country, including drinking water supplies, excreta and waste disposal, the (sic) campaign against carriers of disease and health education". (WHO, 1960 : p. 114). This project

was extended beyond its three year limit to include the training of sanitation personnel and the development of a sanitation programme for the whole country, giving special attention to water supply programmes. Environmental health later became a separate department within the DNSP so that more weight could be given to its activities. In 1975, WHO, together with UNDP, launched a new project concerned with sewerage and drainage in Conakry (WHO, 1975).

The most recent statement of intent by the government in the area of clean water and sanitation, was to be found in "Projet de Budget-Programme 1984 - 1985" prepared for the WHO by their representative in Guinea, Dr Cyprien Hakizimana. It stated that in keeping with the aims of the International Water Decade, the government was actively involved in ensuring an adequate water supply, by the year 1990, to all the principal urban areas of the country. It would also provide drinkable water in rural areas and guarantee adequate disposal facilities for excreta and household rubbish (pp. 8/9).

The organization primarily concerned with the provision of clean water to rural areas was SNAPE ("Service National d'Aménagement des Points d'Eau"). SNAPE was established in 1970 and came under the "Ministère des Fermes et des Affaires Agro-Pastorales" (FAPA). Most of its funds, however, came from international organizations, such as UNDP, UNICEF and the EEC, while the government provided the necessary buildings and personnel.

SNAPE had two main tasks. The first involved the sinking of wells and the improvement of existing springs and other water points in order to ensure that the water there was drinkable.

To decide where to sink wells, the SNAPE team followed up requests from villagers and investigated the validity of these and the actual needs of the area. The villagers themselves had to agree to provide the unskilled manpower and feed and lodge the team while they were in their area. They had also to agree to maintain the well after they had left, hence the reason for involving the villagers from the start. It was felt that if they saw it as their well, which they had helped to construct rather than the government's well, they would be more likely to participate in its maintenance and repair when necessary.

The improvement of existing water points was as important - and less expensive - than the sinking of new wells. A concrete surround was built around a spring and a filter inserted to ensure that clean water came through. Very often, a separate area was constructed nearby for the women to wash clothes, and further down-stream an area was made for the watering of livestock in an attempt to keep these separate. In some places, vegetable gardens had been constructed near the water points as a source of employment for the women, who traditionally grow the vegetables.

Although SNAPE had been in operation for four years, the figures given for their various achievements seem modest considering the needs of the country:

201 wells  
275 springs  
81 bore holes  
9 gardens  
6 improvements

(RPRG SNAPE, 1983A)

This was perhaps partly due to lack of funds and the fact that wells were very expensive to construct. At present too, the whole scheme was operated from Conakry but there were plans to build regional bases in Labé and Kankan.

The second main objective of SNAPE was to educate the villagers in the value of using clean water, even if this meant walking further to fetch it rather than using the polluted traditional water source.

A Rwandan volunteer working with SNAPE, Ruterakagayo Kisito Bonisi, produced a report in 1983 to assess the impact of some of these wells on the health of the community with which he was working. He based his survey on the urban centre of Labé and on six of the rural areas surrounding this town.

In each sector, he chose at random two discussion groups made up of the representatives of five households. Each group had at least three women as members, as the women used the well more than the men. If there was a SNAPE well in the village, the first group was chosen from those who lived around the well.

(i.e. less than 100 metres), the second from those who lived further away from the well. In addition to these groups, he used the statistics recorded by the medical services in the urban area of Labé and the four surrounding "formations médicales".

At the end of the enquiry period, certain positive factors emerged.

- a) Almost everyone in a village used the drinking water at SNAPE points at the end of the dry season when traditional water sources had dried up.
- b) Having water available all the year round relieved much physical suffering.
- c) Before the construction of a SNAPE water point a lot of time was wasted - especially in the dry season - in walking long distances to fetch water. The additional time available was now spent on economic activities (agriculture, artisanry, small-scale commerce) caring for the children and helping them with their studies, looking after the home, social visits and resting.
- d) There was a noticeable reduction of water-transmitted intestinal diseases and the hospital records too confirmed this by showing a drop in numbers admitted with diarrhoeal diseases. However, as the author points

out, the records were so incomplete and badly kept that it was impossible to tell if this reduction had been before or after the SNAPE water points had been established.

There were too several disappointing discoveries:

- a) The SNAPE well was not always used all the year round. In winter, other traditional water sources were used if these were nearer and less effort was required to fetch the water.
- b) The source of drinking water was not always protected by the beneficiaries from pollution and contamination.
- c) No major impact had been made on the general health of the population in particular and on the general development of the areas as a result of the construction of the well. This was probably because there was no co-ordination with the other health services in the area, especially the preventive services and maternal and child health care. Nor was there any link with the agricultural development and educational services of the area. This stressed very much the need for an integrated approach to the health problems of an area, which was one of the planned aims of the government's primary health care programme.

One of the main problems was seen as the lack of visual aids and other materials for the continuing education of the villagers in general hygiene and the risks to health of using



contaminated water. In addition, there was a shortage of tools, brochures etc. to enable the villagers to put into practice what they had learnt about maintenance of the water points.

Immediately after the enquiry, SNAPE became more involved in thirty sectors in the Labé area, concentrating on helping the villagers with maintenance and collaborating with the primary health care services to bring about a more integrated health education programme in each of the sectors. This included the vaccination programme, and also the Administrative Heads of the Preventative Services in Labé and Pita. It was hoped that those involved in agricultural development in the area would join the team in due course.

As this revitalised approach had only been carried out for some months, there was as yet no assessment of its impact.

X. Social Welfare

The 1981 - 1985 five year plan devoted half a page to the so-called social welfare sector, outlining the government's objectives for that period and the financial commitment involved. There were three main aims:

1. The professional education of handicapped people as a means of reintegrating them back into a normal life.
2. The improvement of services to women, children and the handicapped.
3. The stimulation of productive work carried out by women at the Centres for the Promotion of Women (Centres de Promotion Féminine - CPF).

(Touré, 1981 - 85 : p. 82)

The government's response to these aims was mainly through the establishment of "institutions". A list of achievements in this field was given by the Minister for Social Affairs, Madame Jeanne Martin CISSE, in the opening address to a national seminar on population activities (UNFPA, no date). She mentioned a national orthopaedic centres, a school for the deaf and dumb, an institution for the handicapped and the women's centre.

a) Cité des Handicapés

There was only one institution for the handicapped and this was in Conakry. Elsewhere, the burden of the handicapped

person was borne by the family. The centre in Conakry was established in 1978, accepting physically handicapped Guineans of both sexes. They were provided with accommodation, food, clothing, medical care, rehabilitation and occupational training, with the aim of avoiding a life of begging and insecurity (WHO, 1982 : p. 284). There was no record of how many people could be helped through this centre, nor the number of those able to support themselves through productive work after leaving it.

b) Centres de Promotion Féminine : CPF

The CPFs were developed by the Guinean government between 1972 and 1976 as part of its campaign to promote the interests and well-being of women, particularly in the socio-economic sphere. They were aimed most specifically at women and girls who were outside the education system and therefore had an educational role in addition to a "social" one. The centres themselves were seen as training centres, as units of production (the aim was for all of them to become self-financing) and also as trading posts, entering into commercial ventures with producers from other regions.

In 1983, there were 37 regional centres (four of these being in Conakry) although plans made in 1979 aimed to increase their number to 47 by that date (UNICEF, 1979). They also operated at a more local level and it was intended that within a few years there would be 100 at arrondissement

level (UNICEF, 1983). It was interesting that the "directrice", the person in charge of each centre, could either be a teacher or a midwife, reflecting their dual role and perhaps at the same time hinting at an uncertain identity.

The curriculum was aimed at helping women to fulfil the roles of wife, mother and independent worker, with the intention of enabling them to play a fuller role in the economic life of the country. Included were literacy classes in the national languages; embroidery, knitting and sewing; household management (including child care, health and nutritional education, hygiene, cookery and the preserving of foodstuffs) and also apprenticeship training in the crafts practised in the area. Among these were dyeing, pottery, basket making and raffia and bamboo work. Market gardening was a feature of some of the centres, as was the rearing of livestock. Others incorporated day care for children, to enable mothers to benefit more fully from the training offered.

During my visit to Conakry in 1983, I was able to visit one of these centres, the CPF "Andrée Touré". One of the aims of all the centres was to enable women to find employment on finishing their training and at this particular centre, the women were helped to buy a sewing machine of their own so that they could become self-

supporting by using the skills they had learnt.

"Andrée Touré" could take about 200 women at a time.

The average training period was two years but the time spent there could be flexible, depending on the women's ability to learn.

One of the criticisms raised by UNICEF was to question whether the CPF worked in conjunction with the other services of the area, including health, education and agricultural production. One sensed that each centre tended to work in isolation whereas an integrated and multisectoral approach could have provided more benefits for the area (UNICEF, 1978).

A further criticism, again by UNICEF, was directed at the inefficient running of many of the centres. Formerly under the auspices of the Ministry of Social Affairs, they had changed allegiance in 1981, coming now under the Ministère de l'Enseignement Technique Moyen et de la Formation Professionnelle, which had undertaken to revitalize them (UNICEF, 1983). This change would also suggest that the CPF were now seen less as instruments of social welfare but rather, and more specifically, as educational and vocational training centres.

## Social Security

The third aspect of the social welfare programme was social security, although there was an extreme paucity of information available on this. It is known, however, that coverage was extremely limited and only available to those few Guineans who had steady employment with private enterprises. It was based on contributions by employers into the National Social Security Fund, but again, only a small percentage of those on the payroll were able to benefit: 4 per cent for old age and invalidity pensions and a death grant, 3.2 per cent for sickness and maternity benefits and 5 per cent for family allowance. In the case of work injury, 6 per cent of the payroll in industry and transport were covered but this figure dropped to 1 per cent in agricultural and government service, according to the risk involved. There was no unemployment benefit at all. The maximum earnings for contribution and benefit purposes were 5,000 sylis a month which indicates that social security provision was limited too to the lower paid. Contributions came from a single source, the employer, with nothing being paid either by the employee or by the government.

Old age pensions were paid at age 55, or 50 if the person was unable to work; the amount paid was 1.33 per cent of base earnings times years of insurance. A supplement of 10 per cent was paid for each dependent child.

In the case of sickness, 50 per cent of earnings was paid for between 13 and 26 weeks and hospital and other medical treatment was paid for directly by the Fund. This covered the cost of

maternity care, and it is interesting that maternity benefit represented 100 per cent of earnings of the "insured" person. Family allowance payments were made for up to six children, all of whom had to be under twelve years old. Widow's pensions (50 per cent of the pension paid or payable to the insured) and orphans' pensions (20 per cent of pension of insured for each full orphan) were also available for the few who were covered and provision was made for dependent parents and grandparents in the case of work injury.

Thus, one can conclude that Social Security provision was wide ranging in types of risks covered and in benefits paid, even if very limited in its coverage (Nelson, 1975; US Dept of Health and Human Services, 1984).

XI. Occupational Health

The Department of Occupational Health was established in 1974 and was originally part of the Ministry of Health. As its results were considered "poor", however, it was moved in 1980 to the Ministry of Labour. Hakizimana's report (no date) on activities from 1978 - 1981 lists an ambitious plan of action for 1980:

- a) Develop the medical sector by the creation of two medical services to cover all enterprises and the drawing up of a medical dossier for all workers in mines, industries and agriculture.
- b) Develop the medical inspection centre.
- c) Construct and equip a laboratory of industrial hygiene and train the personnel.
- d) Reinforce the sector of hygiene and social security.
- e) Develop the teaching of occupational health, hygiene and social security at the University and in the Professional schools.

At the time of writing that report (possibly 1981 or 1982) little of these objectives had been achieved. In particular, the building of the laboratory had not been started: PNUD had provided all the equipment but this remained unused. The "cadres" to be trained abroad had not yet left.



Nevertheless, a later government report states that "the protection and promotion of the health of employees constituted one of the main preoccupations of the government". The years 1984 - 1985 were to see the development of a national service of occupational medicine designed to prevent accidents at work and work-related illnesses, and the promotion of the health of all workers (RPRG Health, no date : p. 8). The current Five Year Plan 1981 - 1985 devoted the second largest sum, 20,000 sylis to "médecine du travail" in its budget proposal for the employment sector (Touré, A.S., no date : p. 81).

In addition to PNUD, the World Health Organization had been involved in this project since 1974, carrying out investigations into occupational health problems and putting forward recommendations for a basic infrastructure to deal with the health problems of workers and their families (WHO 1974 - 1977 Annual Reports).

## XII. Health Care Personnel

In every area of the health services, from hospitals to village health posts, the prime area of concern was the provision, training and/or retraining of health care personnel.

"The development of health personnel remains a priority objective of the government, to ensure maximum coverage of the population by health workers and to obtain the social objective of health for all."

(Projet de Budget-Programme 1984 - 1985 : p. 6)

### Provision of Health Personnel in Guinea

TABLE 3.15: GUINEA: NUMBER OF INHABITANTS PER PHYSICIAN AND  
PER NURSE 1958 - 1980

Date	No. of Inhabitants per Physician	No. of Inhabitants Per Nurse
1958	70,000	4,750
1965	54,610	-
1967	37,000	-
1980	17,110 <sup>1</sup>	2,570

Sources: Adamolekun, 1976  
World Bank, 1985

#### Note:

1. Hakizimana gives this figure as 12,500.

At the end of 1980, the provision of medical and para-medical personnel in Guinea was as follows:

		%
Doctors	346	10
State nurses ("infirmiers d'état)	1157	34.1
Midwives	354	10.5
Public Health Technicians	115	3.4
Laboratory Assistants	105	3.0
Agents Techniques de Santé	645	19.0
Ordinary nurses ("infirmiers ordinaires")	325	19.6
Health aids	318	9.4
	<hr/>	<hr/>
Total	3365	100.0%

Source: II'ème Conférence Nationale de la Santé  
Conakry 30, 31 mars et 1er avril, 1981  
"Evaluation des services de Santé".

In addition to the 346 doctors mentioned above, should be added those who were members of the government, the administrative directors of the health service and those studying abroad. A final total was not given.

It was interesting to note that doctors formed only 10% of the medical personnel and that there was a wide spread of other para-medical workers, especially "Agents Techniques de Santé" (19%) who, it will be remembered were the key operators of the primary health care programme at village level. It would nevertheless be

true to say, however, that the status and mystique enjoyed by doctors had not lessened in any way.

The government had made important efforts since the mid 1970's both to increase the numbers of health personnel and to develop a less top heavy system dependent on doctors. At the end of 1980, there were 10 para-medicals for each doctor, 1 doctor for every 12,500 inhabitants, 1 para-medical for every 12,000 inhabitants and one midwife for every 11,800 inhabitants (Hakizimana, no date).

Nevertheless, the spread of medical and para-medical personnel throughout the country was very uneven, as is sadly the case in many developing countries. Most doctors were to be found in the CGR of Conakry. In 1981, this number was said to be 164, in other words 50% of all the doctors in Guinea (RPRG Health, 1981A): 124 of these worked at the two university hospitals (Donka employed 75, Ignace Deen 49) so that 35% of the country's doctors were absorbed by two hospitals alone. The situation was no better for the other health workers, 32.8% of whom were working in the CGR of Conakry.

Midwives	203	57.0% in Conakry
Laboratory assistants	39	37.0% in Conakry
State nurses	378	32.6% in Conakry
Public health technicians	13	11.3% in Conakry
Agents Techniques de Santé	136	21.0% in Conakry
Infirmiers ordinaires	131	40.0% in Conakry

The figure given for the number of Agents Techniques de Santé is particularly grave considering the fact that these people are trained specifically to be working in rural areas.

The stark conclusion is that two thirds of the health personnel operated in urban areas, in which at most 27% of the population were living, while only one third of them served the remaining 73% of rural dwellers.

For a later regional breakdown of health personnel across the country, see Table 3.16 (1982). The number of doctors in Conakry again showed an increase (283) although the numbers in other medical regions were fairly evenly spread. The number of "Agents Techniques de Santé" showed a marked variation from one region to another. Most were found in Labé (140), N'Zérékoré (143) and Kankan (163) both of which were quite important towns. However, it is impossible to ascertain from these figures how many of the ATS are working in urban areas and how many in rural areas.

The government was very aware of the mal-distribution of personnel and in the Budget-Programme 1984 - 1985 (p. 5), one of the aims mentioned was the decentralisation of health personnel to rural areas, and also the posting of students qualified at the Secondary Schools of Health (where the ATS was trained) to rural posts for at least two years before being allowed to work in urban areas. Whether this could be enforced remained to be seen. A recent government comment on this situation was to be found in the

TABLE 3.16: GUINEA: DISTRIBUTION OF MEDICAL AND PARA-MEDICAL PERSONNEL BY CGR (1982)

CGR	Médecins	Pharmaciens	Infirmier d'Etat	Sage-femmes	Infirmier Ordinaire	Agent Technique de Santé	Total
1. Conakry	283	44	764	222	116	262	1,691
2. Boké	47	6	151	25	15	69	313
3. Kindia	68	3	200	26	31	110	430
4. Labé	64	6	136	19	57	140	422
5. Faranah	54	6	193	28	32	119	432
6. Kankan	64	4	140	27	30	163	428
7. N'Zerekore	54	8	204	41	24	143	474
Total	634	(1)77	1,788	388	305	1,006	4,198

(1) The number of pharmacists includes only those employed by the "Directions régionales de Santé".

Report of the 12th National Congress of November 1983. Here, the percentage of doctors said to be working in Conakry was 42%, 8% less than the figure quoted for 1981, which suggested that the government's attempt at a more equitable distribution of health personnel might be beginning to take effect.

### Training of Health Care Personnel

The training of pharmacists, doctors and dental surgeons came under the training of "cadres supérieurs" and involved five years of training after 12 years of primary and secondary education. A new system was elaborated in 1981 and had just come into operation at the Faculty of Medicine in Conakry (see Figure 3.3).

The Faculty of Medicine was divided into two parts:

- 1) Faculté 1<sup>er</sup> degré;
- 2) Faculté 2<sup>e</sup> degré

The Faculté 1<sup>er</sup> degré: Hadja Mafory Bangoura, accepted all candidates who had passed the baccalaureat. The first year involved a general science course after which there was an examination. Those who were successful (about 25% of the students) moved to the Faculté 2<sup>e</sup> degré which was at the Polytechnic in Conakry known as IPGAN (Institut Polytechnique Gamal Abdel Nasser). The students continued with general scientific and medical studies for a further two years, including practical work in hospitals. In fact a third of their training involved practical work but the laboratory facilities available were so poor that many of the benefits of this aspect of the training were not realised. After

## Profile of the training schedule of health personnel, 1981

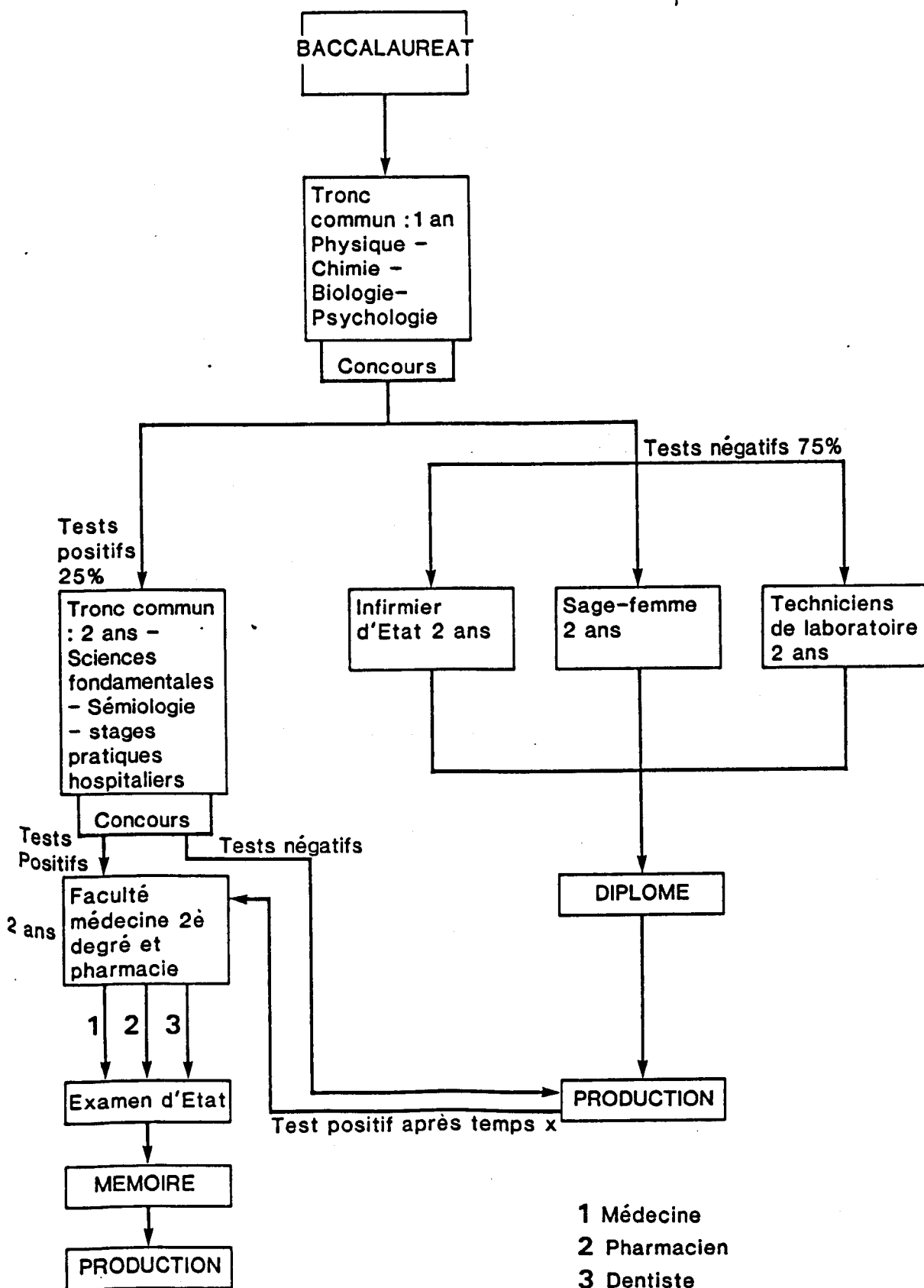


FIGURE 3.3



a further examination, the students specialised for two years in medicine, pharmacy or dentistry before qualifying through their final examination and the writing of a thesis.

It will be noticed from Figure 3.3 that those students who were unsuccessful in the first exam continued to train as state nurses, midwives or laboratory technicians. Although it may be good that their scientific training should be utilised in this way, it did tend to underline their status as second class medical personnel or "failed doctors". For those who wished to do so, there was the possibility of a second chance to train as medical students after a "reasonable length of time". This did seem to suggest that the para-medical posts might be seen as no more than stepping stones in the attempt to become a doctor by some health employees. This again would be a move against the government's attempt to increase the number of para-medical workers and keep them in rural areas.

Nevertheless, it was encouraging to see that there had been a marked increase in the number of doctors and pharmacists trained between 1978 and 1981 (the first doctors to be trained in Guinea itself - 9 in number - qualified in 1973).

	<u>Doctors</u>	<u>Pharmacists</u>
1978	37	21
1979	38	31
1980	147*	18
1981	102	13
	<u>321</u>	<u>83</u>

Source: RPRG Health, 1983B)

\* 36 of these were trained in Cuba and 111 in Guinea.

In addition, the World Health Organization had given grants to doctors to do specialist training abroad. In 1980 grants were given for courses in public health, epidemiology of communicable diseases and parasitology, among others. In 1983, were added grants for cancerology, paediatrics and maternal and child health. Those doctors who did all their training in Guinea had no opportunities to specialise in any field; all had a general training and could work in any branch of medicine.

As mentioned above, the training of doctors, dentists and pharmacists changed in 1981, mainly because only the first year was spent together and this did not give an adequate general science basis to equip students for their further training. For this reason it was extended to cover three years of the training period.

Another problem mentioned was an insufficient grasp of the language (French) to cope with the level of study required. As the national languages were going to be increasingly used as vehicles for teaching throughout the educational system, the teaching of French as a subject would have to improve considerably in a short space of time, or this problem will only be exacerbated.

A third problem mentioned was the training of the teaching staff. The Faculty of Medicine was still very dependent on foreign personnel, many from Russia and Eastern Europe, who themselves had an inadequate grasp of the language.

The training of "cadres moyens" took place in a secondary school of health. There were two of these at present, one at Kankan, one at Labé. In keeping, however, with the government's policy to expand the lower échelons of health workers, there were plans to open two new schools in the near future one at N'Zérékoré and one at Kindia, in order to increase the number of health workers to be trained.

It was here that the Agent Technique de Santé was trained, the key figure in bringing health coverage to the rural areas. "The National Strategy for Primary Health Care" drawn up at the second Health Conference in March 1981, included a very ambitious set of figures for the training of ATS.

1981	31
1982	93
1983	101
1984	126
1985	166
1986	296
1987	301
1988	303
1989	304
1990	308

Source: RPRG Health, 1981B

In other words, 2029 are to be trained in 10 years in two - hopefully four - institutions! In order to stress the importance of this, the report recommended that a chair of Public Health be

created at the Faculty of Medicine in order that sufficient teachers could be trained to staff the Secondary Health Schools and teach all these students. As the addendum to the health plan, published in June 1983, anticipated the establishment of 2,500 health posts across the country by the year 1995, the training figures probably linked in with this, as it is envisaged that there will be one trained ATS per health post.

Nevertheless, a marked increase (i.e. 150%) in numbers trained did take place between 1977, when students numbered 258, and 1980 when 645 qualified (Hakizimana, no date). The World Health Organization had in fact been involved in strengthening the nursing education given at the Secondary Schools of Health since 1973 (WHO, 1973).

The curriculum laid down for the training of ATS is quite comprehensive:

1. Health education.
2. Environmental hygiene (general cleanliness, construction of latrines, provision of clean water).
3. Nutrition education.
4. School hygiene and dental hygiene.
5. Hygiene at work.
6. Family health (maternal and child health and family planning).
7. Immunisation.
8. Prevention and treatment of local illnesses and statistics.

9. The keeping of the civil-state.

Source: RPRG Health, 1981B. (my translation)

Candidates for ATS were recruited after the 'brevet' and spent two years in training, before becoming qualified agents of rural development.

It will be remembered that not only do the ATS man the village health posts, but they were responsible for training the village health workers. This would take place either "on the job" in the village itself or at the "centre de santé d'arrondissement". Three voluntary workers were to be chosen by the community itself, one of whom must be a women (RPRG Health, no date, A).

The number of village health workers to be trained by the ATS by the year 1990 were no less ambitious than the figures quoted above:

1981	93 <sup>1</sup>	240 <sup>2</sup>
1982	279	768
1983	303	1620
1982	372	2022
1985	498	2550
1986	888	
1987	903	
1988	909	
1989	912	
1990	924	

Notes:

1. Source of data: Stratégie nationale des soins de santé primaires March/April 1982.
2. Source of data: Stratégie du développement sanitaire nationale en vue de la santé pour tous (undated).

That means that by the year 1990, 6081 village health workers (or 7200 by 1985) should be trained and in operation in the villages. Their training would be short and simple, with an emphasis on the need to work as a team. The 1981 Report took pains to point out that they "are neither replacement doctors nor replacement nurses. They are assistants to the ATS ... to help them to mobilise and motivate the collectivity concerned". (RPRG Health, 1981). The CCCD team which visited in May/June 1983 concluded that adequate personnel were available but in need of motivation and training. "There is evidence that major progress can be made in a relatively short period of time" (USAID , 1983).

As well as the training of new staff, great emphasis was put on the retraining ('recyclage') of existing health care staff, especially in the field of primary health care. Grants had in fact been awarded to para-medical personnel to study overseas in community health, in the maintenance and repair of electromedical material and sanitary inspectors usually organized at regional level at the Centres Regionales Médicales.

The government was aware that not only did existing staff need to be retrained in primary health care techniques but that training institutions from the Faculty of Medicine, through to the Secondary School of Health needed many additions and alterations to their existing curricula. Health education was often neglected in training programmes, as was nutrition and maternal and child health and other aspects of primary health care. Even

. in the schools it was not too early to be including these subjects in the curriculum, not least with the aim of increasing the awareness in children of the value of primary health care.

### XIII. Statistics and Data Collection

Following the withdrawal of the French in 1958, the whole statistical and data collection services suffered a considerable degree of disruption. Nevertheless, the former colonial statistical agency continued to function and to produce information. In 1961, a reorganization of the statistical services occurred, being renamed the "Direction de la Statistique", and during 1962, the reporting of births, deaths and marriages was made obligatory. In 1962 - 1964, attempts were made to improve the knowledge of the demographic situation for the preparation of the Seven Year Plan, and similar reforms took place in 1972 and 1973 before the subsequent Five Year Plan and again in 1976 and 1977 (UNFPA, 1980 ; p. 2; UNFPA, 1979 : pp. 7, 20).

There were two main sources of demographic information relevant to the health services, the General Statistical office, which was part of the Ministry of Planning and Statistics, and the Division of Health Statistics within the Ministry of Health itself. This was the only Ministry which had its own specialised division charged with the collection and analysis of statistics (UNFPA, 1979 : p. 28).

#### 1. The General Statistical Office

This office recently strengthened by the setting up within it of a Demographic Unit collected general statistical data which was sent in from the regions. The registering of births, marriages and deaths took place at PRL level and was the responsibility of



the elected party executive. These figures were also collated in the medical regions and fed through to the Ministry of Health, so there should be a dual source of information relating to these demographic facts (WHO, 1975 : p. 3). Since 1971, Regional Directorates for Planning and Statistics had been operational at CGR level and it was hoped that planning and statistical services would be extended to arrondissement level in the future (UNFPA, 1979 : p. 21).

2. Division of Health Statistics (Services des Statistiques et d'Epidémiologie

This was the central body to which all reporting of health statistics were made from the village dispensaries, through the regions to central level. These included weekly telegrams of WHO quarantinable diseases, quarterly reports of the complete list of WHO reportable diseases (including deaths) and an annual recapitulation (USAID, 1983 : p. 9). Other statistical reports came from out-patients at the hospitals, from maternity hospitals and maternal and child welfare centres, from the general hospitals themselves and also from the occupational health service, the school health service and factory dispensaries (WHO, 1975 : pp. 2, 3). The World Health Organization was involved in 1974 in establishing the format for a detailed quarterly report. This was still in use, in 1979 (UNFPA, 1979 : p. 28) and, in theory, there was an excellent system for the transmission of data from village level through to the centre. However, in practice, delays in transmission, lack of transport and incomplete and inaccurate reporting of data meant that quality of information received was poor. Lack of trained

staff was once again a problem and only the General Statistical Office possessed modern mechanical means of compilation and analysis.

Assessments of the state of data collection and usage in Guinea varied according to the documents consulted. While admitting the many lacunae, one report stated that "as rudimentary as the system was, it was no worse than that found in many other countries" (USAID, 1983 : p. 9). The United Nations Fund for Population Activities was however far more severe in its judgement stating that "in Guinea, there is a near total lack of information in the demographic sphere .... National planning must perforce take place in a vacuum, where, whatever the government's goals, there is no means of knowing the extent to which they are being achieved nor of measuring their impact upon the population" (UNFPA, 1979 : p. 1).

Nevertheless, the government was very aware of the need for more accurate and detailed figures in order to plan, run and evaluate services more effectively. The Budget proposals for 1984 - 1985 underlined their desire to strengthen the existing infrastructure and looked to WHO for support in this (RPRG Health, no date : p. 4). The lack of appearance of demographic information on Guinea in United Nations' publications is usually due more to a reluctance by the government to part with this information, being suspicious about how it will be used, than the actual non-existence of this data within the country itself (UNFPA, 1979 : p. 20).

#### XIV. Research and Development

The importance of research and development for the advancement of knowledge and for the planning of services was clearly recognised by the government. Indeed, this has been true since independence. The National Institute for Research and Documentation (ICCRDG) was established in these early years and the Polytechnic in Conakry was opened in the early 1960's (see Chapter 4). Since then the Néné Khaly Condetto Institute of Research and Applied Biology has been founded, with Russian aid, at Kindia and existing research institutes strengthened (WHO, 1982 : p. 282).

The Health Education section had its own research programme and co-operated closely with the Social Science Division of the ICCRDG (UNFPA, 1979 : p. 54). Guinea's policy towards research was that this should not be the sole domain of "experts" and a small élite. Everyone had knowledge worthy of being researched and everyone could participate as a researcher (see Chapter 4). This had been particularly relevant for the health sector and much information has been gained through talking to the older men and women in rural areas about health related beliefs and herbal remedies. Research on medicinal plants had also been carried out more scientifically in laboratories in order to develop the resources of traditional medicine and the potential of the national flora (see above : Traditional medicine).

The health sector also hoped to carry out surveys to analyse the epidemiological state of the country, to study the frequency

of the most infectious diseases in Guinea and to determine the geographical spread of these diseases. The support of WHO was being sought to enable the government to carry out these plans (RPRG Health, no date : p. 7).

There were, however, areas of neglect where research could certainly aid the planning of health education and birth spacing projects. This was the whole area of psychosocial research particularly relating to child-bearing. Public perceptions of the role of birth spacing and responsible parenthood and the impact of infant and child mortality upon family life were still unrecorded. Nor had any research into the knowledge, attitudes and practice of contraception been carried out in Guinea (UNFPA, 1979 : p. 58). A research project with these terms of reference was planned for 1984, under the direction of Dr. Thierno Mariama Barry, head of the UNDP family health project. It was planned to cover all four regions of Guinea, employing both foreign and national sociologists. A letter written to her in 1985 to ask for interim results remained unanswered, however, and a lecturer in the Faculty of Social Sciences wrote to say that she had no knowledge of the project.

A further neglected area is that of research into the effects of governmental messages upon the public. This would be particularly relevant to the health education programmes and in theory the PRLs should be the ideal organization for providing the necessary feedback (UNFPA, 1979 : p. 57).

Increasingly, the government is becoming aware of the need for planning : the establishing of a national blueprint for the rebuilding and renovation of the various categories of health centres (RPRG Health, no date : p. 4), for the training of health personnel (taking into account those 'in situ', those in training and unmet needs) and the pressing need for the reform of health legislation (the practice of medicine and pharmacy, public hygiene, use of pharmaceutical products etc.) (RPRG Health, 1981). All these areas needed programmes of research, properly carried out, to prevent them from becoming simply a list of good intentions. Perhaps the most encouraging development in recent years had been the establishing of a National Population Commission (CNP) in 1979 . responsible for "defining a national population policy, promoting research in the field of population and socio-economic development and co-ordinating all population activities" (UNFPA, 1980 : p. 3). As it was headed by the President of the Republic, it was hoped that it would prove to be an important and influential organization in the field of planning and research.

XV. Budget and Finance

Health expenditure in Guinea increased in real terms between 1977 and 1982, although the proportion of the national budget spent on health care had remained static at around 3.5% (this in fact had fallen to only 2.1% in 1981). Figures for this period indicate that the government was having to spend proportionately more of its health budget on current and other recurrent costs, to the detriment of capital investment. Wages, medicines and health training absorbed the greatest part of the health budget, limiting the amount left over for other activities, particularly preventive medicine (RPRG Health, 1980, 1983B, USAID, 1983 : p. 17).

A further point to notice was that the amount set aside for investment would be spent almost entirely on the renovation and rebuilding of area health centres and health posts, rather than on the development of primary health care programme activities (USAID, 1983). The current Five Year Plan 1981 - 1985 in fact stated as the main objective of the health care programme "the amelioration of the infrastructure of the existing health plant and the creation of new health centres" (my translation). (Touré, A.S., no date : p. 81).

Whether these ambitious plans for the expansion of the plant of the primary health care programme could be realized depended on a number of factors, not least the severity and duration of the current global recession which was retarding the development plans of most African nations. International aid was being sought for

the equipping of the area health centres and some had already been donated or promised. Unfortunately, most of the foreign exchange earnings from bauxite had been spent on consumer goods, so it was unlikely, in the present political and economic climate, that more funds will be allocated from the national budget.

XVI. International Aid

Guinea's option in 1958 to "go it alone" outside the community of Franco-African states had a marked impact, it will be remembered on the source, amount and type of aid received. France pulled out all aid and personnel within 48 hours of Sékou Touré's proclamation of Guinea's independence and, in order not to jeopardise their diplomatic relations with France other Western nations followed suit some time later. Guinea was therefore forced to look for new aid donors and the Soviet bloc, attracted by the Marxist stance of the new regime, was quick to fill the gap.

Sékou Touré's attitude to aid was nonetheless both suspicious and ambivalent. He recognised the need for foreign aid to help develop his country, yet at the same time he was aware of the potential that this gave to other nations to 'interfere' in the internal workings of his country. Having thrown off the yoke of colonialism, he was not prepared to take on another and more insidious form of dependency. This was what no doubt lay behind his seemingly contradictory attitude to aid and aid givers' requests for aid on the one hand and a cold-shouldering of foreign personnel sent as technical assistants.

The United Nations Fund for Population Activities summarized this approach in the following way:



"The government (of Guinea) has maintained a consistent stance with regard to foreign aid, assistance from the United Nations system and general involvement with international organizations. Foreign aid is regarded as supplementary and not as an essential means of achieving developmental objectives. Aid has to be under the Government's control and is used for the complete emancipation of the country from external controls .... It is preferred that United Nations aid be concentrated in a few key sectors rather than scattered among small projects, in capital equipment rather than experts and with priority to education ... rural development ... the development of development administration ... (and) national accounting and administrative training."

(UNFPA, 1979 : p. 64)

This was confirmed in another UN document which quoted a UNDP report of 1974. It reported Sékou Touré as saying

"that the role of foreign experts and specialist personnel was overemphasized by the United Nations' system and that the use of such expatriates deprived the country of the opportunity to develop and use its own human resources. Consequently, the Government had made every effort to limit the number of temporary immigrants of this type and encouraged instead assistance in the form of capital equipment."

(UNFPA, 1980 : p. 5)

Nevertheless, it was probably true that Sékou Touré's willingness to receive aid increased in conjunction with the improvement of relations with the West and the same source quoted the year 1963, when the Seven Year Development Plan was being drawn up, as the period when a decision was made to accept considerable financial and technical assistance from the USA (UNFPA, 1980 : p. 3).

Between 1980 and 1984, the aid in the health sector was being offered both on a multilateral basis, through the large international organizations and on a bilateral basis, through agreements drawn up between the Guinean government and the governments of donor nations. The international organization included the EEC, FENU (Fonds d'équipement des Nations Unies); UNFPA/FNUAP (United Nations Fund for Population Activities), UNICEF, ONUDI and WHO/OMS and the World Bank.

1. The EEC

The plan for EEC aid was drawn up at the second Lomé convention (5<sup>e</sup> FED - 1981/85) and involved three projects in the health care sector:

- a) The partial renovation of the Ignace Deen hospital following a report in 1982 to investigate which of the two university hospitals in Conakry it would be most economical and most beneficial to restore (see section on 'Hospitals'). The money to be allocated to this venture by the EEC was 2 million E.C.V.
- b) The creation of an institute of health and nutrition for children in Conakry. This would also include problems of prematurity. More complex problems and those requiring surgery would still be treated at the university hospitals.

- c) The provision of a technical assistant to work in the Ministry of Health during the period 1982/84 (RPRG Health, 1983B).

The EEC had also been involved in providing medical and surgical materials and ambulances for the hospitals, equipment for the health centres and laboratories and mopeds and bicycles for the health posts (Hakizimana, no date).

2. FENU

FENU was involved with the equipping of the Centres de Santé d'Arrondissement with medical equipment, mobylettes and bicycles (RPRG Health, 1983B).

3. UNFPA/FNUAP

The most important of the projects with which UNFPA was involved concerned the development of the Maternal and Child Welfare services and family planning (or birth spacing as it was more euphemistically called)(see relevant section under primary health care). The problem of sterility was also included in this project. Although initiated in 1980, most of the programmes were only just getting off the ground by the end of 1983 so the period of duration had been extended to 1985 or 1986 (It was originally planned that the project should finish by the end of 1982). Most of UNFPA's funds were diverted towards providing equipment for maternal and child health clinics, improvement of data collection, training of personnel and education and research. Seminars too had been organized for the medical and para-medical personnel.

In the field of population activities, the Guinean government had recently established a National Population Commission which UNFPA hoped would "facilitate the provision of co-ordinated international assistance in the population field" (UNFPA, 1979 : p. 2).

4. UNICEF

UNICEF was involved on a very broad base in the health care sector. Their activities ranged from providing equipment for nutrition and for the cold chain system (Hakizimana, no date), equipping the mobile vaccination teams with transport, vaccines and medical supplies, providing chloroquine and a Landrover for the malaria programme, well-digging equipment and pumps for the water programme, insecticides and spraying machinery for sanitation programmes, not to mention the equipping of school infirmaries and arrondissement health centres and PRL health posts (UNICEF, 1978).

This very wide spread of resources was criticised in a report evaluating the UNICEF aid programme for the period 1978 to 1983 (Combes, 1983). The author pointed out the need to define priorities, objectives and strategies in order that some measurable impact be made on the health problems of the country. "The co-operation of UNICEF in 1979 - 83 was exercised in every area of preventive health care with the resulting impossibility of being able to respond to real needs" (my translation). She recommended that the three areas of priority should be those outlined by the DNSP (Direction Nationale des Services de

Prévention et de S.S.P), namely nutrition, vaccinations, water and environmental hygiene. Within these parameters, UNICEF should concentrate on the prevention of diarrhoeal diseases, the provision of drinking water by SNAPE, a widespread diffusion of rehydration salts and the development of health education. These programmes should be carried out on a regional basis, corresponding with areas where SNAPE was involved, and on an integrated basis with other forms of health care intervention. In this way, it would be easier to evaluate the effectiveness of the programmes which could then, if appropriate, be extended to other areas of the country. She also pointed out the need for more qualified personnel and a better distribution of these across the country, in order for any of these programmes to be effective.

5. ONUDI/UNIDO (United Nations Industrial Development Organization)

ONUDI was involved in assisting ENIPHARGUI in the home production of medicines and pharmaceuticals (see section on pharmaceuticals and traditional medicine).

6. World Health Organization

WHO are primarily involved in the co-ordination of existing WHO programmes, the promotion of primary health care, the training of personnel (both through seminars in Guinea and by providing grants for students to study abroad) and the provision of personnel to help draw up suitable projects (RRPG, 1983B). However, their proposed programme of support for 1984 - 1985 sounded very ambitious:

- a) Rebuilding or renovating the area health centres and village health posts and providing the necessary infrastructure, supporting services, personnel and equipment.
- b) The promotion at every level of primary health care.
- c) To train and retrain sufficient health manpower to meet the needs of the health service.
- d) The promotion of research and development.
- e) The setting up of an institute of nutrition.
- f) The promotion of family health, especially maternal and child health.
- g) The protection and promotion of workers' health.
- h) The promotion of community water supplies and sanitation.
- i) The adequate supply and distribution of sufficient drugs and vaccines.
- j) The rehabilitation of the physically handicapped.
- k) Support of the vaccination programme and the fight against malaria, parasitic intestinal diseases and tuberculosis.
- l) The diagnosis and treatment of blindness.

The total proposed budget for Guinea for 1984 - 1985 was \$1,346,400 (WHO, 1982).

## Bilateral Aid

Bilateral aid to Guinea's health programme in 1983 came from Canada, Japan, West Germany, Saudi Arabia, China and the U.S.A. (RPRG Health, 1983B : pp. 10, 11).

### 1. Canada

Canadian aid to Guinea was being channelled through ACIDI ("Agence canadienne de développement international") with the aim of ameliorating the quality of life of a rural population of about 600,000 people and of showing, in a concrete way "Canadian willingness to intervene in the realm of co-operation" (ACDI, 1982). An agreement was drawn up with the Guinean government in 1982. The project involved the equipping of 36 arrondissement health centres in the CGR of Kankan, the provision of mobylettes for each of the health centres and a liaison vehicle for the whole project.

### 2. Japan

The agreement with Japan involved the donating of a number of vehicles: 35 ambulances, a radiography vehicle and one for the collection of blood and also dental equipment (RPRG Health, 1983B).

### 3. West Germany

West Germany was involved in three projects:

- a) assistance to the health services in Guéckédou and in Kissidougou : technical assistance, construction work, equipment, data collection material and medicines.

- b) the creation of a technical maintenance service and a car repair workshop at Kissidougou.
- c) the partial renovation of Donka hospital.

West Germany were also involved in the CCD project (see below).

4. Saudi Arabia

Negotiations were still taking place with the Saudi government but it was hoped that it would finance the building and equipping of more arrondissement health centres.

5. China

China had sent medical and para-medical personnel and also contributed medicines.

6. U.S.A.

The U.S.A. were currently involved with two health care projects : the project AMIS and the project CCCD.

a) Project AMIS

This is a joint USAID/RRPG project initiated in 1980 with the aim of promoting primary health care in the Mamou area. Its main objectives were stated to be:

- (i) the continuing education of health workers.
- (ii) the planning, implementation and evaluation of local health and nutrition programmes.



- (iii) the development of a statistical system.
- (iv) the implementation of an extended programme of vaccination in the Mamou region. This involved both a mobile team and 26 health centres which offered the full range of vaccines.

In spite of problems, the AMIS project was experiencing some success and the 1982 data showed a marked impact on the incidence of the diseases targeted by the vaccination programme.

b) Project CCCD (Combatting Childhood Communicable Diseases)

This was a joint USAID/GTZ (Gesellschaft für Technische Zusammen-Arbeit) project and was still in the discussion stages at the end of 1983. It was initiated by the CDA (Co-operative for Development in Africa) at the instigation of WHO in an attempt to reduce the infant mortality rate in children under 5 in the whole of Africa. CCCD will last for seven years and the U.S.A. had elected to give bilateral aid to 12 African nations, including Guinea.

"The basic philosophy of CCCD is to assist African nations by lending support to the activities of integrated (preventive and curative) primary health care programmes. The project attempts to provide a regional mechanism through which African health institutions, both national and international, will be able to strengthen their ability to identify and control those childhood infectious diseases which are of prime importance. CCCD seeks to assist these institutions to improve their ability to design, implement and evaluate integrated strategies in order to bring about an effective primary health care system."

(USAID, 1983)

Priority was placed on diarrhoeal diseases and malaria.

It was planned to implement the programme in a 'staircase system' : the first year, the target would be a 20% coverage of the at risk group in one area through, for example, the vaccination programme; the second year this would be increased to 40% in that area while the 20% target will be set for a new area; in the third year, a third new area will be included with the 20% target, the other two being increased to 40% and 60% respectively. According to Mr Ed Costello, the USAID representative at the U.S. Embassy in Conakry, this method made it easier to iron out any problems which might occur.

#### Partnership, Problems and Control

In this brief review of aid donors and their projects, it will be noted that nearly all of them were concerned with the promotion and strengthening of primary health care with a particular emphasis on the development of the arrondissement health centres. What most of them also had in common was that they worked very much in partnership with the Guinean government, each having clearly defined fields of responsibility. In the equipping of the arrondissement health centres, for example, the government had to provide the personnel and pay their salaries and also be responsible for the buildings and general infrastructure of the plant (RPRG Health, 1981B : p. 11). In the ACDI project, the government promised to finance all local costs including recurrent costs and the costs of functioning. The Minister of Health was made responsible for ordering and transporting the materials and seeing that they arrived as speedily and safely as possible at their destination. Claims would be made against him

for any loss or damage (ACDI, 1982). UNICEF too had drawn up a tightly worded contract laying out the different responsibilities of each party, including the cost of fuel and the maintenance and repair of vehicles, as being the government's responsibility (UNICEF, 1979).

Nevertheless, in spite of attempts to allocate responsibilities between donor and government, each project had been beset with problems and frustrations, not least the difficulty of monitoring and control. Frustrated international aid workers told me stories of official vehicles being resprayed and then disappearing into the interior to be used as taxis. One UN representative confided that 10 out of 12 of his project vehicles had disappeared in this way and the two that remained had only done so because they were his personal responsibility. The provision of mobylettes in the ACDI project had also now been terminated due to unspecified problems. Another common problem was the siphoning off of petrol or diesel oil to be sold on the black market, with the result that vehicles often became stranded en route to their destination, or the failure of the government to provide the promised funds to buy the fuel. Much of the aid given was in the form of equipment and this too seldom arrived intact, and sometimes not at all, at its destination. This was a problem which had affected UNICEF and Combes suggested in her report evaluating the work of UNICEF in Guinea that further consideration should be given to whether this was the best form of aid. Apart from thefts, much equipment remained unused because of a lack of adequately trained personnel or non-provision of certain supplies essential for their use

(Combes, 1983). UNICEF's problems had certainly been exacerbated by the fact that all their programmes had been administered from Dakar, Sénégal but there was a plan to open a sub-office in Conakry in 1984 which should allow for better control and a speedier delivery. (This was in fact in operation by the latter part of 1984).

It appears, however, that control and monitoring was a very real problem, although it was interesting to discover that the World Bank had largely solved this problem by taking a much tougher line than many of the other international organizations, especially those in the UN sector. The World Bank representative to whom I spoke had no qualms about imposing sanctions for non-compliance by the government and had cancelled a project on one occasion and brought another to the personal notice of Sékou Touré. He assured me that his organization now experienced few problems in this area but did admit that the World Bank only involved itself in projects which were cost-effective whereas the UN agencies had to spend the money allocated for certain countries or projects.

SUMMARY

In education, Guinea has in many ways followed a similar path to other developing countries. We have seen the massive and impressive nature of the increase in primary school enrolment figures in the first years of independence and, as happened elsewhere, these reached a ceiling in the mid-1960's after which growth steadied. By the early 1980's, however, enrolment figures started to fall, the gross enrolment ratio being only 32 per cent in 1982 compared with an average of 44 - 48 per cent for the developing world as a whole. The World Bank (1983) commented that Guinea's primary school enrolment ratio at this time was amongst the lowest in the region. However, figures for 1984 seem to show a considerable improvement, the ratio having risen to 36 (see Table 4.1). Also, it is encouraging that the percentage of children of primary age not in school is decreasing, even though the numbers had increased slightly between 1975 and 1980 (see Table 4.1A).

As with other developing countries, priority was given to the secondary and tertiary sectors, with a rapid growth in higher education from 1973 onwards. This had understandably affected the amount of funds available for primary education (see Table 4.15) but enabled Guinea to achieve one of the highest ratios of children enrolled in secondary schools in West Africa, i.e. 16 per cent (see Table 4.3) and the highest in tertiary education in 1979, i.e. 7 per cent (although this appeared to have fallen considerably by 1981/1982 - see Table 4.5 and Notes 9 and 10). These figures, however, and the greater financial investment in higher education would seem to suggest that Guinea's education

system is more élitist than the PDG would have liked to admit and that Sékou Touré's commitment to mass education is far from being realised.

A second area where Guinea's educational development was in keeping with world trends was the drop-out rate, estimated to be 22 per cent in the first cycle and over 40 per cent in the second and third cycle combined (see Table 4.7). According to the World Bank (1983) only one third of children starting the first cycle, 50 per cent starting the second and 25 per cent starting the third cycle were able to complete each grade without repetition. This, together with the decline in enrolment ratios in the primary sector, was leading to the progressive creation of a new generation of illiterates, which the poor results in literacy campaigns did little to alleviate.

Literacy was in fact a further area in which Guinea had much in common with most other developing countries (except notably Cuba and China) in its failure to get to grips with the problem. The literacy rate was only 25 per cent (see Table 4.9) and some would rate even this figure as inflated. (The World Development Report 1983 estimated it as only 20 per cent). According to Silvey (1982) "the provision of a minimum education is an essential condition for effective participation in the development process ... but an efficient means of eradicating adult literacy had not been found in most countries" (p. 86). We have already noted that the amount of the education budget devoted to literacy was minimal, less than 1 per cent (see Table

4.15). It is not clear whether this amount relates in addition to the cost of "recyclage" (retraining and in-service training). Much emphasis is placed on this in Guinea and it is a further means of opening up the education system to those who had been previously excluded from it. Nevertheless, Guinea's approach to education is still primarily the traditional one, that is to say through the formal school system, although its experiments to provide continuing education through "téléenseignement" are interesting but as yet on a very small scale.

Where Guinea's performance differed noticeably from world trends however was that educated unemployment was not a problem. In fact, the reverse was true. It will be remembered that the government had committed itself to provide at least twelve years of education to every child entering the system and to guarantee employment to all students graduating from university or vocational training centres. As regards equity, this can be viewed in a positive light but it had created other problems, not least the failure of the system to meet the skilled manpower needs of the country. Instead, it had produced a high number of low quality graduates and middle level technicians. (I was told that on paper, there were more agricultural technicians in Guinea than in the U.S.A.). This had led to an overmanning of the state enterprises and civil service. The shortage of skilled workers was exacerbated by the fact that no specialized training was undertaken until after twelve years of basic education, which mitigated against a higher output. This affected in particular the training and output of primary school teachers from the ENIs and skilled workers from the

IPS (vocational training schools). In fact, the government was aware of the problems and, in partnership with the World Bank, had taken steps to alter the situation, establishing higher graduation standards, controlling student flows at secondary level and decreasing the number of students in higher education, especially in the agricultural faculties. It had also made preliminary moves to alter requirements for entrance to ENIs and the duration of specific streams in vocational training schools, as well as adjusting the curriculum to fit more closely with the skills and training requirements of jobs. Employment surveys and a manpower study in the key sectors of the economy were scheduled to follow.

It is, however, in the content of its education and in the attempt to produce relevance that Guinea has been most revolutionary. In 1960, Moumouni could say:

"To this day, Mali and Guinea are the only African countries which have undertaken a reorganization of the educational system which has profoundly changed the situation in relation to what went before."

(p. 293)

Five years later, Rivière (1965) was testifying that in the opinion of the United Nations and the Guinean leaders themselves the Ministry of Education was the ministry which was functioning best in Guinea, in part because a large proportion of the country's intellectuals were concentrated in that department: "compared with many other African countries, Guinea can see the fruit of its education investment." (p. 630) (my translation).



Whereas in many developing countries, the curriculum was still orientated towards the arts, Guinea made a definite break with the past, not only in Africanizing the curriculum but in putting the emphasis on scientific subjects\* and particularly on agriculture at every level of education. The insistence on relevance had continued with the important philosophy of "école sur la vie" (the linking of school with life), the decentralization of educational administration and of institutes of higher education, the introduction of national languages and the emphasis on productive work, all of which were attempts to develop the regions and prevent a drift to the cities, seen in so many developing countries. These reforms were instigated to fulfill Sékou Touré's aim of making all Guineans "competent producers" although according to Riviere (1977) the emphasis on political and ideological education had produced an over-politicised youth which was more effective as a pressure group than as an instrument of economic progress (p. 231).

In spite of the very real attempts of the PDG and Sékou Touré to increase the number and proportion of girls enrolled in school, the result had been disappointing. Compared with other African countries, the overall proportion of female representation was low, especially in first cycle

\* Guillerme (1980) quotes Mamadi Keita, Minister of Higher Education, as saying that the study and contribution of science had remained weak (p. 407).

schools, although this, in line with the general enrolment ratio, had shown a massive increase in the early years of independence. A similar trend was noted for secondary and higher education, although the percentage of girls in secondary education had not declined in the same way as it had in the other two sectors.

CHAPTER 4

EDUCATION

## Education in the Developing World

For most, if not all countries in the developing world, education was seen as a key area of development as soon as independence was achieved. It was believed by many that once the majority of the population were literate, economic development would automatically follow. Huge sums were therefore poured into the education sector with a consequent expansion in the number of pupils enrolled, the number of new schools built and an awareness of the need for a massive number of trained teachers to cope with this new thirst for learning.

The years between 1950 to 1965 saw the most spectacular increases in enrolment. At primary level, there was an increase of 95 million worldwide and an even greater one at secondary level, estimated to be running at 10 per cent a year. However, it was in higher education that the growth was most marked, largely because this area was the least developed in colonial times and because of the immediate need to fill posts in the administration and services formerly occupied by colonial officers. There was also the desire to catch up with the western industrialized nations, which in many cases led to the adoption of inappropriate models of tertiary education (Hardiman and Midgley, 1982 : p. 190). Although numbers in higher education were and have remained small in comparison with other levels of education, the percentage has continued to increase, as have the costs. University education tends to be the most expensive sector in view of the need for laboratories, more highly trained and specialized staff and research facilities,

and there has been much questioning concerning the large proportion of the education budget invested in a relatively small minority of the population (Foster-Carter, 1985 : p. 94).

The increase in enrolments experienced by the tertiary sector beyond 1965 was not sustained in the other two, especially in the primary sector. There was a slowing down between 1965 and 1970, after which there was a sharp falling off of additional enrolments to the point where they were no longer keeping pace with increases in the size of the primary school age group. If one looks at a slightly broader age range, that is to say children between 5 and 14 years of age, it was estimated by UNESCO (1974) that between 1970 and 1985 there would be a slight increase of 44 to 48 per cent of the age group in school, but an even greater rise in the number of children not in school during that period. Ten years after that estimate the number of primary age children not in school was 120 million, 60 per cent of whom were girls (UNESCO, 1984).

A further problem in many developing countries is the number of children who 'drop-out' or 'repeat' a grade. These are very often a hidden problem as the children are included in the enrolment figures, thus inflating these but obscuring the fact that they are not receiving the full complement of education. Silvey (1982) estimates that between 15 and 20 per cent of primary education places are occupied by 'repeaters'. He goes on to comment that "dropping out and 'repeating' represent significant inefficiencies in the use of the school places which poor countries do manage to provide. In terms of equity, non-enrolments, drop-outs

and 'repeating' are all found more in the poorer and more isolated sections of the community, and amongst girls more than boys" (quoted in MacPherson, 1982 : p. 89).

The mention of the term 'equity' introduces another dimension of the state of education in the developing world. Almost everywhere, opportunities for access to education are very unevenly distributed. They are biased in favour of urban areas as against rural, élites as against the general mass of the population and boys, as against girls. In addition, there are often marked regional variations and certain ethnic groups may receive more favourable treatment. As we come to our case study on Guinea, these are areas which will be highlighted.

A third problem, which is causing increasing concern, is the rising number of illiterates in the world, and this in spite of massive campaigns to try and reach the 'unschooled' generation. According to M'Bow (1984) "The eradication of illiteracy represents a moral imperative for the international community". In 1980, the number of illiterates worldwide was estimated to be 824 million, that is 29 per cent of the adult population. If present trends continue, that figure will reach 900 million by the end of the century.

Illiteracy is a handicap from almost every point of view. It hinders individuals from making vital decisions that affect their life chances by excluding them from the world of knowledge; on a community level, it is "perhaps the most important impediment

to the social and technological emancipation of the peoples of the developing world and one of the major factors contributing to the widening of the gap between the industrialized and the less developed countries." (UNESCO, 1984); "on a global level, it prevents the mutual enrichment of contact with different cultures. Finally, "it condemns to failure the fight against poverty, the elimination of inequalities and the attempts to establish relations of equity and justice between both individuals and nations" (M'Bow, 1984).

The degree of priority afforded to literacy work in any country depends on the ideas and support given to it by those in the higher echelons of government. The approach too tends to be determined by the political stance of the regime: the more conservative governments opt for literacy campaigns which do little more than teach reading, writing and arithmetic whereas the more left-wing governments tend to use literacy as a means of increasing the self-awareness of the people. 'Conscientization' was the term coined by Paulo Freire. Most literacy programmes today, however, describe themselves as 'functional' and literacy is very much an integral factor in development.

"... In the light of the experience gained in the last few years, ... literacy work should be carried out 'as a function' of clear-cut objectives, definitely relevant to development, to the improvement of the social, economic and cultural conditions for co-operation, and to the civic sense of individuals and communities."

(UNESCO, 1983 : p. 46)

The concept of 'feasibility' should also be linked to that of 'functionality', the objectives pursued being limited at the outset and pursued by stages.

Failure to stem the tide of increasing illiteracy has been attributed to many factors : lack of planning, failure to appreciate the need for valid, flexible strategies and inadequate follow-up of the newly literates or semi-literates. According to the editor of the UNESCO Courier (1984) "the foremost and most imperative (of the prerequisites for success) is that ... full account be taken of differences of environment, of the traditions and specific interests of each cultural milieu .... People are not made literate, they make themselves literate."

Perhaps the most alarming trend, however, is the increase of primary age children not in school which is creating a new generation of illiterates. The approach of UNESCO in the last few years, therefore, has been a double pronged attack on both illiteracy and the inadequacies of primary education.

As a brief introduction, this must of necessity take a broad sweep across educational trends in the developing world. It is apparent, however, that the initial optimism of thirty years ago, the belief that education would automatically produce the human capital required for development, is not being borne out. Not only is there an increase in the number of children not receiving any schooling, but there is also the relatively new problem of educated unemployment: the employment sector has not developed sufficiently to provide jobs for those who have completed secondary schooling or higher education. This leads to



what has been called 'The Diploma Disease' by Robert Dore (1976) with a demand for higher and higher educational qualifications in order to obtain employment and increased pressure placed on the education system by students remaining in school longer simply to qualify for employment. However, the greatest problem remains in the field of primary education, on which very often a disproportionately small amount of the education budget is spent in relation to student numbers. To quote Hardiman and Midgley (1982) again: "the goal of universal primary education, which at one time was set for 1980, is receding into the more distant future" (p. 184).

Two final questions need to be posed before looking in detail at Guinea: "Education for whom?" and "Education for what?". Aspects of the first question have been raised when mentioning the bias to higher education and the uneven access to education especially by those outside the education system. This question was very much in the mind of Sékou Touré in the devising of the new Guinean education system and we shall be seeing where priorities were placed and whether expectations aroused by his regime have been fulfilled.

"Education for what?" introduces the question of both relevance and aims and objectives. Silvey (1982) points out the shift in position taken by the World Bank (1975) from one giving priority to financing the training of middle and high level manpower needs to one making "a fuller use of all available human resources ....". This, as we shall see, was a concern shared very much by Sékou Touré and it also corresponds to our definition of social development, the importance of developing man.

I. Education Under Colonial Rule

The first schools in Guinea were opened and run by the Catholic mission in the latter part of the nineteenth century. In 1878, the Holy Ghost fathers established a school for boys at Boffa, later to be moved to Conakry in 1890, where three years later the first girls' school was opened by the sisters of Saint Joseph de Cluny. The state school system in French West Africa was delayed until 1903 but gained strength after 1906 following anti-clerical pressures in France for the secularization of schools in the colonies. This led to the withdrawal of government subsidies to mission schools and their progress was halted. The new state schools operated on a segregated system with separate schools for Africans. Included in the schools for the French, however, were "assimilated Africans" and children of mixed parentage. Schools were established at both village and regional level.

For a number of reasons, African education developed slowly from this point so that by 1938, there were only fifty five primary schools for Africans (forty three of them village schools) having an enrolment of under 7,700 students (Eleven hundred students were enrolled in other schools, i.e. private and Koranic, at that date). Nelson (1975) gives a graphic description of the early schools.

"The chief task of the village schools which provided three to four years education, was to spread a knowledge of spoken French and of personal hygiene practices. Reading and writing in French and some arithmetic were also taught. The regional schools offered five to eight years of more formal French, and introduction to practical agriculture and some vocational training using facilities, if available, at nearby civil or military installations. A primary certificate could be acquired at the regional schools, although scholastically it was well below that offered by the French schools. The academic content of the instruction, which was entirely in French, was of French origin and largely irrelevant to African life."

(p. 28, 29)

Nelson also goes on to point out how inappropriate was the training of teachers for the education of Guinean children: few of those recruited in France had any knowledge of Africa or Africans and African teachers themselves were trained in the same manner as those in France.

A second criticism of the colonial system of education centred on the small numbers who actually received any schooling. Rivière (1965) estimated that only between 5 and 10% of the population benefitted in this way before independence (p. 623). In terms of actual numbers, this represented 11,084 enrolled in primary schools in 1947 (Secondary education was introduced in 1946 but attended mainly by Europeans [Guillermé, 1980 : p. 389]). The colonial approach of educating the few appears to have been deliberate policy. Education was only available to the sons of the Chefs de canton, of functionaries and of ex-servicemen. The only peasants who were allowed access to the school were those who took the place of a Chief's son who was considered 'méfiant' (untrustworthy) by the colonial authorities (Sy, 1975).

"The essential aim of education was to supply the subordinate personnel necessary to the effective functioning of the colonial administration, such as clerks and interpreters, employees in commerce, nurses and veterinary assistants, elementary and secondary school teachers, assistants to doctors and workers in various fields."

(Moumouni, 1968 : p. 37)

This had the effect - again as a deliberate policy - of alienating a Guinean élite from the rest of the population but at the same time keeping them in a subservient role to the French colonial powers.

"As a result, the higher one rose within the hierarchy of the colonial system, the more estranged one became from one's own people, being no longer able to respect their ways and their customs."

(my translation) (Sy, 1975)

Rivière (1965) voices a similar view :

"The colonial powers needed this devoted minority, secure in the belief that if they had 'made it', it was because they were different from the others, that is from the people to whom they would never really belong again."

(my translation) (p. 623)

This alienation was underlined and encouraged by a refusal to allow any of the national languages to be used in class.

Article 64 of 10th May 1924 reminded all teachers that

"French is the only language permitted in schools. It is forbidden for masters to use the local idioms when speaking to their pupils."

(Sy, 1975) (my translation)

A further result of this policy was the prevention of the development of an authentic literature.

A third criticism of the colonial régime was that the French were tardy in Africanizing their cadres, including the teaching staff. This was to have dire repercussions at independence when many of the foreign personnel were withdrawn. It was only in 1950 that 'cours normaux' (primary school teacher training courses) were established in each of the main regional centres (Guillerme, 1980 : p. 389).

It was thus with biting satire that Sékou Touré expostulated "Le régime colonial enseignait, mais n'éduquait pas". ("The colonial regime taught, but did not educate") ('La Révolution Culturelle' - 2nd Edition - Volume XVII : p. 317 quoted in Sy, 1975).

It is therefore against this background of dissatisfaction with and anger at the educational system of the colonial régime that the reforms of post-independent Guinea must be seen.

#### The Situation at Independence and Reforms of the Education System

Estimates of the number of children in school at independence, i.e. 2nd October, 1958, vary according to the sources consulted. Sékou Touré (1976) mentions 40,000 while the figure of 42,000 is given in the bulletin on cultural policy prepared for UNESCO by the Guinean government (1979B). Guillerme (1980) is more precise giving us the figure 45,090 or 9% of children of school age, 42,500 of whom were in primary schools (p. 389) while Rivière (1977) quotes the figure of 42,543 (p. 44). Access to secondary school was enjoyed by less than 1% of the population and there

was a total lack of facilities for higher education. "At independence educational opportunities in Guinea were among the lowest in Africa" (World Bank, 1983).

In view of the above something more than a reform of the education system was called for: a recreation was sought, based on totally different principles embodying a distinct philosophy of man and his development with clearly defined aims and objectives.

The first reference to the new education system is to be found in Article 44 of the Constitution of 1958 where it states that every citizen of the Republic of Guinea has an equal right to education. Education was to be compulsory for all children between the ages of 7 and 15 and free at all levels from primary school through to university. The PDG also decided on the secularization of all schools. This policy brought about a confrontation with the Roman Catholic Church in 1961, and by the following year, all church and other private schools had been closed (Nelson, 1975 : p. 133). The Koranic schools also came under this ban but there is some evidence that they continued to exist as separate entities, due to the strong Moslem element in the population. Efforts were being made to incorporate them into the state system (Touré, 1976).

A number of government ordinances and decrees embody the various educational reforms. The most important of these are Order No. 42/MEN of 5th August, 1959 which laid down the principles

for the re-organisation of education, and Decree No. 368/PRG of 30th September, 1961, which supplemented the provisions of the Order (UNESCO, 1973). Order No. 42/MEN "set out detailed legislation concerning the teaching profession, the curricula, the timetables and certification". The specific objectives of this reform were the following:

1. To renew African cultural values.
2. To implement the right to education that is accorded to every Guinean citizen by the Constitution.
3. To enable the people of Guinea to have access to a more advanced scientific culture and to acquire technical know-how corresponding to the real needs of the country.

(UNESCO, 1979B : p. 34)

(A scientific education had not been thought necessary for the African under the colonial régime). Other reforms which followed in the next few years included the creation of facilities for higher education : Conakry Polytechnic (IPGAN) was built in 1962 with Russian aid and a teacher training college for secondary school teachers ("école normale supérieure") was established at Kankan. This was to be upgraded in 1968 to constitute, together with the Conakry Polytechnic, the national university (Adamolekun, 1976 : p. 101).

A further problem that needed to be faced by the new government was the lack of school buildings at both primary

and secondary level. Guinea's first Three Year Plan, covering the years 1960 - 1963, made reference to the developing of the educational infrastructure and many new schools were built during this period, mainly through "investissements humains" (human labour). Also, during the 1960's the Party initiated a series of reforms intended to rid the educational system of all remaining aspects of colonialism. The most important of these were measures to prevent the alienation of the student from his own society : the content of the curriculum was changed so that the history and geography of Africa and more specifically Guinea were studied in place of that of Western Europe. The decision was taken too to introduce national languages in the place of French, although the implementation of this was delayed (All these reforms will be looked at in more detail below). Finally, the replacement of foreign teaching staff was also undertaken and by 1975, this objective had been almost achieved throughout both primary and secondary schools (Nelson, 1975 : p. 133). This series of reforms reached its climax on 2nd August, 1968, when the Guinean "cultural revolution" was declared at Kankan and counter-revolutionary textbooks and teachers were dispatched. In the words of Sékou Touré, colonial education was finally banished on that day and replaced by "une culture populaire, démocratique et révolutionnaire" (Touré, 1976).

More reforms relating to education were to be found in the Five Year Plan 1973 - 1978, which has as its key feature decentralisation and the development of the regions through the devolution of administration. More schools were built during



this period, particularly at village level by the PRLs (Pouvoirs Révolutionnaires Locaux)(Rivière, 1977 : p. 207).

The development of the schools themselves, which all came to be known as CERs ("Centres d'Education Revolutionnaire"), did not proceed smoothly and there were many changes made to their format, organization and the number of years included in each cycle. We shall however be looking at the schools in more detail in a later section. Similarly, administrative responsibility for education underwent several changes in the period under review (Nelson, 1975 : pp. 134/135), but this too will be studied in more detail in the appropriate section.

In spite of many problems and difficulties, much was achieved in the early years of independence. The glowing report of Moumouni (1968), who is not totally uncritical of the régime, deserves to be quoted in full:

"Education there (in Guinea) on all levels developed to an extent unknown anywhere else. Furthermore the remarkable fact was that while the number of students in primary schools doubled in two years, those in secondary schools tripled. Enrolment in secondary schools was 4.1 per cent of enrolment in primary schools in 1947 and jumped to 5.9 per cent in 1960, a relative increase of almost 50 per cent.

"Growth in higher education was even greater : the number of scholarships went from 182 in 1958 to over 300 in 1959 and jumped to more than 1,000 in 1960.

"These results were a direct consequence of Guinea's conquest of political independence. Because of popular enthusiasm, new schools sprang up everywhere ...."

(pp. 79/80)

## II. Aims and Objectives of the Guinean Education System

What then were the aims and objectives of the new Guinean education system? Perusing the various documents concerned with education, one is struck by the extreme diversity of aims listed and of the heavy responsibility to be borne by the system if all the aims were to be achieved.

"The goal it set for its educational program was nothing less than to make the school an integrated and integrating force for development and modernization."

(Rivière, 1977 : p. 277)

A number of principles underlie the reforms, the most important of which are the following:

1. Mass education ("education de masse"), that is to say an education open to all regardless of social or regional origin, age or sex. This was to be incorporated in a fourfold approach: the school system, further training for those already in the work force ("recyclage"), literacy campaigns directed at those outside the educational system and finally civil, moral and ideological education for all sections of the population. (UNESCO, 1979B : p. 9).
2. A bias towards scientific humanism and technical education, rather than classical European humanism where lay the emphasis prior to independence. (Rivière, 1977 : p. 228).

3. Education was to be linked with life, rather than divorced from it. Rivière (1965) describes it as the "linking of education with the professional, social, human, political and economic realities of the nation, thus allowing the development and dynamic transformation of all the resources potential of the national territory for the benefit of the people" (p. 624) (my translation).

The objectives themselves fall into two main categories, those of a practical nature and those with more of a philosophical flavour. On one level, the aim of education is seen in purely materialistic terms, that of achieving prosperity for the nation (Rivière, 1965 : p. 619). In fact, one of the last policy documents produced by the PDG states that the production of goods and services for the socio-economic development of the nation is the prime objective of mass education (RPRG, 1983 : p. 161). This links with another aim which appears in several of the publications, that of creating useful producers ("producteurs utiles") (UNICEF, 1979 : p. 2, Kondé, 1983 : p. 2). "School must teach students how to work, how to love work ...." affirmed Sékou Touré (Touré, 1976 : p. 267) while in the document referred to above (RPRG, 1983 : p. 166) the PDG urges that "the school must not be a machine to distribute diplomas; it must confer on young people both theoretical and practical knowledge, to make them competent and efficient producers" (my underlining). The purpose of this is "to escape from underdevelopment" and to achieve "a higher level of happiness" (Touré, 1976, p. 29) as a result of increased productivity. In other words, education is

to be seen as "the struggle of the People for present happiness and a prosperous future" (Touré, 1976 : p. 23) (my translation).

Other aims listed include that of preventing the depopulation of rural areas (Rivière, 1965 : p. 621) and that of supplying skilled manpower (World Bank, 1983) and future professionals to develop the country (Rivière, 1965 : p. 621) (The government guarantees to provide at least twelve years of education, free of charge, to every child entering the education system and also guarantees employment to every student graduating from vocational training centres and to university graduates [World Bank, 1983]). The task of "renewing and building up the nation" is mentioned elsewhere (UNESCO, 1979B : p. 35), as is the Africanization of cadres (Rivière, 1965 : p. 629) and the affirmation of African cultural unity, in part through the revival of oral traditions (Rivière, 1965 : p. 622). Ethnic integration is also cited as one of the aims of education (Rivière, 1977 : p. 215).

Such are some of the more specific and practical objectives which the post-independence education system has been pledged to achieve, and the list does not pretend to be exhaustive. There is however a second category of aims and objectives of a much more philosophical nature, relating to the development of man and society. "The revolutionary ethic of education comprises, in a word, the formation of the complete man, the man who is ever new, always devoted to his multifarious duties" (my translation) (Touré, 1976 : p. 26) and further on in the same publication (p. 265),

Sékou Touré speaks of the education system as a melting pot where this new man will be forged, the man who will create a new type of civilisation. In several places, reference is also made to the need for a "fundamental conversion of the mind" (Touré, 1976 : p. 23, Rivière, 1965 : p. 619, Wann, 1983 : p. 2). It might be helpful therefore at this stage to look at the philosophical basis and beliefs on which the education system is based.

### Philosophical Ideas Underlying the Education System

Seven "tenets of the faith" are outlined in a government publication of 1966. They are as follows:

1. The equality of man.
2. The equality of all peoples.
3. Man's qualities and faults are determined by the society to which he belongs.
4. The interests of society should be paramount and placed before those of the individual.
5. The perfectibility of societies.
6. The perfectibility of man.
7. The indivisible character of liberty and peace both within society and amongst individuals in the same social group.

(my translation) (Touré, 1966 : p. 10)

The belief in the perfectibility of man has greatly influenced the direction given to the education system. "One knows that man is

infinitely perfectible and that only an education which evolves in a way appropriate to his social nature can favour the integral development of the whole of his human faculties" (my translation) (Touré, 1976 : p. 287). This explains too some of the thinking behind the policy of mass education and also the rather strange comment from Sékou Touré that one day, he envisages every adult from every village or suburb having a university education: "... there are no limits for any man, no limits" (Touré, 1976 : p. 287).

This same possibility of perfection applies too in the moral sphere.

"It is evident that once the linking of school with life is fully realized, no-one from the rising generation will steal any more, because at a very young age, he will have learnt to love good and will have acquired the virtues by means of which he can increase his socio-historical usefulness and effectiveness in the life of society."

(Touré, 1976 : p. 148) (my translation)

Not only is man seen as being both intellectually and morally perfectible, but capable of mastering every area of knowledge.

"School linked with life is the arrival of man at a total mastery of scientific, technical and technological knowledge, through which he is able to master history by totally mastering nature which he will then be able to transform."

(Touré, 1976 : p. 130) (my translation)

The resulting state would be one where illness and injustice were known no more.

Man as an individual is less important however than social man (see No. 4 above) and the purpose behind transforming man is so that society itself may be transformed.

"The PDG has, from the outset, been aware of the decisive and primordial importance of the formation of man. In order to transform the whole of society, the Revolution acts on man, the instrument, agent, object and subject of the transformation of society."

(RPRG, 1983 : p. 162)

"Man is judged according to the degree of social usefulness which he exhibits in his relations with his fellows"

and further

"Man is judged by the level of practical effectiveness which he shows in the satisfactory solution of the thousand and one problems faced daily by the People ...."

(Touré, 1976 : p. 108) (my translation)

The outcome of the development of man and society is seen in purely deterministic terms (see No. 3 above). When a baby is born, he is alleged to be simply "a creature of instinct like the animals" (Touré, 1946 : p. 123). 'Society' is the formative influence on an individual, both in transferring knowledge and also in the moral sphere, hence the importance of a moral and ideological education alongside an academic one. This also explains the emphasis on youth. Sékou Touré saw two possible

ways of transforming society, either through a global transformation, that is to say changing all men through socio-cultural conditioning (but it is uncertain how long that would take) or through the partial transformation of society. This would mean concentrating on the younger generation who are not opposed to socialism and who have not contracted any 'bad habits', that is to say who are not capitalist, imperialist or feudal in their mentality (Touré, 1976 : p. 183).

Finally, there is the belief in the doctrine of work, referred to briefly above. Man - and hence society - is developed through productive work (one of the principles behind the linking of school and life which we will consider in more detail below).

"Since production is the means by which man is transformed, by which society is transformed and given its value, man is validated by the quality and quantity of work that he produces."

(Touré, 1976 : p. 146)

Sékou Touré himself exhorts

"In order to be happy, the People must therefore work. In order to be strong, the People must work. In order to advance in history, the People must work. In order to be useful to others, the People must work. In order to pay their debts and build a better future for their children, the People must work, work on and on, work ceaselessly to do even better.

Work is thus the only path to greatness, prosperity, dignity and the happiness of the People."

(Touré, 1976 : p. 47) (my translation)



So school finally becomes "the source of the total liberation of man : liberation from obscurantism, from the burden of the past, liberation from social ills and the means of access to science, to technical knowledge and to progress" (RPRG, 1983 : p. 163).

The outcome of all this, perhaps to be described as Sékou Touré's dream, is a society where individualism and the exploitation of man by man is unknown (Touré, 1976 : p. 169 - 70). To work out this vision in practice would involve the establishing of 'socialist cities' in each village, occupied by ideologically trained young people involved in agricultural co-operation. They would marry and teach their children so that the socialist ideal would spread and more and more members of a village would think and act in this way (Touré, 1976 : p. 186).

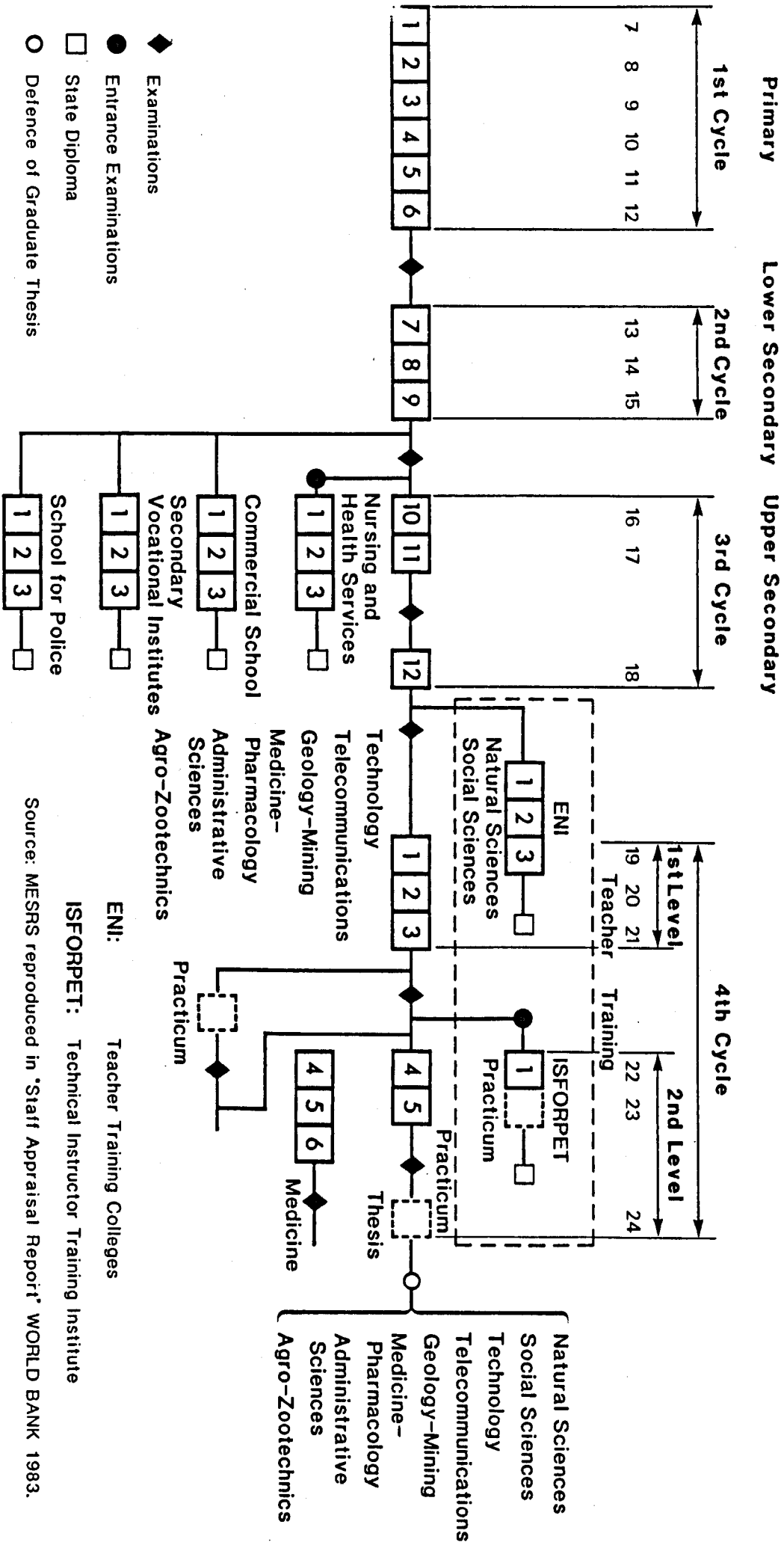
"... each individual is to be in a relationship of equality with every other individual and is to co-operate with his fellows in every sphere, in order to achieve perfect organization of the collective life."

(Toure, 1976 : p. 22)

In this way too, there would be a return to the roots, reinstating the 'lost' African values of comradeship, love of organisation and communal life (Sy, 1975).

FIGURE 4.1

Revolutionary People's Republic of Guinea Structure of the Education System



### III. The Four Cycles of Education, Technical and Vocational Education and Research

It would now be helpful to look at the educational structures established by the Parti Démocratique de Guinée to achieve these aims and objectives. The following description was correct for 1983. Earlier patterns will be referred to below.

Education in Guinea was divided into four cycles. The first cycle received children from the age of seven and lasted for six years. At the end of this period, a primary school certificate (to be introduced in 1983/84) was awarded to children completing the course and this entitled them to enter a second cycle school. National languages were used throughout the first cycle, both as a subject for study and as the language in which lessons were taught. French was introduced as part of the curriculum in the third year. Each first cycle school was the responsibility of the PRL (Pouvoir Révolutionnaire Local) which provided and maintained the school building, while the Pouvoir Révolutionnaire Régional (PRR) provided the furnishings and the equipment (UNICEF, 1979). According to Rivière (1965) the main purpose of this first cycle of education was to give the children "sufficient knowledge to become adults, to understand the political and economic life of the nation and participate to the best of their abilities in productive activities and the running of the school" (p. 625). Productive work was already an integral part of the curriculum even at this early stage (see below).

The second cycle lasted for 3 years (7th, 8th and 9th grade) and constituted the first part of secondary education, the majority of pupils being in the 13 - 15 age range. At the end of the three years, students who completed the course were awarded the 'brevet d'études du second cycle' (BESC) and this entitled them to enter the third cycle. National languages continued to be used in the 7th grade, but teaching was carried out in French from the 8th grade. (This was to change in the academic year 1983/84 so that national languages were to be used throughout the second cycle). Each second cycle school was the responsibility of the PRA (Pouvoir Révolutionnaire d'Arrondissement which was the area authority, overseeing several PRLs. Classrooms, workshops, stores all came under the jurisdiction of the PRA while once again, the regional authority (Pouvoir Révolutionnaire Régional) undertook to provide furnishings and equipment for all the second cycle schools within its area. As in the first cycle schools, productive work formed an integral part of the curriculum. According to Rivière (1965), a quarter to a third of the pupils who had passed through the first cycle continued in education into the second cycle. The rest would go into farming or trade schools ("chantiers écoles") (p. 631) although apparently these latter were never formed (Nelson, 1975 : p. 134).

The third cycle provided a further three years of education, from the 10th to the 12th grade, for students aged 16 to 18, at the end of which they took the "baccalauréat". Some specialisation began to take place at this stage and three options were open to students : agro-pastoral studies; mathematics, physics and

chemistry and thirdly social sciences (to be introduced in the academic year 1983/84). In 1979, the first option was chosen by 90% of the students (UNICEF, 1979 : p. 7). As well as the general schools there were also specialist schools at this level. These had the generic title of Instituts polytechniques secondaires (IPS) and included schools for nursing and health services, commercial school and a school for police training (see Figure 4.1). The third cycle schools were the responsibility of the regional authority, the Pouvoir Révolutionnaire Régional (PRR) which built and equipped the schools, while the central authority provided the furnishings and paid the teachers' salaries.

In 1973 - 1974 a 13th year was introduced between the third and fourth cycles (i.e. higher education) to provide further opportunities for practical experience. The thirteenth grade was seen as a separate unit in its own right and was introduced initially for a provisional period during the life of the 1973 - 1978 Five Year Plan (Nelson, 1975 : p. 135, Guillerme, 1980 : p. 391). It was not clear whether this was still in operation in 1983.

#### Centres d'Education Révolutionnaire (CER)

The name given to all schools and colleges from primary to university level is CER or 'revolutionary education centre'. (Centre d'Education Révolutionnaire) (UNESCO, 1979 : p. 35). Strictly speaking, however, a school should only qualify as a CER if it was actively engaged in productive activities and

"providing the practical training to prepare students as eventual formative members in the government's scheme to establish socialist co-operatives"(Nelson, 1975 : p. 135). The development of the CER, from independence to 1983 did not have a smooth passage, as was mentioned above. From 1961 there were several changes in the length of the first three cycles, then in 1966 a new concept was introduced; Sékou Touré announced that every scholastic establishment must become a centre of "technical, professional, political and civic education" (Nelson, 1975 : p. 134). At the same time, secondary education was divided into two strands : one rural and the other concerned with technical and vocational training. Under the rural programme, secondary schools (to be known as Collèges d'Enseignement Rural - the original CER). These schools were new and were designed to prepare students for the planned socialist communities, concentrating on agricultural practices, land use, production and co-operative methods of work. Considerable opposition, however, was stirred up by these centres, especially amongst parents of the students concerned. Rumours circulated about student exploitation, alleged promiscuity and a belief that the new schools were aimed at keeping children from rural families from going to urban areas. The PDG made strenuous efforts to counteract the rumours, and in 1968, the year of the Guinean cultural revolution, the CER became the Centre of Revolutionary rather than Rural Education. Reference is also made to the discontinuation of boarding education in the third cycle, which probably occurred at this time (RPRG, 1983 : p. 167).

What of the number of schools built in the first three cycles from 1958 onwards? Rivière (1965) mentions the enormous effort made during this period : 335 new classes in 1959; 741 in 1960 and 572 in 1961 (p. 627). Table 4.6 is even more specific and shows a massive increase, especially in the number of first cycle schools built between 1958 and 1978, over two thousand in twenty years.

The plans for the future were directed towards the development of more first cycle schools by the PRLs, that is to say the local village and urban communities. In addition, Sékou Touré's aim was to establish a "lycée", i.e. a second and third cycle CER in each PRL (there were 2441 PRLs at that date) in order that each child could study up to baccalauréat level in his immediate neighbourhood, so avoiding alienation from his family and village and reducing the likelihood of his drifting towards the town once his education was completed (Touré, 1976 : p. 58). By 1983, however, he admitted that this had not yet been achieved and that there were still some PRLs (though apparently few) without a first cycle school (RPRG, 1983 : p. 172).

School buildings, especially at PRL level, were built by voluntary labour, whole communities participating in the task. Much was achieved during 1959 and the early 1960's, even though many of the structures erected were of a 'non-permanent' nature (Nelson, 1975 : p. 136). Enthusiasm was high in these early, heady years of independence although within four years, this zeal had completely dissipated (Rivière, 1977 : p. 114). Moumouni

(1968) quotes Frantz Fanon in an amusing description of the human investment efforts:

"Men and women, young and old undertake enthusiastically what is in fact forced labour, and proclaim themselves the slaves of the nation ...."

(p. 196)

Rivière (1965) speaks of joyful songs accompanying the task : if there was lack of materials, no problem; the village carpenter could fashion benches from whatever was to hand (p. 627). Moumouni (1968) estimates that the amount of work put into this venture was worth five billion CFA francs but ponders whether this can be compared advantageously to the number of work days lost (p. 196). Much of the work was carried out on Sundays and this led to a clash with the local Christian community, who would not work on a Sunday. Some of their leaders were imprisoned for a short time but were eventually released after it was agreed that their share of the work could be done on a different day of the week.

#### Technical and Vocational Education

Technical and vocational education came under the auspices of the Ministry of Technical Education and of Professional Training (METMFP) (see below p.291) and included the following institutions:

- a) Seven Primary Teacher Training Colleges (Ecoles Normales d'Instituteurs - ENI).



- b) Sixteen Vocational Training Schools (Instituts Polytechniques Secondaires - IPS).
- c) A Secretarial School (Ecole de Secrétariat).
- d) Four secondary establishments for the training of health workers (Ecoles Secondaires de Santé)\*
- e) A State Nursing School (Ecole d'Infirmiers d'Etat)\*
- f) Thirty six Regional Centres for Improving the Status of Women (Centres Régionaux de Promotion Féminine - CPF)\*
- g) A School of Postal and Telecommunications (Ecole des Postes et Télécommunications).

(UNICEF, 1983 : p. 6)

Since 1978, technical and vocational education had been one of the main areas of development in the educational field. In terms of numbers of establishments, there had been an enormous increase as Rivière (1965) mentioned only three such institutions where vocational training could be received (p. 627). There had also been a change of emphasis towards the learning of practical skills rather than purely theoretical concepts (a move reflected throughout much of the Guinean education system) and the realization of the need to train skilled workers rather than a surplus of professionals (RPRG, 1983 : p. 167).

\* See under section on Health

However the main growth point in this area of education was the IPS, the vocational training schools. They had increased in number to 15 or 16 (depending on which source is correct) and gave tuition in such trades as building, mechanical engineering, carpentry and joinery, electrical engineering, plumbing and metal welding (RPRG, 1983 : p. 168 and personal interview with World Bank official). There were plans to extend their range to include other trades and also artisanry such as pottery, basketry, raffia, bamboo and cane work. By developing these traditional crafts, it was hoped that young people could become self-supporting and contribute to the national economy without having to add to the ranks of the bureaucracy, which was already suffering from overmanning (RPRG, 1983 : p. 168).

The World Bank was, at that time, involved in supporting and rationalizing the IPS during their third project covering the period 1983 - 1988. Problems centred round a highly theoretical curriculum, lack of equipment and textbooks and poorly qualified instructors which had, not surprisingly, led to poor qualitative results (World Bank, 1983). The possibility of further rationalization by reducing the training period from three to two years was also being considered (personal interview).

#### Higher Education

The fourth cycle was the equivalent of higher education and all its institutions were still termed CERs. It was divided into two stages : an initial, general stage of 3 years followed by a more specialised two year course (three for medicine) (UNICEF, 1983). Once again, tuition was free. Entrance to a fourth cycle

institution used to be open to all who successfully passed the baccalauréat but in 1965, selective examinations were additionally introduced (Nelson, 1975 : p. 140).

Studies for the first stage ("premier degré") could be undertaken in the following faculties : agriculture (34), medicine and pharmacy (1)\*, social sciences (2), administrative and legal studies (1), technical sciences (1) and natural sciences (1) (UNICEF, 1983) (number of faculties in brackets). More specialised institutes of higher education were also ranked as first stage fourth cycle institutions, including teacher training colleges ("Écoles Normales d'Instituteurs", ENI) and a Higher School of Administration, "charged with training and politically indoctrinating individuals for the upper civil service levels" (Nelson, 1975 : p. 139).

The second stage of the fourth cycle comprised three groups of institutions : the two polytechnics at Conakry and Kankan; six institutes of agro-zootechnical sciences at Faranah, Kindia, Kouroussa, Macenta, Mamou and Nzérékoré which trained agronomists and veterinary surgeons and thirdly, Ecoles Normales Supérieures (ENS) or teacher training colleges for 2nd and 3rd cycle teachers which will be considered in more detail below.

The polytechnic in Conakry (Gamal Abdel Nasser Polytechnic Institute - IPGAN) was established in 1962, based on the French model, built with Russian aid and resembling, in its structure, a similar institute in Zurich! It was built to take 1500 students

\* See section on 'Health'

with 90 classrooms and laboratories. Its first intake in October 1962 numbered 60 students rising to 167 by 1964/65. (Rivière, 1965 : p. 626). In 1970/71, the distribution of students between the eight faculties were as follows: social sciences, 262; advanced school of administration, 340; electrical and mechanical engineering, 185; civil engineering, 114; natural sciences, 195; pharmacy and medicine, 265; agriculture, 116; and geology and mining, 67 (Adamolekun, 1976 : p. 101). New facilities have continued to be added by the Soviet Union, including a printing plant and a language laboratory, inaugurated in 1974 (Nelson, 1975 : p. 139).

The polytechnic institute at Kankan was also opened in 1962, initially as a teacher training college but later receiving polytechnic status, and the name "Julius Nyerere". Its main function was still that of training teachers for secondary schools (Nelson, 1975 : p. 139).

Grants for studying overseas have never been given liberally by the government for fear of 'harmful' indoctrination of students and their failure to return to Guinea at the end of their course. Nevertheless, in 1963 - 64, 1409 students were studying in 25 different countries, most of whom (303) went to the Soviet Union. One hundred and ninety eight were in other African countries, 182

in the United States, 127 in France, 88 in Yugoslavia, 68 in West Germany and 65 in the United Arab Republic (Rivière, 1965 : p. 626). This policy continued and was mentioned in the report for the 12th National Congress (RPRG, 1983) as one of the achievements in the education sector. According to Adamolekun (1976) a bias for science and technology characterized the scholarship awarded (p. 101). From 1975, the government concentrated many of its resources on the development of higher education, especially in agricultural sciences. From 1975/76 to 1977/78 the annual rate of growth in higher education was said to be 26% and between 25% to 50% of those completing the first stage were admitted to the second stage (UNESCO, 1980 : p. 2). In addition, the number of institutes of higher education rose from 2 in 1968 to 45 in 1978 (UNESCO, 1979 : p. 10). At the same time, the government adopted a policy of decentralisation and the 34 faculties of agriculture mentioned above were evenly distributed throughout the country (UNESCO, 1980 : p. 2). By 1983, only five of the thirty three administrative regions were without a Faculty of Agricultural and Zootechnical Studies (RPRG, 1983 : p. 169).

The aim of higher education at both levels was "orientated towards the production of the technical, specialist and administrative high-level manpower needed by the nation's industrial and commercial enterprises and the civil service with a great bias for the specialist and technical components". (Adamolekun, 1976 : p. 101). At the first stage, middle level technicians were formed while the second stage produced the high-level cadres (UNESCO, 1980 : p. 2).

During my stay in Conakry in 1983, I had an interview with Mme. Yolande Josef Noël, Dean of the Faculty of Social Sciences at IPGAN concerning the course and the students in her faculty. She told me that there were about 30 students currently studying social sciences, an intake of about 10 each year. The subjects covered included urban sociology, rural sociology, African sociology, sociology of Guinea, social psychology and anthropology. The course was very broadly based and was divided into two options : sociology-history or sociology-philosophy. There were no textbooks and journals and little material in the library, so lecturers were limited in the devising of courses as were students in writing their theses. Students who failed to graduate to the second stage were employed in the "cadres moyens", and became sociologists in agriculture, in the various ministries and in the Gambia River Union. Those who graduated at the end of the second stage were employed in the "cadres supérieurs" of the government or became teachers. The best remained to teach at the polytechnic.

## Research

Research in Guinea was organized by an umbrella organization known as the Institut Central de Co-ordination des Recherches et Documentation de la Guinée (ICCRDG). (The original name was The Institut National de Recherches et Documentation de la Guinée - INRDG - but this was changed in 1982). The ICCRDG was "responsible for co-ordinating and supervising scientific and technical research throughout the nation, for formulating the national science policy and putting suggestions and new ideas to the Ministry ...." (UNESCO, 1979 : p. 54). It came under the Ministry of Higher Education and Scientific Research (MESRS) and consisted of two sections, the natural science division and the social science division. It was also responsible for the Department of National Documentation (covering libraries, archives and specialized centres) and the Department of Publishing and Publications (concerned with the publishing of research related topics). In addition it had close links with the two polytechnics and specialised agricultural and scientific research institutions in Guinea (UNESCO, 1979 : pp. 52 - 58) and was responsible for any international research.

The approach to research in Guinea was ambiguous. While proud of its developments in specialised fields and its technical institutions, such as its new centre for marine biology, opened in 1983 (RPRG, 1983 : p. 169), the government was at pains to emphasize the non-elitist nature of research in Guinea which, it insisted, should be carried out by the masses for the masses.

This resulted in the view that research takes place at every level, from central government to the PRL, in every educational institution, agricultural enterprise, hospital dispensary and industrial and commercial venture. Researchers could be traditional healers, story tellers, chroniclers, craftsmen and skilled workers. All had something to contribute and in the African oral tradition, all were repositories of generations of culture. To consolidate this approach, a degree of 'recognized research worker' had been introduced "to enable every militant to present and defend his research findings at the university (UNESCO, 1979 : p. 57). Nevertheless, ICCRDG did issue guidelines on topics to be chosen for research as the prime aim was "general economic progress, social advancement and the self-fulfilment of (the) people". (p. 52).

Publications by ICCRDG included a journal called 'Banda', produced "from time to time" and bringing together some of the research findings. Another journal, called 'Mirya' was produced "spasmodically" at IPGAN and there was the intention by ICCRDG to publish a monthly bulletin summarising theses and scientific research but that remained, I was told, a plan for the future.

(Based on a personal interview with the Director of the Social Science Division of ICCRDG and the Professor of Economics at IPGAN).



IV. Administration, Organization and Planning

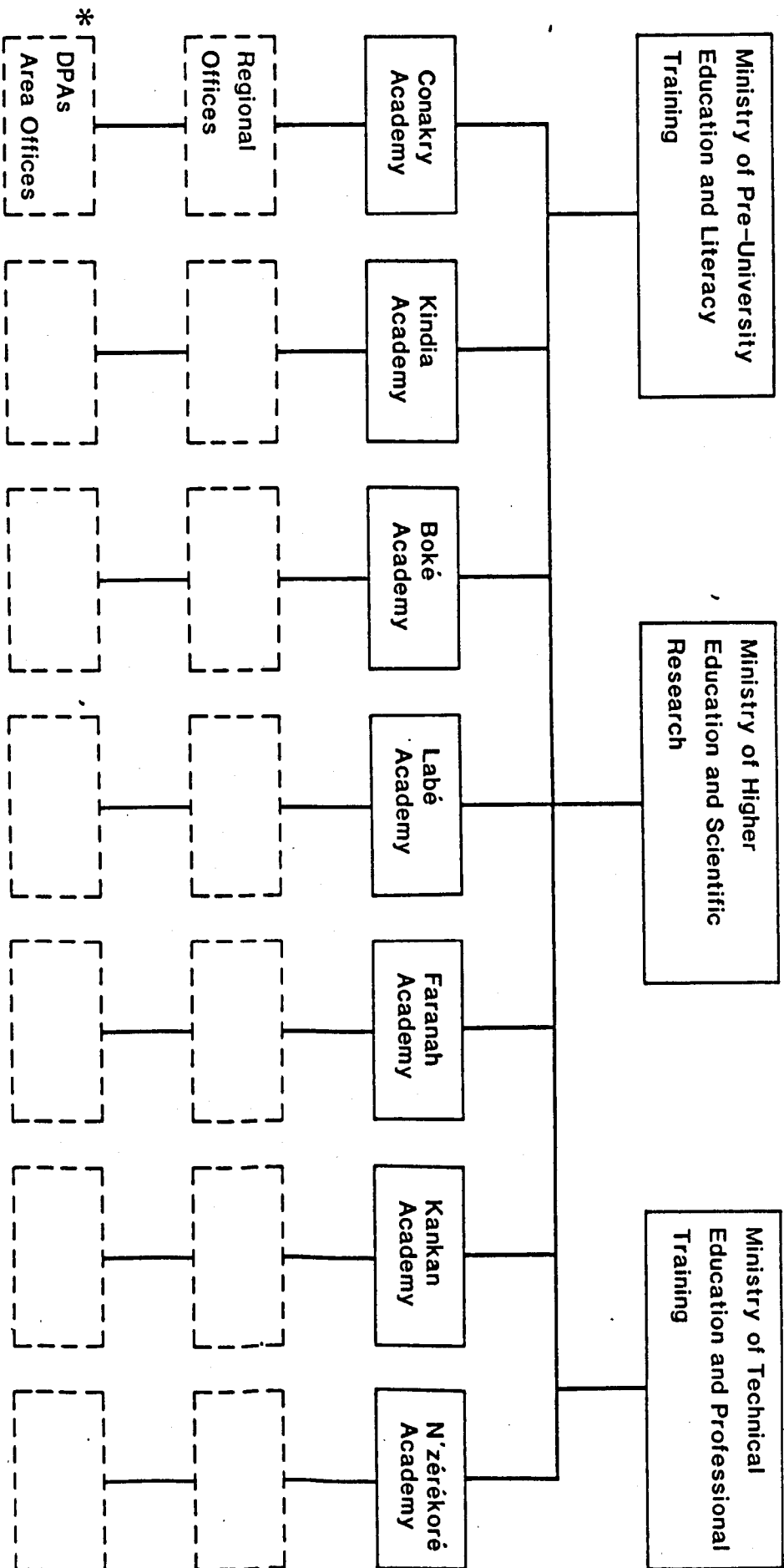
At ministerial level, the education service was operated through a tripartite system:

- a) the Ministry of Pre-University Education and Literacy Training (Ministère de l'Enseignement Pré-Universitaire et de l'Alphabétisation - MEPU) which was, as its name suggests, concerned with primary and secondary education and literacy work.
- b) the Ministry of Technical Education and of Professional Training (Ministère de l'Enseignement Technique Moyen et de la Formation Professionnelle - METMFP). The Ministry had been responsible for the training of primary school teachers since 1981.
- c) the Ministry of Higher Education and Scientific Research (Ministère de l'Enseignement Supérieur et de la Recherche Scientifique - MESRS) which was also responsible for the training of secondary school teachers and for long distance learning (see below).

The present format was only adopted in 1979 as prior to this, education was run by a single ministry, the Ministère du Domaine de l'Education et de la Culture (MDEC). (A high level official from one of the international organizations who was in Conakry at the time of my visit expressed the belief that the re-organization had taken place primarily to provide more jobs at ministerial

FIGURE 4.2

### Administration of the Education Service



\* Area Offices = Directions Pédagogiques d'Arrondissement (DPA). There are 320 of these.

level for those favoured by Sékou Touré). In fact, the Education and Culture Domain had only itself been established in 1972 and during the years from independence to the early 1970's, top level responsibility for education was shifted between cabinet posts on several occasions (Nelson, 1975 : p. 135).

Within the ministries, there was a Head Office ("Direction Générale") for each of the four cycles of education : the "Direction Générale" for first, second and third cycle schools came under MEPU, that for fourth cycle institutions under MESRS. The "Direction Générale" for the first cycle was concerned with the administrative and pedagogical oversight of all the schools under its jurisdiction (2,370 in 1979). It was also responsible for co-ordinating relations between the regional and local authorities at every level and with the specialist institutions such as the Institut Pédagogique National (IPN), the educational printing works (IDEC) and the Academy of Languages (see below). The "Directions Générales" for the second, third and fourth cycle institution exercised a similar role of control, supervision and co-ordination in their respective fields.

At regional level, the administrative control was decentralised and divided between seven Academies, one for each Commissariat Général de la Révolution (CGR) and thirty five Regional Offices ("Direction Régionales de l'Education et de la Culture" - DREC). The seven Academies enjoyed a certain measure of autonomy in adapting the school programme to local conditions and they were allowed to make suggestions relating to the examination syllabus for the second and third cycle schools.

Within each Academy, there was an inspector, two directors of teaching methods and educational development (one for the 1st cycle and one for 2nd, 3rd and 4th cycle), one director for productive work, one for literacy training and one concerned with the supervision of exams, both in schools and faculties. The Inspectorate of each Academy had much more direct contact with the oversight of the schools in its area than did the inspectors at ministerial level. Most of the actual day to day work of administration was carried out at this level. Their role involved seeing that:

"the heads of establishments used their time in accordance with national pedagogical directives, that they control the punctuality and quality of work of their teachers and that each month they looked at the exercise books and the lessons of their pupils.

(Rivière, 1965 : p. 630) (my translation)

The control and discipline of both pupils and teachers were tightened after the reforms of 1964. A further role of the Inspectorate at this level was to organise seminars and in-service training (UNICEF, 1979).

The Regional Officers (DREC) were organized in exactly the same way as the Academies and also had a role of control and supervision. The two areas of control specifically mentioned as pertaining to them were the educational content of school programmes and the quality of what was taught and secondly the productive work carried out in schools (gardening, animal husbandry, working in the fields etc.), which we shall consider

in more detail below (UNICEF, 1983). Visits to each school were to be carried out at least twice a year and each teacher 'inspected' at least once a year (UNICEF, 1979 ; p. 18). Other tasks mentioned were those of encouraging students and teachers and supplying them with advice, information and documentation. The collecting of statistics from the schools also fell to the lot of the regional office (UNICEF, 1979). It does appear, however, that in several areas there is overlap and duplication between the work of the Academy Inspectorate and that of the Regional Officer.

The lowest level of control and supervision occurred at arrondissement level through the Directions Pédagogiques d'Arrondissement (DPA). There were 320 of these and they operated at the level of groups of villages. Their special responsibility were the first cycle schools and as these were situated at PRL level (i.e. village level), each DPA had a huge number of both schools and teachers for which it was directly responsible. However, being at the end of the line, the DPAs received very little financial aid, had no means of transport and very little equipment with the result that no proper control or supervision was exercised at this level (UNICEF, 1983 : p. 41).

Finally, at PRL level, although there was no organized unit of control and supervision, Sékou Touré specifically called on Party members at this level to exercise such a role, to ensure that students completed their schooling and to see that "in every village school there were as many girls as boys" (Touré, 1976 : p. 281) (my translation).

Such was the administrative structure of the educational service. In addition to the organs described above, there was at national level, an Educational Commission of the PDG which was responsible for the formulation of sector policies and for monitoring their implementation. It was headed by the Minister of Higher Education (this was Mamadi Keita in 1983 who was also a member of the BPN, the politburo of the government. Because of this the MESRS at this time was considered the most important and prestigious of the three ministries of education). Educational policies could also be formulated at regional and local levels. Concerned party members and ad hoc commissions could report their findings and recommendations would be passed upwards through the party structure to be discussed at national level (Nelson, 1975 : p. 133).

Both the MESRS and the MEPU had planning units. The MEPU unit was established only recently and was not fully operational. The planning unit in the MESRS was established in 1976 but it was not well staffed and its technical capacities were very weak. As for the METMFP, this ministry was only established in February 1981 and was not yet fully organized. Planning was therefore seen as one of the weak links in the Guinean education system. The collection of data as well as its quality was inadequate in both ministries. Other weaknesses in the system (to be considered in the concluding section) constituted a serious obstacle to coherent sector planning, project preparation and educational evaluation (World Bank, 1983).

A recent World Bank project had laid emphasis on the development of a planning machinery for the whole of the

education sector, stressing the need for overall planning both between ministries and with other ministries and departments; with the Ministry of Works for example to facilitate manpower planning. Having three ministries of education instead of one created serious problems for planners and led to duplication and lack of co-ordination and gave more scope for the possibility of errors. A step forward in improving the planning machinery had been made however in the recent establishing of a "Direction Générale de la Planification de l'Education" - (DGPE) - and a "Direction des Projets d'Education" - (DPE). Both would serve all three education ministries. Finally, there was an Education and Training Division (DEF) responsible for the planning of human resources development. This too was in need of strengthening. Long term planning in all these areas was lacking. An integral part of the World Bank's third project for the education service was to involve the drawing up of plans for the period 1980 to 2000 in a more rational and less piecemeal way. It was hoped that 80% of Guinean children would be in the school system by the year 2000, the emphasis being placed on the development of primary education (World Bank, 1983; RPRG, 1983 and personal interview).

#### Internal Organization of Schools

Since the Cultural Revolution of 1968, a system of self government ("autogestion") has been introduced into all schools from the second cycle upwards, with the aim of preparing students for a future life of self management which would characterize the proposed socialist communities. Each educational institution

elected its own council of administration, composed entirely of students apart from the chairman who was head of the institution (Adamolekun, 1976 : p. 180). Members of the council had responsibility for education and scientific research, for the militia and security, for productive work and hygiene and for preventive medicine (UNESCO, 1979 : p. 34). The administrative council also drew up the plan of activities for the school year and was involved in preparing the annual budget. On a more mundane level, they were responsible for seeing that the premises and textbooks were kept in good order (UNESCO, 1980). According to Adamolekun (1976) this system was working quite well when he observed it in 1970/71 although two problems had been identified : failure of school directors to co-operate and a tendency for councils of administration to become 'institutions for making petitions' (p. 101).

In addition to the council of administration, there was a council of teachers. Responsibility for the academic life of the school was left in their hands but there was frequent discussion with the student council. A further reason for having a council of teachers was for the joint preparation of lessons due to the lack of textbooks (UNESCO, 1980).

Within the classroom itself, democracy continued to prevail with all lessons being approached as a team exercise.

"... before setting about any assignment, the team holds a meeting chaired by its leader at which it fixes the objective to be attained, draws up a plan of action and determines the various methods to be adopted ... failure on the part of any team member would jeopardize the success of the team as a whole ...."

(UNESCO, 1979 : p. 40)



V. Pre-School Education

Pre-school education was still very much at a formative stage in Guinea in 1983. Consultations had been held with members of UNICEF to set up a project to establish three nursery schools ("jardins d'enfants"), two in Conakry (Conakry I and Conakry III) and one in Fria for the employees of the mining complex there. The nursery in Conakry I had in fact started in a small way, although it was hoped to develop it to cater for 400 children in 12 classes. Help from UNESCO was being sought for the provision of equipment and the training of personnel (unpublished documents - UNICEF). According to one of the UNESCO officials, pre-school education was a sensitive subject in Guinea as it was seen as benefitting privileged groups in urban areas. Apparently, however, its relative advantages and disadvantages were being debated as early as 1965. In putting forward a case for the development of pre-school education, Rivière (1965) commented that far from tearing young children from their mother's arms at a tender age, it might actually be rescuing them from the streets and enabling them to learn a number of basic facts before starting primary school (p. 634).

A seminar held in 1979 in Dakar, Sénégal on the needs of the pre-school African child identified a number of problems linked with the setting up of nurseries in African countries and much of it was relevant to Guinea (BREDA, 1979). It pinpoints in particular:

- a) . the absence of national pre-school education policies.
- b) the lack of reliable data on pre-school education.
- c) the low number of existing pre-school institutions.
- d) the inadequacy of existing institutions and their tendency to reinforce existing social inequalities between children from privileged and deprived homes and between urban and rural areas.
- c) the difficulties experienced by countries in defining specific objectives of pre-school education which would be in keeping with the general goals of national education and the demands of development.
- f) the difficulties experienced by children passing from pre-school to primary school.
- g) the needs of the handicapped child which were by and large neglected.

Areas of research were outlined during the seminar as a means of preparing the ground in each country for the establishment of a pre-school system. These included:

- i) "the identification and detailed description of characteristics of the various environments of the African child.

- ii) "the analysis of the educative characteristics of each environment.
- iii) "the identification of appropriate pedagogy for each environment.
- iv) "the psychological characteristics of the African child ...."

(p. 5)

Two further points were made which would be in keeping with the principles on which the Guinean education system is based: firstly, pre-school education, being a latecomer in the field of education in Africa, need not be tainted by values from a colonial past; secondly, pre-school education would be a valuable tool for the elimination of inequalities of culture, race and class, "an efficient instrument for democratization"; (P.17). There was no further information from Guinean sources to indicate whether their pre-school education provision was in fact developing along these lines.

VI. Statistical Data

Having now looked at the structure of the education service and the way it is administered and organized both externally and internally, it is important to consider some of the statistical data pertinent to Guinea. As mentioned already in Chapter 3, figures relating to Guinea are marked by their absence from tables produced by the international organisations and where they do appear, they are very often classed as estimates. Although one can certainly question the accuracy of much of the statistical data from Guinea, it is probably no more or less accurate than that from other similar countries. More important has been the closed nature of the regime which has been consistently reluctant to disclose much information about the country's social development. My own experiences confirmed this. In speaking with personnel from UNESCO and UNICEF in Dakar, Sénégal, most testified to the difficulties they had in finding out anything about Guinea. During my own visit to Conakry, it took me a week to allay the suspicions of the authorities as to my intentions, even though as much of the correct procedure as we knew about to gain access to the country and to information on the education and health services had been adhered to. I should add, however, that once I had been 'accepted' by the Guinean authorities, they could not have been more helpful.

Most of this section will be presented in the form of tables followed by discussion of the same. Perhaps the most important social indicator relating to education are the enrolment figures. Even so, they may only represent an approximation to the real state of affairs for reasons explained in the introduction to this Chapter

These figures are usually expressed as gross enrolment ratios and as net enrolment ratios. The former include all age groups in school divided by the population of the age group which corresponds to that level of schooling. In this way, the 'repeaters', the 'drop-outs' and those who start school at an older age than the norm are all included in the total enrolment figure. The net figure includes only the children enrolled whose ages fall within the age range covered by the school cycle concerned. As mentioned above, helpful though these figures may be to understand the extent of access to schooling by the children of Guinea, one needs to take into account the numbers not in school and consider whether this number is decreasing or indeed increasing (see Table 4.1A).

TABLE 4.1: GUINEA: ENROLMENT IN FIRST CYCLE SCHOOLS

Year	Total Number	Number of Girls	Percentage of Girls	Gross Enrolment Ratio		F
				M/F	M	
1957/58	42,543	9,522	22.4	9.5	15	4
1960	90,629	-	26.2 <sup>1</sup>	30	45	16
1961/62	116,351	-	-	-	-	-
1965	164,119	50,221	30.6	31	44	18
1968	167,340 <sup>2</sup>	52,385	31.3	-	-	-
1970	191,287	60,644	31.7	33	45	21
1972/73	201,578	-	-	-	-	-
1975	198,849 <sup>3</sup>	66,909	34	30	40	20
1977	324,165 <sup>4</sup>	-	-	-	-	-
1978/79	252,100	-	34.6	34	45	24
1979/80	262,783	-	-	33	44	22
1980	257,547	85,842	33	35	47	23
1982	247,702 <sup>5</sup>	80,793	33.3	32	44	21
1984	284,386	91,087	32	36	49	23

Definition Gross enrolment ratio in the total enrolment of all ages divided by the population of the specific age groups which correspond to primary schooling (UNESCO).

Sources for Table 4.1

1. Statesman's Year Book 1982/83 119th Edition, Ed. John Paxton.
2. Rivière, C. "Les investissements éducatifs en République du Guinée". 1965.
3. Rivière, C. "Mutation sociales en Guinée". 1971.
4. Rivière, C. "The mobilization of a people". 1977.  
Translated by Thompson, V. and Adloff, R.
5. UNESCO, 1973. Country Education Profile.
6. UNESCO, 1977. Compendium of Statistics.
7. UNESCO, 1979. "Education: Priorités et Perspectives".
8. UNESCO, 1982. Statistical Year Book.
9. UNESCO, 1983. Statistical Year Book.
10. UNESCO, 1985. Statistical Year Book.
11. UNESCO, 1983. General Conference, Twenty Second Session.
12. Nelson, H.D. Area Handbook for Guinea, 1975.
13. World Bank, 1983. Staff Appraisal Report.
14. World Bank, 1985. Report on World Development.
15. Adamolekun, L. "Sékou Touré's Guinea: an experiment in Nation Building". 1976.
16. Adamolekun, L. "Towards a New Era?" "West Africa", 13th Aug., 1984.

17. Guillerme, P. "La République Populaire Révolutionnaire de Guinée". 1980.
18. RPRG, 1983. Country Profile: Guinea.



Notes on Table 4.1

1. Moumouni (1968) gives the percentage of girls for 1960 as 16.3%.
2. (UNESCO, 1973) An alternative figure is 144,394. (UNESCO, 1979A).
3. (UNESCO, 1985) An alternative figure is 184,000 (Nelson, 1975).
4. (Statesman's Year Book, 1982 - 1983) This figure appears to be inflated.
5. Adamolekun (1984) gives an alternative figure of 600,000 for the total number of children in first cycle schools in 1981/82.
6. The figures in the column 'total number' include those in private schools until 1961 when they were banned.
7. The earlier figures relate to the age group 7 - 10. By about 1970 (the exact date is unknown) the first cycle catered for children in the age group 7 - 12 and lasted for six years, instead of four.

TABLE 4.1A: GUINEA: NUMBER AND PERCENTAGE OF CHILDREN AGED  
7 - 12 NOT IN SCHOOL : 1963, 1975, 1980

Year	Number of Children	Proportion of Age Group per cent
1963	520,000	78 <sup>1</sup>
1975	417,183	68
1980	517,453	67

Note

1. Calculated using enrolment figure for 1961/62.  
(see Table 4.1).

TABLE 4.2: PRIMARY SCHOOL ENROLMENTS IN FRANCOPHONE WEST AFRICAN STATES

Country	Year	Duration of school (age group concerned)	Enrolments	% Girls	Enrolment Rate		First Year Admission Rate %	Average Annual Increase in Enrolments Since 1975 %
					Crude %	Net %		
GUINEA	1961 - 62		116,351	28.5			60 <sup>2</sup>	
	1981 - 82	6 (7 - 12)	249,900	33.3	31	25 <sup>1</sup>	29	3.9
SENEGAL	1961 - 62		127,000	-				
	1981 - 82	6 (6 - 11)	452,700	39.7	48	39	-	6.4
IVORY COAST	1961 - 62		238,722	-				
	1982 - 83	6 (6 - 11)	1,135,500	40.0	84	67	70	7.8
BURKINA FASO (UPPER VOLTA)	1961 - 62		63,977	-				
	1982 - 83	6 (7 - 12)	251,300	36.9	25	21	24	8.5
MALI	1961 - 62		75,097	-				
	1980 - 81	6 (7 - 12)	291,200	36.3	28	-	24	2.9
BENIN	1961 - 62		97,100	-				
	1982	6 (6 - 11)	404,300*	32.3	64	-	-	6.5

Definition: Crude enrolment rate (see Table 4.1)

"The net enrolment ratio has been calculated by using only that part of the enrolment which corresponds to the age group of primary schooling" (UNESCO).

\* The second set of enrolment figures for all countries except Senegal are corrected to the nearest thousand.

Sources for Table 4.2

1. Moumouni, A. Education in Africa, 1968.
2. UNESCO, General Conference, Twenty Second Session, Paris, 1983.
3. UNESCO, 1985. Statistical Year Book.

Notes on Table 4.2

1. (UNESCO, 1985) This figure is for 1983.
2. This figure is approximate. It is calculated by expressing the figure of new children aged 7 enrolled in primary school in 1962/63 (70,000) as a percentage of the total number enrolled for 1961/62.

TABLE 4.3: GUINEA: ENROLMENT IN SECOND AND THIRD CYCLE SCHOOLS

Year	Total Numbers	2nd Cycle	3rd Cycle	2nd and 3rd Cycles	Technical or Vocational	Girls (Numbers)	Girls (%)	Gross Enrolment MF	Gross Enrolment M	Ratio F
1957/58	2,547 <sup>1</sup> 2,647	-	-	-	-	468 <sup>1</sup>	14.1 17.7 <sup>1</sup>	-	-	-
1960	9,498 <sup>2</sup>	-	-	-	-	-	10.3 <sup>3</sup>	2	3	0.36
1965/66	-	-	-	16,698	5,018 <sup>4</sup>	4,288	18.3	5	-	-
1967	36,379 <sup>5</sup>	-	-	-	-	9,100 <sup>5</sup>	25 <sup>5</sup>	-	-	-
1968	52,548 <sup>6</sup>	-	-	-	-	-	16.5	-	-	-
1970	63,409	-	-	59,918	2,013 <sup>7</sup>	13,064	21	13	21	5
1972/73	71,416 <sup>8</sup>	-	28,224	-	2,311 <sup>9</sup>	15,892	22.2	-	-	-
1975	71,168	-	-	69,908	1,260	-	-	13	20	7
1977	-	-	-	85,771 <sup>10</sup>	2,077 <sup>10</sup>	-	-	-	-	-
1978	89,947 <sup>11</sup>	54,848	32,338	87,176	2,771 <sup>12</sup>	-	27 <sup>13</sup>	15 <sup>14</sup>	22	8
1979/80	97,834	58,009	31,408	89,417	7,934	-	-	-	-	-
1980/81	101,113	57,938	31,962	89,900	8,135	28,565	28.2	16	23	9
1981/82	93,670	55,222	31,063	86,285	7,385	25,968	27	15	21	8
1983	97,719	-	-	89,756	6,966	27,286	28	15	21	8

Sources: See Table 4.1

Notes on Table 4.3

1. The total number for 1957/58 form a fairly accurate base line: the figure of 2,547 is given in most sources. Nelson (1975) stands alone with 2,647 and with his figure of 468 girls or 17.7%.
2. (UNESCO, 1982) This is given as a provisional figure.
3. Moumouni (1968) gives 13.5% for this figure.
4. This figure includes all technical students apart from those in teacher training who number 822.
5. (Nelson, 1975) This figure appears out of step with the figures that precede and follow it, as do the figures he gives for the number and percentage of girls enrolled in 1967.
6. Two different figures are given for the total numbers enrolled in 1968. 29,118 (UNESCO, 1979A) and 52,548 (UNESCO, 1973). There seems a wide discrepancy here.
7. This figure does not include teachers in training who numbered 1,478 in 1970.
8. (Nelson, 1975) Adamolekun (1976) gives an alternative figure of 76,386 but this seems too high.
9. (Nelson, 1975) Rivière (1977) gives the figure of 5,050. It is possible that the higher figure includes trainee teachers.

10. The 1977 figures show great discrepancies : 85,771 (UNESCO 1982) or 124,455 (The Statistical Year Book 1982 - 1983). Similarly figures for technical or vocational training are 2,077 and 6,000 respectively.
11. Adamolekun (1984) gives 105,500 for this figure and Guillerme (1980) 106,000.
12. This figure does not include trainee teachers.
13. (UNESCO, 1979A) The 27% of girls can be broken down into 27.9% second cycle, 26.4% third cycle, 15.1% technical.
14. (World Bank, 1983) The 15% gross enrolment ratio includes 18% in second cycle 13% in third cycle. The ratio for technical/vocational schools is 7%. If this figure is included, it brings the average down to 13.
15. In 1983, second cycle schools were three years in length (ages 13 - 15) as were third cycle schools (ages 16 - 18). Most technical schools ran parallel with the third cycle schools. The length of the cycles changed during the period from independence to 1983, so the figures may not always refer to quite the same age ranges. No more accurate details are available.

TABLE 4.4: GUINEA: TOTAL NUMBER OF CHILDREN IN SCHOOL (FIRST, SECOND AND THIRD CYCLES)

Year	Number	Girls (numbers)	Girls (percentage)	Gross Enrolment Ratio (age 7 - 18)		
				MF	M	F
1952/53	17,390	-	-	-	-	-
1957/58	45,090	-	-	-	-	-
1958/59	46,616	-	-	-	-	-
1960	100,127	-	-	12	18	6
1962/63	159,494	-	-	-	-	-
1970	254,696	60,644	24	24 <sup>1</sup>	34	14
1973	178,000 <sup>2</sup>	-	-	-	-	-
1975	255,168	66,909	26	22	31	14
1978	342,047 <sup>3</sup>	87,137	25	26	35	17
1980	358,660	85,842	24	26	35	17

Sources: See Table 4.1

Notes:

1. This and the succeeding figures are for the age group 7 - 19.
2. (Adamolekun, 1976) This figure is given as an approximation. It does however appear to be rather low.
3. An alternative figure of 402,000 is given by Guillerme (1980) but this seems unrealistically high. Similarly, he puts the gross enrolment ratio at 80% which again seems unrealistic.



TABLE 4.5: GUINEA: ENROLMENT IN FOURTH CYCLE (HIGHER EDUCATION)

Year	Total Number	Girls (Number)	Girls (Percentage)	Number per 100,000 inhabitants			Numbers Abroad	Gross Enrolment Ratio		
				MF	M	F		MF	M	F
1957/58	0	-	-	-	-	-	-	-	-	-
1965	376	-	6.5 <sup>1</sup>	-	-	-	-	-	-	-
1966/67	660 <sup>2</sup>	-	-	-	-	-	-	-	-	-
1968	644 <sup>3</sup>	-	-	-	-	-	-	-	-	-
1970	1,974	160	8	50	93	8	-	0.58	1.07	.09
1972/73	2,900 <sup>4</sup>	-	-	-	-	-	-	-	-	-
1975	12,411	2,237	18	286	474	102	-	3.3	5.4	1.2
1976	14,241	2,767	15	-	-	-	-	-	-	-
1977	19,706 <sup>5</sup>	3,816	11 <sup>6</sup>	424	690	163	-	-	-	-
1978/79	20,739 <sup>7</sup>	-	19.4 <sup>8</sup> 19.7	435	707	169	854*	7 <sup>9</sup>	-	-
1979/80	18,772	-	-	364	595	138	-	-	-	-
1980	18,270	3,497	19	378	618	143	-	4.4	7.2	1.7
1981	13,161	2,839	22	266	423	114	-	3 <sup>10</sup>	-	-
1982	13,182	2,883	22	261	413	113	-	3	4.8	1.3

Sources: See Table 4.1

\* This figure covers the years 1978 - 80 and students were to be found in 21 countries.

Notes on Table 4.5

1. (UNESCO, 1985) An alternative figure is 16% for the percentage of girls enrolled in 1965 (UNESCO, 1979A). This seems unrealistically high.
2. This figure is given by both Nelson and Guillerme.
3. This figure is found in Adamolekun, 1976 and UNESCO, 1979. It is uncertain whether there was an actual drop in the enrolment figures between 1966/67 and 1968 or whether the two figures come from different original sources.
4. Three alternative figures are quoted here: two different ones are given by Nelson (1975), 2,900 (p. viii) and 2,874 (p. 137) while Adamolekun (1976) gives the much higher figure of 3,995.
5. There is a wide divergence here between UNESCO, 1979 (19,706 - the figure quoted) and the Statesman's Year Book which puts the figure at only 5,850.
6. (UN Statistical Year Book 1982). This figure seems much too low.
7. Three alternative figures are given for the total number enrolled in 1978/79 : 20,739 (UNESCO, 1982 and RPRG Education, 1983), 23,196 (UNESCO, 1979, World Bank, 1983) and 24,000 (Adamolekun, 1984 and Guillerme, 1980).
8. 19.4 (UNESCO, 1979); 19.7 (World Bank, 1983).

9. Three alternative figures are given here 5.1 (UNESCO, 1983), 6.9 (RPRG Education, 1983) and 7 (World Bank, 1985).
10. This figure seems very low, although it is found both in the UNESCO Statistical Year Book 1982 and in the Report on World Development, 1985.

TABLE 4.6: GUINEA: NUMBER OF SCHOOLS AND CLASSES

Year	Total	First Cycle	Second and Third Cycles	Classes	4th Cycle
1952/53	150	-	-	49	0
1957/58	296	287	9	450 (1st cycle)	0
				65 (2nd cycle)	0
1958/59	347	-	-	797	0
1962/63	1,459	-	-	3,495	2
1967	1,859	1,605	252	-	2
1970	1,984	-	-	-	2
1972	2,289 <sup>1</sup>	2,008	279	-	2
1975	2,115 <sup>2</sup>	-	-	-	-
1978	2,761 <sup>3</sup>	2,370	346	-	45
1980	2,555 <sup>2</sup>	-	-	-	-

Sources: See Table 4.1

Notes:

1. (Nelson, 1975)
  2. (UNESCO, 1982) It is unlikely that there was a decline in school buildings between 1972 and 1975, nor between 1978 and 1980.
  3. (Guillermé, 1980) This figure seems rather high. However a similar figure of 2,709, i.e. not including 4th cycle institutions, is found in Table 4.8.
  4. 1948 - 1957 produced only a 13% increase in number of establishments in nine years.
  5. 1958 - 1962/63 showed an increase of 20% in only four years (Rivière, 1965 : p. 626).
- Figures include 335 new classes in 1959, 741 new classes in 1960, 572 new classes in 1961 (Rivière, 1965 : p. 627).

Discussion of Tables

Table 4.1 shows the enrolment in first cycle schools from 1957/58 to 1984. As can be seen from the list of sources, the figures collated were scattered throughout a number of documents and it has required many hours of painstaking work to piece them together. Where there are queries or alternative sets of figures showing wide divergency, reference has been made to them in the notes. This applies also to the other tables in this section. Thus, as far as is possible, given the probable unreliability of many of the figures, all the tables represent the situation in schools in Guinea from independence to the early 1980's (the latest figures available).

In the first cycle, the general trend appears to be a rapid increase in the number of children enrolled following independence, which was very much in keeping with the general policy in education propounded by Sékou Touré and the PDG as described above. This trend reached a peak in the mid 1960's and slowed down after this date until 1980 when there was a slight decline in the number of children enrolled. If one looks at Table 4.2 and compares the number of children enrolled in primary schools in Guinea in 1961/62 with those in neighbouring African countries at the same date, the actual numbers in school in Guinea appear low. These figures do not reflect, however, the great expansion which took place in the previous three years and which are described by Moumouni (1968) as follows:

"Examining statistics for 1958-60, one is struck by the great increase in enrolment in the different countries, on all levels of education, starting with the first school year after the 'loi cadre' of 1958 was passed. The growth was maintained, even increased the following year .... At the end of two years, enrolment in primary schools was multiplied by 1.5 in Upper Volta ... and by more than 2 in the Ivory Coast (p. 77) ... (In Guinea) education on all levels developed to an extent unknown anywhere else.... The remarkable fact was that ... the number of students in primary schools doubled in two years."

(p. 80/81)

In commenting on the statistics for African countries in 1961/62, Moumouni goes on to say:

"Examining the statistics on education in the countries of ex-French Black Africa, one is struck first of all by the fact that they do not show any change from the previous year (except Guinea)"

(p. 95/96)

Thus, one can conclude that Guinea's achievements in increasing the numbers enrolled in primary school in the first five years of independence and beyond were in many ways quite outstanding.

This leap forward failed to continue beyond the mid-1960's and by 1982, not only had the enrolment ratio fallen but Guinea's position vis-a-vis other African states which were former French colonies was poor (see Table 4.2). Guinea's average annual increase in enrolments since 1975 was only 3.9%, with only Mali having a lower rate than this at 2.9%. Concern had been felt about this at central government level and a policy declaration of 1983 stated that the previous emphasis on the development of higher education would change and be placed instead on the development of first cycle schools (RPRG, 1983 : p. 172). The

aim in 1979 was to have 400,000 children in first cycle schools by 1983, with a significant increase in the number of girls enrolled (UNICEF, 1979). It was estimated at this time that seven year olds formed 2% of the population (UNESCO, 1979). In view of the figures for 1981/82, it seemed very unlikely that this total would be achieved for some years.

In secondary education (see Table 4.3), a similarly outstanding result was achieved in the early years of independence with numbers having increased from two and a half thousand in 1957/1958 to over 36,000 in 1967. According to Moumouni again, "enrolment in secondary schools was 4.1 per cent of enrolment in primary schools in 1947 and jumped to 5.9 per cent in 1960, a relative increase of almost 50 per cent" (p. 80). Unlike the situation at primary level, this trend continued and by 1978, Guinea's secondary school enrolment ratio at 15% was among the highest in the region (World Bank, 1983). By 1981 it had risen to 16%, although the 1981/82 figures show a slight decline in total numbers. It is interesting to note the increase in technical and vocational education since 1978, which has grown much more quickly than general secondary education.

Higher education has also grown dramatically since independence, at which date there were no institutions of this type in Guinea. Once again, Moumouni fills in the details of the early years: "Growth in higher education was even greater - the number of scholarships went from 182 in 1958 to over 300 in 1959 and jumped to more than 1,000 in 1960." (p. 80) (This

presumably included students based overseas in addition to those studying in Guinea itself (see Table 4.5). In 1978 "the enrolment ratio 7% exceeds the ratio in all other West African countries" (World Bank, 1983). Yet once again, the most recent figures show a decrease in total numbers and by 1981/82 the gross enrolment ratio had fallen to 3, although one can perhaps question the accuracy of this number as the decrease seems so great (It could be, however, that the figure of 7% for 1978/79 is inflated).

#### Proportion of Girls in School

In view of the attempts by the PDG to promote women in general and particularly the education of girls and women, it is interesting to see how this particular piece of social policy is reflected in the statistics.

In primary education, the general trend appears to chart an increase of just over 10 per cent from independence to 1978/79 when the percentage of girls in school was 34.6 per cent of the total enrolled. This figure declined slightly after that date so that by 1984 it had dropped to 32 per cent (see Table 4.1).

The gross enrolment ratio in first cycle schools showed a marked increase in the first two years of independence, rising from 4 to 16 between 1958 and 1960. It reached a peak at 24 in 1978/79 and since that date has shown a very slight decline, the figures, however, remaining above 20.



At secondary level (i.e. second and third cycle schools and technical and vocational education), the percentage of girls enrolled increased from between 14 - 18 per cent in 1957/58 to 28 per cent in 1983. This figure had remained fairly constant since the end of the 1970's, as had the female proportion of the gross enrolment rate (see Table 4.3). This compared favourably with Rivière's assessment of the situation in 1971 when only 16% of those passing into the second cycle were girls and only 11% of those in the last three classes before the baccalauréat (i.e. third cycle).

In higher education (see Table 4.5), the proportion of women had risen from nil at independence to 22 per cent in 1982, a figure that had increased steadily apart from a slight drop in the mid-1970's. However, the number of women students per 100,000 inhabitants had fallen since 1980 from 143 to 113. The female proportion of the gross enrolment ratio too was small, 1.7 in 1980 and that had declined to 1.3 in 1982. According to Rivière (1971) the 17% of women students studying in 1967 were to be found primarily in the faculty of letters and social services and very few were studying science or agriculture. On the other hand, there was quite a high proportion of female students in some of the vocational schools : the secretarial school had 130 girls and the school of health, training midwives, nurses and health aids had 241 girls out of 448 pupils (p. 142). The proportion of female representation in all vocational schools had increased more rapidly than in other sections of education as UNESCO statistics for 1970 to 1980 seem to indicate : 35 per cent

female students in 1983 compared with 20 per cent in 1970 and in teacher training 46 per cent in 1983 compared with 16 per cent in 1970 (UNESCO Statistics 1985 : p. 111 - 151).

Compared with some other African countries, the overall proportion of female representation is quite low, especially at primary level. For Africa as a whole at this level, there had been an increase from 35 per cent in 1960 to 39 per cent in 1970 and 43 per cent in 1980 (UNESCO, 1983). Figures given for adjoining African countries are 40 per cent for the Ivory Coast, Sénégal (1981 - 82) 39.7 per cent and Sierra Leone (1980/81) 39.9 per cent.

This comparatively low figure probably reflects the general slowing down of the rate of increase in the latter part of the period under review, following a marked increase in the early years. Rivière (1971) refers to an increase in the number of girls in all three cycles of 397 per cent between 1958 and 1964 (p. 141).

It appears then that the first cycle was worst affected by a slow increase in the number of girls enrolled and this in spite of a pro-feminist stance by the PDG, legislation providing equal access for girls and free schooling at every level. A law was passed (pre-1976 but date unknown) stipulating that 50 per cent of children in schools must be girls and provision was made for pregnant schoolgirls to miss out the 13th year of education (Ki-Zerbo, 1976 : p. 10). The Five Year Plan 1981 - 1985 had too

as one of its aims an increase in the number of girls in the first and second cycles. What reasons then are there for the seeming reluctance of girls to attend school? Rivière (1971) lists three possible reasons: the wish for an early marriage by the girl, a lack of interest in studying (both of which are more relevant to the second and third cycles) and thirdly, the reluctance of families to educate their daughters (p. 141). Some parents feared their daughters becoming too educated and the possible consequences of emancipation. This was particularly true with fathers and Rivière found that there were ten times more boys in school than girls where the father was illiterate. Perhaps the most important reason at primary level, however, was the need to keep girls at home to help with agricultural and domestic chores and this was reflected in a regional breakdown of figures (see Table 4.8). In the region of N'Zérékoré-Yomou, where the general enrolment ratio in 1964 was high, the proportion of girls in school (1 girl for 3.5 boys) was considerably lower than the national average as girls were needed to help in this prosperous coffee growing area which also traded in palm products (Rivière, 1965 : p. 633 and 1971 : p. 140). Unfortunately no later figures were available for this particular area for the number of girls in school, as it would have been interesting to see if there was any change twenty years later. A report on education dated 1976 (Ki-Zerbo) does however make reference to the fact that Conakry and the Forest Region (the area surrounding N'Zérékoré and Yomou) had the highest proportion of girls enrolled in school which suggests that a marked improvement had taken place in the twelve years since 1964.

It would also be interesting to have data on the percentage of girls who repeat each school year as one can surmise that in certain areas, there would be more girls than boys repeating a year because of interrupted studies. Unfortunately, however, such figures are not available; those collected by UNESCO are of a more general nature and they are not broken down into relative numbers of boys and girls (see Table 4.7).

For those girls who continue on into secondary school, the government's pledge of guaranteed employment for all who complete a course of vocational training or graduate from university was an incentive for them to continue. In addition, according to Rivière (1971), there were prospects of a 'better marriage', perhaps to a high ranking official or politician for those who married later after completing their education (p. 141).

#### Regional Variations

Regional variations were particularly marked in the first cycle and similar to those found in adjoining states. If one looks at Table 4.8, one can see that although the number of first cycle schools were fairly evenly distributed across the country (with higher numbers in the regions of Faranah - Sékou Touré's place of origin - and N'Zérékoré) there was more variation in the figures given for the general enrolment ratio, Conakry (48%) and N'Zérékoré (53%) being the highest with Labé (25%) the lowest. The highest percentage increases since 1974/75 were to be found in Conakry (8.1%) and Faranah (6.4%). It is interesting that despite the low figures for Labé, there has been a percentage increase of

5.8% since 1974/75. Table 4.8A ranks the seven "académies" according to the proportion of the population living in urban areas against the general enrolment figures for first, second and third cycle schools. There does not, however, appear to be any correlation between the two sets of figures so no conclusions can be drawn concerning the urban/rural distribution of schools.

In the second and third cycle, regional differences become less important, unlike the situation in neighbouring countries (UNESCO, 1979A : p. 12) Conakry again had the highest ratio (26%) and Labé the lowest (9%). N'Zérékoré once more had a relatively high figure (19%) while the other regions showed little variation. More differentiation was shown in the increase in enrolment ratios since 1974/75. Boké had a marked increase of 13.7% while enrolment in second and third cycle schools had dropped in Kankan (-1.8%). The more even distribution of figures for the later date can be explained to some extent by the reasons outlined above : the attempt at decentralisation of secondary and higher education, the building of second cycle schools at "arrondissement" level (still comparatively 'local') and the government's assurance of employment for those who complete their studies.

The Fouta-Djalon (whose capital is Labé) is an interesting area to study, not least in view of its consistently low figures of those enrolled in school. It is a mountainous region with a scattered population and although there were more "Académies" in the region (6) than in other areas and an average number of schools, children had to travel greater distances in difficult

terrain to get to school. However, this was not the main reason for the low figures. The Fouta-Djalou has long been a bastion of Islam and under the colonial regime, resisted the introduction of secular, and in their eyes, profane schools. Education was only available to the sons of chiefs and this in the Koranic schools where they learnt to read Arabic under the stern eye of a "marabout" and to recite the Koran by heart. If the son of a slave was intelligent and learnt some Arabic (against the general practice) he would be adopted by the family of his master and treated as a son. With the introduction of state schools, children of slaves began to take advantage of these but the sons of the Peul aristocracy remained faithful to their traditional schools (Rivière, 1965 : p. 632). These persisted into the 1970's and were the only kind of non-state school tolerated, no doubt because of the predominance of Muslims in Guinean society. There was also evidence that trained teachers, dissatisfied with conditions in state schools, were turning to teaching in the Koranic schools which were increasing in number (Nelson, 1975 : p. 133 and 141). The strength of Islam in this area also affected the proportion of girls who received an education. Koranic education for them was minimal and as their role was seen as primarily a domestic one and women did a large part of the productive work, it was only rarely that they attended school (Sy, 1975).

At the other end of the scale, the Forest Region, especially around Kissidougou, was little touched by Islam and was the area chosen by Catholic missionaries to set up mission schools. This part of Guinea has therefore benefited for a longer period from a

developed education system and even when all mission schools were banned in 1961, the advantages of education had already been proved. Added to this, a particularly good Inspector of Education was appointed to the area and according to Rivière (1965), the Forest people are said to be well known for their initiative and dynamism.

TABLE 4.7: GUINEA: PERCENTAGE REPEATERS BY GRADE, FIRST, SECOND AND THIRD CYCLES 1980 (FIGURES AND %)

Cycle	Total Repeaters	Total % Repeaters	I	II	III	IV	V	VI
First Cycle	56,384	22	22	21	19	19	21	33
Second and Third Cycle	41,043	46*	32	38	54	36	64	55

Source: UNESCO Statistical Year Book 1983 : p. 111 - 132 and 111 - 228.

\* If one takes the total number of children registered in second and third cycle schools as per Table 4.3, this percentage works out at 40% - 42% (depending on whether one takes the 1979/80 figure - 97,834, or the 1980/81 figure - 101,113).



TABLE 4.8: GUINEA: REGIONAL VARIATIONS IN 1ST, 2ND AND 3RD CYCLE SCHOOLS IN EACH ACADEMY 1977/78

Academies	Distance from Conakry (km)	Number of Directions Regionales (DREC)	Number of Schools				General Enrolment Ratio 1977/78		Increase in Enrolment Ratio 1974/75 - 1977/78	
			1st Cycle	2nd and 3rd Cycles	Professional Schools (ENP)	Total	1st Cycle	2nd and 3rd Cycles	1st Cycle	2nd and 3rd Cycles
Conakry	0	5	227	53	12	292	48%	26%	8.1%	6.8%
Kindia	150	4	280	39	3	322	30%	15%	4.2%	8.4%
Boké	300	4	279	35	-	314	31%	13%	3.4%	13.7%
Labé	450	6	336	42	2	380	25%	9%	5.8%	6.5%
Faranah	485	5	400	59	3	462	37%	17%	6.4%	12.1%
Kankan	700	5	368	53	3	424	26%	11%	3.1%	(-1.8%)
N'Zérékoré	1,100	5	462	49	4	515	53%	19%	4.0%	6.1%
Total for Guinea		34*	2,352	330	27	2,709	33%	18.5%	5.4%	6.9%

Sources: 1. "Education : Priorités et Perspectives" UNESCO, Paris, 1979 EFM/104.

2. "Plan d'Opérations pour un programme de développement de l'éducation en République Populaire et Révolutionnaire de Guinée" UNICEF, January, 1979.

\* This number had increased to 35 by 1983.

**TABLE 4.8A: GUINEA : EDUCATIONAL "ACADEMIES", PRESUMED\***  
**LOCATIONS OF "DIRECTIONS REGIONALES" WITH 1972**  
**POPULATION AND GENERAL ENROLMENT RATIO 1977/78**  
 (Ranked from more urban to less urban)

Académies and Directions Régionales	Population	General Enrolment Ratio	
		First Cycle %	Second and Third Cycles %
<u>Labé</u>			
Labé	418,648	25	9
Pita	206,064		
Lélouma	not known		
Koubia	not known		
Tougué	112,295		
Mali	193,973		
Total	930,980		
<u>Conakry</u>			
Conakry (2)	525,671	48	26
Dubréka	145,322		
Forécariah	132,184		
Fria	54,398		
Total	857,575		
<u>Kindia</u>			
Kindia	224,396	30	15
Télimélé	190,981		
Dalaba	149,667		
Mamou	184,633		
Total	749,677		

\* Based on principal towns in each "académie"

TABLE 4.8A (Continued)

Académies and Directions Régionales	Population	General Enrolment Ratio	
		First Cycle %	Second and Third Cycles %
<u>N'Zérékoré</u>			
N'Zérékoré	290,743	53	19
Macenta	167,749		
Beyla	192,212		
Lola	not known		
Yomou	72,670		
Total	723,374		
<u>Faranah</u>			
Faranah	135,466	37	17
Dabola	83,070		
Dinguiraye	109,162		
Kissidougou	177,607		
Guéckédou	173,915		
Total	679,220		
<u>Kankan</u>			
Kankan	264,684	26	11
Siguiri	253,758		
Mandiana	not known		
Kouroussa	not known		
Kérouané	not known		
Total	518,442		
<u>Boké</u>			
Boké	178,574	31	13
Boffa	121,134		
Gaoual	129,693		
Koundara	88,427		
Total	517,828		

Sources: See Table 4.8. Area Handbook for Guinea, Nelson, 1975.

## VII. Curriculum and Methology

Both these aspects of the Guinean education system experienced profound revision following independence and especially following the Guinean cultural revolution in August 1968. As far as the curriculum was concerned, this often involved a complete rewriting and reappraisal of the syllabus, especially in history and geography where European affairs ceased to dominate : the African colonial wars and the partition of Africa at the Berlin Conference of 1884 - 85 were no longer taught as great achievements and victories, but as "shameful acts of exploitation." (Rivière, 1965 : p. 22). An attempt was made too at socio-cultural relevance including the use of African languages (see below), and the introduction of new disciplines and curricular material to strengthen links with the daily lives of children. Emphasis too was placed as a 'return to the roots', with the readaptation of traditional methods, whether in technology or the arts and crafts (Sy, 1975) and recognition of the importance of preserving local and national songs and dances. Curricula were put together by special commissions made up of representatives of the "Directions Générales", teachers and specialists in the different fields (RPRG Education, 1983).

In addition to the curriculum, the other area to be revised was methodology : teaching in the colonial schools had been largely through rote learning and this method continued in the Koranic schools. The new approach was a mix between classical, Marxist and African theories of education with an emphasis on

developing a critical mind and a democratic spirit in the pupils and encouraging student participation (Rivière, 1965 : pp 624/625).

Thus, the "new kind of school" provided not only an academic education, but also ideological, political and moral training, plus physical and aesthetic education and "technical training" (productive work and basic technical knowledge) (UNESCO, 1979, p. 35).

### Productive Work

The introduction of productive activities in educational programmes has taken place in many African states being described as "one of the most promising measures which (they) have adopted to make education more meaningful, more relevant and more responsive to (their) needs ...." (NEIDA, 1982 : p. 1). The Guinean model, introduced in 1968 with the cultural revolution, was based very much on the Tanzanian experiment of 1967 and Nyerere's "Education for Self-Reliance" (NEIDA, 1982 : p. 15/16). The objectives were both educational and economic (UNESCO, 1979 : p. 38). The educational aspect has been described as follows:

"The primary concern is to rehabilitate work, the sole source of happiness. School, being linked to life, must cater for the different trades and occupations. Each revolutionary education centre (CER) is assigned a particular form of activity. Agriculture is the most common\*, in view of the development strategy of the Party and Guinean economy ... the aim of the CER is to train a modern producer."

(UNESCO, 1979B : p. 38)

\* Chosen by 90% of second and third cycle schools - UNESCO, 1979B : p. 39.

The educational side also included the attempt to reduce the dichotomy between manual and intellectual work (RPRG, 1983 : p. 161), a problem hinted at by Sékou Touré when he stated how hard it was to prevent young people from falling back into a reactionary way of thinking and from seeing 'production' as inferior (Touré, 1976 : p. 165). (In fact, the whole concept of productive work was slow to take root in the Guinean education system in view of unhappy memories of forced labour experienced under the colonial regime (Rivière, 1965 : p. 623).

The economic aspect related both to the school itself and to national development, the latter being concerned with increasing agricultural production in rural areas (UNICEF, 1979 : p. 3; Adamolekun, 1976 : p. 100).

The aim of each CER was "to become financially independent of the national or local budget and ... to become a self-financing and self-managing production unit" (UNESCO, 1979 : p. 39). A percentage allocation of time was allotted to each CER for productive work and this was divided up as follows, school holidays being adapted to the farming calendar.

	<u>1st cycle</u>	<u>2nd cycle</u>	<u>3rd cycle</u>	<u>4th cycle</u>
General education	70	50	40	30
Vocational training	20	30	30	
Productive work	10	20	30	70

(UNESCO, 1979B : p. 39; Touré, 1976 : p. 270)

Specific tasks were allotted to the different cycles : first cycle schools had simple duties including the cleaning and upkeep of their school and the stockpiling of building materials, such as sand and gravel (UNICEF, 1983 : p. 4). Gardening was another of their productive activities and Rivière (1965) relates how "a number of schools have their vegetable garden or field of manioc potatoes and taros, cultivated by the pupils themselves, the sale of the produce being managed by a group of parents and proceeds from which go towards the purchase of equipment and school materials" (my translation) (p. 631). Second cycle schools were involved in agricultural production, the making of bricks and the collecting of sand and gravel for construction purposes (UNICEF, 1983 : p. 4/5). Specific targets were set and expectations were high : in second and third cycle schools each pupil was to produce 72 kg of paddy per annum, that is to say two or three times as much as the average peasant because of their advantage in having learnt science and technology! (Touré, 1976). Both teachers and pupils participated in the work, forming themselves into production brigades, the teachers acting in addition as adjudicators as 25% of the marks for examination and school assessments came from productive activities (UNESCO, 1979 : p. 39/40).

At the end of the third cycle, students spent their thirteenth year in a FAPA (Ferme Agro-pastorale d'Arrondissement) where, as the name suggests, production played a major role. Sékou Touré describes this year as their "année charnière" (a kind of watershed experience) the year when they would experience

'life' - "the resistance of nature and of the counter-revolution" - so that they would enter the fourth cycle "strengthened in mind, body and spirit and better equipped to face future obstacles and resistance" (Touré, 1976).

In the fourth cycle, productive work came into its own in 1975 when university students asked the President to close the schools for 9 months so that they could be directly involved in work in the villages (Touré, 1976 : p. 17).

"They spontaneously and enthusiastically put aside their books and compasses in order to work alongside the peasants in the villages. More than 5,000 young people in 434 mechanized production brigades throughout the country contributed to the success of the agricultural revolution set in motion by the Party-State."

(UNESCO, 1949B : p. 40)

Following this, Sékou Touré introduced the idea of the university farm (Touré, 1976 : p. 243/244). This was established 5 kilometres away from the Conakry polytechnic, one group of students going for a week at a time. I was told, however, that this was not functioning as well as it should be, partly because of limited space for lodging students. Fruit and vegetables were also grown on the university campus and students were expected to spend two hours a week cultivating these (slightly less than the 70% of time stipulated for such activities, it would seem).

Sékou Touré in fact admitted to problems, not least the fact that the time allocated was not being given to productive



activities (Touré, 1976 : p. 270). Indeed, he stated, many pupils refused to take part in productive activities at all so that what was actually produced was minimal in many CERs (p. 271).

"Cadres at every level have no right to be interested in school only when there is a profit to be made ...."

(p. 270) (my translation)

He also complained that

"Few pupils completing their second and third cycle actually master a trade, not even agriculture ...."

(p. 271)

Worse still,

"Although in the CERs, output ought to be at a level superior to that of the peasants, in a large number it is still insignificant and well below the physical and intellectual capacities of teachers and pupils."

(Guillermé, 1980 : p. 394  
quoting Sékou Touré)

The question posed by the NEIDA report (1982) seems, therefore, relevant to Guinea : what is the best way of sensitising the populace to the need for productive work in education? (p. 85). By 1983, no satisfactory answer had been given; the history of forced labour in Guinea and the continuing belief that manual work was inferior would suggest that it might well be slow in coming.

"Ecole pour la vie"

The emphasis on productive work was based on the principle of "l'école pour la vie", that is to say the linking of school with life. Adamolekun (1976) expressed it as:

"A close liaison between the country's educational system and the political, economic, social and cultural life of the nation."

(p. 99)

Like many of the aspects of the Guinean education system it embodied principles from the past while at the same time looking very much towards the future. Traditional African education provided part of the model:

"The entire society was the child's school. He learnt to do by doing. His education went on from the cradle to the grave."

(NEIDA, 1982 : p. 7)

The future element was summed up well in a report by UNESCO (1983) which spoke of:

"The renewal of education systems with a view to ensuring their relevance to the needs of the population and the requirements of development, particularly in regard to preparation for the realities of the world of work and working life."

(p. 14)

The linking of school and life, according to Sékou Touré (1976), had three phases : school pointed towards life, it was

based in life and finally, it had life as its goal ("elle va vers la vie, elle est dans la vie et sa finalité est d'être pour la vie") (p. 13). A later report suggested that these stages were progressive and that Guinea had now moved on from stage one (vers la vie") to stage two ("dans la vie"), a stage at which "one can already apprehend the future and plan for future action ...." (RPRG, 1983 : p. 172) (my translation).

The most important aspect of this doctrine however was that school and life should be interdependent, the one benefitting from and at the same time feeding the other.

"Thus school based in and on every day life will not limit its influence solely to the benefit of school children and students. Its influence will be felt by the whole society; in this way the school will quickly become the think tank of the collectivity preoccupied in discovering the right solution for all the problems of the collectivity."

(Touré, 1976 : p. 209) (my translation)

In the light of this, one can understand Sékou Touré's comments that "each PRL is a university" (p. 37) and also the decision by the CNR (Conseil National de la Révolution) that "pupils will no longer write only with a pencil or a pen, in an exercise book or on a slate, but with the hoe, the plough, the hammer, the anvil and the sickle, in the fields, on the building site, in the factory" (p. 56). In other words, young people must be educated in their villages and their education must equip them to be fully involved in developing the life of their village. "School and life are one" (my translation) (Sy, 1975)

Political and Ideological Education

Political and ideological education was seen as the lynchpin of the Guinean education system, introduced as a "fundamental discipline, serving as a compass for every other form of training received or to be acquired" (Touré, 1976 : p. 25; RPRG, 1983 : p. 164) (my translation). It was started in secondary schools in 1961, taking the form of a course on the work and history of the PDG and the struggle for Guinean independence. It was later included at first cycle level too. 'Ideology' then became a compulsory subject throughout the four cycles. In addition, success in exams and awards of scholarships at secondary and post secondary level were largely dependent on a student's militancy, determined by the extent of his involvement in the PDG's youth organization, the "Jeunesse de la révolution démocratique africaine" (JRDA). He was also required to quote liberally from Sékou Touré's works, often the only ones available to him due to the lack of foreign literature allowed into the country, and to "maintain the stance of the revolution". University students' theses as a result were often largely made up of revolutionary rhetoric. In spite of the avowed aim of the system critical examination of the ideology was forbidden. In view of this and the amount of time allocated to ideology at 4th cycle level, which included a three month post-university seminar, the professional development of graduates and the encouragement of a spirit of enquiry were severely hampered (Adamolekun, 1976 and 1984).

A second aspect of ideological and political training was to be seen in the popular militia, established in 1966, which recruited young people from third and fourth cycle institutions. Each arrondissement too was expected to recruit about 1,000 members so that the national total numbered around 300,000 young people. The functions of the militia were two-fold: national defence and a responsibility to uphold the 'revolutionary' morale in its "struggle against black-marketeers, prostitution and economic fraud". This included regular patrolling of the dance halls and hotels so that by 1976 prostitution had been effectively banished in these places (Adamolekun, 1976 : p. 141)

At IPGAN, two hours a week of the students' time was spent in 'military' training, which explained the unexpected sight (to me) of a classroom filled with young men and women staring intently down the barrels of rifles. A practical placement at Camp Boiro\*, headquarters of the Guinean national army and only three kilometres from the polytechnic, was also compulsory in order to obtain a degree. During the 1970 invasion of Conakry by a group from Guinea-Bissau, Conakry polytechnic's militia played a significant role in the liberation of this camp from the hands of the invaders. Nevertheless, the time spent on these military ventures as well as that devoted to productive work and ideology must have seriously affected the time available for studying in any depth.

\* The name Camp Boiro will conjure up for some readers the scene of human rights abuses, torture and other atrocities.

VIII. Institut Pédagogique National (IPN)

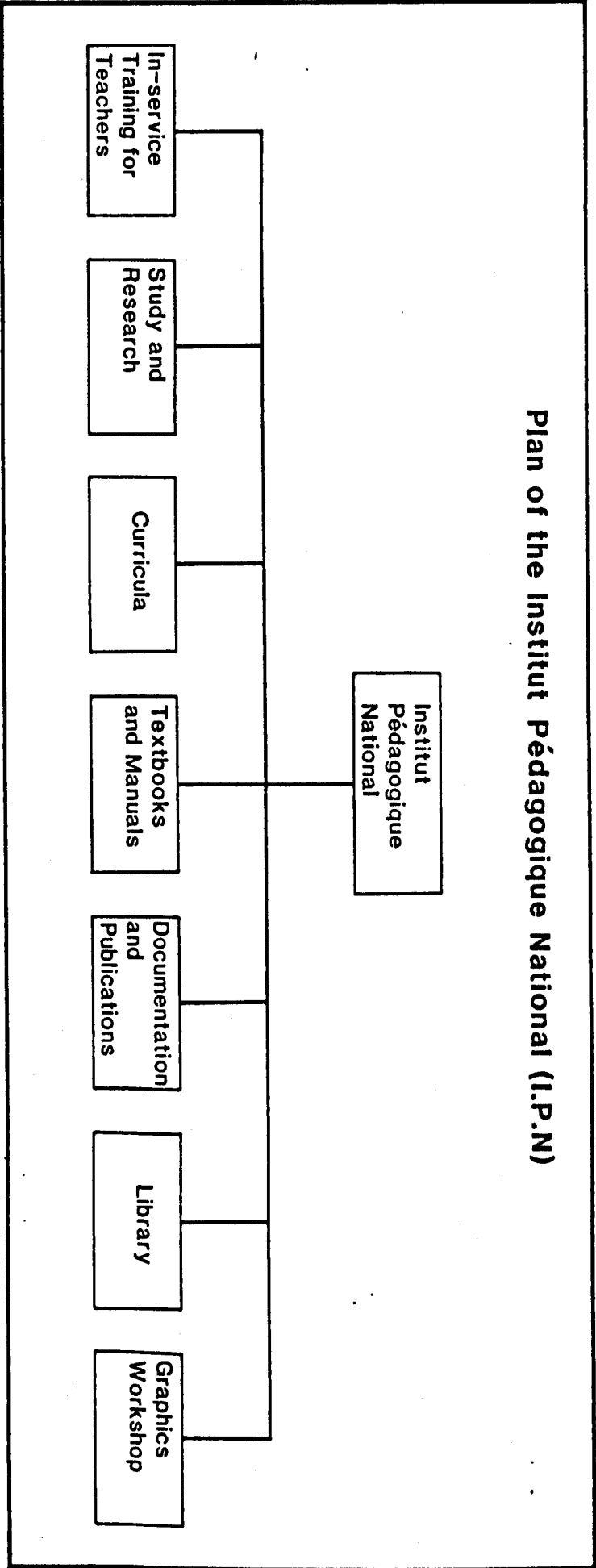
The IPN has been described as the 'heart' of the Guinean education system (UNICEF 1983) and was seen as a growth point both by the PDG and by outside agencies including UNESCO, UNICEF and the World Bank.

Established in July 1972, it took over the role of the "Education Service" ("service pédagogique") which was set up in 1961 but became swamped by the many tasks allotted to it. The main function of the IPN involved educational research, curriculum development and the training and retraining of teachers to equip them adequately for their role in the new style education system. It was also heavily involved in compiling and producing textbooks, teachers manuals and other educational aids for the mammoth task of creating an education system that would function efficiently in six national languages (see below). The elaboration and evaluation of examination for the different levels of education also fell to the lot of the IPN.

The IPN was attached to the MEPU (Ministère de l'Enseignement Pré-Universitaire et de l'Alphabétisation) and was divided into seven sections (see Figure 4.3)

During my visit to Conakry in 1983, I had the opportunity of speaking to the Director about the work of this organization. He spoke mainly of the research side which concentrated on methodology. All the researchers were themselves teachers and had to have had at least five years experience in the field before

FIGURE 4.3



being employed by the IPN. Some of the researchers were still part time teachers which was seen as preferable as it helped to keep them in touch. It is interesting, however, that a report from UNESCO queries the suitability of this approach:

"Although (the involvement of teachers in workshops preparing curricula) is theoretically better than having a handful of specialists who are not directly involved in education ... it does give rise to difficulties in practice. Curricula are not always consistent with the stated objectives ...."

(UNESCO, 1983 : p. 9)

There were, however, French and German researchers working alongside Guinean nationals which would no doubt go some way towards allaying the problem.

The Director was less happy about the role of the IPN in teacher training : the IPN organized seminars and refresher courses for those already employed in teaching. Although some teachers were open to new methods and responded well, many preferred the old ways.

Further criticism of the work of IPN centred round the lack of resources, both of materials and of personnel, to carry out the very ambitious tasks assigned to it. A greater number of specialists would also have permitted systematic evaluation of curricula and methodology, something which was lacking at the time (RPRG Education, 1980).

UNICEF were enthusiastic about the potential of the IPN and committed to providing audio-visual materials, office equipment



and transport, both motorcycles and a "bibliobus" to help in the distribution of textbooks to schools and information to teachers across the whole of the country (UNICEF, 1983). Although the IPN were supposed to work closely with the Regional Education Offices, lack of transport seriously hampered this co-operation. It seemed too as if the potential of the IPN would be further strengthened by the interest shown by the World Bank : money had been promised through the African Development Fund and the Saudi Arabian Fund which was to be spent on the provision of better premises, an expansion in the production and printing of textbooks and in teacher training for primary schools. Further, the Guinean government had signed a two year renewable agreement with the French government in October 1980 for the preparation of syllabi and textbook manuscripts for the French language in first and second cycle schools (World Bank, 1983 and personal interview).

#### Textbooks, Publishing and Printing

One of the major problems which was confronting the country and more directly the IPN was the chronic shortage of school textbooks and other teaching materials. According to Adamolekun (1976 and 1984), the primary and secondary schools had some basic textbooks for the different subjects but in the second and third cycle schools, there was an almost total lack of teaching materials on vocational subjects, which should have occupied between fifty and sixty per cent of the curriculum (including productive work) i.e. agriculture, livestock, fishing, building, construction of small dams and irrigation. The situation was bad in the 1960's

and became even worse in the 1970's when the meagre supplies provided through foreign assistance dried up. Rivière (1965) described the situation then:

"This shortage of books, of specialised journals, of teaching aids, of technical and laboratory equipment is the principal handicap at all levels for the training of teachers and an efficient teaching system. Here, the teacher of industrial design lacks the right kind of paper, there three or four pupils are sharing the same textbook. Even audio-visual material, the gift of several of the developed countries, remains unused very often for lack of trained personnel to operate it or because of the absence of electricity in the small towns of the interior."

(p. 629) (my translation)

The problem was even more serious at fourth cycle level where only the students in science and technology had anything approaching an adequate supply of textbooks. Other students, particularly those in the social sciences and the advanced school of administration, had very few; in addition reading material available in the libraries (both national and those for the two polytechnics) consisted of a few old books and Party and government publications. (This was corroborated by my own search for information in the libraries in Conakry). The journals that were taken numbered less than ten and dealt mainly with science and technology (Adamolekun, 1976 : p. 104). The reason for this dire state of affairs was partly financial, particularly the problem of lack of foreign exchange and the inconvertibility of the syli, but also ideological : the PDG was very suspicious of imported foreign ideas, especially in printed form. All books, magazines and tapes brought in by anyone entering the country were carefully scrutinized at the airport. This attitude of the PDG

greatly impeded the development of scholarship which was particularly noticeable in reading students' theses, where their source material was extremely limited. It also, of course, had serious implications for the "mighty task of nationbuilding and development" which the Party and government had set itself.

It is not surprising, therefore, that one of the four principal aims set by the Ministries of Education in 1979 was the production and distribution of sufficient textbooks and teaching materials to meet the needs of the country (UNESCO, 1979B).

To confront this enormous task, a special printing works was established in 1977 (now under MESRS) to be used solely for the printing of educational materials, including health education. Known as IDEC (L'Imprimerie du Domaine de l'Education et de la Culture), it received massive bilateral aid from the French government and boasted that most up-to-date, modern machinery. Nevertheless, it was functioning well below capacity: potentially, it could print 245,000 books a year but in 1983, it was operating at only 26% of its capacity and there were still practically no primary education books being produced (World Bank, 1983). The problems involved were many and various.

1. The IPN's weak management, capacity and inexperience.  
The IPN was responsible for compiling the material for textbooks through contracts with Guinean authors whose work was protected by copyright through the BGDA (Bureau Guinée du Droit d'Auteur) (Wann, 1983 : p. 3). It was

also responsible for the drafting but not for the editing, which was done by staff at IDEC. However, lack of trained staff and of specialists experienced both in the selection of material suitable for primary school children and in the production of the same limited the scope and quality of their work (RPRG Education, no date A). A further problem was the inability of the IPN to provide the manuscripts at the rate at which they could be printed by IDEC : there were either too many in the pipeline or long periods when the machines were silent and the employees laid off.

2. The problem of intermittent functioning was exacerbated by a number of other factors : the irregular supplies of raw materials, especially paper, chemicals and ink (donated by UNICEF) which had to be imported; the uneven electric current (although at the time of my visit to IDEC they had recently acquired a stabiliser and their own generator, so this was less of a problem) and breakdown of machinery with no-one in Guinea qualified to repair it. Being of a sophisticated nature, it had to be sent to Dakar or France for repairs which could take up to ten months before it was returned.
3. A further problem linked with the above was that IDEC was required to be both publisher and printer. Editing could take four times as long as printing, especially as the text was in the six national languages, some if not most of which might be unfamiliar to the employee type-setting the book. One book could therefore take up to a

fortnight to prepare. This delay affected the printers and there was in fact no-one working in that section on the day of my visit.

In 1983, output from IDEC had been disappointing. As a result the number of first cycle textbooks completed and distributed was only 38 while a further 114 were at various stages of preparation. A further 42 (8 in Soussou, 10 in Pular, 5 in Maninka, 7 in Kissi, 5 in Kpèlè and 7 in Loma) were planned but not yet compiled. For the second cycle, 36 had been completed but not distributed and a further 106 were incomplete (Kondé, 1983 : p. 8/9). These numbers are indeed small when the needs of the country as a whole are considered or even in relation to the goals set for 1979 - 1983 (212 items of educational material with a total of 750,000 volumes printed a year) (UNICEF, 1979). The result was that many of the manuscripts were in fact sent to France to be printed, a situation which the setting up of IDEC was planned to avoid and which increased the cost of the books.

It is interesting to note that textbooks and teachers' manuals were distributed free to all CERS. IDEC was responsible for distribution within Conakry itself while the national transport company COTRA delivered to the Regional Offices over the rest of the country. From there, they were dispensed to the arrondissements from where they were taken to the villages. The maximum time needed to reach the farthest town was 8 - 10 days (Wann, 1983 : p. 6) but no indication was given concerning the length of time to reach the villages or what proportion of the goods actually arrived there. If the experiences of UNICEF were repeated, a significant proportion may well have been "lost" en route (UNICEF, 1983).

IX. National Languages

Reference has already been made on several occasions to the use of national languages in education in Guinea, particularly at first cycle level.

Although approximately twenty languages were in use in Guinea in 1983 (RPRG Education, no date B), between six and eight of them were most widely spoken. These were Soso, Fula and Maninka (spoken in Lower Guinea, Middle Guinea and High Guinea respectively), Loma, Kissi and Kpèlè (spoken in the Forest region) and Wammy and Oneyann. (Spellings of all these vary considerably from one text to another). Between 0.5 per cent and 7 per cent of the population spoke each of these languages (Adamolekun, 1976 : p. 105).

The decision to introduce vernaculars into schools was taken in the early 1960's and by 1964 the language of the region was being taught in all the schools, including fourth cycle institutions, as a curricular subject either as a new language or as an object of further study for those children for whom it was their mother tongue (RPRG Education, no date B). Experience showed, however, that in spite of this reform, the fact that children were still being taught to read and write in a European rather than an African language hampered their progress (Rivière, 1965 : p. 628). Delay in introducing such a reform was partly political, partly practical in view of the large number of languages spoken in Guinea, with no one language the obviously dominant one (Moumouni, 1968 : p. 226).

The second part of the reform, to introduce national languages as teaching languages, was eventually realized at the time of the Guinean cultural revolution and by October 1968, eight languages were heard throughout the classrooms of Guinea (Kondé, 1983). (The number appears to have been reduced to six at a later date, disregarding Wammey and Oneyann, although all eight were maintained in the literacy training programme - see below). This approach was adopted initially in the lowest classes of the first cycle, eventually increasing the number of classes taught in this way by one a year. By 1983, national languages were used as the language of instruction during the first eight years of schooling, that is up to and including the second year of the second cycle. French was introduced as a subject in the third year of the first cycle. The aim was eventually to convert the whole of the education system into the vernacular so that even higher education would no longer be French based. Having decentralized many of the fourth cycle institutions, it was assumed that the task would be less difficult than if all students had to gravitate to the capital, Conakry, to continue into higher education.

A further aspect of the reform was the introduction in 1976 of a bilingual element, not so much French/regional language, but more importantly the ability to speak two or more national languages. A second national language was introduced into the curriculum at second cycle level and it was specified that this should be one of the three principal languages of the country, i.e. Soso, Fula or Maninka (RPRG Education, no date B).

The rationale behind the full-scale introduction of national languages into the education system was as follows:

1. To lessen the intellectual and psychological shock felt by a young child on entering school where a foreign language was spoken, in most cases one which neither of his parents would speak (Sékou Touré reckoned that less than 400,000 Guineans, i.e. less than 10% of the population understood French (Guillermé, 1980 : p. 399; Nelson . (1975) placed it nearer 20% (p. 73)).
2. To enable a child to grasp more quickly ideas to which it would not be easy to introduce him if he were taught in a foreign language.
3. To raise the status of the vernaculars in the eyes of the populace so that they might see them as an integral factor in the overall development of the nation.
4. To facilitate adult literacy training since the child could help his illiterate parents.

In addition to this rationale were the concern for "continuing action to restore and promote African languages", the desire for "complete liberation of (the) people from imperialist cultural domination" and the belief that a language is essentially related to "a view of the world and a form of social life which ultimately impose a certain mental structure on those who speak it". (UNESCO, 1979B : p. 48).



The response to this reform was mixed and aroused more than a little opposition, especially from those who had spoken French for many years or were against the change for political or educational reasons. "Even government employees who were literate in French were required to become literate in their native language under penalty of being dismissed." (Nelson, 1975 : p. 71). Sékou Touré (1976) speaks of "sabotage" of the reform by intellectuals, teachers and petit-bourgeois (p. 18). It is interesting however that UNESCO put its full support behind the scheme from the outset, although initially the use of national languages were conceived of more as a vehicle of literacy training than as the language of the classroom (Adamolekun, 1976 : p. 105).

As well as opposition, there were major practical problems in launching such an ambitious scheme, including those relating to the languages themselves. These had not been studied within the country with sufficient scholarship to write them down in a form in which they could be taught and used as literary subjects, nor was there an alphabet system common to all of them. (In fact, the Christian and Missionary Alliance had been working in Guinea since 1919 on just such a task, for the purpose of Bible translation, and had already put many of the languages into written form. However, the government had disregarded their work and started on the task again for themselves.\*) In addition, there were various dialectical forms of the same language and a decision had to be made as to the "correct" one. The position of the minorities who spoke one of the other languages not included amongst the eight chosen was also put forward for consideration,

\* Personal interview. My informant was someone who had been involved in Bible translation in Guinea for a number of years.

but it was reckoned that most of these smaller language groupings were already being absorbed by one of the larger ones (Guillermé, 1980 : p. 395). Whether Guinea would become a fragmented rather than a unified nation was another question of concern, and what of the children of officials who were moved from one area of the country to another?

In spite of all these doubts and questions and the sheer logistics of producing a sufficient number of textbooks and teachers and reorientating those already in the field, the reform went ahead and in 1978 the "brevet élémentaire", the exam taken at the end of the first cycle, was written exclusively in the eight national languages.

It is difficult to make any assessment as to how far French in fact was eradicated from the classroom and if any of the difficulties foreseen did cause any major problems. Most of the authorities are silent on this. Mention is made, however, of teacher resistance and the difficulty of retraining and re-orientating older teachers. Government publications speak of immense "successes" and an enormous qualitative increase in the level of education, although it is unclear how this is measured (RPRG Education, no date B : p. 18). The marked increase in the number of children enrolled in first cycle schools after 1968 (see Table 4.1) may well reflect success at attracting more children into the schools, who would otherwise have been deterred by the need for French. Certainly, NEIDA (Network of Educational Innovation for Development in Africa) were fully behind the

experiment and in their newsletter of June 1982, they recommended action towards "sensitizing populations to the importance of the national languages; promoting co-operation among countries and institutions in the development of national languages and of methods for teaching them" as well as towards developing national capacities for producing the necessary materials and the training of personnel.

Most concern has been expressed about the status of French and French teaching in Guinea (World Bank, 1983). It is maintained that insufficient attention has been paid to the difficulties of changing from a national language to French as the vehicle for teaching and that the problems created at this point can affect all subsequent schooling. This is particularly marked in mathematics and the sciences as a change of language affects comprehension. A further criticism levelled at the system is that it "keeps students ignorant", handicapping those who wish to work or communicate in anything but a national context. A fall in the quality of spoken and written French was noted both at secondary and fourth cycle level (Adamolekun, 1984) and English was not introduced until post secondary level (Adamolekun, 1976 : p. 106).

X.     Linguistic Research : The Chair of Linguistics and the  
Academy of Languages

The development of the national languages for teaching purposes has been the work of two institutions : the chair of linguistics and the Academy of Languages.

The chair of linguistics and national languages grew out of the Faculty of Modern Literature, established at Conakry polytechnic from the year of its opening in 1963. It was divided into two sections : mathematical linguistics and philosophical linguistics with the aim of training both teachers of linguistics and teachers of mathematics and philosophy. The first linguists graduated in 1967, during which year the study of linguistics was also introduced at Kankan polytechnic. By 1982/83 there were 150 graduates in this field, all of whom had carried out research on one of the languages of Guinea for the purpose of their final thesis, including works on phonology, morphology, lexicology, grammar and also applied research related to education (grammars and translation) (RPRG Education, no date B : p. 2; UNESCO, 1979B : p. 50).

The Academy of Languages was founded in March 1972 with the aim of developing and applying research on languages for education purposes. It was composed of an applied research department and eight commissions, one for each of the national languages being developed. The tasks allotted to it were the following:

1. The elaboration of an alphabet and official orthography common to all Guinean languages which could be used in other African states where these languages were spoken, e.g. Wammy in Sénégal.
2. The devising of scientific terms for each of the languages. This stirred up perhaps the greatest controversy as many people maintained that the national languages could not be used for the teaching of science. Sékou Touré disagreed strongly.

"Every living language is a language of science, technical knowledge and philosophy and can serve the needs of the people who speak it. The more a language is used, the more it develops and provides us with a means of communicating our thoughts adequately and extending our field of action."

(UNESCO, 1978 : p. 48)

This task also included the need to translate a wide range of other terms, not in current usage in the language concerned, Guineanizing some and borrowing or adapting others.

3. The production of grammars and dictionaries for use in schools.
4. Research into bilingualism in schools and also the most effective methods of teaching these languages.
5. The production of handbooks on livestock, agriculture and other relevant topics for use in literacy training.

6. The collection and publication of documents relating to the oral tradition : stories, songs, poems, proverbs (RPRG, no date B : p. 6). This involved research in the field.

"The people at large are thus involved in research on the national languages and their enrichment and development in all areas. The task of the Academy of Languages is to guide, centralize and systematize the efforts and contribution of the militants so as to avoid any wastage of energy or time and to enable everybody to benefit from the results."

(UNESCO, 1979B : p. 51)

UNICEF have been involved in supporting this venture by the provision of recording equipment (UNICEF, 1983 : p. 32) while UNESCO, in association with NEIDA, have arranged seminars on the "harmonization and standardization of transcriptions of national languages used in school curricula and literacy programmes". They also intend to publish a reference work on the topic relevant to all African languages (UNESCO, 1983 : p. 18). In the same context, there were plans to carry out case-studies on national languages and mother tongues as "media of instruction, literacy training and culture" (p. 22) in order to increase the relevance of education at primary level.

In view of such an ambitious programme, what have been the achievements of the Academy of Languages? Various publications have been produced, including one entitled 'The principles of

orthography and segmentation'. Grammars had also been compiled and some work on lexicology had been completed (RPRG Education, no date B : p. 6/7). In 1979, a research project was carried out into the extent of bilingualism in primary and secondary schools where pupils were confronted with at least two languages in the course of their studies. The survey had involved 2700 CERs at all four levels at which were interviewed 300,000 pupils and 4,000 teachers from first, second and third cycle schools. The results were being analyzed in 1980 in Conakry when, according to the official report, the building concerned was hit by a violent tornado and many of the papers lost or spoilt (RPRG Education, 1981). By 1981, work was still being carried out on this project with the intention of publishing a guide for first cycle teachers concerning the difficulties confronted by children in learning a second language (RPRG Education, 1982). In addition, there was close collaboration with the IPN in the elaboration of school textbooks in the different languages.

While it appeared that the Academy of Languages had an extremely important role to play, the output nevertheless seemed small for its ten years of existence. In the words of Adamolekun (1976) it is "reasonable to doubt whether the progress of the Academy in these difficult research activities can keep pace with the programme described above" (p. 105).

XI. Literacy Work

The other area where national languages were being developed and used was in literacy work. The reduction of illiteracy was one of the country's main stated goals since independence (Nelson, 1975 : p. 142) and it is interesting to note that a whole page is devoted to it in the last report by the PDG prepared for the twelfth national congress, whereas other aspects of education are covered by only a few lines (RPRG, 1983 : p. 169/170).

Prior to independence, literacy work seems to have been neglected by the French.

"Statistics for the 1945 - 60 period do not contain any reference to literacy campaigns in Black Africa. The reason is that despite all the grand propaganda about achievements in this field, the battle against illiteracy was never, per se, a real interest of the French colonial administration. Although basic education and adult courses were organized, it was done in a paternalistic manner in order to exploit them for French imperialist propaganda purposes .... The only way to extend literacy throughout Black Africa, which is by using African languages, would have had far reaching political consequences on the national liberation movement .... As a result, illiteracy remained untouched, virtually, among the African masses .... Outside the towns at least 99 per cent of the Africans were illiterate, and even in the towns the percentage of literate adults was never more than 15 per cent."

(Moumouni, 1968 : p. 80)

(No official figure is given for Guinea prior to 1965)

Literacy work in Guinea is referred to as "education non-formelle" or "education extra-scolaire". The first literacy campaign was launched in 1962 with the simple aim of teaching



those who had never had a chance to attend school the three basic skills of reading, writing and arithmetic (RPRG Education, no date B : p. 20). It seems that this initial attempt was conducted in French. The campaign was started with great enthusiasm, using primary school teachers in the evenings, the people becoming very excited at the thought of being able to learn to read and write. This foray into literacy work was short-lived however: the average peasant did not speak French and he was tired after a day's work, but it was the teachers who became discouraged first, labelling their pupils as "too thick to learn".\*

Realising the need to use national languages, instead of French, a National Literacy Commission was set up in the same year (1962) in order to plan a new campaign and this was launched in 1964 (RPRG Education, no date B : p. 20). Once again, this second attempt seems to have been shortlived and "it was only in 1968 that the battle against illiteracy was engaged in a systematic way". This involved launching a "pilot project of functional literacy" with the support of UNESCO and included the training of national cadres and experimenting with new methods of teaching. The pilot project was planned for five years (1968 - 1972) with the aim of reaching 3,500 labourers and 75,000 peasants but in fact only realized 47.7% of its objectives, with 37,512 people being awarded a diploma at the end of the course (RPRG Education, 1981 : p 1 - 2). The main reason for this failure, according to the Director of the SNA (see below) was its selective approach, out of keeping with the policy of 'mass' education' which underlay the Guinean system : only 4.8% of illiterate adults were covered

\* Personal communication - November 1983. My informant had lived in the country for many years and was present at the time of this first campaign.

by this campaign (p. 2) when 90% of the population over 15 was illiterate (p. 3).

Yet another campaign was launched in 1972 "the real beginning of literacy work" (RPRG Education, no date B : p. 21) for it was at this attempt that the work was attached to local schools at village and arrondissement level, using the existing structure, buildings and teachers instead of trying to construct an independent service. In 1979, the creation of the Ministry of Pre-University Education and Literacy (MEPU) elevated literacy work to ministerial level, giving it added impetus and also a direct link with the administration of the primary and secondary schools.

Literacy campaigns were organized and administered by the Service National d'Alphabétisation (SNA) which was set up in 1967. Its tasks included the planning of programmes, the training of teachers, the elaboration and diffusion of manuals and the devising of appropriate teaching methods (Diallo, S.R., 1982). Programmes were carried out at regional, 'arrondissement' and village level, each of which had its own literacy training committee with representatives from the youth, women's and workers' organization (UNESCO, 1979B : p. 44).

The principal aim of the PDG is the total eradication of illiteracy but other additional reasons are given for this emphasis on literacy work: the brief of the SNA was to "enable the people at large to study scientific and technical subjects,

rehabilitate the national culture and develop 'mass' culture" (UNSECO, 1979B : p. 44). The target group were the agricultural workers, who formed 80% of the population, and were described as "totally illiterate" (RPRG Education, no date B : p. 19), the intention being to increase their understanding of science and technology, in order that there might be a marked increase in production and rural incomes. There was also concern that with the low primary school enrolment ratio and a relatively high drop-out rate, the number of adult illiterates would start to increase (World Bank, 1983).

From the above, it can be gathered that attempts at literacy work have suffered from a 'stop-go' approach and the figures available do not suggest that much progress has been made.

"Between 1964 and 1980, only 59,450 people have received diplomas for literacy, 6,533 of whom are women.\* Some of these have fallen back into illiteracy while others have not been counted as they did not pass through the literacy centres. Out of 4 million illiterates, it is a very poor result ...."

writes the director of the SNA (RPRG Education, 1980 : p. 4). A more recent report from UNESCO (1983) gives the following figures: for 1981/82 32,651 students (20% of whom were women) participated in literacy programmes which represents 1.7% of the total illiterate population between 15 and 54 (p. 10).

What then are the reasons behind this apparent failure? The Director of the SNA mentions the following:

\* i.e. 11%

1. A lack of political will. This is reflected in the amount of money invested in literacy work in Guinea, only \$30 per adult whereas Ethiopia provided \$212 and Iran \$332 (1971 figures) (RPRG Education, 1981 : p. 7). This is less than 1% of the education budget for 1978/1979 (see Table 4.15).
2. A wrong emphasis in the work. Most of the results obtained were from urban areas where those who have benefitted will make no impact on rural development.
3. The lack of appropriately qualified teachers. It had been hoped that diverse members of the literate population, employees in banks, commerce or mining, would be happy to act as literacy teachers to help their illiterate brethren but this hope had been disappointed. The general feeling increased therefore that the provision of literacy should be a job for teachers and in 1973, recognition of this attitude was formally made by the Higher Council of Education which declared that "Every classroom, urban or rural, was to be used for a literacy course for adults given by a teacher" (Nelson, 1975 : p. 142/143). Not only were these teachers expected to offer their services on a voluntary basis (UNESCO, 1979 : p. 44) but, in the words of the Director of the SNA, "their many duties led to a number of them being completely crushed" (RPRG Education, 1980 : p. 4) (my translation). In addition, they received very little, if any, additional training.

4. A lack of planning and follow-up, which led to a speedy evaporation of initial enthusiasm on the part of the students (RPRG Education, 1981 : p. 4).
5. "Sabotage" or a lack of co-operation by those who were against the development of national languages (p. 3).  
There was a feeling among certain groups of people, including some of the literacy students, that a "proper" education had to be in French.
6. A too narrow approach to literacy work. This should involve more than the teaching of basic skills; it should result in conscientization and a subsequent change of behaviour and outlook amongst the poorest (p. 4).
7. An insufficient number of textbooks and manuals and those which were in use were outdated. There was also a lack of other teaching materials due to the inadequate budget allotted to the SNA. Lack of finance had led to the demise of the journal "Dyamaa" which was specially produced as follow-up material for literacy students and which was apparently very popular and helpful (p. 5/6). Distribution of the available literature was a further problem: a group finishing the first book would have to wait for the arrival of the next one. During the delay, interest and subsequently students would be lost (p. 4).

As a result of all these problems, "literacy in the national languages was ... negligible ... (and) less than 10 per cent of the

population could read and thoroughly understand articles in French, such as those appearing in the PDG daily newspaper, 'Horoya'" (Nelson, 1975 : p. 142 - quoting a speech by Sékou Touré in 1972).

Nevertheless, the fact that government publications seemed well aware of the reasons for failure and also included suggestions for improvement augured well. The Director of the SNA appeared a perceptive and far-sighted individual who could perhaps give the programme the necessary impetus, provided that some of the key problems were resolved. Suggestions for improvement included:

1. A clearer definition of what is meant by literacy work and the approach adopted: this seemed to fluctuate between a traditional approach (teaching basic skills), functional literacy (although one document denies the use of this method in Guinea\*) and conscientization (Diallo, S.R., 1982).
2. A need for greater preparation before launching a new campaign: "it is ... acknowledged that, before launching literacy campaigns and programmes, there is a need for meticulously prepared action to inform all those concerned, develop their awareness and incite them to take action (UNESCO, 1983 : p. 12).
3. A need for careful planning. According to the Director of the SNA, there was not enough data currently available to plan a global campaign for the extinction of illiteracy in

\* (UNESCO, 1979B : p. 44 where the approach is referred to as 'further training literacy method')

Guinea. Research was urgently needed to collate facts and figures to enable planning to be carried out at a regional rather than central level as a response to different local needs (RPRG Education, 1980 : p. 3).

4. The need for training of teachers. A government report suggested that the ideal would be a special training school for literacy teachers (RPRG Education, 1981 : p. 10) but until such a project was realised, existing teachers should be retrained through in-service courses and seminars (seen as most effective by UNESCO (1983 : p. 11)). A further suggestion mentioned the training of specialist multi-disciplinary rural animators alongside teachers in the primary teacher training colleges (ENIs) (RPRG Education, 1981 : p. 10). Much emphasis is placed on an integrated approach : "the success of literacy work depends on the co-ordination of all the ministerial departments directly concerned with rural development (schools, health, agriculture, cattle raising, fishing ....)" (RPRG Education, 1980 : p. 2) and also on the forging of a link between primary schools and literacy work to prevent a new generation from falling back into illiteracy (UNESCO, 1983). In addition, the natural link between mother and child in the use of their own language both at school and in literacy work could be developed to a far greater degree (RPRG Education, 1981 : p. 6).

5. Finally, there was a need for greater political commitment, both in terms of finance and in putting decisions into action to prevent further demoralization of students. At the same time, the report of the SNA recommended that more initiative should be taken at local level by the communities themselves, without waiting for moves by the central government (RPRG Education, 1981 : p. 7/8).

A quotation from Sékou Touré in 1972 perhaps sums up the state of literacy in Guinea:

"We must treat the task of the Party in this domain very seriously. We were the first to face this problem in Africa. Everywhere today one speaks of the literacy campaigns conducted in our national languages. But pay attention that that one who invents something is not the last to apply what he has invented. That would be shameful."

(RPRG Education, 1981 : p. 12)

(my translation)

Maybe something of the spirit of this exploration can be seen in the area of Telimele, where the "Regional Centre for Improving the status of women" received 'honourable mention' for the Nadezhda K. Krupskaya Prize for literacy work in 1977. (UNESCO, 1983B).



TABLE 4.9: GUINEA: ILLITERATE POPULATION 15 YEARS OF AGE AND OVER AND PERCENTAGE ILLITERACY BY SEX

1965, 1970, 1980

Year	Illiterate Population			Percentage of Illiterates		
	M/F	M	F	M/F	M	F
1965	1,665,000	724,000	941,000	91.4 <sup>1</sup>	86.0	96.0
1970	2,079,480 <sup>2</sup>			86	79.0	93.0
1980				75	65.0	86.0

Sources UNESCO, 1982

World Bank, 1983

Note:

1. Rivière (1965) gives this figure as 85% (p. 620).
2. Calculation based on the figure for the percentage of the population over 15 in 1975, i.e. 2,418,000.
3. Nelson (1975) quotes Sékou Touré as giving a lower figure for 1972, i.e. less than 10% literacy in French and negligible literacy in the national languages (p. 142).

XII. The National Long Distance Teaching Service (Téléenseignement)

"Téléenseignement" was concerned with the further education and professional training of all the nation's workers, both urban and rural. It catered for men and women in the age group 18 - 45 who had completed their secondary education but had not continued on to university or further training, its aim being the continuing qualification of all Guineans in order to increase production.

Started in March 1964, it received new impetus at the time of the cultural revolution in 1968. Its tasks included the organization of evening classes, (in urban areas), the preparation of correspondence courses, articles for the press and radio broadcasts. Its main thrust was to reach workers in rural areas, gathering them together in classes after work (i.e. 3 pm) where they met in local schools to study and to listen to twice weekly radio broadcasts. It seemed that courses were produced mainly in French (which presumed some level of literacy in this language on the part of students). The teachers were from the local first cycle school, although the hope was that "all men of good will" (engineers, doctors, politicians, professors) would assume this role in keeping with the revolutionary principle that "if you know, teach; if you don't know, learn ("si tu sais, enseigne; si tu ne sais pas, apprends"). Correspondence courses were also supplied to would-be university students who could not attend one of the polytechnics and it appeared that these were studied on an individual basis, rather than in specially convened classes.

"Téléenseignement" was organized on a regional basis although administered centrally in Conakry under the auspices of MESRS. Each CER had its own regional office which was seen as the main rallying point for students in the area, being described as "a dynamic centre of study and research open to all militants who wish to better themselves".

There was little written to indicate how successfully "téléenseignement" was fulfilling its brief, although I was assured in a personal interview with one of the teachers that there was a good take-up rate for courses. However, one can surmise that many of the problems documented for literacy work may well apply to "téléenseignement". Mention was made of the service being involved in printing, editing and distributing all its own material which suggested some overlap with the role of IPN and IDEC. In addition, there was reference to the collecting of local legends and stories by the Regional Offices which again suggested duplication, this time with the National Academy of Languages.

Source: MESRS "Service National Téléenseignement", November, 1982 and personal interview.

# Structure of "télé-enseignement" (distance learning)

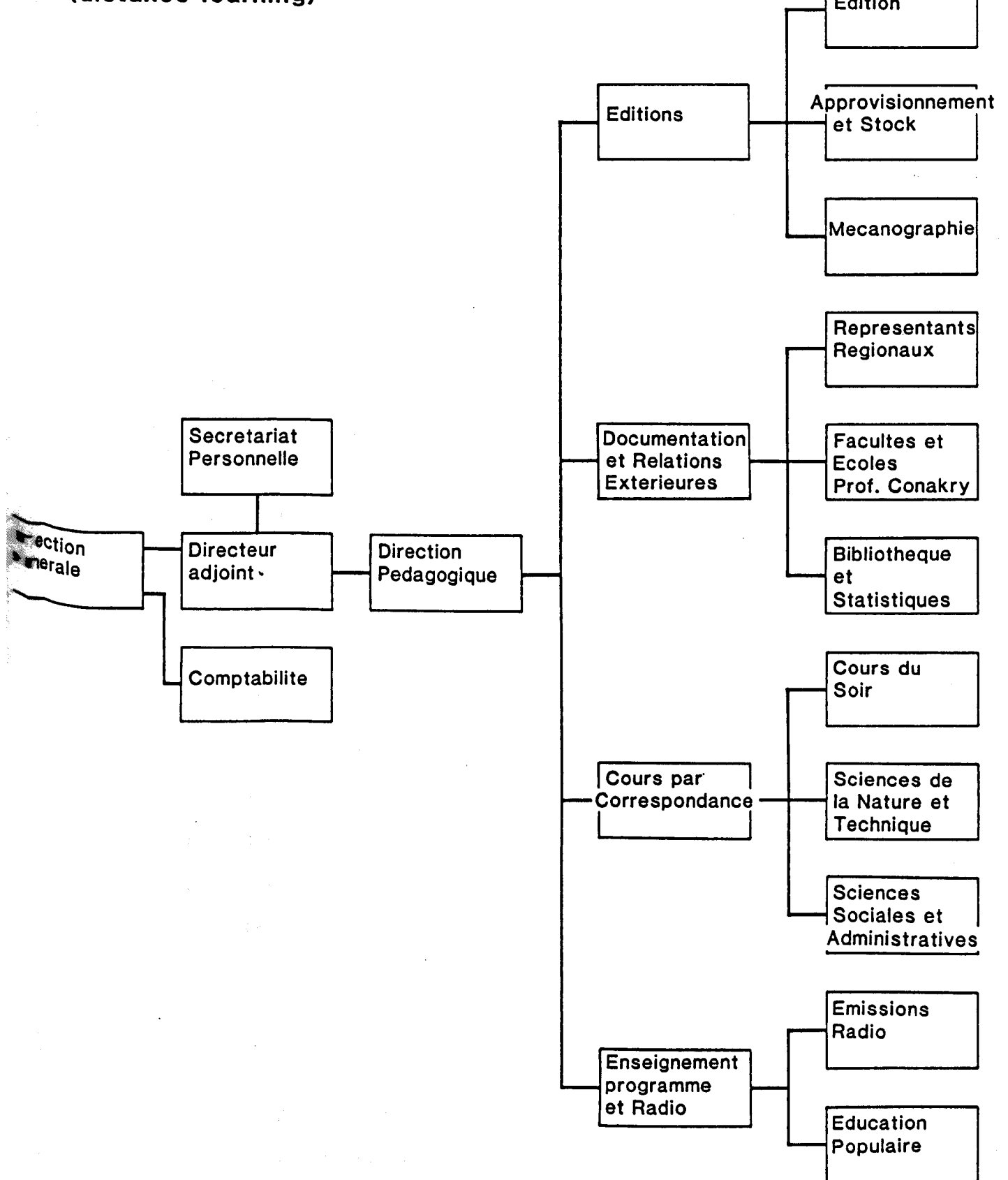


FIGURE 4.4

### XIII. Teachers and Teacher Training

One of the main problems besetting Guinean education from independence to 1983 has been a lack of adequately trained teachers at all levels of the education system.

Until 1969, this problem was solved in part by the employment of a large number of foreign personnel (Adamolekun, 1976 : p. 102)\* and in fact up to a third of the French teaching staff remained in Guinea after independence, despite very real incentives by the French government to persuade them to leave, in order to help build up this new and vulnerable country (Rivière, 1977 : p. 83). This enabled the achievement of a teacher/pupil ratio of one to forty-one in the primary schools and one to thirty-three in the second, third and fourth cycles combined (Adamolekun, 1976 : p. 102).

In 1969, however, the situation changed radically when the Guinean regime cancelled the contract of almost the entire teaching staff from Western bloc countries for their alleged interference with the 'revolutionary culture': whereas there were 170 French teachers in Guinea in 1965, only two of them remained in 1970, (p. 102), although other nationalities helped fill the gaps, especially those from Eastern bloc countries (see Table 4.11 - figures for 1978).

As regards Guinean nationals, the regime did little to promote confidence or ensure dedication to their work. With the

\* Rivière lists 423 foreign teachers and 41 technicians and educational administrators from 21 different nations who were working in Guinea in December 1963 (1965, p. 629).

needs of the Party being paramount, school principals were among those elected to high office in the PDG during the early years of independence, leaving a serious gap in the ranks of education (Rivière, 1977 : p. 101) while in 1961 the so-called 'Teachers Plot', a dispute over better working conditions between teachers unions and government, led to the arrest of leaders of the Teachers' Union (Adamolekun, 1976 : p. 122). A third factor was the 'brain drain' following independence when many good teachers left the profession to swell the ranks of diplomats, administrators, ministers or business men (as well as politicians), all of which positions were far better paid. Many more fled overseas (Rivière, 1965 : p. 630). This led to a deplorable state of affairs with teachers being recruited who had no more than primary schooling, even former tailors and carpenters were enlisted (p. 631).

Rivière (1965) describes the situation thus:

"If the teachers' sense of professionalism was sufficient, then the damage would be less but, seduced by extra-curricular activities of a more or less important nature they are often absent from their post (following the sad example of certain Europeans) or else neglect the supervision of their pupils and the marking of their books. Certain of them even exclude children from class for trivial reasons."

(p. 628) (my translation)

Those teachers who were more conscientious, but trained in the "old school", found it extremely difficult to adapt to a new approach, in spite of attempts at in-service training (Rivière, 1965 : p. 629, Moumouni, 1968 : p. 227). Also, teachers were required to be ideologically sound in order to inculcate the regime's ideology into students (it was doubts about some of the teachers in this respect that led to the dismissals at the time of

the 'Teachers' Plot'). In the words of Sékou Touré "The revolution prefers a bad teacher, politically committed, devoted and honest, to a perfect teacher who is reactionary and anti-popular" (quoted in Adamolekun, 1976 : p. 103).

The result of all this was that by 1972, the ratio of students to teachers had fallen dramatically, being one to sixty in the primary schools, the majority of these untrained, while students in third and fourth cycle establishments were being taught by civil-servants and final year polytechnic students (apart from those in the Schools of Medicine and Pharmacy) (Adamolekun, 1976 : p. 102).

#### Primary School Training

A training course for primary school teachers ("cours normal") was first introduced in 1950, under the colonial régime, when students were enrolled after passing the "brevet élémentaire" to train as "instituteurs adjoints" (Guillerme, 1980 : p. 389). By 1968, there were four "Ecoles Normales Primaires" (ENP) at Dabadou, Koba, Pita and Guéckedou recruiting trainees at the end of the second cycle (i.e. after nine years schooling) and giving them a three year training (UNICEF, 1979 : p. 15). The realisation that such a training did not equip them adequately for their task coincided with the crisis of the early 1970's when the number of teachers available fell drastically following the expulsions of 1969 (see above). In addition, the National Council for Education made a decision in 1973 that every PRL should have its own first cycle school, with the full complement of six classes, so that

children would not have to leave their village to receive an education. This increased the pressure on primary teacher training colleges even more (UNICEF, 1983 : p. 18).

Reorganization led to an increase in the number of colleges (16 by 1977 - 78) and also a new name, Ecole Normale d'Instituteurs (ENI). Students were now recruited two years later (after eleven years of schooling) and their training lasted for only two years.\* By 1977/78, numbers in training had risen to 3462 (see Table 4.12) although this number still fell far short of the nation's requirements of an additional 7.374 yet to be trained (UNICEF, 1979 : p. 15; 1983 : p. 18).

The sixteen ENIs were located in the different linguistic zones, in order to train teachers in the languages of the region and to equip them to teach in them (UNICEF, 1979 : p. 15). A recommendation was made by the Director of the Academy of Languages that the teaching of linguistics be introduced into ENIs in order that teachers be better equipped to use them in the classroom. The same report pointed out that the distribution of teachers fluent in the regional language was very uneven, some areas being well-staffed but in others the needs were great. It suggested that all teachers should be employed in their region of origin (which would go against the principle of "ethnic arithmetic" - see above), and that there should be linguistic specialisation in the different ENIs (RPRG Education, no date B, p. 14, 18).

In 1981, the number of ENIs was reduced from 16 to 7 (one for each CGR), primarily as a result of the oil crisis of 1979 but

\* Later increased once more to 3 years (RPRG Education, 1983 : p. 5)



also as an attempt at rationalisation. This included transferring them from the Ministry of Pre-University Education and Literacy Training to the Ministry of Technical Education and Professional Training. One immediate result was a drop in the number of trainee teachers so that in 1952 - 1983 only 1,252 students were in training with 100 teachers (see Table 4.12). The seven remaining ENIs were at Conakry (language Soso), Boké (Soso and Pular), Kindia (Soso and Pular, Labé (Pular), Kankan (Maninka), Faranah (Maninka and Kissi), Nzérékoré (Kpèlè and Loma) (UNICEF, 1983 : p. 19).

#### Secondary School Teacher Training

Secondary school teachers were originally trained at the Julius Nyerere Higher Normal School (later becoming the "Institut Polytechnique de Kankan" - IPK) which continued to be the main source of secondary teachers in the mid-1970's. Other secondary school teachers were recruited from graduates of Conakry polytechnic (2nd cycle teachers needed to qualify only in the first stage of the two-tier degree; 3rd cycle teachers were required to have completed the full six years of both stages). The need for qualified secondary school teachers, however, remained acute. (Nelson, 1975 : p. 140/141: RPRG Education, 1983 : p. 5). As a response to this chronic situation, an "Ecole Normale Supérieure" (ENS) was established in 1979 to train 3rd cycle teachers and later 4th cycle teachers. Students were recruited by competitive examination from those who had completed the first stage of a degree in social or natural sciences.\* The course lasted for 3

\* Students who did well in their ENI qualifying exams might also be accepted (UNICEF, 1979 : p. 19)

years (2 years of general education, 1 year of teaching practice in a second or third cycle school) at the end of which period the students had to submit a thesis. In 1981, there were estimated to be 158 students in training at the ENS, thirteen of whom were women (RPRG Education, 1983 : p. 5; UNICEF, 1983 : p. 8).

Numbers in training at IPGAN and IPK were not known but it seems unlikely that the total approached the 1983 projection of 2,000 secondary school teachers (UNICEF, 1979 : p. 14).

### Higher Education

Teachers for the two polytechnics were recruited mainly from among graduates of those institutions and from individuals who had received degrees abroad. During the early 1960's, many of the teaching staff were Europeans. These were gradually replaced by qualified Guineans but some foreign teachers were still employed in the polytechnics at the time of my visit in 1983 (Nelson, 1975 : p. 141).

### Assessment of Teacher Training

There is no doubt that there has been an enormous expansion in teacher training both since independence (Rivière maintained that the number of teachers increased in the five years after independence by 301.6% (1965 : p. 627) and particularly since 1970, following the expulsion of so many foreign teaching personnel). The process of Guineanizing the teaching staff has continued apace (see Table 4.11, Notes 1, 3 and 7) with most of the foreign teachers having been replaced at secondary level by the end of the

1970's. What is not reflected in Tables 4.10 and 4.11, however, are the enormous fluctuations between independence and the early 1980's, due to social and political upheavals, the figures showing a fairly constant, if slow, increase. It may well be that those commandeered as acting teachers during this turbulent period, the politicians, students and carpenters, are included in the figures giving a false picture.

A second point concerning numbers of teachers is the continuing shortfall in spite of expansion (see above). At primary level, there was an increasing need for new teachers from 610 per annum (the target for 1981 to 1986) to 810 per annum (the target for 1987 to 1991) and to 1,970 for the period 1992 - 1996, whereas the total capacity of the existing ENIs in 1983 ranged from 65 to 512 students with a total enrolment of 1,252 (World Bank, 1983). This inability of supply to keep pace with demand resulted in overcrowded classrooms in urban areas where the role of the teacher was sometimes reduced to little more than a childminder and a situation where 60% of the primary school teachers were still unqualified. Given the lack of textbooks and other teaching aids, already discussed, the situation remained chronic.

Reform was also needed in the organization of the ENIs. Not only were their premises inadequate and lacking in suitable equipment but the training programme was unbalanced with only 16% of the time being devoted to professional training. The Guinean government was aware of the problem and was planning, with the aid of the World Bank, to review their curricula and also the level of

recruitment (taking students at the completion of the second cycle instead of after the baccalauréat). They were also assessing their internal efficiency with the aim of improving the quality of instruction and expanding output (World Bank, 1983). The scope of the ENIs was to be broadened too: a workshop was to be set up in each college, with the aid of UNICEF, to develop and produce educational materials, with an emphasis on the use of material that could be obtained locally. Secondly, the ENIs were to be used to train overseers of the women's centres ("monitrices d'enseignement ménager") and thirdly, seminars were to be introduced into the curriculum on agriculture, livestock and artisanry so that the future teachers would be adequately equipped to cope with this part of the activities of first cycle schools (UNICEF, 1983 : p. 43 - 45). No mention is made here, however, of a programme to train dual purpose teachers, for primary children and for literacy work, as recommended by UNESCO (1983 : p. 17). Nor does it seem as if an idea for training teachers more cheaply, which was put forward by Sékou Touré in the mid 1970's, was ever developed. He suggested that a system of 'pupil-teachers' be introduced to be trained "on the job" in first cycle schools by teachers from third and fourth cycle establishments. In this way, twenty to thirty students from each region could be trained annually and the ENIs would then be converted into faculties for the training of fourth cycle teachers (1976 : p. 178). What has been introduced, however, is a system of in-service training for existing teachers, the plan being for 1,000 teachers a year to benefit from these courses to be held at the regional ENI (UNICEF, 1979 : p. 4).

On the positive side, the teacher/pupil ratio in primary schools of 31 (see Table 4.10) compared favourably with some African countries (Ivory Coast 36, Sénégal 41; Burkina Faso 62) (UNESCO, 1985), although as mentioned above, this average conceals considerable regional variations and does not reflect the quality of the staff employed. Again, it is encouraging to see a steady increase in the percentage of women trainees at all levels of education, although a slight fall was registered in secondary schools in 1983, in spite of an increase in numbers (see Table 4.11).

A blueprint for teacher training in African countries has been put forward as follows:

"The ability to use and teach in the national languages, competence in practical subjects related to agriculture and production, and an understanding of how the theoretical subjects of literacy, numeracy and the natural and human sciences relate to life and to the world of work in particular ...."

(NEIDA, 1982 : p. 11)

One can conclude that the Guinean government has happily adopted this brief, although much remains to be done to fulfil its demands and to equip teachers in sufficient number to carry out its undertakings.

TABLE 4.10: GUINEA : NUMBER OF TEACHERS IN FIRST CYCLE  
SCHOOLS 1958 - 1983

Year	Total	F	% F	Teacher/Pupil Ratio
1958	843 <sup>1</sup>			
1960	1474			66
1964	3862 <sup>2</sup>			49
1967	4060 <sup>3</sup>			
1968	3894			
1970	4381 <sup>4</sup>			44 <sup>5</sup>
1972	5304 <sup>6</sup>			60 <sup>7</sup>
1975	4977	482	10	
1977	5626	697	12	42
1978	6413 <sup>8</sup>			38
1980	7165	985	14	36
1982	7902	1243	16	31
1983	7867	1357	17	31

Notes

1. (UNESCO, 1979) Alternative figures 500 (Guillerme, 1980 : p. 390) and 505 (Nelson, 1975 : p. 390).
2. Not including mission schools.
3. (Nelson, p. 137).
4. (UNESCO, 1982) An alternative figure is 5304 (UNESCO, 1977).
5. (UNESCO, 1982) An alternative figure is 36 (UNESCO, 1977).
6. (Nelson, p. 137).
7. (Adamolekun, 1976 : p. 102) An alternative figure is 6608 (UNESCO, 1982); RPRG Education, 1983).

TABLE 4.11: GUINEA : NUMBER OF TEACHERS IN SECOND, THIRD AND FOURTH CYCLE INSTITUTIONS AND VOCATIONAL SCHOOLS

1958 - 1983

Year	Total	2nd and 3rd cycle	F	% F	Teacher/pupil Ratio	Vocational School	F	% F	4th cycle	F	% F
1958	62 <sup>1</sup>					103 <sup>2</sup>		27			
1960		365			27	97			95		
1967											
1968	1086 <sup>3</sup>										
1970	2510	2360 <sup>4</sup>			25*	150			122		
1972		2125 <sup>5</sup>									
1975		2738	133	5	24 <sup>6</sup>						
1977		3206	214	7							
1978	3737	3093 <sup>8</sup>			29	(639) <sup>8</sup>			1289	40	3
1980		3520									
1981		3833 <sup>9</sup>							1300		
1982	5006	4365	444	10		641	26	4	1373	52	4
1983		5091	465	9							

\* This ratio (1969) was 33 for all second, third and fourth institutions combined (Adamolekun, 1976 : p. 102)

Notes for Table 4.11

1. 3 Guineans, 59 foreigners.
2. Figure for 1959.
3. 704 Guineans and 382 foreigners.
4. 2360 (UNESCO, 1982)  
2785 (UN 1977).
5. (Nelson, 1975)
6. Estimate (UNESCO, 1982).
7. 3654 Guineans and 78 foreigners.
8. (UNESCO, 1982) If this figures is deducted from 3732 (UNESCO, 1979), the figure for vocational education would be 639. It seems unlikely, however, that the different sources make these figures compatible.
9. (UNESCO, 1985) An alternative figure is 4208 (RPRG Education, 1983).
10. Pupil/teacher ratio in 4th cycle for 1978/79 was 36 (World Bank, 1983).



Sources for Tables 4.10 and 4.11

1. UNESCO Statistical yearbooks 1963, 1967, 1982 and 1985.
2. UN compendium of statistics 1977.
3. UNESCO, 1979 "Education : Priorités et Perspectives".
4. World Bank, 1983 "Staff Appraisal Report".
5. Adamolekun, L. 1976 "Sékou Touré's Guinea ; an experiment in Nation Building".
6. RPRG, 1983 Country Profile - Education.
7. UNICEF, 1983 "Evaluation Externe due Programme de Co-opération UNICEF/RPRG pour le Secteur de l'Education".
8. UNICEF, 1979 "Plan d'Opérations pour un programme de développement de l'éducation en République populaire et révolutionnaire de Guinée".
9. Guillerme, 1980 "La République Populaire Révolutionnaire de Guinée 1958 - 1978".
10. Nelson, H.D., 1975 : "Area Handbook for Guinea".

TABLE 4.12:    GUINEA : PRIMARY SCHOOL TEACHERS IN TRAINING

Year	Total	F	% F
1961	1023		8
1977/78	3462		
<sup>1</sup> 1982/83	1252		

Source:    UNESCO "Statistical Yearbook 1963"

UNICEF 1979 "Plan d'Opérations pour un programme de  
développement de l'éducation en RPRG".

RPRG 1983 "Country Profile - Education".

Note:    1. In 1982/83 there were 100 teachers in the seven  
primary teacher training colleges (ENI).

TABLE 4.13: GUINEA : NUMBER OF TEACHERS IN FIRST, SECOND AND  
THIRD CYCLE SCHOOLS IN THE SEVEN REGIONS (ACADEMIES)  
1978

Académies	First Cycle	Second and Third Cycle	Total
Conakry	610	948	1.558
Kindia	1.110	893	2.003
Boké	600	489	1.089
Labé	1.222	822	2.044
Faranah	987	600	1.587
Kankan	1.077	599	1.676
N'Zéré koré	1.459	846	2.302
Total	7.065	5.197	12.262

Source: UNICEF 1979 "Plan d'Opérations pour un programme de Développement de l'Education en République Populaire et Révolutionnaire de Guinée".

XIV. Finance and Foreign Assistance

From 1960 to 1980, an average of 22.7 per cent of the government's national budget has been spent on developing education (see Table 4.14) a figure similar to the amount allocated by Sénégal (22.3% in 1970, 23.5% in 1980) but less than that of the Ivory Coast (30.7% in 1970, 39.8% in 1979) (UNESCO, 1985). This amount rose steadily until 1980 when there was a significant drop to 17.6 per cent, possibly one of the causal factors of the decline in enrolments in all cycles of education, especially first and fourth cycle, for the academic year 1981/82 (see Tables 4.1, 4.3 and 4.5).

As regards the percentage distribution of public expenditure by level of education (see Table 4.15), it is interesting to note that investment in first cycle schools had declined steadily since 1965, when nearly half the education budget was allocated to this area of education. Investment at secondary level remained fairly constant, that is until 1979 when a drop of 3% was registered. Higher education, however, appears to have been the main area of development and this was reflected in figures given in the Five Year Plan 1979 - 1983: the cost of refurbishing and re-equipping IPGAN and IPK was estimated at 219 million sylis\* and two research centres were

\* In order to have some idea of what this figure represents, the official exchange rate in 1983 was \$1 = 23 sylis. However, on the black market, accessible to anyone with dollars, the exchange rate was \$1 = 240 sylis. As regards purchasing power, staple foodstuffs, e.g. rice, oil, sugar, were subsidised but eggs cost \$1 each in the local Niger market in Conakry. The costs of imported foodstuffs were prohibitive. According to Nelson (1975), virtually all of a worker's wage was absorbed by rent and by food and few urban dwellers could afford meat or green vegetables. Wages in Guinea averaged less than in Dakar or Abidjan and prices were many times higher when goods could be obtained at all (p. 206).

to be allocated 17 million sylis. This represented 62% of the estimated budget for higher education (RPRG, 1978 : p. 36). (Only 4 million sylis were allocated to the Academy of Languages, an essential aid to the development of literacy work and primary schooling)\*. These figures would seem to suggest that the government's commitment to mass education may have been little more than rhetoric as far as financial investment was concerned as the emphasis appeared to be on developing an educated élite. Perhaps the fact that the 219 million sylis required for IPGAN and IPK had already been covered suggests that the amount was a gift for that specific purpose, but it does not explain the other large figure for research which had yet to be found.

Current expenditure for equipping schools at all levels and for teachers' salaries had always been the responsibility of central government (salaries consumed 62.8% of the education budget in 1979 - UNESCO, 1985). Building and furnishing schools were the financial responsibility of the local and regional authorities, as was their maintenance: the PRLs were responsible for first cycle schools, the PRAs for second cycle schools and the PRRs for third cycle schools. It does appear, however, as if problems arose in connection with this as a meeting of the CNR in 1972 stressed the responsibilities of the arrondissements and administrative regions, threatening the rejection of local budgets if they did not provide for school development and equipment

\* It is impossible to estimate the total percentage allocated to higher education by the Five Year Plan as the figure of 2140 million sylis represents the amount to be invested both in education and culture and in information services (p. 36).

(Nelson, 1975 : p. 136). These were apparently not resolved. In 1981, an extra grant was given to the regions by central government with the stipulation that 30 per cent of it must be spent on the building and equipping of schools (UNICEF, 1983 : p. 5). By 1983, the government was expressing concern at the number of children dropping out of primary education as a result of inadequate facilities, which were also contributing to the fall in enrolment figures. The local authorities were strongly urged to remedy this deplorable situation, especially in view of the extra money allocated. (RPRG, 1983 : p. 172).

Education was free at all levels, as already mentioned, and this included textbooks. However, all children were required to wear a uniform (pink for girls and blue for boys in first cycle schools and khaki for second to fourth cycle) which had to be purchased by parents. Also, a ruling by the CNR in the 1970's decreed that each parent must support his child in higher education to some degree, providing two suits, one khaki and one white (for special occasions and days of national importance) and also bedding (Touré, 1976 : p. 58).

Much of the education budget came from foreign aid. Although chary of receiving this in public speeches: "All aid which does not aid you to do without aid must be rejected" (Touré, 1976 : p. 41) (my translation), it was in fact welcomed with open hands. Much of it was multilateral aid, from UNICEF, UNESCO, World Bank, UNFPA, USAID, but Guinea also received aid on a bilateral basis including an increasing amount from the

Arab countries (RPRG, 1983). A further source of foreign assistance was through students receiving further training overseas (see section in Higher Education, p. 284). In 1983 there were "hundreds of students" studying in eighteen countries of Africa, Europe, Asia and America. Again, the government's approach to overseas students was ambivalent : it boasted of the numbers who were able to benefit in this way (RPRG, 1983 : p. 167), yet the country had suffered severely from a brain drain of students who never returned home because of political, economic or social reasons. Concern was also felt about the possibly 'harmful' indoctrination by students once they left Guinea and the PDG early established a scholarship committee to review each applicants reliability (Nelson, 1975 : p. 142).

TABLE 4.14: GUINEA : EDUCATION BUDGET AS A PERCENTAGE OF TOTAL  
GOVERNMENT EXPENDITURE AND GROSS NATIONAL PRODUCT  
1960 - 1980

Year	% of Total Government Expenditure	% Gross National Product
1960	18.5	
1961	23.0	
1962	20.6	
1963	24.8	
1964	22.6	
1965	23.0	
1970	28.3	4
1977	25.3	3.9
1978	25.5	4.4
1979	20.4	4.3
1980	17.6	

Source:

- Rivière, 1965 . "Investissements Educatifs en République de Guinée".
- UNESCO, 1982, 1985 Statistical Yearbook.
- RPRG, 1980 Guinea : Country Profile. Contribution du Secteur de l'Education.
- RPRG, 1983 Guinea : Country Profile.
- World Bank, 1983 Staff Appraisal Report.



TABLE 4.15: GUINEA : PERCENTAGE DISTRIBUTION OF PUBLIC EXPENDITURE BY LEVEL OF EDUCATION 1965 - 1979

Year	Primary	Secondary General	Secondary Technical	Teacher Training	Total (Secondary)	Higher Education	Scholarships	Total (Higher)	Literacy Distance Learning Research	Adminis- tration/ Other
1965	46.2				34.3			4.2		
1970	28.4				39.4			18.2		
1978	25 <sup>1</sup>	26 <sup>2</sup>	2	4	32.0	26	2	28 <sup>3</sup>	1	14
1979	24.7				28.9			31.9	1	13.5

Source:

UN 1977

Compendium of Statistics

UNESCO, 1982, 1985

Statistical Yearbook.

RPRG, 1980

Guinea : Country Profile, Contribution du Secteur de l'Education.

World Bank, 1983

Staff Appraisal Report.

Notes for Table 4.15

1. (World Bank, 1983) An alternative figure of 28.8 is given in two other sources (UNESCO, 1982; RPRG, 1980).
2. (World Bank, 1983) The figure of 27.9 is given for the second and third cycle together in the Guinean government report.
3. (World Bank, 1983) This figure appears as 31.6 in the UNESCO Statistical Yearbook 1982.
4. There are no figures available beyond 1979.

## CONCLUSION

Although Guinea is not the only newly emerging state, to have followed a 'different' path to development and one based on an ideological stand, it is nevertheless unique in many ways, not least in the situation in which it found itself at independence.

It will be remembered that as Johnson (1978) commented, the colonial powers 'pillaged' the country rather than exploited it commercially and this in fact was France's attitude to the whole of French West Africa. Cabinet responsibility for the colonies developed late in France so that in the early years of colonial expansion, i.e. from 1830 to the 1880s, it was the army, navy and missionaries which pushed back the frontiers, with very little intervention from or interest by the metropolis. The marines in particular carved out a huge private empire for themselves. Some of these activities were approved of by the French government, some were disapproved of but quite often, those in power had very little idea of what was going on.

Even after 1890, when French colonial expansion acquired more direction, this happened largely outside the governmental apparatus through the "Parti Colonial" and in particular through small colonial societies such as the "Comité de l'Afrique française" and the "Comité de l'Asie française". These were able to exploit public feelings of nationalism and national prestige, which contributed to the doctrine of French cultural supremacy perpetuated in the colonies.

Because of this, the interest in exploiting the economic potential of French West Africa was minimal. This largely explains the situation which prevailed on the eve of the First World War when only 10 per cent of French foreign trade was with its colonies. In addition, the "Ministry of Colonies", established in 1894, attracted the least able Civil servants, those who were unable to get a job in any of the other ministries. Even today, those responsible for foreign policy are rotated every two to three years, with the result that those holding office at any one time have insufficient knowledge of the dossiers and tend to adopt a line of conservation and continuity. Thirdly, French tradition of a hundred years standing (but ratified in the 1958 constitution) states that foreign affairs is the preserve of the President, hence the weakness of the parliamentary role and the fact that this domain is run more often by "fonctionnaires" than by the minister concerned.

As a result, Guinea, together with the rest of French West Africa, emerged into independence, as we have seen, with very little development having taken place in either the economic or the social sphere. The main contribution of the metropolis had been, firstly, the setting up of a centralized, bureaucratic administration. Secondly, the traditional 'chefferie' had been used as collaborators to run the administration, maintain law and order and collect taxes. Thirdly, there was the development of a cash economy over a wide area of the country (this had formerly been confined to coastal

trading) in order to raise money for these taxes. This low level of financial development, especially in the social sphere, meant that Guinea inherited a poorly developed system of schools and health institutions, especially hospitals. Nor was there any private health care (private schools were closed in 1961). This meant that Guinea had virtually 'carte blanche' to create new health and education systems and create structures relevant to its post-independent development. Sékou Touré's decision to say 'no' to de Gaulle's offer of incorporation into the French community, its virtual isolation from other Western nations and from many of the African states as a consequence of this and the speedy withdrawal of foreign aid and personnel all helped to make a truly independent approach to development more possible.

In addition, it provided an ideal situation in which to apply and assess the tenets of dependency theory.

The question which has been under consideration in this study has been to ascertain what happens to the development of a nation when the link with the metropolis is broken. Is autonomous, independent development possible? Some confusion appears to exist amongst the "dependistas" about exactly what happens when this break takes place. Some are of the opinion that once the restraints are removed, independent development will "automatically" take place (Cardoso 1970, Frank, Amin, Wallerstein). For others, it is more a question of a deliberate espousal and application of the principles underlying the dependency approach in the areas of

economic and social policy. This was the case in Tanzania, following the Arusha Declaration of 1967, and in Ghana in the early 1980s (Blomstrom 1984, Ahiakpor 1985). According to Ahiakpor, four of the "actions" which stem from dependency theory are:

- a) Nationalization or control of foreign-owned firms by host governments..
- b) Attempts to develop "appropriate" technologies locally.
- c) The discouragement of investment by foreign firms, in the primary, export-producing sector.
- d) The regulation of consumer goods imports to frustrate foreign taste preferences. (p. 537).

These, as we have seen, were important facets of Sékou Touré's economic policy for Guinea.

In Tanzania, President Nyerere tried to apply the dependency approach in his nation's development policies by the revitalization of "traditional" African socialism as an alternative to capitalism, by giving priority to the development of the rural areas, by increasing agricultural production and by increasing the degree of self reliance through a lessening of dependence on foreign countries. In fact in a later policy statement 'Mwongozo' (guidelines) in 1971, he moved right away from an economic model of development. These aims too were very much those adopted by Sékou

Touré some ten years earlier.

From the outset, as we have seen, he gave prior importance to political and ideological development over economic development, preferring to work towards instigating the moral values of dignity, freedom, justice and equality among the Guinean people rather than towards the creation of material prosperity. Agricultural and industrial development were very much orientated to achieve social goals: work and production were glorified for their own sake but also for the development of the Guinean people, the true wealth of Guinea. In addition, agricultural development involved primarily the setting up of huge state-run co-operatives in order that new social relations be worked out to try and prevent the exploitation of man by man. The emphasis at the outset was on rural development rather than urban development and the existence of the one-party structure, the PDG, and especially its base-committees, the PRLs, helped immensely to make this a reality. The 'modern' too was set aside in preference for the reviving of African cultural values, including the national languages, all of which had been submerged or despised under colonial rule.

Guinea seems to stand on both sides of the determinist/voluntarist debate. By breaking with the metropolis, the new nation put itself in a position where autonomous development would now be possible, according to the 'dependistas'. At the same time, Sékou Touré elaborated specific economic and social policies which a decade later, would be labelled as belonging to the dependency school. For Sékou Touré was

an adherent of these ideas long before they were developed as a theoretical school of thought. His model and inspiration may well have been another Ghanaian, Kwame Nkrumah, who used many of the arguments taken up at a later date by the "dependistas" to galvanize support for his campaign against British colonial rule in the 1940s and 1950s. He was also very much influenced in his later policy decisions, especially in education, by the Chinese cultural revolution.

The question that must then be answered is this: did autonomous development in fact take place in Guinea between 1958 and 1984, during the twenty five years of Sékou Touré's presidency, either as a direct consequence of Guinea's break with France or as a result of Sékou Touré's deliberate policy to follow an alternative path of development? If this were indeed the case, one would expect to find:

- a) the rejection of Western models of development
- b) equal development and an equal distribution of resources between the regions
- c) no urban/rural imbalance
- d) services available for all rather than limited to an elite.

The preceding chapters on education and health enable us to draw some conclusions, although in doing so one is mindful, yet again, that the data available is limited both



in quantity and reliability and that at times it is difficult to differentiate between rhetoric and reality.

In health, the rejection of a Western model was made easier in view of the low number of hospitals already existent in the country, so that the health budget did not have to be orientated primarily to the upkeep and continuance of an expensive but inappropriate system. Emphasis was placed on the importance of developing rural health posts although the proposal to build a third hospital in Conakry - a children's hospital - as a result of being offered equipment by the West Germans, seems to run counter to stated policy. The fact too that very few of the rural dispensaries and health posts had yet been built means that there was no way of assessing whether health policy was becoming health practice. Likewise, there was no availability of figures to ascertain the breakdown of expenditure within the health sector. The attempt however to concentrate on the training of para-medical and auxiliary health workers seemed to be bearing fruit. The government had made strenuous efforts to develop a less top heavy system dependent on doctors and by the end of 1980, doctors made up only 10% of the medical personnel. It would appear though that the status and mystique attributed to them had not lessened.

In the field of education, the rejection of Western models was far more radical. A determined effort was made in the early 1960s to rid the system of all remaining aspects of colonialism. This included drastic changes in the

curriculum to make it more relevant to an African child, both in the subject matter taught and in the use of traditional methods in technology, arts and crafts. The introduction of national languages followed, both as a subject to be studied and as a vehicle for teaching. French, the language of the colonial power, was to be taught purely as a foreign idiom although this process had not in fact been completed by 1984, the year Sékou Touré died.

The methodology of teaching too was revised. Rote learning - the system in the colonial schools - was abandoned and a new approach introduced which was a mix between classical, Marxist and African theories of education. Emphasis was laid on developing a critical mind and a democratic spirit in the pupils and participation was encouraged at every level. Finally, a move to replace all foreign teaching staff by Guineans was well on the way to being realized by 1975 in the primary and secondary schools, although a number of foreign personnel, especially Russians and East Europeans, remained at University level.

The second aspect under consideration has been whether indeed Guinea achieved equal development and an equal distribution of resources between the regions.

In the health sector, the only tables which allow any conclusions to be drawn are Table 3.14 which gives a breakdown of the spread of hospital provision across the country, Appendix II which shows a regional breakdown of the number of beds per thousand inhabitants and Table 3.16 which shows

the distribution of medical and para-medical personnel by CGR. Table 3:14 shows a fairly even spread ranging from 319 in the CGR of Labé to 467 in the CGR of Faranah, the President's birthplace, which perhaps suggests some positive discrimination in favour of this region. Appendix II shows a similar pattern with Labé having a lower ratio of beds per thousand inhabitants and Faranah having a comparatively higher one. The most poorly endowed areas in the region of Labé were Lélouma and Koubia where provision was 0.09 and 0.08 respectively while Fria's ratio (that is excluding the hospital of the mining complex, Friguia) was 0.90. The differences in these figures can however be taken as statistically insignificant so that it can be stated that as far as the provision of hospitals and hospital beds were concerned, there was a fairly equal distribution between the regions. (Reference will be made to the provision for Conakry in the next section). A similar conclusion can be drawn from Table 3:16 which, apart from Conakry, shows a fairly even distribution of health personnel throughout the regions. Boké scored lowest on this with only 313 while N'Zérékoré scored highest with 474. It is interesting to note that Faranah was endowed with a lower number of doctors than most of the other areas.

In the field of education, tables 4.8 and 4.13 look at regional variations. Table 4.8 deals with the distribution of first, second and third cycle schools in each academy in 1977/78 and according to the figures given, there was a fairly even spread of schools across the country (although numbers in N'Zérékoré and again in Faranah were

slightly higher). There was however more variation to be found in the general enrolment ratio, Labé having a very low ratio re. 25% for first cycle schools and 3% for second cycle, while N'Zérékoré again scored higher with 53% and 19% respectively. It is interesting to note however that the increase in enrolment ratio for Labé from 1974/75 - 1977/78 was above the average for the country as a whole. Possible internal factors which determined the regional variations that do exist were discussed in Chapter 4. The same policy of decentralization and equal development was extended into higher education, particularly in the field of agriculture. In 1983, there were 34 faculties of agriculture evenly distributed across the country and only five of the thirty three administrative regions were without one.

Table 4.13 depicting the number of teachers in first, second and third cycle schools in the seven academies (regions) in 1978, shows greater regional variation. The total numbers range between 1,089 for Boké and 2,305 for N'Zérékoré. Labé boasts a surprising 1,044 of which 1,222 are teachers in first cycle schools. In view of the low enrolment ratio for Labé, noted above, one can justifiably question the accuracy of this number.

Apart from this figure, Labé does appear as the area most poorly endowed in both sectors, while N'Zérékoré in the more prosperous Forest Region and Faranah, the President's birthplace seem to enjoy a slightly better provision of services.

Nevertheless, one can conclude that on the whole the regional variations are not great, either in the health sector or in educational provision, and that Guinea made great strides along the road to equal development.

Sékou Touré's attempt to prevent an urban/rural imbalance from developing met with less success. Appendix I gives an interesting overview of the extent of urbanization in Guinea as a whole between 1972 and 1983. The 1983 data formed part of a nationwide census which was carried out with the help of the United Nations Fund for Population Activities (U.N.F.P.A.). The figures were still unconfirmed at the time the information was available to me, but they are likely to be more accurate than the figures for 1972. If one nevertheless assumes comparability between the two sets, it is apparent that Conakry had experienced the greatest increase in population. (The figure for the population of Conakry was thought, by a representative of U.N.F.P.A., to be inflated.) The area of Boké had also experienced an overall increase of a similar size. The region of Kindia, apart from the town of Kindia itself, had increased to a lesser degree. These three areas are all situated in Lower Guinea which was already the most densely populated region. It is difficult to comment on Kankan due to the gaps in information but from the relative population figures of Kankan and Siguiri, it does appear as if this area, the most sparsely populated of Guinea, was continuing to experience migration away from the area. Labé, in particular, had suffered a serious drop in population. With few of the seven regions showing a percentage increase in population

and three a decline, it does appear as if attempts by the PDG to prevent a drift to the urban areas, especially to Conakry and to the economically more prosperous area of Lower Guinea had not met with much success.

This picture is mirrored in the tables that show a regional breakdown of health resources to different areas of Guinea. Although, as we noted above, there was fairly equal provision and equal development in the different regions, it was nevertheless true that Conakry received the lion's share of available resources. The facilities for maternal and child health in Conakry were the most well staffed and had the best equipment; coverage of children by the vaccination campaign against measles was said to be 59% for Conakry as against 44% for the rest of the country; Conakry alone had an organized system of sewage disposal while a few of the larger towns, as well as the capital, had water supply systems. As regards health personnel, 283 of Guinea's 634 doctors were to be found in Conakry in 1982 (see Table 3:16) and in 1981, 124 of these were employed by the two university hospitals. The situation was no better for the para-medical and ancillary health workers, 32.8% of which were said to be working in the CGR of Conakry. In other words, about two thirds of the health personnel operated in urban areas in which at most 27% of the population lived.

Table 3.14, which shows the distribution of hospital beds for 1982, also highlights the inequalities between Conakry and the rest of the country: within the capital itself, there were 1001 beds and within the CGR of Conakry

there were 1226. Figures for other regions, as already noted, ranged from 319 and 467.

In the field of education, there seems to be far less evidence of an urban/rural imbalance. According to Table 4.8, the number of schools in the academy of Conakry is similar to that for the rest of the country in all three cycles, although the general enrolment ratio for 1977/78 was slightly higher than the figures for the rest of the country, other than that of enrolment in first cycle schools in N'Zérékoré which was at 53% compared to 48% for Conakry. The total number of teachers in Conakry (1558) was no higher than those working in other areas (see table 4.13), although there were slightly more in the second and third cycle schools (948). Numbers of course say nothing about quality and there is no evidence available to show whether the best trained and most experienced teachers were concentrated in the capital, as is the case in many Third World countries.

The fourth question under consideration was whether services were available for all or limited to an élite. This has been partly answered in the last section where it was seen that, as far as health services were concerned, these were enjoyed by an urban élite although this did not seem to be the case in education. One of the purposes of Sékou Touré in setting up a single party system was to bridge the élite - mass gap, by involving the masses in the political process and his policy in education, in particular, was to make it available to all, perhaps partly as a result of his own personal experience of being excluded

from the education system at an early age. In health policy, the emphasis was away from an élitist system dominated by a large number of doctors supported by a smaller number of ancillary workers and in fact in 1981, doctors made up only 10% of the nation's health personnel. Nevertheless, there did seem to be some ambivalence in the training of health personnel. Medical students who failed their first exam could continue to train as state nurses, midwives or laboratory technicians. Alternatively, there was opportunity to reapply to train as a doctor after a "reasonable length of time". Such an approach did seem to suggest that the paramedicals produced through this system could be seen as "failed doctors" and that para-medical posts might be seen, by some employees, as no more than stepping stones in the attempt to become a doctor.

The approach to education certainly claimed to be non-elitist although the increasing percentage of the education budget spent on higher education at the expense of primary education (see Table 4.15) does perhaps suggest a certain elitism. Nevertheless, as underlined above, institutes of higher education covered a wide variety of subjects, especially technical and agricultural, and were decentralized across the country, incentives being given to children and young people to pass through each cycle of the education system.

A similar ambivalent attitude was held regarding research. The PDG was at pains to emphasize the non-elitist



nature of research which, it insisted, should be carried out by the masses for the masses. At the same time, it was justifiably proud of its specialist research and technical institutions, including the new centre for marine biology opened in 1983.

The introduction of productive work into the school curriculum at every level was a further attempt to eradicate elitism, by breaking down the dichotomy between intellectual and manual work so that the latter be no longer regarded as 'inferior'. This was never entirely successful as an experiment and there were suggestions that it only held interest for pupils and teaching staff alike when there was a profit to be made.

There was no private sector in either health or education, but the existence of two "Hopitaux de Societé Mixte" belonging to the mining consortia did constitute a form of elitism, especially as these were prepared to open their doors to ex-patriates. Similarly, the existence of Koranic schools alongside the state system, in spite of attempts to incorporate them into this, produced a Moslem elite, especially in the Fouta-Djalon, where Islam was strongest.

Ethnic differences too continued to perpetrate a certain form of elitism. Although the PDG and the education system were designed to eradicate these, Rivière (1971) estimated that some vestiges still remained. He nevertheless maintained

that Guinea had achieved more in this area than any other African country. The 'popular' view of the different ethnic groups tended to see Peuls as those suffering most discrimination and the Malinké as the most privileged. A further study by Rivière suggested that in the army, the Party and the administration, the Malinké in fact occupied the dominant positions.

These differences would seem to be reflected in the results found in the development of health and education. Labé, the region that appeared to have the worst health facilities and a low enrolment ration, is in the area of Guinea occupied by the Peuls; Kankan and Faranah (which certainly scored better on health provision, although educational differences were less apparent) are the main centres of the Malinké.

Finally, there was evidence of the emergence of a social class élite among high ranking officials in the PDG and the administration. "The expansion of education has increased differences in cultural and consumption levels that follow bourgeois models" with the consequent increased urban demand for imported goods and the neglect of the smallholder farmer (Rivière, 177: p. 239; World Bank 1983). Nevertheless, this élite was thought to be numerically small.

The conclusion that must be reached therefore is that some degree of independent, autonomous development did take place in social policy development, particularly in education

and to a lesser degree in health, on which it seemed less emphasis had been placed. (Only 2.1% of the national budget was spent on health in 1981 compared to 17.6% on education in 1980).

One question that remains to be considered is whether this relative success in achieving autonomous development can be explained by the tenets of dependency theory. Was the break with the metropolis the decisive factor that determined this outcome? (It is interesting to note that the violent reaction by the metropolis to the satellite, predicted by Prebisch and mentioned in Chapter 1, did in fact take place when Guinea broke off relations with France). Perhaps this question can never be answered decisively. Ominami (1979) and Dumas (1976) conclude that no one single theory can account for the diversities of the development of individual nations, the internal factors that are operating in this plus the effects of external factors through the position of the nations in the world economy. Also, in the words of Blomstrom and Hettne (1984) concerning Tanzania "experiences.... once again proved that the real world is far more complex than the dependency school figured it to be" (p. 155). Nevertheless, one cannot deny the fact that independent development did take place to some degree in Guinea whereas it has not been possible in other nations still linked to their metropolis.

The second question that remains to be considered is whether Guinea's break with the metropolis was ever in fact

total. One can even ask whether Guinea wanted to be without a metropolis. Some writers maintain that Sékou Touré did not anticipate President De Gaulle's swift reaction to his ultimatum and his frantic attempts to gain support from the rest of the world, immediately following independence, would suggest that a desire to go it alone was not exactly what he had in mind for Guinea. However, an 'independent' stance was maintained through most of the 1960s but by the 1970s, there was increased liberalisation in both the economic and political spheres. Trade began to develop with the West, aid eventually started flowing again from both Eastern and Western nations, including France cf. the help given by France with the educational printing press, IDEC. There was a foreign debt of 1,500 dollars in 1978, half of which was owed to Moscow, and the admission of foreign consortia into Guinea to help develop the mining industry, even though this was on very stringent terms, seemed to lessen Guinea's credibility as a truly independent and self-reliant nation. Finally, cultural and political relations were restored with France by the mid 1970s and also with Guinea's two key neighbours, Ivory Coast and Sénégal. Foster Carter (1985) refers to André Gunder Frank's discussion of countries which seem to have broken the dependency relationship:

"This cannot last, however. Sooner or later the metropolis reasserts its control, the errant satellite is reincorporated, and its briefly promising development is 'choked off'." (p.18)

This seems indeed a prophetic phrase for Guinea as in April 1984, a week after the death of Sékou Touré, the military seized power and Guinea was 'opened up' to all comers in

the fields of aid, trade and investment. National languages were replaced in the schools by French and the dependency relationship was once again fully re-established.

Lastly, there remain questions to answer after the event. Alvarez's (1982) claim for dependency theory is that it can produce analyses but no solutions. Was this true for Guinea? To refer back to our original definition of development, was Sékou Touré successful in developing his people? Did his independent stand, his policies and the actions resulting from them benefit the people or did they produce more poverty, misery and eventually a greater dependence on international aid. Although he restored their dignity and sense of self worth as Africans and Guineans, there is more than a hint that by 1984, the people were tired of waiting for the economic prosperity which never seemed to come. Yet these questions must ultimately be answered from a longer historical perspective than the present and I leave them to future social researchers on Guinea. But the atmosphere and spirit of Sékou Touré's Guinea was unique:

"Guinea is in many respects a nightmarish place, a police state, but in no other African country can one gain such a strong sense of wholly African self-determination and self-emancipation."  
(Johnson 1978, p. 59).

APPENDIX I

GUINEA : REGIONAL BREAKDOWN OF POPULATION FOR 1972 and 1983  
AND PERCENTAGE INCREASE

Town	Population 1972	Population 1983	% Increase
<u>Conakry</u>			
Conakry	525,671	705,280	34
Dubréka	145,322	not known	-
Forécariah	132,184	116,464	-12
Fria	54,398	70,413	29
			—
			17 Total
<u>Boké</u>			
Boké	178,574	225,207	26
Boffa	121,134	141,719	17
Gaoual	129,693	135,657	5
Koundara	88,427	94,216	7
			—
			14 Total
<u>Kindia</u>			
Kindia	224,396	216,052	-4
Télimélé	190,981	243,256	27
Dalaba	149,667	132,802	-11
Mamou	184,633	190,525	3
			—
			4 Total

<u>Labé</u>			
Labé	418,648	253,214	-40
Pita	206,064	227,912	11
Lélouma	not known	138,467	-
Koubia	not known	98,053	-
Tougué	112,295	113,272	0.9
Mali	193,973	74,417	-62
			—
			-23 Total
 <u>Kankan</u>			
Kankan	264,684	220,000 <sup>1</sup>	-17
Mandiana	not known	136,317	-
Kouroussa	not known	136,926	-
Siguiri	253,758	209,164	-17
Kérouané	not known	106,872	-
			—
			-17 Total
 <u>Faranah</u>			
Faranah	135,466	142,923	6
Dabola	83,070	97,986	18
Dinguiraye	109,162	133,502	22
Guéckédou	173,915	204,757	18
Kissidougou	177,607	183,235	3
			—
			13 Total

<u>N'Zérékoré</u>			
N'Zérékoré	290,743	216,355	-26
Lola	not known	106,854	-
Yomou	72,670	74,417	2
Macenta	167,749	193,109	15
Beyla	192,212	161,347	-16
			—
			-6 Total

Sources:

Nelson, H.D. Area Handbook for Guinea

RPRG Decree issued 7th September, 1983. Provisional result of census

Note:

1. Figure indistinct on original document.



APPENDIX II

GUINEA : REGIONAL BREAKDOWN OF NUMBER OF HOSPITAL BEDS PER  
THOUSAND INHABITANTS 1983

Region	No. of Beds per 1,000 Inhabitants
<u>Conakry</u>	
Conakry	1.4
Coyah	0.16
Forécariah	0.50
Fria	0.90
<u>Boké</u>	
Boké	0.38
Boffa	0.37
Koundara	0.82
Gaoual	0.33
<u>Kindia</u>	
Kindia	0.73
Télimehé	0.34
Mamou	0.40
Dalaba	0.32
<u>Labé</u>	
Labé	0.60
Tougué	0.22
Mali	0.35

Pita	0.20
Lélouma	0.09
Koubia	0.08
<u>Kankan</u>	
Kankan	0.97
Mandiana	0.20
Kouroussa	0.40
Siguiri	0.55
Kérouané	0.31
<u>Faranah</u>	
Faranah	0.88
Dabola	0.75
Dinguiraye	0.28
Guéckédou	0.53
Kissidougou	0.66
<u>N'Zérékoré</u>	
N'Zérékoré	0.47
Lola	0.44
Yomou	0.63
Macenta	0.53
Beyla	0.61

Source:

Calculation based on 1983 regional breakdown of population and number of hospital beds per region.

Postscript

On 3rd April 1984, a week after Sékou Touré's death, the military took over the country in a bloodless coup and proclaimed its 'liberation'. Certainly, it appears that this act brought more 'freedom' to the Guinean people inasmuch as freedom of speech was once more allowed, followed by freedom of the press and even the introduction of a phone-in programme on Radio Conakry, formerly 'The Voice of the Revolution'. As regards human rights, the new régime freed political prisoners and established an official enquiry into the fate of the many thousands of prisoners who had "disappeared" while in detention. They also began restructuring and reforming the judiciary (Amnesty International, 1985).

However, they also dissolved the single national political party, the PDG, on which all of Guinea's development depended for its successful operation at village and regional level. Announcements were made too that national languages would be replaced by French in the schools, a reversal of nearly twenty years of attempts to make education more relevant to the Guinean people. Subsequent developments in health are unknown, but it may be of relevance that the Minister of Health was one of the few not removed from his post at the time of the coup when most of those sympathetic to the Touré régime were replaced. Time alone will show how much of the 'Guinean revolution' will remain for posterity.

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