

UNCLASSIFIED  
 PROJECT EVALUATION SUMMARY (PES) - PART I

6830208/15  
 PD-AAL-277  
 Report Symbol U-447

1. PROJECT TITLE  Rural Health Improvement Project			2. PROJECT NUMBER 683-0208	3. MISSION/AID/W OFFICE USAID/Niamev
5. KEY PROJECT IMPLEMENTATION DATES			4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>82-2</u>	
A. First PRO-AG or Equivalent FY <u>78</u>	B. Final Obligation Expected FY <u>86</u>	C. Final Input Delivery FY <u>85</u>	6. ESTIMATED PROJECT FUNDING A. Total \$ <u>22,216,000</u> B. U.S. \$ <u>14,029,000</u>	
			7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>6/78</u> To (month/yr.) <u>3/81</u>	
			Date of Evaluation Review <u>April 1982</u>	

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<p>The evaluation team made some 67 recommendations, all of which were considered and commented upon by the GON and the USAID Mission. (Summary and Evaluation are attached)</p> <p>Specific recommendations may be categorized as follows:</p> <ul style="list-style-type: none"> <li>I. Organizational arrangement of RHIP within the MOH and the contractual and organizational relationship of AFRICARE to MOH. (Rec. 1.2 - 1.40)</li> <li>II. Suggestions for changes in policies and practices with respect to specific health services (malaria, E.P.I., diarrheal diseases) (Rec. 1.41 - 1.48)</li> <li>III. Recommendations for specific changes in rural water supply and sanitation activities. (Rec. 1.51 - 1.696)</li> <li>IV. A major push in the areas of health planning and statistics in the MOH (Rec. 1.71 - 1.75)</li> <li>V. Administrative/Management arrangements for construction and renovation of health facilities. (Rec. 1.81 - 1.85)</li> <li>VI. Some improvements in development and logistic support activities at all levels (Rec. 1.86 - 1.90)</li> <li>VII. Increase in the scope and pace of training initially programmed (Rec. 1.91 - 1.99)</li> </ul> <p>Based on this consolidation, the following decisions are made:</p> <ul style="list-style-type: none"> <li>1. Re locate Health Development Officer</li> </ul>	USAID/N	4/1/82

<p>9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS</p> <p><input type="checkbox"/> Project Paper      <input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network      <input checked="" type="checkbox"/> Other (Specify) <u>AFRICARE contracts</u></p> <p><input checked="" type="checkbox"/> Financial Plan      <input type="checkbox"/> PIO/T      <input type="checkbox"/> Other (Specify) _____</p> <p><input checked="" type="checkbox"/> Logical Framework      <input type="checkbox"/> PIO/C      _____</p> <p><input type="checkbox"/> Project Agreement      <input type="checkbox"/> PIO/P      _____</p>	<p>10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT</p> <p>A. <input type="checkbox"/> Continue Project Without Change</p> <p>B. <input type="checkbox"/> Change Project Design and/or <input checked="" type="checkbox"/> Change Implementation Plan</p> <p>C. <input type="checkbox"/> Discontinue Project</p>
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<p>11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)</p> <p>John P. McEnaney, Health Development Officer          Dr. Donald C.E. Ferguson, U.S. Evaluation Team Leader          See face sheet of Combined Joint Summary for names of team members.</p>	<p>12. Mission/AID/W Office Director Approval</p> <p>Signature: <i>Irving Rosenthal</i>          Typed Name: <u>Irving Rosenthal</u>          Date: <u>5/24/82</u></p>
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PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE  Rural Health Improvement Project	2. PROJECT NUMBER 683-0208	3. MISSION/AID/W OFFICE USAID/Nj.amey
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY)	

REGULAR EVALUATION     SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION	
A. First PRO-AG or Equivalent FY _____	B. Final Obligation Expected FY _____	C. Final Input Delivery FY _____		A. Total \$ _____	From (month/yr.) _____
			B. U.S. \$ _____	Date of Evaluation Review _____	

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)

B. NAME OF OFFICER RESPONSIBLE FOR ACTION

C. DATE ACTION TO BE COMPLETED

2. Identify and place a Chief of Party	USAID/HDO GON Contractor	8/1/82
3. Revise Implementation Plan - Design Team	AID/W Dr. Kennedy Dr. Bertrand Dr. Makinen USAID/N GON	5/1/82
4. Revise Financial Plan	AID Controller HDO	5/12/82
5. Revise Logical Framework	Design Team USAID/N	5/12/82
6. Obtain GON Approval of revised plan	GON	6/1/82
7. Obtain AID/W Approval for plan and extension of Project PACD to 6/7/85	AID/W USAID/N	8/1/82
8. Revise AFRICARE contract	GON/ AFRICARE	10/1/82

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A.  Continue Project Without Change

B.  Change Project Design and/or  Change Implementation Plan

C.  Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

12. Mission/AID/W Office Director Approval

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Date \_\_\_\_\_

**PROJECT EVALUATION SUMMARY (PES) - PART I**

Report Symbol U-447

<b>1. PROJECT TITLE</b>  Rural Health Improvement Project	<b>2. PROJECT NUMBER</b> 683-0208	<b>3. MISSION/AID/W OFFICE</b> USAID/Niamey
<b>4. EVALUATION NUMBER</b> (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) _____  <input type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		

<b>5. KEY PROJECT IMPLEMENTATION DATES</b> A. First PRO-AG or Equivalent FY _____ B. Final Obligation Expected FY _____ C. Final Input Delivery FY _____	<b>6. ESTIMATED PROJECT FUNDING</b> A. Total \$ _____ B. U.S. \$ _____	<b>7. PERIOD COVERED BY EVALUATION</b> From (month/yr.) _____ To (month/yr.) _____ Date of Evaluation Review _____
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**B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR**

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)

B. NAME OF OFFICER RESPONSIBLE FOR ACTION

C. DATE ACTION TO BE COMPLETED

9. Identify and provide short term T.A. to address specific health practices. (See #13)	GON USAID/GDO	9/1/82
10. Identify and provide specific assistance for improved water supply and sanitation activities (See #13)	GON AFRICARE USAID/GDO	9/1/82
11. Identify and provide T.A. in health planning and statistics (See #13)	Design Team GON USAID/GDO	7/1/82
12. For 10, 11, and 12, after GON identification and request, prepare PIO or IQC contract as appropriate, for provision of respective services.	USAID/N	9/1/82
13. Hasten Administrative/Management arrangements for completion of proposed construction of proposed construction (e.g. waiver for increased in shelf item procurement)	AID/W USAID/GDO GON	4/1/82
14. Improve logistic support activities	AFRICARE GON	9/1/82
15. Increase Scope and pace of Training	GON T.A. Contractor USAID/GDO	9/1/82

**9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS**

<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
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**10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT**

A.  Continue Project Without Change

B.  Change Project Design and/or  Change Implementation Plan

C.  Discontinue Project

**11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)**

**12. Mission/AID/W Office Director Approval**

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Date \_\_\_\_\_

### 13. Summary

This mid-term evaluation of the Niger Rural Health Improvement Project, 683-0208, was undertaken as a joint GON-USAID effort. The 10-person evaluation team travelled 4500 kilometers visiting six of the seven administrative departments of Niger. An executive summary which includes the recommendations with USAID Mission and GON comments may be found in the attached document entitled "Joint Consolidated Evaluation Report of the Government of the Republic of Niger and the United States Agency for International Development". The basis for these recommendations is detailed in the U.S. Team Report Chapter 5 - Findings and Analysis.

The implementation plan for this project is currently undergoing a revision based on the findings and mutually agreed upon recommendations. The project is expected to achieve its goals and objectives in a somewhat longer time frame than envisaged in the original Project Paper. Some objectives, particularly in-country training, will be achieved as scheduled.

14. The methodology for this evaluation is described on pp 58-66 of the attached U.S. Team Report. A summary of the organization of the evaluation and its presentation can be found on pp 1-3 of the Joint Consolidated Evaluation Report.

15. One external factor, the diminution of financial revenues from uranium has so far had only a limited impact upon project activities.

Fortunately, the willingness of external donors to continue financing of health sector activities in Niger during this period has not changed. The impact of recurrent costs during this period of reduced availability of financial resources will have to be continuously monitored.

16. The composition of project inputs is being modified in accordance with the recommendations of the evaluation in the revised implementation plan exercise.

17. The outputs of the project are, in general, being achieved particularly those concerning the increased coverage of the rural sector by Village Health Teams. Human resource constraints have limited the project in fully achieving all of its outputs in the time frame designed.

18. The project's purpose is to support the MOH's strategy of developing a viable rural health delivery system which demonstrates the value of prevention, early diagnosis, timely curative intervention, and proper referral. The project's purpose is being attained. However, it is impossible to measure EOP indicators without further strengthening of the health planning and statistics capability, as recommended in the revised implementation plan.

19. Goal: To improve at low cost the quality of life and working capacity of the rural population (9000 villages).

Sub-goal: By 1982, to provide 3500 villages with basic health care services. The sub goal is expected to be achieved by 1982. The contribution to achievement of the goal cannot be measured without the implementation of a strengthened planning/statistics capability.

20. The project's beneficiaries are disadvantaged rural villagers in all seven departments of one of the twenty five least developed countries in the world. As stated above, little statistical data is available as to the impact of the project on the intended beneficiaries.

21. There were no unplanned effects. However, the lack of statistical health information was unanticipated.

22. Lessons learned: The aspects of this project which were strongly supported by the GON, such as the village health teams, largely achieved their objectives. Those aspects which did not receive the enthusiastic support of the government, such as public sanitation, did not achieve much. Projects, in Niger at least, should be designed with this consideration firmly in mind.

23. Special Comments: None

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JOINT CONSOLIDATED EVALUATION REPORT

OF THE

GOVERNMENT OF THE REPUBLIC OF NIGER

AND

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

MID TERM EVALUATION

OF THE

NIGER RURAL HEALTH IMPROVEMENT PROJECT

(PROJECT No. 683 - 0208)

APRIL 1982

U.S. Evaluation Team

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Mr. Douglas HUDGINS  
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Dr. Donald C.E. FERGUSON  
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Nigerien Evaluation Team

M. A. M. BAGUIDI  
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Dr. Abdou IBRAHIM  
RHIP Project Director (1979-1981)

## FOREWORD

As agreed with the GON the complete version of the Mid-Term Evaluation of the Rural Health Improvement Project consists of three parts, namely the: The Joint Consolidated Evaluation Report and two Annexes. Annex I consists of the U.S. Evaluation Team Report, referred to in the Joint Report as the preliminary document, and Annex II is the GON Ministry of Public Health and Social Affairs response to Annex I.

I wish to thank the two Mission Health Officers Dr. George Jones, and Mr. John McEnaney for their assistance the two Mission Directors, Mr. Jay Johnson and Mr. Irving Rosenthal for their interest and cooperation, and Dr. Ibrahim Abdou and Kadri Tankari, the present Project Director, for cooperation in making the many arrangements necessary which made this evaluation possible during a busy period.

Dr. Donald C.E. FERGUSON  
Senior Health Adviser  
Niamey, Niger  
April, 1982

JOINT COMBINED EVALUATION SUMMARY

L. RECOMMENDATIONS

1.1. Introduction

The AID-assisted Niger Rural Health Improvement Project (No.683-0208) underwent a mid-term evaluation during the period March 10 through April 15, 1981. During this time, the joint U.S.-Nigerien team studied documents, examined files, visited training schools conferred with responsible officials, and made a 4,500 kilometer overland field visit to 6 of the 7 Departments of Niger in the company of the Project Director. Three officials of the Ministry of Public Health and Social Assistance, a representative from the Ministry of Foreign Affairs, and a 5 person U.S. team jointly made these visits as a group.

This report is an executive summary and concentrates exclusively on conclusions and recommendations of the respective U.S. and Nigerien teams. Background to the comments presented in this chapter may be found in the preliminary report of the American team and in Field notes of the Nigerien team.

The joint team, as a group, had 13 days of arduous travel, less than a week to analyze what they had seen, heard, read, and experienced, and put pen to paper. Limitations on time did not permit full discussion of findings the team would have wished.

This report contains conclusions and actionable recommendations. Most relate directly or indirectly to the Rural Health Improvement Project which has components involving training, data systems, institutional development, management, logistics, construction, vehicle maintenance, and a host of other topics. Recommendations are necessarily wide-ranging.

The format consists of a presentation of each conclusion followed directly by an actionable recommendation. To the extent possible, a concise statement of the finding leading to the conclusion is included. Where this is insufficient, the reader may turn to the corresponding section in preliminary report for more detailed information.

The format of the report arises out of the process followed during the evaluation. The U.S. team wrote an original English language document based on its observations. USAID was asked to indicate errors of fact evident to them. The English version of the U.S. Team Report was then retyped and reproduced for distribution and study. A French translation was made of the U.S. Team Report and was transmitted to the Ministry and Nigerien team. The Nigerien evaluation team transmitted their response to the U.S. team report to the MOH. The MOH reviewed the U.S. team report, the Nigerien team's remarks and revised them in the light of policy and personnel changes which had taken place in recent months. The Nigerien team and U.S. team reports were reviewed after internal discussion and a consolidated response made in writing. This response was then transmitted to USAID through the Ministry of Foreign Relations.

In view of the fact that the written MOH response was made in terms of the recommendations in the U.S. team report, the format which follows:

- 1) presents summary recommendations and text as written in the U.S. team report;
- 2) includes all remarks, comments and observations made in writing by the GON in relation to each recommendation by number;
- 3) also gives USAID responses to each recommendation and/ or GON comment.

It should be emphasized that recommendations made in this report are those recommendations made by the U.S. Evaluation Team. Responses of the GON are also to the U.S. team recommendations. USAID comments also represent reactions to U.S. team recommendations and GON comments. Actions which follow from this report are to be jointly decided upon by the GON and USAID/Niger.

Recommendations vary in degree of priority and importance. The U.S. team was aware that in the final analysis it would be the GON and USAID that decide what recommendations are to be implemented. The strategy therefore was to make recommendations about any matter which seemed to afford the possibility of RHIP improvement whether small (such as introducing screw-top polyethylene containers) or large (such as project extension and competency-based training introduction).

## 1.2. The Rural Health System

The rural health system in Niger is appropriate to the country's general economic situation, and provides a good foundation on which to gradually improve the quantity and quality of health coverage for the nation. During five Journées d'Etude de la Santé, several of which were funded by USAID, many problems and issues of critical importance to Niger have been identified and discussed over the past several years. Unfortunately, solutions to many of the problems identified are not easy nor can they be achieved quickly. Nonetheless, these meetings give clear evidence of the country's determination to improve health care for the rural majority.

Niger's system is organized, has continuity, and is directed towards reaching the underserved rural areas. The system is affordable and supported at grass roots level as well as by political and social groups. It is a Nigerien system, developed by Nigeriens for Nigeriens.

The system is developing and expanding as planned, and increased coverage of the rural population by Village Health Teams (VHT's) is largely on target. Construction of new dispensaries and facilities is proceeding. Strengthening of dispensary level services to the point that these become the facilities where definitive preventive, promotive and curative services are made available to the rural population appears a wise decision.

Major constraints on the system are low levels of literacy and education of the population particularly in rural areas. Adequate financial and human resource constraints present another area of substantial challenge to the government.

The present health system provides a foundation on which to build a more comprehensive public sector health service as education, literacy, and resource availability increase.

The present life-of-the project for the RHIP does not adequately take into account problems which must be overcome or incremental steps required for their solution. Public sector health system development takes time. The original RHIP project life was ambitious but unfortunately unrealistically short.

Recommendation 1.21: The U.S. Evaluation Team unanimously and strongly recommends that RHIP project life be extended for up to 24 months irrespective of other recommendations of this report and irrespective of upward or downward financial adjustment made to any component of the project.

GON Comment: Agreement on the above points: In particular on the RHIP project till December 1984, i.e., till end of the 5 Year Plan 1979 - 1983 budget because of the intervening delay in the effective start-up of the above mentioned project.

USAID Comment: Concur with extension of project but feel 24 months extension insufficient and believe up to 30 months will be necessary to achieve project objectives.

### 1.3 RHIP Organizational and Administration Structure.

The U.S. team believes changes relating to project organization are of high priority if the RHIP is to utilize inputs in a timely fashion made by the Agency for International Development (AID).

The language of the Project Grant Agreement between USAID and the GON concerning the administrative structure of the project has been outlined in Article 5: Special Covenant, Section 5.1 Administrative Structure to the Project and is as follows:

- (a) The Government will select and appoint a senior-level Nigerien civil servant as full-time Director of the Project. The Director, residing in Niamey, will supervise the implementation of the Project.

The Director of the project will be under the authority of the Minister of Public Health and Social Affairs. The latter will be in charge of implementation and have overall responsibility for the Project.

- (b) Outside of the funding provided by this Agreement, AID will designate a health specialist, who will reside in Niamey, to assist the AID Mission Director in the management of AID's contribution of goods and services to the Project and their use towards the attainment of the Project objectives described in Annex 1. This AID specialist will act as AID Advisor to the Project Director and will serve as liaison between AID and the Project Director's office.

It is clear that this project includes components which involve all 6 Divisions of the Ministry, ONPPC, and DDS-level structures.

It was also evident that the present administrative structure for the project within the MOH does not reflect the fact that this project supports components which necessitate contact with all Directorates and/or Divisions.

More specifically, the RHIP must in some way become involved with DEESN where training is concerned, ONPPC where pharmaceuticals are concerned, DHMM where sanitation, hygiene, and immunization are concerned, DAS/PMI where the health of mothers and children is concerned, and DES where dispensaries, facilities, and VHTs are concerned. Given these actualities, it is clear that the RHIP is a multi-Divisional project.

Since construction is targeted for particular departments, for DDS headquarters, and for dispensaries, the Ministry of Public Works is also involved. It goes without saying that DAF is also intimately involved with fiscal matters related to the project.

The U.S. team believed that in the recent past many problems encountered to date arose out of organizational failure to recognize the multi-Divisional nature of the RHIP and failures to position it properly within the administrative structure of the Ministry.

A series of recommendations considered important by the U.S. team follows from the above facts.

Recommendation 1.31: The Evaluation Team strongly and unanimously recommends that the Mission Director meet with the Minister at the earliest possible opportunity with the objective of negotiating agreement to establish an RHIP Project Office attached to the Office of the Secretary-General to more accurately reflect its Ministry-wide nature.

Recommendation 1.32: Pursuant to the above recommendation, the team urges that the Secretary General be appointed RHIP Project Director.

Recommendation 1.33: Pursuant to Recommendation 1.32 it is recommended that the Mission Director negotiate agreement with the Minister on appointment of a full-time Nigerien Project Manager to work under the direction of the Secretary General (Project Director) and relate to the RHIP Chief of Party.

GON Comment: The changes proposed by the U.S. Evaluation Team are not suitable to Niger. The nomination of a full-time Project Director is therefore not justified. This would be equivalent to establishing a new office not foreseen in the management structure of the Ministry of Public Health and Social Affairs (MPH/SA). However, it is not at all evident that the RHIP should rank high in the management level of the Ministry. To agree with this recommendation would be in opposition to the integration and detract from the research activities of the Ministry. Under the circumstances recommendations 1.31, 1.32, and 1.33 are rejected. It will be sufficient for the Project Director to have an Administrative Assistant who will manage the project accounts.

In summary, the GON considers that the Directorate of Health Institutions to which the project has been attached since 1978 as the appropriate Service to coordinate the activities undertaken in the framework of the project.

USAID Comment: The GON does not concur in 1.31, 1.32 and 1.33 USAID is willing to accept the GON response in the light of quite different and favorable working relationships with the new Ministry of Health, Project Director, and also as a result of other positive changes made in the Ministry since the U.S. Team made the above recommendations.

We have every indication that the present Project Director has the support and good working relationships needed with other Ministry Direct-  
orates to assume the success of the project. We do feel however, that the Ministry needs additional assistance to carry out the planning management and financial monitoring that this project requires. (See Recommendations 3.0 and 4.0.)

### 1.33 Chief of Party

Recommendation 1.34: It is recommended that a U.S. French speaking Chief of Party be recruited and hired by any means the Mission has at its command at the earliest opportunity.

The RHIP U.S. Chief of Party must be carefully selected. He must be internationally experienced in public health, and it is essential that he be fluent in French. He must also be a manager and aware of the problems of under-development. While it would be desirable that he also be a physician, team members who have attempted to recruit physicians with these qualifications have found that there are few of them available. A physician, though Francophone, who is primarily a clinician, but not identified with public health, will compound rather than resolve problems. The Team's recommendation is that public health training, relevant international experience, and fluent Francophone capabilities be first-order priorities with respect to selection criteria.

The Team is aware that since the U.S.A. is an Anglophone country, that the identification of public health professionals with both primary health care experience in developing countries and also fluent in French presents recruitment problems of considerable difficulty.

GON Comment: No objection - The American Chief of Party must speak French fluently. The RHIP has suffered tremendously due to the fact that the USAID has not till the present moment made sufficient effort to nominate a french speaking Chief of Party. As a result minor discussions/conversations become interminable and valuable time is lost.

USAID Comment: USAID concurs with R.1.34.

Recommendation 1.35: All non-direct hire expatriates supported by the RHIP, whether with Africare, contract, or any other mechanism, should report to and through the U.S. Chief of Party and the MOH Project Manager for the life of the project and be subject to such regulations, scope of work, and duties as the AID Mission and MOH shall jointly determine.

GON Comment: No objection.

USAID Comment: Concur.

#### 1.34 USAID Health Development Officer

It is unwise management to expect an AID Health Officer to simultaneously act as colleague, Project Manager, Project Officer, and enforcer of AID requirements within the Ministry. Neither of 2 RHIP Project Officers have been able to resolve major problems associated with the present counter-productive arrangement, nor is it likely that any future AID Health Officer would be able to do so. The contradictions in roles are insurmountable.

Recommendation 1.36: The Team strongly recommends that the present Health Development Officer should be located in the PMSU building or at the Mission.

GON Comment: To facilitate liaison and integration of the activities provided for in the framework of the RHIP with that of the MPH/SA, the office of the RHIP must be situated in the premises of the MPH/SA. The same applies to all RHIP personnel.

USAID Comment: This recommendation has been largely implemented. The HDO now has offices in both the Ministry and USAID. When a permanent Chief of Party is appointed the situation can be reviewed further.

#### 1.35: Financial Management

Recommendation 1.37: It is recommended that the Mission Director negotiate an agreement with the Minister for formal, regular, quarterly meetings between the

Project Director, Health Development Officer, Mission Comptroller, and additional GON or AID staff, as needed to review project progress, outstanding problems, fiscal and financial matters, and unresolved issues. An agenda should be set for each meeting and it is essential that minutes and actual decisions from these meetings be made part of the project record. The evaluation team urgently recommends that this recommendation be put into effect as quickly as is organizationally possible.

The presence of the AID Comptroller or his representative at quarterly RHIP meetings indicated in Recommendation 1.37 will do much to keep RHIP on track financially. His presence will be required since his authority is needed to decide where exceptions and arrangements are permissible.

Any decisions made at these meetings should become a matter of record. There are few minutes available to indicate decisions of the former Comptroller or of the former Health Officer to form a basis for present actions to resolve outstanding financial issues.

There are outstanding financial issues concerning receipts and acceptable record-keeping which require the authority of the Mission Comptroller to resolve.

Comment: Both GON and USAID concur with R.1.37.

Recommendation 1.38: It is strongly recommended that the Mission Director convene a meeting between the Project Director, AID Mission Comptroller, and such other GON financial officers as may be necessary to resolve problems surrounding payments for earlier receipts (prior to 1980). It is further recommended that the Health Development Officer serve as rapporteur at this meeting to produce minutes recording required steps and that these decisions be ratified by the Comptroller and the Project Director or one GON official responsible for such matters.

GON Comment: Concurs with the reporting on periodical meetings and the presence of the USAID Comptroller at all such meetings. It is desired that the Comptroller and the GON agree on any proposals to simplify the existing procedure before any such amendments are proposed.

Several meetings with the Comptroller are permitted to regularise the financial situation of the project.

USAID Comment: The meeting indicated has taken place and technical assistance recruited to ameliorate the problem.

### 1.36 AFRICARE

Africare, which prior to March 31, 1981, operated under a separate project, became part of, and is funded by, the RHIP as of April 1, 1981. All technical assistance provided from April 1st forward must relate to the larger goals and objectives of the RHIP. Terms of reference of all technical assistance personnel should be re-examined and redefined in consonance with and with relevance to the RHIP.

Recommendation 1.39: All contracts, documents, agreements, terms of reference, duties, and responsibilities of all Africare personnel should now be re-examined and amended by the Mission. Scopes of work, reporting relationships, and duties under the RHIP should be clearly and explicitly stated and formally revised during the forthcoming RHIP project revision which follows in sequence from this evaluation and Mission's review of it.

Recommendation 1.40: It is recommended that the Africare public health physician be immediately appointed as Acting Chief of Party until such time as recommendations in Section 1.3 have been considered and/or implemented. The Acting Chief of Party is to relate to the Project Director and AID Health Development Officer, and to the RHIP Project Manager, when appointed. All Africare and other project expatriate non-AID personnel are to be coordinated by the Chief of Party irrespective of the mechanism by which they are employed. The Chief of Party is to work closely with the Health Development Officer on all RHIP related matters.

Comment: Both GON and USAID concur with Recommendation 1.39 and Recommendation 1.40.

#### 1.4 Health Services

While mindful of severe resource constraints, gaps exist in the present scope of rural health services in Niger. Due to time constraints, not all health services and health problems could be evaluated. Conclusions which follow deal with high priority problems and specific situations where meaningful improvement seem feasible.

##### Malaria

Malaria in Niger is handled better than in many hyperendemic malarian countries. Suppressants and curative medications are readily available. At the village level (those with VHTs), secouristes are treating fevers with chloroquine. A basic question is whether the routine use of malaria suppressants should be Ministry policy for VHTs.

Natural resistance and partial immunity to malaria develop over time in those who have repeated attacks. For this reason, many authorities feel that suppressants should not be used routinely with rural, sedentary populations, although all agree that attacks should be treated promptly and vigorously. The possibility of chloroquine-resistant strains of plasmodia developing where large populations are taking chloroquine prophylactically must be a constant concern.

The situation in Thailand may be instructive in this regard. When chloroquine resistance developed in Thailand, it became necessary to switch to a pyrimethamine-sulfanilamide combination known as Fansidar. This was widely used as a malaria suppressant for several years. Last year (1981), a Fansidar-resistant strain of falciparum malaria has developed. Thailand is now seeking an affordable alternative to chloroquine and Fansidar. Similar problems could develop in Niger.

While the Team does not advocate specific policy modifications at this time, the recommendation which follows is made in the interest of preventing development of the Thailand situation.

Recommendation 1.41: It is recommended that the MOH study and review its present policy on routine use of chloroquine as a malaria suppressant for rural populations served by VHTs and seek expert guidance from a WHO or an international short-term malaria consultant.

GON Comment: Chloroquine is administered during 8 weeks in the VHT villages that practice malaria immunisation. The preventive and curative treatments are conducted at the same time in these cases (Observations on Recommendation 1.41)

During the 1st quarter of 1982 the Ministry of Health will prepare the Plan of Action on malaria that will decide on the conduct of its future operations.

USAID Comment: Present position of GON is acceptable.

#### 1.41 EPI Activities

Mobile vaccination teams do not reach target populations with anywhere near the required frequency. There are serious problems with PED-C-JET injections and possibly with the potency of some vaccines used (measles, for example). Immunization of pregnant women against tetanus is particularly insufficient.

In place of the Grandes Endemies approach of the DMHH, the population would be better served through development of an expanded program for immunization (EPI), based primarily at the dispensary level. Mobile teams would still be used to reach nomads who cannot be served in fixed facilities. Until EPI can be implemented, mobile teams should continue to immunize, but with properly functioning equipment.

To provide immunization from fixed facilities will require additional equipment, namely refrigerators, syringes needles, and additional staff. While these requirements cannot be mobilized at once, they could be made available over time. Retraining of certified nurses and other staff will also be required.

Implementations of EPI, patterned after the WHO model, will require shifts in responsibilities within the Ministry and this would need attention. Training for EPI is available from WHO, and possibly through CCCD at no cost to the country when this program becomes operational later this year.

The Team is aware that the GON/MOH had requested AID to provide the services of a cold chain logistics expert from the CDC early in the project. The Team learned that the CDC responded by saying that they would supply such a person only upon receipt of an EPI plan. The Evaluation Team, having seen that there is much room for improvement in Niger's immunization activities, believes there is a continuing need for an individual capable of working with the MOH to develop an EPI plan, followed by assistance with the cold chain and logistical aspects of this problem.

GON Comment: There is no model WHO program for vaccination. Each country should prepare its own program of vaccination best adapted to its resources and population.

The GON will decide if the services of a Consultant are required as and when it is necessary to prepare a programme of vaccination.

USAID Comment: USAID agrees to leave this decision to the GON.

#### 1.44. PED-O-JETS

Recommendation 1.42: Due to present poor conditions of Ped-O-Jets observed in use, we estimate that only 10% of all vaccines administered with Ped-O-Jets are adequate dosages. Therefore, the team recommends that, until the condition of the present Ped-O-Jets is significantly improved, the MOH should immediately desist from using this method of administering vaccines.

GON Comment: The Office of Mobile Health and Hygiene (OMHH) of the MPH/SA still have Ped-O-Jets in good condition. This method of vaccination will be followed at least till other equipment is available. The exact situation of Ped-O-Jets and Im-O-Jets todate (16/1/82) is as follows:

Ped-O-Jets	:	103 of which 57 are damaged.
Im-O-Jets	:	16 (25 are to be delivered continuously). They are all in good condition.

A problem exists at the level of purchase of replacement Ped-O-Jets.

USAID Comment: Under discussion with GON. In any event USAID believes MOH is taking positive steps to rectify this problem.

Recommendation 1.43: It is recommended that a Ped-O-Jet specialist be financed under the RHIP for three months to inventory all spare parts list, including need for additional Ped-O-Jets.

GON Comment: The OMHH has a Ped-O-Jet specialist to inventory the spare-parts and prepare orders. A second specialist is therefore considered unnecessary. At all times it will be necessary to establish a plan to purchase equipment, create a service for maintenance and repairs of vaccination equipment.

USAID Comment: USAID will work with MOH to ensure the proper functioning of Ped-O-Jet program.

Recommendation 1.44: It is recommended that a systematic retraining program on the proper use and maintenance of Ped-O-Jets be initiated and supported under the SHDS program or through the RHIP.

Recommendation 1.45: It is recommended that the Minister of Health appoint a senior-level Ministry-wide commission to examine, review, and evaluate the entire scope of immunization activities presently supported by the Ministry and report back to him no later than January, 1982, with recommendations. It is recommended that he seek the services of a respected and knowledgeable Francophone West African Advisor (not from MOH) to assist him in reviewing the findings of the commission prior to implementation.

In view of the fact that the GON and its WHO representative had agreed to review EPI in July 1981, the earlier view held by the MOH that an advisor is needed in EPI planning, cold chain, and immunization logistics will be strengthened. The team shares the view of the Ministry that assistance in this area would be useful and valuable.

GON Comment: Recommendation 1.44: no objection. As to Recommendation 1.45 the GON agrees to the recruitment of an American francophone specialist (Epidemiologist from CDC) for assembling the cold chain and immunisation logistics within and outside of the framework of the RHIP.

USAID Comment: The requested Ped-O-Jet Expert is to appraise training needs. After the CDC expert visit we plan to discuss establishment of a systematic training program.

Recommendation 1.46: Either simultaneously with the work of, or following the report of, the commission (Rec. 1.45), it is recommended that the MOH request from the RHIP, WHO, or an acceptable donor, the services of an international expert to work with the MOH to prepare an EPI plan, followed by assistance with cold chain, logistics, and immunization programming for a period of not less than 2 years.

GON Comment: We had requested a CDC expert in the past to assist in developing a National Immunization Plan. Our request has not yet been met.

USAID Comment: USAID still attempting to recruit a CDC expert, for this purpose if possible. Still attempting to recruit a CDC expert.

### Diarrheal Diseases

In Niger, diarrhea causes thousands of deaths each year and fills more than one third of children's beds in hospitals. It causes malnutrition since children with diarrhea often have food withheld or have diminished appetites; food lost in the stools is not adequately replaced.

There is synergism between malnutrition and infection. Most diarrhea in Niger can be treated, preventing associated malnutrition and death, by giving the sick child an oral re-hydration solution made from clean water and the right amounts and balance of salts and sugars and feeding this to the child as soon as is possible.

GON Comment: Diarrhea: The statement that in Niger, the patients with diarrhea occupy more than a third of the beds in the Pediatric Service in the hospitals is not justified.

USAID Comment: GON comment noted. Implementation team will investigate this further.

Recommendation 1.47: The U.S. Evaluation Team strongly and unanimously recommends that Niger adopt the diarrheal disease control program designed by WHO and that preparation for this activity be included in RHIP project revision.

Three strategies are recommended to better control diarrheal diseases in Niger.

- 1) Management of acute diarrhea by prevention and treatment of dehydration
- 2) Maternal and Child Care Practices
- 3) Improvement of water supply, sanitation, and food hygiene.

Antibiotics and other medications, including enteric sulfonamides, are now in use in Niger, but throughout the world, have been proven to be of limited value in the treatment of diarrhea, except for cholera or severe shigella. The use of antibiotics is generally not advised since they divert health workers from more important tasks of rehydration and dietary management.

GON Comment: Once again the WHO has no program for control. It is the States who establish their national programmes according to scientific knowledge, past experiences, available resources etc..... A National Seminar concerning diarrhea is programmed, in principle for 1982, where the problem could eventually be discussed.

USAID Comment: We understand GON has a DDC program but is being held in abeyance while local preparation of ORS packets by ONPPC is being discussed. Additional discussions are planned for 1982 with the GON on this area of interest to us.

#### Sterilization of Needles and Syringes

The present system for removing sterilized needles and syringes in CMs and dispensaries results in contamination; there are several alternatives. A special forceps container assembly is available for use with cold steri-

lizing solution. The assembly consists of a stainless steel tube and base into which the forceps hang. A cover is attached to the forceps to prevent the loss of sterilizing fluid in the tube to evaporation. Alternatively, a different type of tray for boiling items could be used, one which is specially constructed so that the forceps cannot fall into the water bath inadvertently.

Recommendation 1.48: It is recommended that the present system for sterilizing syringes and needles be modified to reduce infection and abscesses at injection sites. The RHIP is encouraged to review and purchase appropriate sterilizing equipment for the 7 USAID-supported dispensaries, at minimum, and more widely, if possible.

GON Comment: No objections.

USAID Comment: Concur.

#### 1.5 Rural Water Supply

Although the GON is moving forward with the OFEDES reinforced-concrete well program, the installation of these open wells cannot provide a safe, protected water source for rural populations. Adoption of the lifting device used in irrigated gardens near Agadez offers a low-cost, easily adaptable means to improve the sanitation of OFEDES wells. This was observed to be an appropriate technique already in use in the country and worth disseminating to other parts of Niger with slight modification.

Recommendation 1.51: It is recommended that one of the USAID financed sanitary engineers assigned to the GON be assigned the task, and provided with sufficient funds for, investigating adoption of the low-cost water-lifting system for irrigated gardens presently in use near Agadez for fitting to OFEDES reinforced concrete wells.

Initial RHIP funding of \$75,000 is recommended for local fabrication of parts and installation of the lifting system. Material already available should be used to the maximum extent possible to permit ease of

maintenance by local populations and reduction of unit costs.

A real and immediate need exists for study of experience to date in Niger using manual pumps with the final goal of standardizing for the country a manual pump which can be manufactured in Niger.

Recommendation 1.52: A study should be undertaken to look into the feasibility of introducing a standard hand and/ or foot pump for Niger which could be manufactured locally (Rec. 1.51). The study, involving the USAID-supported and supplied sanitary engineer assigned to RHIP, should be assisted by a short-term consultant (3 months) expert in hand pump technology. Additional funds amounting to \$500,000 should be made available to RHIP for this activity.

Study objectives should be as follows:

1. review of experience in Niger and other Sahelian countries with use of manual pumps in order to identify constraints and problems in their use;
2. investigation of the capacity of local industries to manufacture manual pumps and spare parts;
3. to adopt and redesign existing manual pump technology for application in Niger as needed;
4. to design and execute a small pilot local manufacturing installation and testing activity for the manual pump selected;
5. to identify other water supply and sanitation items which may be locally manufactured;
6. to develop a strategy for dissemination of manual hand pumps for installation of new or existing wells and bore-holes as appropriate. Additional funding should come

either from RHIP, a new-USAID-financed project, or with resources available to the GON;

7. to provide a competency-based training program to GON personnel and local consumers in all components of the project.

GON Comment: Concerning the pumps, the Ministry of Hydrology has already undertaken studies on the subject. The RHIP should keep to the recommendations of the National Workshop on the 10 year program for water and sanitation, held here in Niamey.

USAID Comment: Will work with the GON to examine the matter further.

Recommendation 1.53: Filters installed in the Department of Niamey which have not been used or which have not been satisfactory due to repair and maintenance problems should be returned to the National Hygiene and Sanitation Service for repair and reassignment. Assignments should be limited to dispensaries health schools, and CMs where supervision in their use and maintenance may be provided. Distribution should not be confined to Niamey Department.

Sanitary engineers (Africare) should make random sample checks to determine use, and maintenance problems with these filters at least once every 2 months. As Sanitary Agents are graduated from ENICAS and assigned to Department and Arrondissement levels, the filter inspection and maintenance function should gradually be transferred to them.

Recommendation 1.54: At least 4 existing filters should be assigned to ENICAS as training aids and for use in pilot studies to determine the best filter media and proper maintenance cycles. Capabilities and limitations of the filters should be studied.

Design faults should be analyzed at ENICAS and modifications adopted and tested to eliminate causes of component failures.

The water filter program of the RHIP has not met with success to date, mainly due to fragile components and lack of maintenance. It was found that those placed in areas of public use appeared most susceptible to early failure.

In addition, students at ENICAS should be provided with simple HACH water-testing kits in order to evaluate the efficiency of the filters during the pilot studies. This type of examination should become a standard element of the curriculum for Sanitary Agents.

Recommendation 1.55: At least 40 HACH water-testing kits and spare reagents should be provided by the RHIP to ENICAS. Proper use of these kits should be involved in the curriculum. A new kit should be given to each Sanitary Agent for use in his work after graduation.

The estimated cost of this recommendation is \$18,000.

Dispensary water supplies were either absent or behind schedule at USAID-funded dispensaries observed. A number of problems were observed and were elaborated upon in the preliminary document.

GON Comment: Concur Recommendations 1.51, 1.52, 1.53, 1.54, 1.55. Will first check to see if HACH equipment can be used in Niger.

USAID Comment: Recommendation 1.51 and 1.52 to be the subject of further discussion by technical personnel associated with the project. USAID supports R.1.53 and R.1.54 and concurs with GON on testing the HACH kits in their response to R.1.55.

Recommendation 1.56: With regard to the water supplies for the dispensaries being constructed by the GON with RHIP funding, OFEDES should be requested at the earliest possible opportunity and on a priority basis to drill a bore-hole within the courtyard of each dispensary in lieu of the presently planned concrete reinforced wells. Where practical, the well should be equipped with a hand or foot pump positioned to lift

the water to the overhead reservoir. Where not feasible, an electric pump should be installed. Power should be provided by small portable 4-stroke gasoline 2 or 3 kw. generators located in the living area of the dispensary. All funding for this recommendation, except for the drilling and preparation of the bore-hole, should be a U.S. contribution to RHIP, estimated at \$2,000 maximum cost per dispensary or a total of \$14,000.

GON Comment: The MPH/SA has no intention of favoring certain health and sanitary bodies to the detriment of other organisations. The objective is to make available uniformly, the equipment and other accessories hence the adoption of pre-set schemes for buildings and equipment.

USAID Comment: USAID will recommend that the implementation team work with the GON to identify water problems that can be resolved within the context of the RHIP.

It was clear that there were a number of issues relating to water policy which could not be touched upon in the limited time available to the Evaluation Team. The subject of safe, potable drinking water, should be further studied.

Recommendation 1.57: The RHIP should provide four (4) man-months of consultant services to the GON to identify needs and prepare a study leading to formulation of a national water policy, activities which may be considered for USAID funding.

GON Comment: The 10 year plans for water and sanitation have already commenced.

USAID Comment: Both GON and USAID reject R.1.57 on the grounds that a water policy has been developed by the GON.

Recommendation 1.58: It is recommended that RHIP fund a short-term study to review the current extent of infection, assess the impact of future projects on health and the environment, and determine measures to mitigate problems caused by increases in population at risk for schistosomiasis.

It is the U.S. team's suggestion that an evaluation into the agricultural and water supply potential of establishing a small dam program for the country would be useful. Such a program would have as its aim the establishment of inexpensive, rapidly constructed small dams (wadis) to catch and prevent the rapid surface runoff during the rainy season. Wadis would provide reservoirs of water for a short period into the dry season, permit recession farming, and improve replenishment of the groundwater table. A similar project was recently formulated by USAID in Mauritania. Benefits in terms of supplies of drinking water would be indirect but substantial.

GON Comments; The OCCGE laboratory in Niamey seems capable of handling the questions concerning schistosomiasis.

USAID Comment: USAID supports R.1.58.

#### 1.6 Sanitation

The main thrust of any environmental sanitation program for the rural level in Niger should be centered on education in basic sanitation (personal hygiene, refuse burning pits, burying of human excreta in the fields, maintenance of wells and surrounding area, penning livestock and fowl, disposal of animal excreta, etc.) through the VHTs, public schools media, and religious organizations.

Recommendation 1.61: The resident Africare Sanitary Engineer should undertake a study into problems of environmental sanitation in rural villages. This study should be assisted by short-term consultants in epidemiology (2-person months) and sociology/anthropology (2-person months). Attention should be given to the problem of acceptance by rural populations of sanitary measures. Methods to be used to insure acceptance of sanitary improvements by rural populations should receive sufficient as well as explicit attention in this study.

GON Comment: The problems are already known. If studies are still necessary it will eventually be possible to have them done by IRSH or by Nigerien students in medical sciences under the control of local health engineers.

USAID Comment: USAID is prepared to support R.1.61 should the GON request it.

Recommendation 1.62: It is recommended that funds in the RHIP be increased to support 30 Sanitary Agents enrolled at ENICAS for the extended life of the project. This will permit enrollment of 15 new students per year for the 2-year training course. An extension of training support through June, 1985, is necessary to attain the present training output objective of 75 Sanitary Agents assuming that Recommendation 1.22 is favorably acted upon.

A need exists to expand present project scope and funding to accommodate the new 2-year training program and continue to train Sanitary Agents for the period which embraces the extension of the project.

Not only is it important that Sanitary Agents graduate in sufficient numbers, but also that they have an input into rural health services.

Secouristes and matrons are now the most numerous health agents in the country. It is important that their training be effective. The number of hours in the current training curriculum for VHTs involving environmental sanitation appears to be sufficient. Detailed materials or training techniques were not examined, but from verbal descriptions by faculty, insufficient emphasis on the use of competency-based training techniques or with experiential learning seemed the case. The present short training period sets limits on what is possible.

GON Comment: Agree

USAID Comment: Concur

Recommendation 1.63: It is recommended that the Africare Sanitary Engineer (Zinder) be given responsibility to review and modify initial and recurrent training given the VHTs in environmental sanitation to better adapt the curriculum to actual needs. Attention to means of human excreta disposal in villages should become a focal point of this review.

GON Comment: The Africare Sanitary Engineer (Zinder) has to conform to the recommendations of the National Document related to sanitary self-reliance agreed upon in 1980.

USAID Comment: Since training of VHTs is done at CM and dispensary levels, inputs of Sanitary Agents into the training of VHTs can be of potentially great benefit.

Recommendation 1.64: It is recommended that newly trained Sanitary Agents have an active role in initial and recurrent training programs for VHTs.

The ability of the RHIP-funded Sanitary Agents to properly supervise VHTs and assist in rural projects will also be limited by lack of transportation.

GON Comment: Agree

USAID Comment: Concur

Recommendation 1.65: The Team recommends that the necessary funds be made available for purchase of an additional 100 Mobyettes for Sanitary Agents assigned to arrondissement and dispensary levels who will be responsible for supervision of sanitation activities at VHT and rural village level. Initially, 50 Mobyettes should be provided with a replacement cycle of 50 Mobyettes at the end of RHIP project life. Cost = 100 X \$1,665 = \$166,500.

GON Comment: The MPH/SA has established a programme proposal with the Ministry of Plan as far as the training of staff is concerned, this includes staff for sanitation.

USAID Comment: USAID believes, Mobyettes will be impractical for this purpose in rural areas. We do not concur with R.1.65

The total number of Sanitary Technicians planned for efficient operation of the NSHS will not be sufficient.

An insufficient number of engineers are being trained to meet the needs of the NSHS.

Future evolution of both VHT and public awareness of environmental sanitation needs will place demands upon seouristes which will conflict with their primary duties in curative treatment of the sick. This will lead to a need for an additional member of the VHT to handle environmental sanitation matters and serve as a hygieniste. Planning for training and the integration of this additional member to the team should start now.

Recommendation 1.66: The team urges the GON through Africare Sanitary Engineers to commence the planning process for eventual conversion of some seouristes to hygienistes and to plan for inclusion of a hygienist in the current VHT within the next 8 to 10 years.

Although the GON has created an NSHS, this agency is currently understaffed and has yet to establish a clear role for itself by defining objectives, developing comprehensive plans, and determining present and future manpower requirements.

Recommendation 1.67: A special study should be undertaken by the RHIP into the role, objectives, planning, and personnel requirements of the NSHS. This study should involve the consultant services of a Sanitary Engineer (3 perons-months), and organizational and management expert (2 person-months) and a financial analyst (2 person-month) and should utilize the Africare Sanitary Engineers as part of the study.

Assignment of technical assistance staff by Africare to the RHIP has not been satisfactory. Although the 2 Sanitary Engineers are currently on site, the inability of Africare to respond in a timely fashion to requirements of their contracts has caused costly delays in the execution of the project.

GON Comment: The planning of the national service of sanitation has already been done. (R. 1.66; R.67) As a matter of fact it is actually a Division of Health and Sanitation which will later become a national office.

USAID Comment: If the GON wishes assistance in this regard we are prepared to support such a request.

Recommendation 1.68: Africare Sanitary Engineers must be required to submit a report to the Chief of Party, Project Manager, and an information copy to the AID Health Development Officer (HDO) on their planned activities over the next 12 months. Monthly reports should be submitted to the MOH and the AID HDO indicating activities for the coming month, problem areas, and any constraints and modifications affecting their 12-month programs.

It was pointed out in this the budget report that the AID funded sewage holding vaults in dispensaries require modification if they are to have a useful life. There are several design problems inherent in them.

Recommendation 1.69: It is recommended that the Africare Sanitary Engineer study the feasibility of converting sewage holding vaults now constructed at each dispensary into aqua-privies. An estimated funding of \$15,000 should be re-allocated and included in the project budget, in the event that soil conditions and the availability of an adequate water supply renders such a conversion feasible.

GON Comment: The evaluation mission does not seem to be at all informed about the real facts of Niger in this matter for in the present state the latrine with dry wells seems to be the only reasonable and valuable solution. The American team must above all take care in choosing good Sanitary Engineers having strong health, speak french fluently and have the ability to try to understand the real problems of the country in which they live before making unadaptable propositions.

The GON agrees to the increase of funds ear-marked for technical assistance. The Sanitary Engineer attached to ENICAS should endeavour locally to improve his french. Africare must re-evaluate its criteria for recruiting its personnel (periods too long, staff which do not meet the needs, such are a few remarks on this matter). We insist on the fact that the American personnel of the project, and this to avoid loss of time, must speak French before being assigned to Niger. The training period must be excluded time-wise and money-wise from the RHIP.

USAID Comment: USAID reserves its position pending such consultations and a cost estimate. Due to misconceptions as to the qualifications and capabilities of the Sanitary Engineers assigned to the RHIP for technical assistance.

their role as advisors to the GON have been limited to date.

Recommendation 1.691: The terms of reference given in Appendix K for the Africare Sanitary Engineers assigned to the GON as technical assistance personnel should be included in the revised Africare contract. It is recommended that a penalty clause be included in the Africare contract to preclude exorbitant delays in any future provision or replacement of staff to the project.

Recommendation 1.692: Sufficient funds should be made available to the technical assistance component of the RHIP to allow extension of the Africare Sanitary Engineers to the end of the project.

GON Comment: On R. 1.691 and 1.692 the GON concurs.

USAID Comment: Concur.

Recommendation 1.693: It is recommended that the funds necessary for the purchase of 2 all-terrain vehicles be added to the project budget. These vehicles should be assigned to the Africare Sanitary Engineers to provide the transportation necessary to perform their duties. Cost = \$48,000. These vehicles will not be replaced at the end of the project.

The ability of the Africare Sanitary Engineers to perform their mission is limited by a lack of transportation.

GON Comment: The GON believes that vehicles should be assigned to the Service not to persons and is not in favor of R.1.693.

USAID Comment: USAID agrees with the basis for R.1.693, namely that the Sanitary Engineer needs transport but does not support the solution proposed in R.1.693.

French language competency is essential in carrying out RHIP project functions.

Recommendation 1.694: Either the Sanitary Engineer in Zinder be re-assigned to Niamey with instruction in French language becoming part of his duties until he has sufficient fluency to perform duties recommended in other parts of this chapter, or support should be given him to study French in Zinder. The first option is seen as the preferred alternative.

GON Comment: The Director of the Direction of ENICAS will review the situation.

USAID Comments: Concur with whichever of the two options is seen as most suitable by the MOH.

Development of educational materials by the project has neither been significant nor sufficient enough to permit distribution of such information to rural populations through the health centers, dispensaries, and VHTs.

Recommendation 1.695: It is recommended that the Africare Sanitary Engineer actively endeavour to develop educational materials on basic sanitation for use in the VHT training program and for distribution to public schools, media, rural populations, etc.

GON Comment: The Director of DESSN will study this recommendation further to determine the feasibility of the suggestion.

USAID Comment: USAID believes development of such materials to be a valuable recommendation.

Where RHIP funds have been spent for water filters and latrines, those efforts have not met with success, mainly due to poor planning and management and placement.

Recommendation 1.696: It is recommended that installation of water filters be limited to medical facilities in accordance with the RHIP agreement.

GON Comment: No comment provided.

USAID Comment: USAID concurs in R.1.696 and notes that it is similar to R.1.53.

### 1.7 Health Data Systems, Service Records, and Reporting

A series of conclusions regarding surveillance, service records, and reporting were drawn by the Team and follow in paragraphs below.

Although the MOH data system is incomplete, there is sufficient data from which to establish major health problem priorities. This has been done by the Ministry. The main deficiencies lie in the ability to monitor effects of health-related interventions.

Cultural mores, low levels of literacy, and social factors affect reporting of deaths and make accurate data collection difficult. Less than 10% of rural deaths and 20% of urban deaths are said to be reported and recorded.

Causes of death are not well-specified, even for principal causes such as malaria, diarrhea with dehydration, and communicable diseases such as measles.

The extent of malnutrition is not well quantified.

There are no reliable indicators available to measure impact of the rural health system on decreasing morbidity and mortality, e.g., reduction in infant mortality, changes in crude death rate, etc., or on specific diseases. In 1976, WHO estimated that a child born in Niger in 1976 had an estimated life expectancy of 39 years; by 1980, that life expectancy had been raised to 42 years. The source of data on which these estimates were made is not known, but, if the estimates are based on similar experience or data they indicate improving health (and probably socioeconomic) status.

Despite a lack of hard data, knowledgeable Nigerian health officials, e.g. DDS's, report a decline in malaria and maternal mortality in villages with VHTs.

In the past 4 years, the quantity and quality of health data have improved and continue to do so. Epidemiologic surveillance of significant reportable diseases is now good and epidemics of life threatening diseases are quickly reported. This has been made possible by a well

developed communication system, both line and microwave, which is outstanding compared with those of many other African countries with greater resources.

Several kinds of assistance are recommended to bolster the health data system as is related to this project, both to monitor project progress and for project management.

Recommendation 1.71: At least one Nigerien, preferably a physician, should be trained abroad in health statistics and biostatistics. The individual ultimately should be made responsible for data components of the RHIP.

GON Comment: GON agrees, However, such a trained person should become the Chief of the Statistics Section of the MPH/SA and not only of the RHIF.

USAID Comment: USAID concurs.

Recommendation 1.72: At least 3, but preferably 6, Nigeriens should be trained as "Health Statistics Agents." WHO offers courses of 3-6 months for such individuals, and other institutions have similar programs. At the CDC, there is a 3-week introductory course in french, in the USA.

The health statistics agents would be posted at Departmental level, preferably one per Department, except in Niamey where a Ministry functionary would provide health data back-up for RHIP. Those selected to be trained for this job should be, at a minimum certified nurses and preferably should have completed high school. These individuals would work with Departmental staff and expatriate specialists described below.

At the Ministry level, as long as there is an MD epidemiologist/statistician in the Health Statistics Section, posting of an expatriate physician is not advised. The needs expressed by the team and concurred with by the physician member of the team are for an individual with data-processing experience who can adapt small computer technology to facilitate handling of project-related and other statistical data, but whose basic skills are in health data analysis. This individual would be provided through AID-supported technical assistance. Qualifications would include at least a Master's Degree in biostatistics. French language competence and practical experience in specifying, processing

and using data in health projects in less developed countries. This person would be posted Niamey for 2 years.

GON Comment: The planning of the statistics unit of the MPH/SA will be organised by the Ministry. It is only necessary to be sure that the RHIP will agree to provide fellowships for training when the GON requests it, for RABAT and COTONOU in particular.

USAID Comment: USAID concurs, but will request an RHIP training plan for the balance of the current project from the Project Director.

Recommendation 1.73: It is recommended that RHIP supply the MOH with a microcomputer and packaged statistical software for the position indicated in Recommendation 1.71.

GON Comment: GON agrees. This equipment can also be used in the Family Health Centre project (WHO/NIGER/UNFPA).

USAID Comment: USAID also agrees and will implement if a long term epidemiologist is part of the plan.

Recommendation 1.74: Three Health Data Specialists, persons trained at the Master's Degree level, should be provided by RHIP technical assistance and be posted to Niger for one year. They must be French speaking. Each is to work at Departmental level, serving 2 or 3 Departments. Their function would be to train and supervise counterparts, particularly statistics agents described above. (see Rec. 1.72).

These expatriates would assist in improvement of the project data system at Departmental level. Ideally, these individuals should not be posted until adequately trained and oriented Nigerien counterparts have been identified and hired.

GON Comment: To be studied in the framework of the plan of the statistics unit.

USAID Comment: USAID concurs with R.1.74.

In the absence of infant mortality rates and other measures of health status, other indicators of the effectiveness of the rural health system should be instituted. For

example, villages could be required to record and report all deaths by age or age group, not being held to specifying the causes of death or identification of the deceased.

Recommendation 1.75: A longitudinal sample survey of approximately 20 villages with and 20 villages without Village Health Teams, randomly selected, should be undertaken as soon as feasible to collect baseline information making possible more accurate information on changing patterns of deaths under 5 years.

Causes of deaths would be reported in 4 categories:- those due to fever and/or convulsions (malaria), those from respiratory infections (measles), those from dehydration (diarrhea), and those from other causes. This would begin to get at a chief cause of under 5 deaths and would be valuable in generating indicators which would measure, in effect, RHIP and MOH activities. Since it is estimated that between 50 - 60% of those born in Niger presently do not live to age five, concentration on this age group is important. Other proxies for health status determination should be developed and incorporated into the RHIP.

GON Comment: To be studied.

USAID Comment: USAID concurs.

## 1.8 Institutional Development and Logistic Support

### 1.81. Construction and Renovation

The construction program for 7 dispensaries and 2 Departmental Centers risks becoming a failure through faulty construction of buildings and foundations and badly conceived water supply and sanitation systems. Arrangements between the GON and AID for approval and inspection are insufficient to meet AID accountability requirements.

GON Comment: The demands of the American team have resulted in delays and difficulties in the realisation of the buildings. The plans and documents used are identical to those used for the building of Health Centers of the country.

Recommendation 1.81: A formal approval, and inspection system should be developed immediately between the MOH, the Ministry of Public Works, and the AID Mission for all construction supported by the project.

GON Comment: There is a control system which is used periodically at each level of construction by the Ministry of Public Works, Transport and Urbanism.

USAID Comment: USAID concurs with Recommendation 1.81.

The Mission Engineering Officer clearly needs more direct involvement with the RHIP construction program if the Mission is to meet its quality control and accountability responsibilities.

Recommendation 1.82: Participation of the AID Mission Engineer is essential. Terms of reference should be modified so as to include his participation, singly or jointly, in visits to all construction sites at pre-determined key stages to advise GON inspection staff and USAID of his findings. It is further recommended that a report be prepared following each visit and that these observations be made part of the RHIP project files, both in AID and also officially transmitted to the GON offices with cognizance and responsibility for this project component.

Inasmuch as the team engineer observed faulty construction techniques, and unacceptably low and dangerously defective cement, it is incumbent on those responsible in the MOH, the Ministry of Public Works, at the level of the Prefect, in the DDS and in USAID to move quickly on this matter.

GON Comment: The USAID Engineer can visit and review, if he requests, the program of the Ministry of Public Works, Transport and Urbanism. He would be able to participate as he wants or at any other time, and make a report which can be sent to the relevant Ministry. Until proof has been established, the cement used in Niger is acceptable and without danger.

USAID Comment: USAID agrees with R. 1.82. U.S. Foreign Aid law requires that buildings built with USAID funding be inspected by a licensed USAID Engineer.

Recommendation 1.83: It is strongly and unani-  
mously recommended that the Mission Engineer take direct  
responsibility, at the earliest possible opportunity, to  
bring together a joint GON/AID team to make a detailed  
inspection of construction already completed by exposing  
at random points the foundations, structural beams and  
columns, floor slabs, and masonry. AID's participation  
should include the Mission General Engineering Officer  
and an Africare Sanitary Engineer.

GON Comment: All inspections of buildings completed or in progress must be organized in collaboration with the Ministry of Public Works, Transport and Urbanism.

USAID Comment: USAID concurs with R. 1.83. It is required by U.S. law.

### 1.82 Sanitary Improvements

Funds allocated for sanitary improvements to existing medical units through the country are not sufficient to make significant impact on these facilities. Expenditure of funds to date has been concentrated in the Department of Niamey on an ad hoc basis without regard to priorities or needs for equitable distribution throughout Niger.

Recommendation 1.84: The Africare Engineers, in  
consultation with the GON, should begin making an inventory  
of the sanitary needs of existing health centers and  
dispensaries in order to determine the nature of the  
required improvements, priorities, and estimated costs per  
medical unit. Minor repairs to buildings as well as  
interior and exterior painting should be a required GON  
contribution to this effort.

The Team, after rapidly reviewing construction and renovation costs in Niger, is aware that RHIP-budgeted amounts for renovation and improvements are insufficient.

GON Comment: Funds being insufficient for having a real impact, they have been concentrated in a smaller zone where they should be able to have a certain impact. It will probably be necessary to increase these funds. As to the priorities it is up to the Ministry of Health to

decide where they can be identified in the country and not the RHIP.

Recommendation 1.84 the MPH/SA has already at its disposal an inventory of sanitary improvements necessary for the Health Centre.

USAID Comments: In principle we agree with the recommendation but feel that first priority should be an inventory at dispensary level, and development of a priority list of needs for dispensary level facilities on a facility by facility basis, plus a costing of the plan by priorities. We reserve our position concerning concurrence with R.1.84 pending a cost analysis of it.

Recommendation 1.85: Funds available in the RHIP budget for sanitary improvements to the medical units should be increased in order to better respond to the actual costs of construction in Niger. A joint GON/AID inspection system should be established to insure adequate control on the quality of work by contractors undertaking these improvements.

GON Comment: GON agrees to the increase of funds of the budget for sanitary improvements of medical centers.

USAID Comment: USAID reserves its position on this recommendation pending a plan of action which should be proposed by the MOH to USAID for consideration.

### 1.83 Resupply and Transport

In regard to resupply, the danger is that if expansion of the VHT network increases at a rate faster than that of supervisory staff, major resupply problems will result. In areas where distance and terrain (sand) preclude frequent supervisory visits, alternative means of transportation should be explored on a pilot basis. Properly equipped 4-wheel drive vehicles can visit all villages; however, these are not available at dispensary level. Mobylettes are capable of traversing the terrain to reach 40-60% of villages with VHTs. Camels or horses must be used to reach the others.

Recommendation 1.86: It is recommended that the RHIP through the Project Support Unit of the Mission, request product specification sheets and brochures from the manufacturers of motorized all-terrain 3-wheel vehicles and seriously consider their utility for the project.

The tires of these small, lightweight vehicles (the size of Mobylette) are 10-12 inches wide and perhaps 18 inches in diameter. It is believed that both Honda and Kawasaki manufacture them. It is not known whether or not there are American manufacturers of this type of vehicle. Assuming specifications indicate this vehicle may be used in the Sahel, the RHIP should consider the purchase of 10 for pilot testing. The Africare mechanic in Tahoua, Mr. Jon Newman, has expressed an interest in playing a role in overseeing such a pilot test. If field tests are successful and these vehicles are provided to dispensaries located in remote sandy regions of the country, they will have an effect of reducing the travel time for supervisory visits from as much as 2 days per visit on horseback to one half-day trip, thereby saving great amounts of time and increasing the frequency of supervisory visits. Faced with a half day as opposed to a gruelling 2-day horseback ride, far more supervisory visits would take place.

GON Comment: The RHIP is authorized to acquire 4-wheel drive vehicles such as TOYOTA - LAND-ROVER in view of inspections and field trips for supervising. We also suggest the acquisition and trial by the RHIP of 14 SUZUKI LJ80 vehicles, to be used at the Departmental level for inspection missions and supervisory control of VHTs and also by responsible staff in the field.

USAID Comment: USAID does not concur in the U.S. team recommendation.

#### 1.84 Medical Kits

The Evaluation Team observed only minor problems with broken wooden medical cases. However, the cases are fairly heavy.

Recommendation 1.87: A light durable case similar to those issued to matrones should be issued to securistes; UNICEF should be consulted.

Such a case would need to be 2-3 times larger than that of matrones to accommodate the securiste's medication. Alternatively, issuing 2 matrone-type cases might be preferable - one for pills and the ledger and the other for liquids and bandages. Carrying 2 such small cases (one in each hand) to satellite villages or encampments would

be more portable and certainly more durable. If it is preferable to carry the large case on one's head, the idea of 2 cases should be abandoned.

GON Comment: We are in agreement with the recommendation of the National Seminar.

USAID Comment: We concur with R. 1.87.

Another minor problem exists with the type of vials used for liquids. Some breakage and spilling of medications was reported to the evaluation team.

Recommendation 1.88: Non-breakable polyethylene screw-cap vials present an easy, simple solution to this problem. ONPPC should procure them. No budget change is required for this recommendation.

GON Comment: No comment.

USAID Comment: Concur with R.1.88.

Wound management is an important part of the securiste's responsibilities. Most physicians recommend thorough cleansing of wounds prior to application of mercurochrome.

Recommendation 1.89: The simple addition of a bar of lye-based disinfectant soap should be considered as part of the securistes' and matrones' kits, added to them initially, and also through resupply.

Some matrones had soap in their kits; most did not. The issuing of soap for wound management might be subject to personal misuse. However, if it encourages personal hygiene, that might not be entirely bad. Matrones' kits are not supplied with high-usage items, and, as such, they are less subject to the same logistics and resupply problems. The cases themselves are made of lightweight, durable aluminum alloy and are supplied by UNICEF. Not one single UNICEF case was damaged or broken. Some were cleaner and more neatly kept than others.

Recommendation 1.90: Supervisors should include cleanliness of matrones' kits as an item for observation and discussion during supervisory visits. The presence of

a bar of soap in each kit is recommended and should become an item subject to resupply. Once again, this recommendation can be accommodated within the existing budget.

GON Comment: Soap is one of the items already contained in the kits of the village health agents.

USAID Comment: USAID believes it of value for VHTs to have soap at all times, and encourages project policies which will make this possible.

### 1.9 Manpower Development

To date, of the 3,000 securistes to be trained under the project, 1,235 or 41% of the total have been trained and 926 or 31% of project supported matrones have been trained. If the 1980 production levels of securistes can be maintained with a 20% increase in matrones trained during 1981 and 1982, the training outputs envisioned in the PP can be met and funds absorbed.

Recommendation 1.91: It is recommended that the MOH concentrate on increasing their training plans for one or two Departments to insure full utilization of RHIP support available for VHT training within the present life of project.

If the project is extended as recommended for an additional 2 years, the teams feel that maintaining momentum of VHT production is essential.

Recommendation 1.92: The team recommends that, if the two-year extension to December, 1984, is approved by Mission and AID/W, the additional sum required to train 1,200 securistes and 1,200 matrones be added to the project budget.

GON Comment: GON agrees to the increase of funds proposed. Programs for staff training have been done during the National Seminar on Sanitary Self-Reliance.

USAID Comment: Tentatively concurs with R.1.92 subject to approval to extend RHIP and subject to availability of funds. USAID takes no position on R.1.91 until seeing the revised implementation plan.

Recommendation 1.93: It is recommended that only a two-year extension be given to the RHIP and that, during calendar year 1983, an in-depth assessment, equivalent to a final, summative evaluation, be undertaken from January through March 1983. This should be followed by three months of Mission, MOH, and AID/W study of the results. A Phase II design team should begin work not later than September of 1983, completing their work by December 15, 1983.

While the Team is supportive of this project, it does not advise moving directly to a second phase of the project.

Work from January to March, 1983 should be both a summative evaluation and health sector assessment with no less than 6 members on the team. Planning for this evaluation and assessment would be completed by August, 1982, at latest, to permit recruitment and commitments from high-quality, senior-level, experienced persons by November 1982.

GON Comment: The method of evaluation, its objectives and length must be agreed upon between the Nigerian and American teams. This evaluation must not, as the previous ones have, be the reason for delays and stoppage of the work of the MPH/SA officials.

USAID Comment: USAID wishes to reserve its position on the length of extension until seeing details of the revised implementation plan. In principle, however, it can envision up to a 30 month extension of the RHIP if this in turn is approved by AID/Washington.

Recommendation 1.94: The Mission should plan to make available to the MOH, with its concurrence, a specialist in systematic course design, competency-based training, and health training materials design for the years 1982 and 1983. This individual would be posted to Niamey or Dosso in 1982 to redesign VHT training materials and syllabus, and to Zinder at ENICAS for the academic year 1982-1983 to review and assist in redesign of the certified nurse training curriculum. Preparations should be made to fund such an individual during the 2-year extension.

During 1982 there will be a need for review and redesign of the curriculum for matrones and securistes based on the experiences of 1980 and 1981.

GON Comment: This person is not necessary. The management of the Health Care Centers together with the management of the Sanitary and Nutritional Education authorities of the MPH/SA can cope with the needs for changing the program. A project for continuous training is presently under study at the MPH/SA.

USAID Comment: USAID believes pedagogical techniques for VHT trainers could profit from R.1.94 and is prepared to assist GON if such a request is made. We feel that while the GON is producing a quantity of VHTs, the quality of instruction of VHTs still has room for substantial improvement.

PHC training experts are in short supply and the Mission would be well advised to identify such an individual well in advance; AID should underwrite the cost of bringing him/her to a tested written and spoken 3 + level in French before bringing the individual to Niger.

Recommendation 1.95: Funds permitting, during the extension (1983-1984), the Team recommends support for an additional 100 certified nurses (200 person-years) and an additional 40 (120 person-years) of training support for certified nurses and IDEs (State diploma nurses), respectively. On balance, should there be competition for available funds, the Team sets Recommendation 1.94 as having higher priority than 1.95.

Recommendation 1.94 is aimed at increasing quality of human resources produced, whereas 1.93 and 1.95 are aimed at quantity. In the end, the Mission must decide on the balance between quality and quantity. The Team feels that, by 1982, within a context of production of large numbers, quality can and needs to be improved. Given sufficient MOH receptivity the Team would put Recommendation 1.94 into effect as soon as is organizationally possible, but not at the cost of VHTs and certified nurses presently being trained.

GON Comment: GON agrees. It should be even necessary to ask the RHIP to forecast supplementary funds for the training which will start at E.N.I. in Maradi in 1982-1983.

USAID Comment: USAID concurs, resources permitting.

Support for laboratory technicians would be support for increases in quality. The Team recommends that the next evaluation group look into this matter specifically. It is easier to reshape an ongoing program than to organize it initially. The laboratory technician program is relatively new.

This Evaluation Team has been unable to get satisfactory or sufficient information on retraining. The individual specified in Recommendation 1.94, if of sufficient expertise, could address this. Alternatively,

Recommendation 1.96: It is urged that the short-term technical assistance provision of the present agreement be used to bring a training specialist to Niger for 3 months to study, examine, and make recommendations solely for the retraining program for VHTs.

A senior-level person fluent in French could produce information useful to the government in this period.

The Team feels that redesign of retraining for matrones and secouristes has a higher priority than redesign of their initial training at this point in time.

GON Comment: We think that foreign experts will not be able in 3 months to establish valuable recommendations for Niger. This work can be done by a National Commission financed by the RHIP; as for example, the WHO/IIES project of research on primary health care which was actually realised by some nigerien researchers in the Ministry.

USAID Comment: The U.S. Team envisioned a consultant to develop a plan for redesigning the retraining program but not developing materials per se. USAID agrees with the GON that such a consultant could not redesign the program itself in 3 months. The proposed consultant would be a specialist in methods of educational technology such as those skilled in task and job analysis, in competency-based instruction methods and in course and module development. Such a person could train MOH personnel in the methods involved and give intermittent technical cooperation as required. USAID concurs with R.1.96 and would support if requested.

Recommendation 1.97: It is recommended that support for sanitation agents be increased to produce the 75 agents envisioned in the PP. The move to a 2-year cycle doubles funds needed to produce them.

GON Comment: Concur.

USAID Comment: Concur that this should be examined further, costed and examined within any revised implementation plan.

Recommendation 1.98: It is recommended that the Health Development Officer, in conjunction with the Chief of Party and the Project Director, after study of this evaluation report, prepare a utilization plan for short-term technical assistance to be discussed with the Mission Director or Assistant Director by no later than December 15, 1981.

The Team was disappointed in the failure of the Mission and the MOH to utilize the short-term technical assistance provided in the PP. The Team has seen literally dozens of possibilities which, if explored with appropriate authorities, could benefit RHIP components.

GON Comment: Agrees for the Ministry of Health to prepare a short-term technical assistance plan with the funds forecast at the level of the RHIP.

USAID Comment: Concur, though not within the time frame indicated by the U.S. Team.

Recommendation 1.99: In a similar vein, Section 5.74 of the preliminary document contains recommendations which the Team urges the Mission and the Health Development Officer to seriously consider.

Operational studies not only produce findings but more importantly raise consciousness on important issues. A modest, low-cost relationship between the School of Science in Niger and a School of Public Health (please note - not a School of Medicine) in the U.S. could invigorate and add a spirit of inquiry to the entire Ministry and its operations. S&T/HEA and AFR/DR are willing to facilitate initial contacts with any School of Public Health the Mission wishes to consider in such a role. The Team, however, recommends it be a U.S. School of Public Health for a variety of reasons.

GON Comment: Collaboration between the School of Health Science (SHS) of the University of Niamey and a Public Health School in the United States of America is the responsibility of the Ministry of Higher Education and Research. In our opinion it can be beneficial if it is carried out in a sense of frank cooperation.

USAID Comment: A relationship between a School of Public Health and the School of Public Health and the School of Medical Science in Niamey has potentials for benefits to all concerned. USAID concurs with exploration of this recommendation for the RHIP.

Recommendation 2.0: The Team commends the GON for the excellence of the "Cinquiem~~e~~ Journees d'Etudes de la Sante" in Zinder and recommends that support for this activity be continued through life of the project, into the extension and into Phase II, so long as the level of quality is maintained.

While the returns for the Journees are not measurable, the spirit, increase in awareness, feedback and the feed forward, as well as the exchange of ideas among levels in the system bears imitation in other countries. It is an activity which has demonstrated democratic process in the best sense of the term.

GON Comment: No comment.

USAID Comment: The Mission feels the Journees to be a good investment and national means for information, dissemination and discussion within the MOH, and thus concurs.