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A REVISED PLAN OF IMPLEMENTATION
FOR THE RURAL HEALTH
IMPROVEMENT PROJECT OF NIGER
ISN-341060

A Report Prepared By:

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ABBREVIATIONS

AID/W	Agency for International Development, Washington
APHA	American Public Health Association
CDC	Communicable Disease Center
CRED	Center for Research on Economic Development
EPI	Expanded Program of Immunization
GON	Government of Niger
MCH	Maternal and Child Health
MOH/SA	Ministry of Health and Social Affairs
PP	Project Paper
RHIP	Rural Health Improvement Project
USAID	United States Agency for International Development
WHO	World Health Organization

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I. INTRODUCTION

Purpose of the Assignment

The purpose of the assignment was to prepare a revised implementation plan for the USAID/Niamey-assisted Rural Health Improvement Project (RHIP) in Niger. According to the letter of authorization provided by the American Public Health Association (APHA), the purpose of the assignment was "to amend the Project Paper and assist in the redesign of the Rural Health Improvement Project."

USAID/Niamey, however, made it clear to the team on arrival that it wanted a revised implementation plan, and not a redesign of the RHIP. Nor, it stated, did it want an amended Project Paper (PP). Specifically, USAID/Niamey wanted to preserve the goals and objectives of the original project, but also to modify the inputs and outputs, the administrative and management arrangements, and the time frame of the project to incorporate the principal findings and recommendations of a joint project evaluation done in mid-1981. In addition, the mission requested that the team include sufficient background information to orient the reader to the history of the project and its setting in Niger and an economic and financial analysis of the revised implementation plan.

Composition of the Team

The team was composed of a health planner, a public health administrator, and a health economist. The team's qualifications are described below.

William Ellis (Bill) Bertrand, Ph.D., is a public health planner. Currently, he is the chairman of the Department of Biostatistics and Epidemiology, Tulane University School of Public Health and Tropical Medicine.

John E. Kennedy, M.D., M.P.H., is a public health administrator and a private consultant. He has a history of experience in health development programs in Asia, the Pacific, and Africa. Dr. Kennedy served as the team leader during this assignment.

William Martin (Marty) MacKinen, Ph.D., a health economist, is employed by the Center for Research on Economic Development (CREDE), University of Michigan, Ann Arbor, Michigan. Dr. MacKinen has performed several consultancies and research studies in Africa.

The team's itinerary is attached as Appendix A. A list of the persons who were contacted by each of the consultants is attached as Appendix B.

II. METHODOLOGY

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Response to Recommendations of Mid-Term Evaluators

As a first step in analysis, the team grouped the 64 recommendations of the mid-1981 project evaluation team into seven categories. These categories related to:

- the organizational arrangements of the RHIP within the Ministry of Health (MOH) and the contractual and organizational relationship of Africare to the MOH and USAID/Niamey;
- suggested changes in policies and practices with respect to specific health services (e.g., malaria, immunization programs, diarrheal diseases, etc.);
- specific changes in technology related to rural water supply and sanitation activities;
- a major new push in health management information systems as a means to improve health planning and management;
- administrative and management arrangements to expedite the construction and renovation of health facilities;
- improvements in logistical support activities at all levels, particularly automotive and equipment maintenance and related training; and
- an increase in the scope and pace of training of health workers and extension of the time frame of the project to complete original objectives.

The Ministry of Health of the Government of Niger (GON) was asked to respond to the recommendations of the mid-project evaluation team, and USAID/Niamey commented on these responses. The resulting document was used as the prime reference in writing the revised implementation plan. A review of this document and of the report of the mid-project evaluation team revealed the following (keyed to the seven categories described above):

1. After the mid-project evaluation, the MOH designated a new project director and provided him with two assistants: an administrator and a training specialist. USAID/Niamey already employed an expatriate finance

specialist (under a personal services contract). The GON felt that no major change in the placement of the RHIP within the MOH's structure was necessary. USAID/Niamey concurred. However, both the mission and the GON agreed that a new expatriate position, "Chief of the American Experts," was needed to oversee and coordinate all U.S. assistance within the RHIP, whether or not the participating agency furnished the services.

2. Generally, suggestions for changes in policies and practices with respect to specific health activities were rejected by the MOH, which held that matters of local health policy should be under Nigerian control. However, the GON did request technical assistance from the Communicable Disease Center (CDC), in Atlanta, Georgia, to help plan the "cold chain" and program immunization and other operational aspects of the ongoing immunization program. The CDC, in responding to this request, called attention to a number of technical defects in the GON's immunization program--defects that had been noted also by the mid-term evaluation team. The CDC indicated that it would furnish technical assistance only to help develop a technically sound and feasible country plan for an expanded program of immunization (EPI). It also stated that it would shift the executing focus to the fixed health units and use mobile operations only where such fixed units did not exist. Despite these constraints, the team believes that in the next year, the GON will modify its current immunization policy, which at this time gives prime emphasis to the use of mobile teams, to make it more consistent with the concepts of the CDC and the World Health Organization (WHO). The team, therefore, budgeted for assistance in this area, subject to resolution of this conceptual conflict.
3. The GON referred suggested changes for rural water supply and sanitation facilities to the Ministry of Public Works, which is responsible for the construction and renovation of health units.
4. Suggestions to change the duties of the Africare sanitary engineer were approved by the GON and incorporated by the team into the revised plan. The changes will permit the sanitary engineer to concentrate on the training of sanitation agents at Enicas and the development of more "hands-on," practical field training for these agents. Additional funds were budgeted for vehicles to provide transportation for students to the field and to purchase the training supplies (cement pipe, etc.) that would be used to teach the students to build sanitary facilities for villages.

5. The MOH agreed in principle to the inclusion of a major new emphasis within the RHIP: improved health and management information systems. It also acknowledged the need for better health planning and indicated that it would like to review specific plans as they are developed.
6. Arrangements to construct and renovate facilities were, the MOH felt, matters which the USAID should work out with the Ministry of Public Works, Transport and Urbanism, which has responsibility for this kind of work.
7. The GON agreed with the recommendations for improved logistical support, particularly automotive and equipment maintenance and repair and expedited training for mechanics and medical equipment repair technicians.
8. The GON agreed to the increase in the scope and pace of training activities and acknowledged the need to extend the time frame of the project.

Preparation of Draft Strategy Plan

Based on the above preliminary analysis, the team prepared a draft strategy for the revised implementation plan. The changes to which USAID/Niamey and the Ministry of Health had mutually agreed were incorporated into the document. The draft strategy plan called for:

1. An extension of the RHIP for 30 months beyond the original termination date of the project (December 1982), to June 1985. The new date coincides with the end of the GON's annual training cycle.
2. The establishment of a new expatriate position, "Chief of the American Experts."
3. Provision for support for an expanded immunization program, contingent on the development and adoption by the GON of an acceptable countrywide plan for EPI that is consistent with the concepts described above.
4. A major new thrust to develop a health and management information system for use in national health planning. The effort is to include the development of a microcomputer capability.

5. A plan to complete the construction and renovation of health facilities, as prescribed in the original project agreement and executed by the Ministry of Public Works in direct collaboration with the United States Agency for International Development (USAID).
6. A new plan of action to train sanitation agents. The emphasis is to be on field training and the development of simple, practical techniques for the proper protection of drinking water and the disposal of human wastes.
7. An expanded program of training for health workers that would take place in-country, in other African nations, and in the United States.
8. A more precise focus on automotive and equipment maintenance and the training of mechanics and medical-equipment-repair technicians. Additional support was programmed in the form of vehicles and necessary spare parts. The duties of the Africare training technicians were expanded to include the development of a viable automotive and medical equipment service at the departmental (provincial) level.

Preparation of Final Draft Plan

This overall scheme for revising the implementation plan for the RHIP was discussed with and approved by the director of the USAID mission, Mr. Irving Rosenthal, and other relevant members of the USAID/Niamey staff. Subsequently, the work of preparing the final draft plan was allocated among the members of the team in accordance with their assigned areas of responsibilities.

In developing the separate activities covered in the plan, the team conferred with the health officials in the MOH responsible for the specific activity under consideration. The pertinent in-country staff of Africare actively collaborated in the design of those activities to which they will make a significant technical contribution; namely, automotive maintenance; training of mechanics, medical equipment maintenance, and repair technicians; and training of sanitation technicians at Enicas at Kinder.

Among the bilateral and international agencies, the most important contacts were with Dr. Jean Marie LaMott and Dr. Renauet Yves, both of whom are employed by the Belgium Medical Assistance Program, and Dr. John Wright, a WHO representative in Niger. (For a complete list of persons contacted, see Appendix B.)

On April 21, 1982, the overall scheme for revising the implementation plan was presented to Chef de Bataillon Amadou Djermakoye, Ministry of Health and Social Affairs (MOH/SA), in the presence of Dr. Tankary, the director of the RHIP, and Mr. Irving Rosenthal, the director of the mission. Minister Djermakoye approved the plan and endorsed the proposal to receive from the USAID assistance to establish a health planning component aimed at helping MOH/SA staff to become self-sufficient in this field. The Minister said he would like to have the planning cell placed within the MOH/SA at a level that would directly assist him with health planning. He also said that he would want to review specific details as they evolve.

During the last week of the consultancy, Dr. Kennedy, the team leader, assembled the final draft report and presented it to Mr. Rosenthal. The document was reviewed with Dr. Tankary on the morning of April 29, 1982. The revised implementation plan was also fully discussed (except for budget information) with Ms. Almeda Harper, the Africare representative. The team is confident that the revised plan is based on concepts and action plans that are fully understood and accepted by USAID/Niamey, Africare, and the Ministry of Health of the Government of Niger.

III. SERVICES PERFORMED

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Allocation of Tasks

The members of the team were assigned responsibility for preparing specific parts of the revised plan. Each of the team members who is listed below prepared the draft material for his section or subsection, but there was a continuous exchange of ideas and suggestions between the three consultants. The resulting document, therefore, represents a joint effort.

Outline of Plan

The following is an outline of the revised plan. The names of the team members who were responsible for specific sections are noted. The format of the final draft of the revised implementation plan is a slight modification of the outline furnished by the mission's evaluation officer, Mr. C. Pippitt. No section or subsection is completely independent of other parts of the revised plan.

- Section 1 EXECUTIVE SUMMARY
John E. Kennedy, (Team Leader, Public Health Administrator)
- Section 2 BACKGROUND HISTORY OF THE PROJECT
William Ellis Bertrand (Health Planner)
- Section 3 ORGANIZATION AND STRUCTURE OF THE GON HEALTH SERVICES
John E. Kennedy
- Section 4 REVISED IMPLEMENTATION PLAN
 - Subsection 4.1 Summary Review of the Status of the RHIP
John E. Kennedy
 - Subsection 4.2 Overall Concept and Strategy
William Ellis Bertrand and John E. Kennedy
 - 4.21 Health Planning Component
William Ellis Bertrand
 - 4.22 Human Resources Development Component
John E. Kennedy
 - 4.23 Support for Improved Vehicle and Medical Equipment Maintenance
John E. Kennedy (in collaboration with A. Harper and relevant staff of Africare)

4.24 Facilities Construction
John E. Kennedy (in collaboration
with John McEnaney)

Subsection 4.3 Evaluation Plan
John E. Kennedy

- Section 5 BUDGET
William Martin Mackinen (Economist, Finance)
- Section 6 FINANCIAL ANALYSIS
William Martin MacKinen
- Annex I Economic Analysis
William Martin MacKinen
- Annex II Cost-Effectiveness Analysis
William Martin MacKinen
- Annex III Health Planning Component, Supplementary Information*
William Ellis Bertrand
- Annex IV Logistical Framework**
John E. Kennedy

* Job description, out-of-country training, contract performance requirements, training plans, etc.

** Human resources development component only.

IV. OBSERVATIONS AND COMMENTS

Dr. Tankary, the Nigerien project director, was out of the country during the first week of the consultancy and there were three national Nigerien holidays in April. Neither Dr. Tankary's absence nor the holidays seriously hampered the consultants' work.

During the first week, the team was able to clarify its scope of work, make initial contacts, review the essential documents, and reach a consensus on the plan strategy.

During the second week, the team was able to follow up on specific activities with the responsible health officials in the MOH/SA.

Marty Mackinen did not arrive in Niamey until April 5, 1982, four days later than the two other members of the team. This later arrival did not seriously hamper the team's work because the budgetary, financial, and economic analysis which Dr. Mackinen was to prepare depended on the development by the team of an overall scheme for the revised plan. The effort to devise this scheme was one of the first and most important tasks of the team.

USAID/Niamey provided office space, typing services, essential transportation, and assistance in scheduling meetings. Support in all these areas was good, and the team was able to carry out its work expeditiously.

The mid-1981 evaluation team expressed concerns about the cooperation and openness of the Nigerien health officials. The team found that once initial reserve was broken down, the MOH officials were generally forthright and candid in their discussions. Because it was charged with writing a plan of execution, the team had considerable advantage over earlier short-term visitors from the United States who sought to critically evaluate Niger's performance in the project. Once the Nigerien officials were convinced that the team really was concentrating on developing a practical, workable plan of execution for the future, they were completely willing to discuss problem areas and to offer specific helpful information.

The members of the team worked particularly well together. Despite a heavy work load, a short time table, and the heat (usually 110^o-120^oF), the work of the team was not hampered by the petty squabbles and disruptive interpersonal relationships that often occur among consultant groups of this kind. The cohesiveness of the group and the excellent interpersonal relationships were important factors in the team's ability to produce a revised plan which all the members feel is logical, practical, and internally consistent.

Appendix A
ITINERARY

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ITINERARY

<u>Date</u>	<u>Time</u>	<u>Purpose</u>
3-29-82		Briefing, AID/W (Kennedy and Bertrand).
3-30-82		Travel en route (night in Dakar).
3-21-82		Arrival, Niamey, Niger (Kennedy and Bertrand). Meetings: J. McEnaney and D. Ferguson.
4-01-82		Briefing, AID/W (MacKinen). Travel en route to Niamey, Niger. Meeting (Kennedy and Bertrand), MOH/SA: K. Tankery, project director, and S. Mamane, administrator, RHIP. Meeting (Kennedy and Bertrand), USAID/Niamey: I. Rosenthal, director, USAID/Niamey; C. Pippitt, evaluation officer, USAID/Niamey; and T. Barker, chairman, Project Review Commission. Lunch, I. Rosenthal's.
	a.m.	Review of documents.
4-02-82	p.m.	Meeting: Dr. Shillingford, public health adviser, Africare. Review of documents.
4-03-82	a.m.	Meeting: J. McEnaney. Meeting: B. Bertrand and J. Kennedy re: Plan Strategy.
	p.m.	Review of documents and preparation of draft Plan Strategy outline.
4-04-82		Sunday (day off).
4-05-82	a.m.	Meeting (Bertrand, Kennedy, and MacKinen): J. McEnaney.

<u>Date</u>	<u>Time</u>	<u>Purpose</u>
4-05-82	p.m.	Meeting: M. Golden, program officer, USAID/Niamey. Team Meeting: Ambassador Casey; P. Charvas, D.C.M.; and I. Rosenthal, director, USAID/Niamey. Meeting: S. Mamane, administrator, RHIP.
4-06-82		Marty MacKinen spent day working with J. Carbonel, accountant, RHIP. Bertrand and Kennedy worked on draft strategy plan.
4-07-82		Meeting: Dr. Shillingford and A. Harper, Africare. Meeting: Drs. Jean Marie LaMott and Renault Yves, Belgium Medical Assistance.
4-08-82		Meetings: Mr. Maiga, chief, Training Division, MOH/SA; and I. Laura, chief, MCH Division. Meeting (Kennedy and Bertrand): Dr. Shillingford. MacKinen continued to work with J. Carbonel.
4-09-82		Meetings: Pippitt, Barker, and McEnaney. Presentation of preliminary Plan Strategy. Meeting (MacKinen): J. Carbonel.
4-10-82		Team meetings to review documents and preliminary draft. Meeting: C. Pippitt, USAID/Niamey.
4-11-82		Sunday.
4-12-82		Nigerien Holiday. Team worked on documents and draft of material.

<u>Date</u>	<u>Time</u>	<u>Purpose</u>
4-13-82		<p>Mackinen worked with T. Clarkson, controller, USAID/Niamey, on RHIP accounts.</p> <p>Meeting (Bertrand): J. Curry, agricultural anthropologist.</p> <p>Meeting (MacKinen, Kennedy, and Bertrand): Africare team (A. Harper; P. Albertini, medical equipment repair specialist; D. Lyttle, administration officer; and R. Robertson, mechanic and trainer).</p>
4-14-82		<p>Briefing, I. Rosenthal re: Plan Strategy. Review documents and preliminary drafts.</p>
4-15-82		<p>Nigerien Holiday.</p> <p>Team meetings to review documents and preliminary drafts.</p>
4-16-82		<p>Nigerien Holiday.</p> <p>Meetings: A. Harper, Africare re: drafts.</p>
4-17-82		<p>Team meetings to review documents and drafts of sections of plan.</p>
4-18-82		<p>Sunday.</p>
4-19-82		<p>Meeting (Bertrand): S. Rosenthal, Agromet. Most of day spent completing general Plan Strategy and specific sections.</p>
4-20-82		<p>Presentation of preliminary plan to Dr. Tankary (approved) and Mr. Mamane. McKinen continued to work with T. Clarkson.</p> <p>Lunch with I. Rosenthal, T. Barker, C. Pippitt, and M. Golden.</p> <p>Presentation of plan outline; overall approval conceptually.</p> <p>Meeting (Bertrand): Dr. Loco, Mobile Medicine Unit.</p> <p>Meeting (Kennedy and MacKinen): Mr. Maiga, chief, Training, MOH/SA.</p>

<u>Date</u>	<u>Time</u>	<u>Purpose</u>
4-21-82		Meeting: A. Harper, Africare. Meeting: Minister of Health and Social Affairs Djermakoye (Dr. Tankary, Mr. Mamane, J. McEnaney, and I. Rosenthal present). Overall presentation of Revised Implementation Plan. Minister approved.
4-22-82		Bertrand departed. Kennedy drafted sections for manpower development. MacKinen drafted financial analysis of budget.
4-23-82		Meeting (Kennedy): A. Harper re: plan; specifically, mechanics, medical equipment maintenance, and training outline for Africare to complete over weekend with staff. MacKinen completed final draft of his sections.
4-24-82		Final in-country meeting (Kennedy and MacKinen): J. McEnaney. (MacKinen scheduled to depart but was "bumped." He actually departed on evening of 4-25.)
4-25-82		Sunday. Kennedy worked all day (approximately 12 hours) on final report.
4-26-82		Kennedy drafted, edited, reproduced, and assembled final draft report, which was finished at 9:00 p.m. on 4-28-82.
4-27-82		
4-28-82		
4-29-82		Exit conference (Kennedy): I. Rosenthal and USAID staff members. Briefing of Dr. Tankary re: final report. Courtesy farewell calls, MOH (Mr. Maiga, Mr. Mamane, Dr. Wright (WHO), Dr. Shillingford, and Africare staff). Kennedy departed Niamey, Niger, 12:50.
5-03-82		Debriefing, AID/W (Kennedy, Bertrand, and MacKinen).

Appendix B

LIST OF PERSONS CONTACTED

Agency for International Development, Washington

Turra Bethune, AFR/DR/HN
Sarita Henry, SF/HEA
Yvonne John, AFR/SWA
Stenn Post, Liberia Desk
Michael Huffman, AFR/DR/SWAP
Murl R. Baker, AFR/DR/EAP
James Shepperd, AFR/DR/HN
Roslyn King, S&T/HCA
John McCabe, AFR/DR

American Public Health Association

Myrna Seidman, Chief, Technical Advisory Services

AFRICARE

C. Payne Lucas
Robert Wilson

USAID/Niamey

Don Ferguson
Irving Rosenthal, Director
John McEnaney, Health Development Officer
Myron Golden, Program Officer
C. Pippitt, Program Evaluation Officer
T. Barker, Chairman, Project Review Commission
T. Clarkson, Controller
J. Carbonel, Project Finance Officer

AFRICARE/Niger

A. Harper, Representative
Dr. Dorian Shillingford, Public Health Adviser and Team Leader
Dorrett Lyttle, Administration Officer
Patrick Albertini, Medical Equipment Maintenance Trainer
Raymond Robertson, Mechanic and Trainer

Ministry of Health and Social Affairs

Chef de Battalion Amadou Djermakoye, Minister
Dr. T. Tankary, Project Director
Mr. S. Mamane, Project Administrator
Dr. Loco, Mobile Medicine
Madame Issa Laura, Chief, MCH Division
Mr. Maiga, Chief, Training Division

American Embassy

Ambassador W. Casey
P. Charvas, D.C.M.

Belgium Medical Assistance

Dr. Jean Marie LaMott, Chief
Dr. Renault Yves, Consultant, Oral Rehydration Project

Agromet (Central Computer Unit)

Mrs. S. Rosenthal

World Health Organization

Dr. John Wright