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INTRAH/ FAMILY PLANNING MANAGEMENT TRAINING JOINT NEEDS ASSESSMENT NIGER

1-10 December 1986

INTRAH Trip Report 8-286
Family Planning Management Training - Niger

DPE-3031-C-00-9077

Trip Report

Travellers:	Pape Gaye, Director INTRAH Office for West and Central Africa James Herrington, INTRAH Program Officer Sara Seims, Deputy Director Family Planning Management Training Project (FPMT)
Country Visited:	Niger
Date of Trip:	December 1 - 10, 1986
Purpose:	To conduct a joint INTRAH/FPMT needs assessment for clinical, non-clinical and management training in family planning.

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Executive Summary

During the period December 1-10, 1986, the INTRAH/PACII and the MSH/FPMT projects undertook a joint family planning training needs assessment in Niger.

The training plan, summarized below and described in detail in this report, was developed with the major goal of helping prepare the GON for an expanded and decentralized family planning service delivery system.

INTRAH/PACII proposed training plan:

A. Development of in-service clinical family planning curriculum for training service providers, e.g. midwives, nurses, social assistants, and physicians. The curriculum is proposed to be developed during a two-week period in June, 1987.

B. In-service training of 50 service providers in clinical family planning during workshops of three week duration, each at 25 participants per workshop. The first workshop will be held in August and the second in October, 1987. These courses will not include IUD insertion practice due to the insufficient number of available clients for adequate practice.

C. Technical assistance in the collection of baseline data during early 1987 and evaluation of the INTRAH-sponsored training project after the last clinical course.

MSH/FPMT proposed training plan:

A. Study tour to Rwanda and Senegal for four GON participants for the purpose of (i) observing how these more advanced programs deliver family planning services in an environment somewhat similar to that of Niger, and (ii) exploring how a national coordinating body for a family planning program functions in expanding family planning services to the nation.

B. Workshop on the planning and coordination of family planning services. The purpose of the workshop would be to provide the leadership of the National Center for Family Health (NCFH) with a full understanding of the total management system which must be in place for the delivery of family planning services and the factors which must be considered for program decentralization. This workshop is tentatively scheduled for 10 days during May, 1987.

C. A workshop on the management of family planning services for the national and regional Directors of those centers where family planning services have or will soon be introduced.

It is proposed that an INTRAH contact team return to Niger in March 1987. FPMT will return to Niger for the May workshop

Schedule of Visit

Monday, December 1, 1986	-	Arrival Mr. Pape Gaye from Abidjan and Dr. Sara Seims from Boston
Tuesday, December 2, 1986	-	Briefing with Maurice Middleberg, USAID/Niger Population Program Coordinator
	-	Arrival Mr. James Herrington from Chapel Hill
Wednesday, December 3, 1986	-	Briefing with Peter Benedict, USAID Director and Dayton Maxwell, USAID General Development Officer
	-	Meeting with Mr. Middleberg regarding USAID priorities for INTRAH/FMPT assistance to the government
	-	Read background documents
	-	Meeting with Sandra Robinson and Wendy Wilson, Africa Development Foundation
Thursday, December 4, 1986	-	Arrange travel/visa requirements
	-	Working meeting with CNSF to discuss training needs in clinical family planning and F.P. Management
	-	Country visit with MOPH/SA General Secretary, Mr. Doga Magagi
Friday, December 5, 1986	-	Team outlines training objectives and strategy
	-	Working lunch with Maurice Middleburg and Ms. Vangui Ravel, Columbia University Resident Advisor for F.P. Operations Research Program
	-	Meeting with the MOPH/SA Directorate for Teaching Education for Health and Nutrition
Saturday, December 6, 1986	-	Working meeting CNSF to discuss with INTRAH/FPMT specific training activities for 1987

Sunday, December 7, 1986	-	Team begins drafting trip report INTRAH/CNSF proposal and FPMT/CNSF memorandum of understanding
Monday, December 8, 1986	-	Dr. Seims meets with CNSF Directrice Dr. Maidouka to review the FPMT "Management diagnostic tool."
	-	Herrington and Gaye continue work on draft documents
	-	Review of FPMT memo of understanding with CNSF officials
	-	Team finalizes draft trip report
Wednesday, December 10, 1986	-	Review of draft proposal for INTRAH sponsored training and FPMT memo of understanding with Directrice of Social Affairs and MCH Directorate
	-	Debriefing with Secretary General MOPH/SA
	-	Debriefing with USAID Director
	-	Depart Gaye and Herrington for Abidjan at 18:00 hours
	-	Depart Seims for Boston at 23:00 hours

LIST OF ABBREVIATIONS

CM	Medical Center
CNSF	National Center for Family Health
DAS/PMI	Division of Social Affairs and Maternal and Child Health
DEESN	Directorate of Teaching and Education for Health and Nutrition
DOS	Direction Department of Health
ENSP	Ecole Nationale de la Sante Publique (same as NSPH)
FHI	Family Health International
MOPH/SA	Ministry of Public Health and Social Affairs
NCFH	National Center for Family Health (same as CNSF)
NSPH	National School for Public Health (same as ENSP)

I. Purpose and Objectives

The purpose of the INTRAH team visit December 1 - 10, 1986 was to assess with the appropriate Government of Niger (GON) health institutions the family planning training needs for paramedical personnel in the context of the population sector strategy of USAID/Niger.

This assessment was conducted jointly with the Management Sciences for Health (MSH) Family Planning Management Training Project (FPMT) represented by Dr. Sara Seims, Deputy Director. The purpose of the joint visit was principally to (a) encourage joint coordination and planning of clinical, non-clinical and management training activities in response to needs identified in collaboration with the GON and USAID, and (b) reduce the duplication of effort and demands that would have been placed on the mission and GON agencies by two separate visits by INTRAH and FPMT.

The specific objectives of the INTRAH visit, in collaboration with the GON, were to:

(a) identify within the GON health infrastructure the agencies/divisions currently responsible and potentially capable of training in family planning (F.P.) service delivery;

(b) identify potential F.P. training resource persons in-country;

(c) identify target groups for F.P. training by category and number; and

(d) develop the outline of an F.P. in-service training strategy in response to needs identified.

The objectives of the FPMT visit were to:

(a) identify the institutions and the individuals who should participate in the family planning development plan;

(b) identify with the GON and USAID the major management training issues to be addressed prior to the development of a bilateral family planning project; and to

(c) develop the basis for a management training plan designed to assist with the decentralization of services.

II. Accomplishments:

During the teams' visit family planning training needs were fully discussed and a draft training plan was developed. Specific technical assistance and training activities proposed by FPMT and INTRAH are outlined below:

A. Family Planning Management Training

FPMT proposes three major activities for Niger during 1987:

1. A study tour to Rwanda and Senegal for four GON participants for the purpose of (a) observing how these more advanced programs deliver family planning services in an environment some what similar to that of Niger and (b) exploring how a national coordinating body for a family planning program functions in expanding family planning services to the nation.

The participants for this activity would be the Directors of the a) NCFH, b) Office of Social Affairs and Maternal and Child Health, c) Office of Health and Nutrition Education, and d) the Office of Health Institutions.

The visit is proposed for late February 1987 since it is considered that this observation and study tour would be particularly useful prior to the April 1987 PID preparation. One of the outputs of this activity will be to prepare the agenda for this workshop and at least two participants will be trainers along with the FPMT representatives.

2. A workshop on the Planning and Coordination of Family Planning Services. The purpose of the workshop would be to provide the leadership of the NCFH with a full understanding of the total management system which must be in place for the delivery of family planning services and the factors which must be considered for program decentralization. This workshop is tentatively scheduled for 10 days during May 1987. One of the outputs of this activity will be to prepare the agenda for this workshop and at least two participants will be trainers along with the FPMT representatives.

3. A workshop on the management of family planning services for the national and regional Directors of those centers where family planning services have or will be soon introduced. The Directors supervise a wide range of medical, paramedical and administrative staff, and they report to the national Directorate of Social Affairs and Maternal and Child Health. The NCFH has requested that as many as 25 such Directors attend from throughout Niger. The workshop is tentatively scheduled to take place at the end of November, 1987.

Unfortunately, the April 1987 timing of the FPMT Francophone Regional Advisory Committee meeting coincides with the arrival of the PID team in Niger to develop the bilateral program. Therefore, it would not be advisable to invite the Director of the NCFH to attend. However, the team suggested to USAID that an invitation be given to the General Secretary of the MOPHSA since it would be very useful to the program if the secretary could be exposed to the advances in family planning currently being made by the the other Francophone countries.

B. INTRAH-assisted In-service Training and Technical Assistance

During a series of working sessions with the GON it became evident to the INTRAH team that the GON, while politically very supportive of family planning:

(a) was not logistically and administratively capable at this time of initiating a comprehensive in-services F.P. training program for paramedical personnel;

(b) had already identified specific F.P. training needs to be addressed in 1987 as stated in the Centre National de Sante Familiale (CNSF) annual workplan; and

(c) would probably receive a major USAID grant for population and MCH assistance, including extensive training of paramedical personnel, in the form of a long term bilateral project which is scheduled to be developed in early 1987.

Based on the above, the INTRAH team determined that the most efficient use of limited financial and human resources would be to respond to specific F.P. training needs expressed by the CNSF for 1987. The improvement of the GON capacity to deliver clinical F.P. services will be the objective of INTRAH-sponsored service during 1987. Specifically, INTRAH proposes to collaborate with USAID/Niger and the GON to implement the following activities:

(a) development of in-service clinical F.P. curriculum for training service providers, e.g. midwives, nurses, social assistants, and physicians. The curriculum is proposed to be developed during a two week period in June 1987 with INTRAH technical assistance and will utilize training materials available in-country as well as those developed by INTRAH in other WCA countries;

(b) in-service training of 50 service providers in clinical F.P. during workshops of three weeks duration, each at 25 participants per workshop. The first workshop will be held in August and the second in October 1987. These courses will not include IUD insertion practice due to the insufficient number of available clients for adequate practice (15-20 insertions per participant), and the lack of necessary equipment and IUD insertion supplies at clinic sites; and

(c) technical assistance in the collection of baseline data during early 1987 and evaluation of the INTRAH-sponsored training project after the last clinical course.

INTRAH/FPMT: It is also proposed that in January, 1988, INTRAH and FPMT join USAID and the GON to evaluate the previous year's training and develop a comprehensive training plan for the upcoming years.

The team explained to USAID that the future involvement of both INTRAH and FPMT depended to a great extent on "buy-ins" from the bilateral project and that while we could respond to their already determined needs for 1987, our projects do no have the financial resources to allow for a continuation of a concentrated and expensive level of effort.

III. Background

A. Health Characteristics

Niger's underdevelopment manifests itself in extremely poor health status, exacerbated by the drought of 1984. Infant mortality rate in 1984 was over 139 per 1000 live births, and life expectancy only 43 years. The health infrastructure is weak and medical personnel sorely inadequate with only about 150 doctors and 190 midwives serving the whole population in 1985. Malaria, diarrheal diseases, respiratory diseases, and malnutrition are the largest primary health care problems and account for much of the mortality. Fewer than 30% of Niger's people are considered to have access to any form of modern medical services. This is partly due to a very poorly developed road system in one of Africa's largest countries.

Nurses and other health personnel are trained at two institutions under the Ministry of Public Health. The Ecole National de la Sante Publique (ENSP) in Niamey trains state diploma nurses, certified midwives and lab technicians. There were 285 students in 1980-1981. The Ecole Nationale des Infirmiers Certifies et des Aides-Assistants de L'Action Sociales (ENICAS) in Zinder trains certified nurses and social workers for the Ministry of Public Health's Division of Social Affairs and MCH (DAS/DMI.)

Current Health Services:
Health services correspond to the divisions of civil administration for the country. Each of the seven departments has a Direction Department of Sante (DOS) whose director coordinates all health services. A network of 38 medical centers is found at the arrondisement level (county level) staffed by nurses. The CM includes MCH services. Rural dispensaries operate at the canton or district level run by certified nurses. Some postes medicales also operate at the administrative post level. Volunteer health workers operate at the village level- these include two health workers (men) and two birth attendants, who are chosen from traditional midwives, all selected by the community and who have undergone brief training. By 1980, 3,942 village health teams were in operation. This whole system clearly works better for the more sedentary Southern agricultural zones, but not as well for the nomadic and semi-nomadic populations of the savannah. The $14 million USAID project "Niger's Rural Health Improvement Project (RHIP)" is actively assisting expansion of village health services. See Appendix C for an inventory of health care facilities.

A detailed country profile can be found in Appendix D.

B. Preparation of Health Service Personnel

Nurses and other health personnel are trained at two institutions under the Ministry of Public Health. The Ecole National de la Sante Publique (ENSP) in Niamey trains state diploma nurses, certified midwives and lab technicians. There were 285 students in 1980-1981. The Ecole Nationale des Infirmiers Certifies et des Aides-Assistants de L'Action Sociales (ENICAS) in Zinder trains certified nurses and social workers for the Ministry of Public Health's Division of Social Affairs and MCH (DAS/DMI.)

C. Demographic Situation

Of Niger's six million population, about 50% are under 15 years of age, resulting in an extremely high dependency ratio. There are about 1,340,000 women in the childbearing ages (15-49). The birth rate is 51 per 1000, the death rate 23 per 1000, making the rate of natural increase 2.81%. Total fertility rate, or average number of children a woman has in her reproductive life, is 7.1. Migration in and out of Niger is minimal. Contraceptive prevalence is almost zero. At current growth levels, the population of Niger is expected to reach 11 million in the year 2000.

D. History and Overview of the Current Status of Family Planning

Despite the fact that the 1920 French anti-contraception law is still in effect, the President of Niger is supporting the provision of family planning to an extent much stronger than in other sub-Saharan country. This support has ranged from several public statements about the importance of having population growth rates consistent with economic growth rates to further commitments about making family planning freely available to all Nigerien couples who choose to space their children.

It is the responsibility of the Government Ministry of Health and Social Affairs (MOPH/SA) to put the President's words into action.

The provision of family planning services is very new in Niger. In late 1984 the National Center for Family Health (NCFH) was opened, and for the first time public sector family planning services are being provided - at least for some couples in Niamey.

The NCFH offers services in a large, clean and well-equipped building constructed and currently funded by the UNFPA. It has a staff of 20 professionals (4 physicians, 3 nurses, 8 midwives, 3 technicians and two social workers). Operating costs have been assumed by UNFPA through 1987. The WHO has provided two physicians as technical consultants and Columbia University is supporting a resident advisor for operations research in family planning.

The NCFH, which falls under the MOPH/SA within the DAS/PMI, is the implementing agency for all family planning services in Niger. These responsibilities include implementation and supervision of clinical services, IEC, procurement, inventory control and service statistics. At the same time the NCFH has the role of being the model clinic whose staff will provide the wide range of in-service training necessary to launch a nationwide birthspacing program. This dual role as well as the political influences emanating from the President has compounded the work of the NCFH. The Center feels pressured to provide an expanded network of family planning services as quickly as possible. At the same time, the Center lacks a rational strategy or workplan to enlarge coverage, and has little understanding of the components which go into the family planning system. The Center also has the philosophy that all the training must be undertaken or supervised by the Center director herself or by her staff, in addition to their service delivery and central planning/coordination functions.

It is this staff who are also providing services to clients who come to the Center everyday. Although there has been little in the way of an outreach program, 10-15 new family planning acceptors are served daily.

E. Donors

Donor support for family planning in Niger has been mostly through UNFPA since 1979. Activities have included helping the Ministry of Health develop an integrated MCH/FP program and establishing a center for medical care, training, and research in Niamey; helping the Ministry of Planning with the collection and use of demographic data, and with demographic research and training; and with introducing population education in the formal and non-formal education system with the Ministry of Education. Family Health International has provided some technical assistance and consultant services to the National Center for Family Health for the purpose of developing projects for future funding.

IV. Description of Activities

A. USAID/Niger

The team met on several occasions with Mr. Maurice Middleburg, USAID/Niger Population Programs Coordinator, to discuss mission priorities for family planning training. Clearly USAID intends to focus its resources on the National Center for Family Health, the MOPH/SA agency principally responsible for the delivery of FP services within the GON system. Hence, INTRAH and FPMT were encouraged to meet directly with the NCFH Director and her staff. Mr. Middleburg attended most of the working sessions held with the NCFH which greatly facilitated the team's understanding of NCFH and USAID past discussions and their expectations of INTRAH and FPMT future assistance.

USAID/Niger is planning a five-year bilateral program with the GON beginning in April,1987, with the development of a project implementation document (PID). Following PID approval, a bilateral project paper (PP) team is expected to be in-country in September/October 1987, assuming technical concurrence by AID and the GON and the availability of funds. The high degree of confidence displayed by the mission that the bilateral program will be a reality starting in early 1988 guided the INTRAH team to focus its efforts and resources (including the $75,000 mission "buy-in" and $25,000 INTRAH contribution) in response to specific needs expressed by the NCFH for 1987. INTRAH's response will particularly focus on clinical FP training for paramedical personnel in the regions of Zinder and Marodi.

USAID indicated that since 1984 Columbia University's Center for Population and Family Health (CPFH) had conducted four two-week family planning seminars in collaboration with the NCFH. The target groups for these seminars included physicians, midwives, nurses, and social assistants at approximately 30 persons per seminar. The CPFH seminars were useful in filling the obvious void of family planning knowledge evident among MOPH/SA personnel. However, the NCFH staff told the INTRAH team that the CPFH-sponsored seminars attempted to cover too much information during the two-week seminars. While participants were exposed to material including all FP methods, management principles and IEC, and FP philosophy and demographics, they were concerned that there was too little time devoted to the clinical aspects of each method and that, overall, there was too much material to assimilate during the two-week courses. The INTRAH and FPMT team took this information into account when developing their plans with the GON.

B. Ministry of Public Health and Social Affairs

Meetings held by the team included a visit to the Secretary General's Office, the DEESN and the DAS/PMI. The visit to the Secretary General was a courtesy visit and the team described the two institutions it represented (INTRAH and MSH) and shared the objectives and expected outcomes of the visit.

1. Directorate of Teaching and Education for Health and Nutrition (DEESN)

The Directorate of Teaching and Education for Health and Nutrition is in charge of planning, management and coordination of training activities within the Ministry. Its main focus is on long-term training. The DEESN is also in charge of providing training sites as well as logistical support to training activities. It has the additional responsibility for procurement of didactic materials. The INTRAH/FPMT team met with the Assistant Director, the Chief of Health Education, and the Chief Instructor of the Directorate. It tried to clarify the relationship between the DEESN and the NCFH. From the explanation offered by the DEESN personnel, it appeared that DEESN reviews every training proposal prepared by the NCFH selection criteria for including participants. It also coordinates long term and in-service training and supervises Health Education and work with all professional schools under the Ministry of Health and Social Affairs.

2. The Division of Social Affairs and Maternal and Child Health (DAS/DMI)

The Division of Social Affairs and Maternal and Child Health, like the DEESN, is at the central level. The INTRAH/FPMT team unfortunately did not have a chance to meet the director until the last day. The Division coordinates all NCFH activities in the country and provides support to the NCFH in the form of technical assistance. For example, the Director has worked as a trainer in activities sponsored by Columbia University and FHI.

DAS/PM, along with DEESN, has participated in the elaboration of the NCFH's 1987 training plan.

According to discussions the team held with the Secretary General, DAS/PMI directly oversees all NCFH activities, including training.

3. ENSP: The National School of Public Health (NSPH)

The INTRAH team met with Mrs. Bagnan, teacher at the National School of Public Health. Mrs. Bagnan was one of the participants who attended the INTRAH-sponsored Evaluation workshop in Mauritius.

The NSPH trains midwives, nurses, laboratory assistants and social workers. It provides training at the intermediate and superior levels. The students at the superior level receive 20 to 25 hours of family planning courses. The third year students (prospective "Superior Health Technicians") have a month of practical training at the NCFH where they learn FP methods, IUD insertion and individual counseling techniques.

As for the FP curriculum for the school, Mrs. Bagnan has drafted the family planning training materials being used by the school. The team did not have the opportunity to review any of the curricula as they were not readily available. The team also learned that, although the students do not receive any didactic material for family planning courses, there is a well-equipped library where students can do their own research.

Other discussions with Mrs. Bagnan included the upcoming collection of baseline data for evaluating the impact of INTRAH-sponsored training. Mrs. Bagnan expressed the need for the INTRAH evaluation section to provide her with on-site technical assistance for the data collection exercise. Mrs. Bagnan also emphasized the need for her and the other evaluator to work in collaboration with the National Center for Family Health in preparing and implementing training evaluation activities.

C. The Center for Population and Family Health (CPFH) of Columbia University

The CPFH has a resident representative in Niamey, Dr. Vangi Ravel, who works at the NCFH and is an advisor for an Operations Research program in family planning.

In the past, the CPFH has sponsored and conducted four training activities. The first activity was for PMI physicians, midwives, Directors of Maternal and Child Health and PMI assistants. The second workshop was on management of family planning services and IEC for midwives, physicians, and social workers. The third training activity was for the chiefs of CM (Medical Centers) and was a combination of contraceptive technology and commodities management. The last activity was on child survival and was for state nurses, PMI nurses, social assistants and auxiliary.

In general, the staff at the USAID Mission and the NCFH felt that training provided by Columbia was helpful in developing awareness of family planning and raising issues to be considered. However, they felt that too much was included in the sessions, which made it difficult to develop the subjects taught in sufficient depth. The team also learned that Columbia University is planning a few activities under the $300,000 grant it received from USA for Africa. Not much detail was received by the team on how or when that money will be spent.

V. Findings/Conclusions and Recommendations

FINDINGS/CONCLUSIONS	RECOMMENDATIONS
1. The political support for family planning is very strong within the presidency. The President has mandated that NCFH "decentralize" FP services to the 7 departments of Niger as soon as possible.	1. Given strong support within the GON for FP, USAID should continue to provide financial and technical assistance to the NCFH. However, due to apparent political pressure to move rapidly with the expansion of services, USAID should insist (and provide appropriate TA) that the "decentralization" process proceed step-wise and rationally, starting with the departments which are most motivated and primed for success.
2. USAID/Niger intends to undertake a longterm bilateral program with the GON for the comprehensive development of FP services. This process should begin in April 1987 with the writing of a project implementation document. Bilateral activities are proposed to begin in early 1988.	2. INTRAH should not, at this time, devote scarce resources to the development of a comprehensive FP training program for paramedical personnel (e.g., training of a core team of trainers at the central and departmental levels) pending the actualization of the USAID/Niger bilateral FP project.
3. The NCFH has identified clinical family planning training as a high priority for 1987. The NCFH intends to begin FP training initially in the departments of Zinder and Maradi which have shown significant potential for success, according to the NCFH. However, the NCFH has yet to develop a basic in-service curriculum for training paramedical FP service providers.	3. INTRAH should assist the NCFH in developing a basic in-service training curriculum for clinical FP tailored to the needs of GON paramedical personnel. INTRAH should further assist the NCFH with implementation and utilization of this in-service curriculum by training 25 FP service providers in clinical FP in each of the departments of Zinder and Maradi.
4. The NCFH indicates that the number of IUD clients at its Niamey center averages 50 per month. The center does not have adequate equipment for IUD insertion practice. The departmental clinic sites are not equipped for proper IUD insertion or follow-up (lamps, water, IUD kits and equipment for sterilizing supplies and equipment).	4. INTRAH should not include IUD insertion practice until adequate clients are available for at least 15 practice insertions per trainee at well-equipped and well-managed clinical practice sites.

cont.

FINDINGS/CONCLUSIONS	RECOMMENDATIONS
5. It does not yet appear that the MOPH/SA, NCFH or department health structures have an adequate system for the provision, distribution, and "reapprovisionment" of FP commodities, material and equipment to target clinic sites.	5. USAID should make priority the development of a reliable and functional distribution network for the provision of FP commodities, material and equipment from the central to the department levels. INTRAH should not undertake clinical training until USAID provides sufficient evidence that an adequate distribution system will be in place that will allow the trainees to provide FP once trained by INTRAH. The FPMT workshops should review various logistic systems, and the study tour participants should spend sometime seeing how they work in Senegal and Rwanda.
6. The two GON persons who attended INTRAH's evaluation workshop in September 1986 in Mauritius expressed concern that they would not be able to adequately conduct the baseline data collection exercise unless technically assisted by INTRAH. Specifically, they did not know what they were supposed to collect or the collection method(s) to be employed.	6. The INTRAH evaluation unit should provide technical assistance to assist the GON evaluators with the collection of baseline data in March 1987.
7. The NCFH developed, with the INTRAH team, a proposal for INTRAH-sponsored training for 1987 (see Appendix G). It was suggested that INTRAH conduct a contract development visit in early March 1987 at which time a budget estimate would be developed as part of a draft contract.	7. INTRAH should schedule a contract development visit for early March 1987.
8. USAID indicates that there is no standard cost factor for per diem rates in Niger published by the GON. This has apparently caused inconsistencies among donors who pay per diem costs as part of their assistance and training program.	8. USAID should strive to standardize per diem rates before the return of the INTRAH contract team. Reasonable rates should be developed with the GON, particularly in view of the recurrent cost implication posed by exhorbitant rates, in addition to the limited resources available and the number of personnel to be trained.

cont.

FINDINGS/CONCLUSIONS	RECOMMENDATIONS
9 The NCFH staff have a broad FP mandate. Strong political support has put the staff under much pressure to provide family planning to all areas of the country. This pressure has led to training being thought of as the "end" rather than a "means".	9. FPMT should concentrate on assuring that the GON officials in charge of service delivery have a clear understanding of the component parts making up a family planning system, including the importance that training not be seen in a vacuum but as one of many steps to be accomplished.
10. The NCFH staff and USAID expressed concern that participants for FP training (selected by the MOPH/SA) may not be the most qualified or occupy the most appropriate positions.	10. Include MOPH/SA officials charged with participant selection in the FPMT program during which time candidate selection criteria will be fully reviewed.

APPENDIX A

PERSONS CONTACTED

USAID/Niger

Mr. Peter Benedict, USAID Director

Ms Dawn Liberi, Director, Office of Health

Mr. Dayton Maxwell, General Development Officer

Mr. Maurice Middleburg, Population Program Coordinator

Ms Dana Vogel, Assistant Health Development Officer

Government of Niger Ministry of Public Health and Social Affairs

Dr. Daga Magagi, General Secretary

1. National Center for Family Health
   (Centre National Pour la Sante Familiale)

   Dr. Halima Maidouka, Director

   Mme Irene Dejean, Deputy Director

   Dr. M. Jokic, WHO Consultant

   Dr. Wangeri Ravel, Columbia University Resident Advisor for Operations Research

2. Office of Social Affairs and Maternal and Child Health
   (Direction des Affaires Sociales et de la Protection Maternelle et Infantile)

   Dr. Laure Agbessi, Director

   Mme Ouseni, Assistant Director

3. Office of Health and Nutrition Education
   (Direction de l'Enseignement et de l'Education Sanitaire et Nutrionelle)

   Mr. Moussa Badja, Assistant Director

   Mr. Madou Kala, Chief, Health Education

   Mr. Messirou Abdoukarila, Chief, Instruction

Others

Mr. Moumar Diagne, Development Consultant Interpreter

Ms S. Robinson, Director, Field Operation, African Development Foundation

Ms Wendy Wilson, Program Assistant, African Development Foundation

Mr. Michael Kid, Assistant Peace Corps Director for Administration

Ms Rosenfield, Director, English Program, USIS

iger

APPENDIX B
LIBYA
ALGERIA
CHAD
Madama
Djado
Arlit
Agadez
Tahoua
Tânout
Vallée d'Ékki
Bouza
Madaoua
Zinder
Gouré
Ngigmi
Mardi
Dosso
Niamey
Goruba
Balleyara
Dogondoutchi
Filingué
Ouallam
Tillabéry
Téra
Dallol Bosso

APPENDIX C

TABLE 1- HEALTH CARE FACILITIES, NIGER

Facilities	1978	1986
National hospitals (Niamey, Zinder)	2 (1,318 beds)	2
Departmental hospitals	5 (695 beds)	5
Private clinics	6 (212 beds)	no data
Medical Centers (CMs)	38 (937 beds)	39
Maternity Clinics	41 (including 4 private)	53
Dispensaries	159	235
Maternal and child health centers (PMIs)	20	28
Departmental mobile medical teams	7	7
Pharmacies (government sponsored)	15	18
Private pharmacies	2	no data
Village health teams	1496 teams	3942

1978 data: Republique du Niger 1980:403

1986 data: Country Development Strategy Statement, FY1988 Annex B, USAID/Niger

APPENDIX D
COUNTRY PROFILE

A. Background

Niger lies on the southern edge of the Sahara nearly 2000 miles from the Mediterranean Sea and 1000 miles inland from the Atlantic. It is bordered by Algeria and Libya to the north, by Chad to the East, by Burkina Faso and Mali to the West, and Nigeria and Benin to the South.

Two thirds of Niger is desert and mountains, and one third savannah, mostly used for grazing livestock. Niger is a country mainly of small villages. Total land area is 490,000 square kilometers (three times the size of California.) The capital city is Niamey with a population of 300,000.

The population of Niger was six million in 1983. 16.2% of the population is urban. Average population density is low at seven persons per square kilometer. The country is divided administratively into seven departments which are subdivided into 32 districts (arrondisements.) Major cities are Tahoua, Maradi, Zinder, Arlit and Agadez (see attached map, Appendix B.)

B. Economic Situation

Niger's 1984 GDP was $1.99 billion and per capita income was about $340. Agriculture accounted for 44% of the GNP with major crops being millet, sorgham, peanuts, beans, cotton, rice, and cowpeas. Industry only comprises 10% of the GNP. Products are textiles, cement, and agricultural products. Imports exceeded exports by $100 million. Major trading partners are France and other EC countries. Major exports are uranium, coal and mining products. Imports are largely petroleum, foodstuffs, and industrial products. The average rate of inflation between 1970-82 was 12%. Roughly 90% of the working population is engaged in agriculture. The government has placed a priority on increased grain production and food self-sufficiency, and was successful in the early 1980's, but Niger was hard hit by the 1984 drought and has been receiving large amounts of emergency food aid since.

C. Politics and Government

Niger achieved independence from France in 1960 and set up a republic system of government. A coup of 1974 resulted in the imposition of military rule, and since then power has resided in the Supreme Military Council, although civil administration is effected through a 15 person cabinet of ministers and two Secretaries of State. An independent judiciary also exists. The president of the Supreme Military Council and Chief of State is General Seyni Kountche.

D. Cultural and Religious Characteristics

Niger is predominantly Islamic. The official language is French, with Hausa and Djerma being the native tongue. Ethnic groups are 56% Hausa, 22% Djerma, 8.5% Fulani, 8% Tuareg, 4.3% Kanouri, and the remainder Arab, Toubou, and Gourmantche.

E. Social Characteristics

Education and literacy are very low in Niger. Only 6% of women were literate in 1980. As an Islamic society, polygamy is the norm. 11% of the female urban population was economically active in 1980. Almost all the rural women contribute to household income through farming and/or trade.

APPENDIX E
INTRAH Trip Summary Memo to USAID/Niger

[illegible] North Columbia Street (344A)
[illegible] Hill, North Carolina 27514

TO: Maurice Middleberg, Population Program Coordinator, USAID/Niger

FROM: Pape Gaye, INTRAH/Abidjan; James Herrington, INTRAH/Chapel Hill

SUBJECT: INTRAH Needs Assessment Visit/Niger December 1-10, 1986

DATE: December 10, 1986

REF: Niamey 05200 dated July 18, 1986

1. The purpose of the INTRAH team visit December 1-10, 1986 was to assess with the appropriate Government of Niger (GON) health institutions the family planning training needs for paramedical personnel in the context of the population sector strategy of USAID/Niger.

2. This assessment was conducted jointly with the Management Sciences for Health (MSH) Family Planning Management Training Project (FPMT) represented by Dr. Sara Seims, Deputy Director FPMT. The purpose of the joint visit was principally to (a) reduce the duplication of effort and demands that would have been placed on the mission and GON agencies by two separate visits by INTRAH and FPMT, (b) encourage joint coordination and planning of clinical, non-clinical and management training activities in response to needs identified in collaboration with the GON and mission.

3. The specific objectives of the INTRAH visit were to, in collaboration with the GON:

(a) identify within the GON health infrastructure the agencies/divisions currently responsible and potentially capable of training in family planning (F.P.) service delivery;

(b) identify potential F.P. training resource persons in-country;

(c) identify target groups for F.P. training by category and number; and

(d) develop the outline of an F.P. training in-service strategy in response to needs identified.

The objectives andresults of the FPMT visit will be submitted separately to USAID/Niger.

.../...

4. During a series of working sessions with the GON it became evident to the INTRAH team that the GON, while politically very supportive of family planning,

(a) not logistically and administratively capable at this time to initiate a comprehensive in-service F.P. training program for paramedical personnel;

(b) had already identified specific F.P. training needs to be addressed in 1987 as stated in the Centre National de Sante Familiale (CNSF) annual workplan,; and

(c) would probably receive a major USAID grant for population and MCH assistance, including extensive training of paramedical personnel, in the form of a long term bilateral project which is scheduled to be developed in early 1987.

5. Based on the above, the INTRAH team determined that the most efficient use of limited financial and human resources would be to respond to specific F.P. training needs expressed bythe CNSF for 1987. The improvement of theGON capacity to deliver clinical F.P. services will be the objective of INTRAH-sponsored service during 1987. Specifically, INTRAH proposes (see also attachment A) to collaborate with USAID/Niger andthe GON to implement the following activities :

(a) development of in-service clinical F.P. curriculum for training service providers, e.g. midwives, nurses, social assistants, and physicians; The curriculum is proposed to be developed during a two week period in June 1987 with INTRAH technical assistance and will utilize training materials available in-country as well as those developed by INTRAH in other WCA countries;

(b) in-service training of 50 service providers in clinical F.P. during workshops of three weeks duration each at 25 participants per workshop. One will be held in August and the second in October 1987. These courses will not include IUD insertion pratice due to the insufficient number of available clients for adequate practice, E.G. 15-20 insertions per participant, and the lack of necessary equipment and IUD insertion supplies at the target group clinic sites; and

(c) technical assistance in the collect of baseline data during early 1987 and evaluation of the INTRAH-sponsored training project after the last clinical course.

6. <u>Next steps.</u>

	Approximate dates
(a) Finalize proposal including suggested changes and review by INTRAH, USAID/Niger, REDSO/WCA, and ST/POP/IT. Final copy will	December 27, 1986

(b) Contract Visit by INTRAH to develop budget estimate and establish with mission and GCN procedures for transfer of funds and guidelines for reporting. Draft contract between INTRAH and MOH will be outcome.	March 1987
(c) Finalize contract and send to ST/POP/IT for approval.	April 1987
(d) Cover page of contract returned to MOH for signature.	May 1987
(e) Begin activities as soon as contract cover page received by INTRAH with signature by MOH.	June 1987

Attachment: Draft INTRAH/MOH F.P. Training Proposal (French version).

cc: Dr. James Lea, Director INTRAH
Dr. Sarah Clark, [illegible]/WCA
Marilynn Schmidt, ST/POP/IT
Dr. Sara Seims, FPMT

Department of State TELEGRAM

PAGE 01 NIAMEY 08663 161058Z 8775 082645 AID7189
ACTION AID-00

ACTION OFFICE POP-04
INFO AFCO-02 AFFW-04 AFPD-04 AFTR-03 AMAD-01 POPR-01 PPPB-02
STHE-02 SAST-01 IT-06 HHS-09 OMB-02 RELO-01 AFMG-03
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E.O. 12356: N/A

SUBJECT: POPULATION: FAMILY PLANNING MANAGEMENT
TRAINING PROJECT (FPMT)

REF: NIAMEY 6869

1. AS REQUESTED IN REFTEL, FPMT REPRESENTATIVE DR. SARA SEIMS VISITED NIAMEY DECEMBER 1-11 TO CONDUCT A MANAGEMENT TRAINING NEEDS ASSESSMENT AS PART OF A JOINT INTRAH/FPMT ASSESSMENT TEAM. EXTENSIVE DISCUSSIONS WERE HELD WITH USAID/NIGER AND THE KEY MINISTRY OF PUBLIC HEALTH OFFICES. AS A RESULT OF THOSE DISCUSSIONS AND IN LIGHT OF THE 1987 WORKPLAN OF THE NATIONAL FAMILY HEALTH CENTER (NFHC), WHICH IS THE LEAD AGENCY FOR FAMILY PLANNING, THE FOLLOWING INTERVENTIONS WERE PROPOSED BY FPMT:

A) FEBRUARY 1987: STUDY TOUR OF RWANDA AND SENEGAL (TWO WEEKS). NIGER IS NOW FACING THE SAME PROBLEMS THAT CONFRONTED THESE TWO COUNTRIES AS A NATIONAL FAMILY PLANNING OFFICE ATTEMPTS TO DIRECT THE DECENTRALIZATION OF FAMILY PLANNING SERVICES. THE PURPOSE OF THE TOUR WOULD BE TO OBSERVE THE DELIVERY OF FAMILY PLANNING SERVICES IN TWO FRANCOPHONE AFRICAN NATIONS AND LEARN THE STRATEGIES EMPLOYED IN EXPANDING ACCESS TO SERVICES. THIS STUDY TOUR WOULD GIVE KEY MINISTRY OF PUBLIC HEALTH LEADERS THE OPPORTUNITY TO OBSERVE THE SUPERVISORY, LOGISTICS AND RECORD KEEPING SYSTEMS ESTABLISHED, AS WELL AS THE TRAINING AND IEC PROGRAMS. OBSERVATIN OF THESE SYSTEMS WOULD BE AN IMPORTANT PRELUDE TO THE DESIGN OF THE NIGER POPULATION BILATERAL, WHICH IS SCHEDULED TO BEGIN IN EARLY SPRING 1987. PARTICIPATING IN THE STUDY TOUR WOULD BE THE DIRECTORS OF THE NFCH, MATERNAL AND CHILD HEALTH, HEALTH FACILITIES, AND TRAINING.
THESE ARE LIKELY TO BE THE KEY PERSONNEL IN THE DESIGN AND IMPLEMENTATION OF THE FAMILY PLANNING PROGRAM.

B) MAY 1987: WORKSHOP ON THE COORDINATION AND PLANNING OF FAMILY PLANNING SERVICES (2 WEEKS). THIS WORKSHOP, WHICH WOULD LAST TWO WEEKS, WOULD BE FOR TEN SENIR MINISTRY OF HEALTH STAFF MEMBERS WHO WILL PLAY KEY ROLES IN THE DEVELOPMENT OF THE FAMILY PLANNING SERVICE DELIVERY SYSTEM AND WOULD FOCUS ON STRATEGIC PLANNING AND DECENTRALIZATION STRATEGIES FOR FAMILY PLANNING. THE WORKSHOP WILL IDENTIFY THE MANAGEMENT PROTOCOLS AND PROCEDURES NECESSARY TO SUCCESSFULLY DECENTRALIZE. IN ADDITION, THE WORKSHOP WILL HELP IDENTIFY THE AREAS TO BE COVERED IN THE NOVEMBER MANAGEMENT WORKSHOP DESCRIBED BELOW.

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C) NOVEMBER 1987: WORKSHOP ON THE MANAGEMENT OF FP SERVICES (2 WEEKS). THIS WORKSHOP WOULD BE FOR THE DIRECTORS OF THE MATERNAL AND CHILD HEALTH CENTERS AND OTHER HEALTH FACILITIES IN WHICH FAMILY PLANNING SERVICES ARE TO BE INTEGRATED. A MAXIMUM OF TWENTY-FIVE PARTICIPANTS ARE TO ATTEND. SELECTED PARTICIPANTS FROM THE MAY WORKSHOP WOULD SERVE AS CO-TRAINERS IN COOPERATION WITH THE FPMT STAFF. TOPICS COVERED WILL INCLUDE HUMAN RESOURCE MANAGEMENT, SUPERVISION, PREPARATION OF JOB DESCRIPTIONS, LOGISTICS AND INVENTORY CONTROL AND PREPARATION F WORKPLANS.

2. USAID/NIGER IS HIGHLY SUPPORTIVE OF THE PROGRAM DESIGNED BY DR. SEIMS. IN LIGHT OF THE LIMITED ABSORPTIVE CAPACITY OF THE NFCH AND OTHER TRAINING ACTIVITIES ALREADY SCHEDULED, THE MISSION BELIEVES THAT THE PROPOSED PROGRAM IS FEASIBLE AND SUPPORTIVE OF BOTH THE MISSION POPULATION STRATEGY AND THE SERVICE DELIVERY EXPANSION PLANS OF THE NFCH. THE MISSION URGES ST/POP TO GIVE RAPID AND FAVORABLE CONSIDERATION TO THE PROPOSED PROGRAM.

3. USAID/NIGER WISHES TO EXPRESS ITS APPRECIATION FOR THE HIGHLY PROFESSIONAL EFFORTS OF DR. SEIMS, WHO WAS ABLE TO QUICKLY DEVELOP A TRAINING PROGRAM ADAPTED TO THE NEEDS AND CONSTRAINTS OF NIGER.
BOGOSIAN

FPMT

UNCLASSIFIED

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APPENDIX F
USAID/Niger Cable (08663) reporting on FPMT visit

APPENDIX G
CNSF Draft/INTRAH Draft Training Program Proposal
(French and English versions)

Draft

INTRAH Sponsored

Training Program Proposal

Country	:	Niger
Organization	:	Ministry of Public Health and Social Affairs National Center for Family Health (C.N.S.F.) Telephone 73-46-71 B.P. 623
Title of Activity	:	Training in Family Planning Service Delivery
Number of Participants	:	58 (INTRAH)
Project	:	TBD
Local Costs	:	TBD
Estimated Costs	:	TBD
Per Participant	:	TBD
Contact	:	Dr. Halima Maidouka Directrice, C.N.S.F.
Date of Submission of Project Proposal	:	08/12/86
Length of Project	:	February/December 1987

Glossary

C.M.	Centre Médical (Medical Center)
C.N.S.F.	Centre National de Santé Familiale (National Family Health Center)
DAS/PMI	Direction des Affaires Sociales (Social Affairs Administration)
DDS	Direction Départementale de la Santé (Administration, Department of Health)
DES	Direction d'Etablissements de Soins (Administration of Health Establishments)
DEESN	Direction Enseignement, Education Sanitaire et Nutritionnelle (Health and Nutrition Teaching and Education Administration)
DIS	Division d'Infrastructure Sanitaire (Division of Health Infrastructure)
ENSP	Ecole Nationale de Santé Publique (National School of Public Health)
INTRAH	Programme International de Formation en Matière de Santé (Program for International Training in Health)
M.S.H./FPMT	Management Sciences for Health Family Planning Management Training
MSP/AS	Ministère de la Santé Publique et des Affaires Sociales (Ministry of Public Health and Social Affairs)
P.F.	Planification Familiale (Family Planning)
P.M.I.	Protection Maternelle et Infantile (Maternal and Child Health)
S.G.	Secrétaire Général (Secretary General)
USAID	Agence Américaine pour le Développement International (U.S. Agency for International Development)

Summary of Project

1. General Goal: To develop/reinforce the capacities and human resources within the National Center for Family Health for the decentralization of F.P. service delivery.

2. Specific Objectives:

   A. To assure clinical F. P. training (except for insertion of IUDs which will be integrated into the upcoming bilateral project) of service providers. These providers are to be midwives, nurses, doctors and social workers originating from the departments of Zinder and Maradi for the first phase. The personnel of the other departments involved will be trained later in the context of the integrated project mentionned above. This objective will have several components:

   - To review and reinforce the knowledge of the participants with regrards to physiology, anatomy and the human reproductive systems;

   - To develop/increase the knowledge of the participants with regards to F.P. methods including the advantages and disadvantages of each;

   - To improve the techniques of approach and the adult education methods (Training & Communication Techniques).

   B. Development of a curriculum in F.P. to be used to train 50 personnel of the Ministry of Public Health and Social Affairs;

   - To develop and reinforce the abilities to prepare curricula and other educational material.

3. Work Plan: (SEE ATTACHED DIAGRAM).

WORK PLAN INTRAH/MSP 1987

ACTIVITIES	PARTICIPANTS	TRAINERS/ FACILITATORS	DATES/ LENGTH	PLACE	COMMENTS
. Baseline Data Collection to evaluate the impact of training	2 evaluators who have participated in the Evaluation Workshop in Mauritius 1 evaluator from CNSF	1 INTRAH	1st trimester 1987 2 weeks	Niamey	Financed by INTRAH; Include the CNSF in all stages of the evaluation.
. Study Tours	- 4 persons -DES -DFESN -CNSF	1 MSH 1 USAID	End February 1987 2 weeks	Senegal Rwanda	Financed by MSH
. Workshop on Planning and Coordination of FP Services - Decentralization - Outline for general strategy	10 persons (top level) - DEESN/Director - DAS/PMI - CNSF	2 MSH 1 CNSF	May 4 - 15 1987 2 weeks (1/2 day)	Niamey	MSH
. Workshop on curriculum development	5 - 8 persons potential co-trainers 2 ENSP 2 DEESN 2 CNSF	2 INTRAH 3 Resource persons 1 Gyn 1 MCH Physician 1 CM	June 15-27 1987 2 weeks	Niamey	INTRAH

ACTIVITIES	PARTICIPANTS	TRAINERS/ FACILITATORS	DATES/ LENGTH	PLACE	COMMENTS
5. Clinical training for service providers from the department of Zinder (not including IUD insertion)	25 Mid-wives (60%) Registered nurses (20%) Social workers/ Physicians (20%) Caisse Sécurité Sociale(1)	2 INTRAH 1 CNSF having 1 DEESN part- 1 ENSP ipated in act-ivity 4	August 10-29 1987 3 weeks	Zinder	INTRAH
6. Clinical Training for service providers from the Dept. of Maradi (not including IUD insertion)	25 Mid-wives (60%) Registered nurses (20%) Social workers/ Physicians (20%) Caisse Sécurité Sociale(1)	2 INTRAH 1 CNSF having 1 DEESN part- 1 ENSP ipated in act-ivity 4	October 12-31 1987 3 weeks	Maradi	INTRAH
7. National Training in Management of F.P. Programs for MCH Officers	MAX. 25 -DDS of each dept. (7) -MCH Officers from the 7 departments (7) -Chiefs Zinder and Maradi (11)	2 MSH 1 CNSF 1 DAS/PMI	Jan. 11-23 1988 2 weeks	Tahoua	MSH
8. Final Evaluation and Planning of upcoming activities	DAS/PMI, DEESN CNSF ENSP Planning Cell 2 CNSF	INTRAH MSH USAID National Evaluators	Feb. 15-27 1988 2 weeks	Niamey Zinder Maradi Tahoua	Depends on bilatera project between USAID and the government of Niger

4. Number of personnel to be trained:
The training in the present project will mainly address the personnel of the MSP/AS. An approximate total of 50 personnel of which 60% will be midwives, and 40% nurses, doctors, and social workers, will be trained.

INTRAH technical assistance will also be for the preparation and development of clinical curriculum in collaboration with 5 - 8 co-trainers from the National Center for Family Health and Ministry training organizations.

5. Selection criteria for participants:
The Ministry for Public Health and Social Affairs and the National Center for Family Health will be responsible for identifying participants for clinical training activities financed by INTRAH/USAID. These participants will have to meet the following criteria:
- To be motivated and active and possessing a high potential for training and delivery of services in F.P.;
- The candidates will be available to participate at the training workshops, either as trainers or as participants;
- The training candidates will have a minimum of 3 years of field experience;
- The training activities will be directly related to the F. P. professional responsibilities of the participant;
- The candidates' participation will have a positive impact on the promotion of F. P. activities within their agencies or Ministries.

6. Expected Results:
a. Training Modules for service providers;
b. A personnel consisting of mid-wives, nurses, doctors, and social workers from the Zinder and Maradi departments trained in delivery of F. P. services. The results obtained from the present project will serve as a basis for establishing a general F. P. training strategy for the upcoming bilateral project.

7. Content:
The educational objectives specific to each activity will be developed by the designated trainers. The content will include but not be limited to the following points:
- FP methods
- Development of FP training modules
- Basic training techniques and development of training plans
- Evaluation and follow-up of training program

8. Follow-up and Evaluation:
The Director of the Project or his representative will take the responsibility of assuring that the following evaluation activities shall be executed:
1. To complete the biodata and participant reaction forms for each person and training activity and to submit these forms to INTRAH immediately after the end of each training activity.
2. To evaluate by a pre-test and a post-test each person participating in a training activity and to submit these summary results to INTRAH using the regulation evaluation forms. A copy of the document or protocol of the pre-post tests for each training activity must accompany the summary results.
3. a). To select a sampling of participants in order to evaluate their training after one year, and, if possible, two. The selected persons will fill in the INTRAH biodata forms and will retake the post-test appropriate to their INTRAH training. The biodata forms and psot-test results will be sent to INTRAH.
   b). To evaluate the on-the-job performance at lease once, by studying a sub-sample from the sample mentioned above.
4. To collect the baseline and end-of-project data and to submit them all in the form of reports to INTRAH.

9. Responsibilities of the Ministry of Public Health and Social Affairs:
   1. To nominate the Director or Coordinator of the Project who will be responsible for accomplishing the work plan in a timely and successful manner;
   2. When necessary, to coordinate the interventions of other donor organizations, such as the MSH, to assure the availability of products necessary to service delivery;
   3. To assure the availability of work sites for theoretical and practical training;
   4. To choose the participants and keep them informed;
   5. To make logistical arrangements for travel, room and board, per diems for participants, from funds provided by INTRAH;
   6. To collaborate in the follow-up and evaluation of training activities and preparation and printing of the final evaluation report;
   7. To have the biodata and participant reaction forms filled out and sent to INTRAH;
   8. To follow-up the participants in order to gather and send to INTRAH raw data on the personnel trained by participants, to evaluate the usefulness of the training.

10. INTRAH's Responsibilities:
   1. To provide operational funds;
   2. To assure that USAID approves the participant per diem rates;
   3. To provide a sufficient stock of forms used for documenting the participants' training and for the technical assistance activities. To provide the educational material necessary to the training activities.
   4. To organized and finance technical assistance visits according to the Work Plan.

Annexe

Proposition de programme de Formation
Subventionné par l'INTRAH

Pays	:	Niger
Organisme	:	Ministère de la Santé Publique et des Affaires Sociales Centre National de Santé Familiale (C.N.S.F.) Tel. 73-46-71/. B.P. 623
Titre de l'activité	:	Formation pour les prestations de Service en Matière de Planification Familiale
Nombre de participants	:	58 (INTRAH)
Budget du projet	:	A déterminer
Coûts locaux	:	A déterminer
Coûts estimatifs par participant	:	A déterminer
Coûts estimatifs par participant par jour	:	A déterminer
Contact	:	Dr. Halima Maidouka Directrice C.N.S.F.
Date de Soumission de proposition de projet	:	08/12/86
Durée du Projet	:	février/décembre 1987

GLOSSAIRE

C.M.	Centre Médical
C.N.S.F.	Centre National de Santé Familiale
DAS/PMI	Direction des Affaires Sociales, Protection Maternelle et Infantile
DDS	Direction Departmentale de la Sante
DES	Direction d'Establishments de Soin
DEESN	Direction Enseignement, Education Sanitaire et Nutritionnelle
DIS	Division d'Infrastructure Sanitaire
ENSP	Ecole Nationale de Santé Publique
INTRAH	Programme International de Formation en matière de Santé
M.S.H/FPMT	Management Sciences for Health Family Planning Management Training
MSP/AS	Ministère de la Santé Publique et des Affaires Sociales
P.F.	Planification Familiale
P.M.I.	Protection Maternelle et Infantile
S.G.	Secrétaire Général
USAID	Agence Américaine pour le Développement International

SOMMAIRE DU PROJET

1. But Global:
Développer/renforcer les capacités et les ressources humaines au sein du Centre National de Santé Familiale pour la décentralisation des prestations de service de Planification Familiale.

2. Objectifs Spécifiques:

A. Assurer la formation clinique en P.F. (sauf la pose de DIU qui sera intégrée dans le cadre du projet bilatéral à venir) des prestateurs de services. Ces prestateurs seront notamment des sages-femmes, infirmiers, médecins et assistants sociaux venant des départements de Zinder et Maradi pour la première phase. Les agents des autres départements concernés seront formés ultérieurement dans le cadre du projet intégré ci-dessus mentionnée. Cet objectif aura plusieurs composantes:

- Réviser et renforcer les connaissances des participants sur la physiologie, l'anatomie et le système reproductif humain;

- Développer/augmenter les connaissances des participants sur les méthodes de P.F. y compris les avantages et les inconvénients de chacune d'elles;

- Améliorer les techniques d'approches et les méthodes d'apprentissage par les adultes (Techniques de Formation et de Communication).

B. Développement d'un curriculum en P.F. à utiliser pour la formation de 5[illegible] agents du Ministère de la Santé Publique et des Affaires Sociales;

- Développer et renforcer les aptitudes des participants à préparer des curricula et autres matériels didactiques.

3. Plan de Travail: (VOIR TABLEAU CI-JOINT).

ACTIVITES	PARTICIPANTS	FORMATEURS/ FACILITATEURS	DATES/ DUREE	LIEU	COMMENTAIRES
1. Collecte de Données de base en vue d'évaluer l'impact de la formation	2 Evaluateurs ayant participé à l'atilier à l'Ile Maurice ; 1 evaluateur du CNSF	1 INTRAH	1er trimestre 1987 2 Semaines	Niamey	Financée par INTRAH Associer le CNSF dans toutes les etapes d'évaluation
2. Voyages d'Etude	- 4 personnes - CAS/PMI- DES - DFESN - CNSF	1 MSH 1 USAID	Fin Février 1987 2 semaines	Sénégal Rwanda	Financés par MSH
3. Atélier sur la Planification et la Coordi-nation des Services de P.F. - Decontralisation - Grandes lignes pour une strat globale	10 personnes (cadres superieurs) -DEESN/ Directeur -DAS/PMI - CNSF	2 MSH 1 CNSF	Mai 1987 4 au 15, 1987 2 semaines (1/2 journée	Niamey	MSH
4. Atélier développement du curriculum	5-8 personnes co-formateurs potentiels, 2 ENSP 2 DEESN 2 CNSF	2 INTRAH 3 Personnes Resources 1 Gyn 1 Médecin PMI 1 CM	Juin 1987, 15 au 27 2 semaines	Niamey	INTRAH

ACTIVITES	PARTICIPANTS	FORMATEURS/ FACILITATEURS	DATES/ DUREE	LIEU	COMMENTAIRES
5. Formation clinique pour les prestateurs de service du dept. Zinder (sans pose de DIU)	25 Sage-femmes (60%) Infirmièrs d'état (20%) Assistants (20%) Sociaux/Médecins Caisse Securite Jocide (1)	2 INTRAH 1 CNSF ayant 1 DEESN parti- cipé 1 ENSP à l'activité 4	10 au 29 Aout 1987 3 semaines	Zinder	INTRAH
6. Formation clinique pour les prestateurs de service du dept. Maradi (sans pose de DIU)	25 Sage-femmes (60%) Infirmièrs d'état (20%) Assistants (20%) Sociaux/Médecins Caisse Securite Sociale (1)	2 INTRAH 1 CNSF ayant 1 DEESN parti- cipé 1 ENSP à l'activité 4	Oct 1987/ 12 au 31 3 semaines	Maradi	INTRAH
7. Formation/en Gestion Nationale des Programmes de P.F. pour les responsables de PMI	MAX 25 - DDS du chaque dept (7) - Responsables de PMI des 7 départements (7) - Chefs CNA Zinder et Maradi, Tahoua (11)	2 MSH 1 CNSF 1 DAS/PMI	11 au 23 January 1988 2 semaines	Tahoua	MSH
8. Evaluation finale + Planification d' d'activités à venir	DAS/PMI, DEESN CNSF ENSP Cellule de Planification	INTRAH MSH USAID Evaluateurs Nationaux	15 au 27 Fev 1988 2 semaines	Niamey Zinder Maradi Tahoua	Depend du Projet bilateral entre USAID et le Gouvernement du Niger

4

4. Nombre de personnel à former:

La formation dans le cadre du présent projet s'adressera principalement aux agents du MSP/AS. Un total approximatif de 50 agents dont 60 % seront des sages-femmes, 40 % des infirmiers, médecins et assistants sociaux seront formés.

l'Assistance Technique de l'Intrah portera aussi sur la préparation et le développement d'un curriculum clinique en collaboration avec 5 à 8 co-formateurs du Centre National de Santé Familiale et des organismes de formation du Ministère.

5. Critères de sélection des participants:

Le Ministère de la Santé Publique et des Affaires Sociales et le Centre National de Santé Familiale se chargeront d'identifier des participants aux activités de formation cliniques subventionnées par INTRAH/USAID. Ces participants devront répondre aux critères suivants:

- Être motivée/actifs et possédant une haute potentialité pour la formation et la Prestation de Services en P.F. ;
- Les candidats seront disponibles pour participer aux ateliers de formation, soit comme formateur, soit comme participant selon le cas;
- Les candidats pour la formation auront un minimum de 3 ans d'expérience sur le terrain;
- Les activités de formation sont directement liées aux tâches professionnelles des participants en matière de P.F.;
- La participation des candidats aura un impact positif sur la promotion des activités P.F. dans leurs agences ou Ministères.

6. Résultats Escomptés:

a. Des modules de formation à l'intention des prestateurs de service;

b. Un personnel composé de sages-femmes, infirmiers, médecins et agents sociaux venant des départements de Zinder et Maradi formés dans la prestation des Services de P.F. Les Résultats obtenus à l'issue du présent projet serviront de base à l'établissement d'une stratégie globale de formation en P.F. dans le cadre du projet bilatéral à venir.

7. Contenu:

Les objectifs éducationnels spécifiques à chaque activité seront développés par les formateurs désignés. Le contenu inclura sans se limiter aux points suivants:

-- Méthode de planification familiale;
-- Développement de modules de formation en P.F.;
-- Techniques de formation de base et développement des plans de formation;
-- Evaluation et suivi du programme de Formation;

8. Suivi et Evaluation:

Le Directeur du Projet ou son représentant prendra la responsabilité de s'assurer que les activités d'évaluation suivantes soient exécutées:

1. Compléter les formulaires de données biographiques et appréciation des participants pour chaque personne et chaque activité de formation et soumettre ces formulaires à INTRAH immédiatement après la fin de chaque activité de formation.
2. Evaluer par un pré-test et un post-test chaque personne participant à une activité de formation et soumettre les résultats sommaires à INTRAH en utilisant les formulaires règlementaires d'évaluation. Une copie du document ou protocole des pré-post test de chaque activité de formation doit accompagner les résultats sommaires.
3. a) Sélectionner un échantillon des participants afin d'évaluer leur formation après un an, et si possible, deux. Les personnes sélectionnées rempliront des formulaires de données biographiques d'INTRAH et repasseront le post-test qui convient à leur formation par INTRAH. Les formulaires de données biographiques et les résultats des post-tests seront envoyés à INTRAH.

   b) Evaluer la performance sur le terrain au moins une fois en étudiant un sous-échantillon de l'échantillon mentionné ci-dessus.
4. Faire la collecte de données de base et de données de fin de projet et soumettre toutes ces données sous forme de rapports à INTRAH.

9. Responsabilité du Ministère de la Santé Publique et des Affaires Sociales:
   1. Nomination du Directeur ou Coordinateur du Projet qui sera chargé de réaliser d'une manière réussie et opportune le plan du travail;
   2. Lorsque cela sera nécessaire, coordonner les interventions d'autres organismes donateurs, tel que le MSH, afin d'assurer la disponibilité des produits nécessaires pour la prestation des services;
   3. Assurer la disponibilité de locaux destinés à la formation théorique et pratique;
   4. Choisir les participants et les tenir informés;
   5. Dispositions logistiques relatives aux déplacements, au logement, aux repas et aux indemnités journalières à verser aux participants avec des fonds qu'affectera INTRAH;
   6. Collaboration au suivi et à l'évaluation des activités de formation, préparation et impression du rapport final d'évaluation;
   7. Faire remplir et envoyer les formulaires des données biographiques, les formulaires d'appréciation des participants à INTRAH;
   8. Faire le suivi des participants afin de rassembler et d'envoyer à l'INTRAH des informations brutes sur les agents formés par des participants, afin d'évaluer l'utilité de la formation.

10. Responsabilités de L'INTRAH:
   1. Fournir des fonds opérationnels;
   2. S'assurer que l'USAID approuve les taux d'indemnités journalières pour les participants;
   3. Fournir un stock suffisant de formulaires servant à documenter la formation des participants et/ou les activités d'assistance technique. Fournir le matériel didactique nécessaire pour les activités de formation.
   4. Organiser et financer les visites d'assistance technique conformément au Plan de Travail.

APPENDIX H
Draft CNSF/FPMT Memorandum of Understanding
(French and English versions)

MEMORANDUM OF UNDERSTANDING
BETWEEN THE
NATIONAL CENTER FOR FAMILY HEALTH, MINISTRY OF PUBLIC HEALTH AND SOCIAL AFFAIRS (MOPHSA), GOVERNMENT OF NIGER AND MANAGEMENT SCIENCES FOR HEALTH, FAMILY PLANNING MANAGEMENT TRAINING PROJECT.
January - December 1987

As a result of discussions held during December 1986 between Dr. Halima Maidouka, Director of the National Center for Family Health and Dr. Sara Seims, Management Sciences for Health, it is agreed that the following collaborative activities take place during 1987:

1) Study tour of Rwanda and Senegal to observe the delivery of family planning in these two countries and to review their programs for decentralized services. This activity is scheduled to take place at the end of February 1987 and will last approximately two weeks. Participants will be the Directors of the a) National Center for Family Health b) Office of Social Affairs and Maternal and Child Health (MOPHSA) c) Office of Health and Nutrition Education, (MOPHSA) and d) Office of Health Establishments. (MOPHSA)

2) Workshop on the planning and coordination of family planning services. The purpose of this workshop will be to review with the leadership of the National Center for Family Health, the management systems which must be in place for the delivery of family planning services and to identify the management activities which must occur for a program to successfully decentralize. This workshop is scheduled for May 1987 and will take place mornings only during a two-week period. Ten managers from the Center will participate, one of whom will be a co-facilitator with staff of the Family Planning Management Training Project.

   The participants will be:

   - Secrétaire Général, Ministry of Health and Social Affairs
   - Cellule de la Planification, Ministére de la Santé Publique et des Affaires Sociales
   - Direction Enseignement, Education Sanitaire et Nutritionnelle: Director or assistant
   - Direction des Affaires Sociales, Protection Maternelle et Infantile: Director or assistant
   - Division d'Infrastructure Sanitaire: Director or assistant
   - Ecole Nationale de Santé Publique: Director or assistant
   - Office National Pharmaceutique
   - Direction Des Etablissements de Soins: Director or assistant
   - Centre National de Santé Familiale: Director and assistant

3) Workshop on the management of family planning programs for the Directors of Maternal and Child Health Centers or other health facilities where family planning services have or will soon be introduced. A maximum of 25 Directors will attend. The workshop is scheduled to take place in Tahoua during the last two weeks in November 1987. One of the accomplishments of activity (2) above

will be to prepare the agenda for this workshop and at least two participants will be co-trainers along with staff of the Family Planning Management Training Project.

The participants will be:

Direction Departementale de la Santé
Le Centre Médical de Protection Maternelle et Infantile
Centre National de Santé Familiale
Responsables de Centres Medicaux (Zinder, Maradi and Tahoua)

In order to undertake the above activities, the National Center of Family Health & Management Sciences for Health agree to the following:

The Centre National de Santé Familiale will:

1) Obtain all the necessary clearances for all the proposed activities.

2) Obtain the visas necessary for the Government of Niger participants for the study tour to Rwanda and Senegal.

3) Assure that the appropriate personnel are available for the duration of each of the three activities, this will include sending out invitations to participants, obtaining clearances and any other necessary steps.

4) Locate space for the two workshops - In the case of activity (2) a conference room in Niamey is required and in case of activity (3), a conference room in Tahoua will be required.

5) Arrange for all hotel, restaurant and transportation requirements for activity (3) and prepare a budget for these and associated workshop costs for submission to USAID & MSH by July 30, 1987.

6) Arrange for appropriate ministry representation at the opening and closing ceremonies for activities (2) and (3) if necessary.

7) Nominate a representative to work with MSH to evaluate the impact and usefulness of each of the above activities:

Management Sciences for Health will:

1) Contact the appropriate organisations and individuals in Rwanda and Senegal to arrange for the study tour.

2) Make travel hotel arrangements and set up the program for the study tour.

3) Pay for travel and perdiem expenses for the study tour according to AID policies.

4) Provide the technical consultants for the two workshops.

5) Develop the didactic materials for the two workshops in collaboration with the Government of Niger.

6) Pay for the travel, perdiem, and general expenses associated with the two workshops based on the budget submitted by the National Center of Family Health and according to the regulations of AID.

Signed:

Dr. Abodou Moudi,
Ministre de la Santé Publique
et Affaires Sociales
Gouvernement du Niger

Dr. Ronald 'Connor,
Management Sciences for Health
Family Planning Management
Training Project.

PROTOCOLE D'ACCORD
ENTRE
LE CENTRE NATIONAL DE SANTE FAMILIALE,
MINISTERE DE LA SANTE PUBLIQUE ET
DES AFFAIRES SOCIALES DU GOUVERNEMENT DU NIGER
ET
LES SCIENCES DE GESTION EN MATIERE DE SANTE,
DANS LE CADRE
DU PROJET DE FORMATION EN GESTION DE LA PLANIFICATION FAMILIALE

Suite aux pourparlers qui se sont déroulés en décembre 1986 entre le Docteur Halima Maidouka, Directrice du Centre National de Santé Familiale et le Docteur Sara Seims, de l'Organisme Sciences de Gestion en Matiére de Santé, il a été convenu que les activités suivantes se déroulent au cours de l'année 1987:

1. Une visite d'étude au Rwanda et au Sénégal afin d'observer la prestation des services de planification familiale et de passer en revue leurs programmes de services décentralisés. Il est prévu que cette activité se déroule à la fin du mois de février 1987 et dure deux semaines environ. Y prendront part les directeurs:

   a) de la Direction de l'Enseignement et de l'Education Sanitaire et Nutritionnelle (DEESN)

   b) de la Direction des Affaires Sociales et de la Protection Maternelle et Infantile, (DAS/PMI)

   c) du Centre National de Santé Familiale,

   d) de la Direction des Etablissement de Soins

2. Un atelier portant sur la planification et la coordination des services de planification familiale. L'objectif dudit atelier est de passer en revue avec la direction du Centre National de Santé Familiale, le régime de gestion qui doit être mis en place pour la prestation des services de planification familiale et d'identifier les activités de gestion qui doivent nécessairement avoir lieu afin qu'un programme puisse réussir dans sa décentralisation.

   Dans l'effort de décentralisation, il est prévu que l'atelier se tienne en mai 1987 pendant une période de deux semaines uniquement en séance du matin. Dix gestionnaires y prendront part dont l'un jouera le rôle d'animateur conjoint facilitant le contact avec le personnel de la planification familiale dans le cadre du projet de formation en gestion.

   Les participants seronts de la Ministere de la Santé Publique et Des Affaires Sociales, y compris:

   - Secrétaire Général
   - Cellule de la planification.

- Direction Enseignement, Education Sanitaire et Nutritionnelle: Directeur ou adjoint
- Direction des Affaires Sociales, Protection Maternelle et Infantile: Directeur ou adjoint
- Division d'Infrastructure Sanitaire: Directeur ou adjoint
- Ecole Nationale de Santé Publique: Directeur ou Adjoint
- Office National Pharmaceutique
- Direction Des Etablissements de Soins: Directeur ou adjoint
- Centre National de Santé Familiale: Directeur et adjoint

3. Un atelier portant sur la gestion, des programmes de planification familiale à l'intention des Directeurs de Centres de protection maternelle et infantile là où les services de planification familiale ont été ou seront introduits. Un maximum de vingt cinq (25) directeurs y assisteront. Il est prévu que l'atelier se tienne à Tahoua entre 11 janvier - 23 janvier -88. L'une des tâches à accomplir (2 ci-dessus) consistera à préparer l'ordre du jour de cet atelier. Au moins deux participants y joueront le rôle de co-formateurs en même temps que le personnel du projet de formation en matière de gestion de la planification familiale.

   Les participants seront:

   - Direction Departementale de la Santé ou adjointe
   - Le Centre Médical de Protection Maternelle et Infantile de Zinder, Maradi & Tahoua
   - Centre National de Santé Familiale
   - Responsables de Centres Medicaux (Maradi, Tahoua and Zinder)

Afin d'entreprendre les activités sus-mentionnées, le Centre National de Santé Familiale et l'Organisme Sciences de Gestion en matière de Santé conviennent de ce qui suit:

Le Centre National de Santé Familiale convient de:

1) D'obtenir toutes les autorisations nécessaires du Gouvernement du Niger en ce qui concerne toutes les activités proposées.

2) D'obtenir les visas nécessaires pour les participants relevant du Gouvernement du Niger dans le cadre de la visite d'étude à effectuer au Rwanda et au Sénégal.

3) D'assurer que le personnel approprié soit disponible pour la durée de chacune des trois activités, ce qui comprend l'envoi d'invitation aux participants, l'obtention d'autorisation et toute autre action nécessaire.

4) De trouver les locaux devant abriter les deux ateliers; dans le cas de l'activité deux (2), une salle de conférence à Niamey s'avère nécessaire, dans le cas de l'activité trois (3), une salle de conférence à Tahoua s'avère necessaire.

5) De prendre les dispositions nécessaires pour ce qui est de l'hébergement, de la restauration et du transport pour l'activité trois (3) et préparer un budget pour ces éléments de dépenses et les

coûts afférents à l'atelier afin de les soumettre à l'USAID et à MSH vers le 3 juillet 1987.

6) De prendre les dispositions nécessaires afin d'assurer la représentation des Ministères de tutelle lors de cérémonies d'ouverture et de clôture pour les activités deux (2) et trois (3) s'il y a lieu.

7) De désigner un représentant chargé de procéder avec MSH à l'évaluation de l'impact et de l'utilité de chacune des activités sus-mentionnées.

L'Organisme de Gestion en Matière de Santé (MSH) convient:

1) de contacter les organisations et personnes responsables au Rwanda comme du Sénégal afin d'organiser la visite d'étude,

2) de prendre les dispositions organisationnelles du voyage et de l'hébergement des participants et d'élaborer le programme de la visite d'étude,

3) de payer les frais de voyage et le perdiem pour la visite d'étude conformément aux directives de l'USAID,

4) de fournir les consultants techniques pour les deux ateliers,

5) de concevoir le matériel didactique destiné aux deux ateliers et ce, en collaboration avec le Gouvernement du Niger,

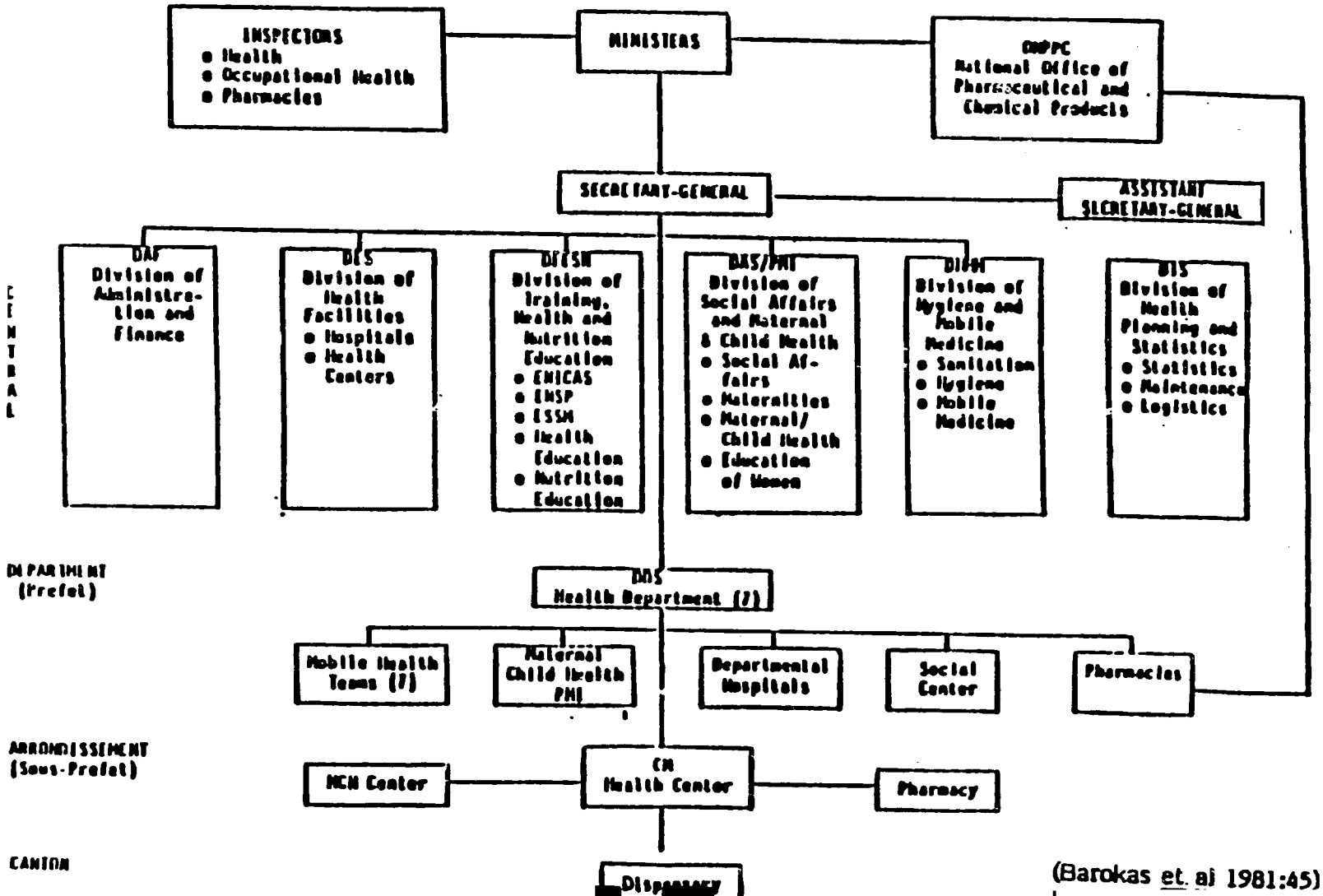
6) de payer les frais de voyages, les perdiem et frais généraux relatifs aux deux ateliers sur la base du budget soumis par le Centre National de Santé Familiale et conformément aux réglements de l'USAID.

Docteur Abdou Moudi
Ministre de la Santé Publique
et Affaires Sociales
Gouvernement Niger

Dr. Ronald O'Connor
President Les Sciences de
Gestion en Matiere de Santé

APPENDIX I
Organizational Chart of MOPH/SA

ORGANIZATION OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL AFFAIRS



(Barokas et. al 1981:45)