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9. ABSTRACT

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

These are phases through which DEIDS projects proceed:

- a) Phase I -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
- b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
- c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

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N I G E R

DEIDS Reconnaissance

Oct. 8-20,1973

NIGER

DEIDS Reconnaissance  
Oct. 8-20, 1973

PRELIMINARY DRAFT OF  
SUMMARY AND RECOMMENDATION

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SUMMARY AND RECOMMENDATIONS FOR NIGERThe Scene

Niger, one of the newly emerging nations of Francophone Africa, has more than its share of problems in developing a viable society. The most pressing is the drought, which has decimated cattle herds and diverted energies and resources needed for the emergency food shipments that sustained life in the nomadic areas. The land is desert and semi-arid with the four million population concentrated along the southern border. The country is classified as one of the lesser developed by the UN. It lacks indigenous institutional and manpower resources to launch a full scale development effort. Activities designed to facilitate development must have a long term time span built-in to ensure results.

Ministry of Health officials arranged for appointments and field visits and were most helpful and interested in the proposed DEIDS activity. Critical contributions to the effort were made by WHO and UNDP representatives, USAID staff, the ORT team managing the MCH extension project and staff from volunteer agencies, rural dispensaries, health centers, and hospitals.

Observations

The team visited the Ministries of Health, Promotion

Humaine and Economic Development and was included in a meeting with the President. Health and related facilities were visited in Agadez, In-Gall, Say, Dosso, Birni Gouri and Tilaberi.

The reception given the team was uniformly warm, interested and on the whole quite favorable to the introduction of a DEIDS effort. An occasional officer would reiterate the constraint that few of the essential supporting elements for a DEIDS-type effort were available in Niger: manpower, finance, facilities and a meagre spread of institutions. Given the condition of Niger's finances, any activity designed to spread health care beyond the limits now being undertaken by the government would have to be largely supported by the external agency undertaking the program. For example, the West German Government granted a hospital at Tahoua a few years ago. They have steadily expanded staff and support until the present time and are now undertaking the management and support of health care for the whole Department of Tahoua. It was reported that the Belgium Government has just negotiated an agreement to support health care in the Department of Dosso (site of the WHO project which also has some USAID assistance).

Attitudes toward family planning appear to be in a state of change - slow, to be sure, but changing. The government

does not yet have an official policy, but responsible officials in the MOH are actively interested and support child spacing where it is demonstrated that medical or social-economic reasons impinge. ORT is now beginning to provide child spacing assistance in Niamey well before the conclusion of the survey which was to have preceded any overt activities.

Health training facilities are being established. The former School of Nursing is now the Institute of Public Health and in addition to nurses and midwives, medical auxiliaries are being trained. The director intends to continue to expand the program to include sanitarians in its next phase. Ultimately, they would like to have a full-fledged medical school in addition to their other health training programs. Quota restrictions in other African medical schools preclude meeting the great needs of Niger for physicians.

The Ministry of Promotion Humaine (community development) is a vigorous, reasonably well-funded agency sponsoring a wide variety of self-help activities throughout the country including the usual village center, health center, feeder road construction programs, and adult education programs. In this area they have an active audio-visual program supplying their staff and local volunteers with materials for health education, nutrition, food production and local literacy programs. The program uses the literacy approach to introduce

functionally significant information in the principal local language. UNESCO is assisted in this latter effort through a Swiss technical assistance grant. Local volunteers, "animators", function on a non-paid basis. Consensus of observations were to the effect that this is the strongest ministry of the government.

#### Points in Favor of a DEIDS Project

The government is heartily in favor of any assistance in the expansion and spread of health care for their people and welcome further consideration of Niger as a DEIDS prospect.

Integrity in conduct of government business is reported to be high.

Niger has considerable experience in dealing with external assistance and has significant representation from most major donors and some of the smaller ones as well.

The government appears to be quite stable, guaranteeing continuity in the execution of agreed-upon programs.

Introduction of a low-cost health care system could be undertaken with a minimum of competing or conflicting opposition in view of the paucity of such now extant.

Development of integrated health system through which maternal and child health care, family planning and nutrition services could be provided would pose few special problems given sensitivity in approach.

There is good evidence of willingness and practice of using local healers and village midwives to augment professional health services. Some of the normal antipathies do not seem operative in Niger -- perhaps the paucity of such services forces this.

Points in Question re DEIDS Project

Lack of indigenous resources to carry principal burden of program.

Need for a greatly expanded time-span to allow for any reasonable shift of costs from 100% external to 100% internal ( say 20-30 years). This time span subsumes concurrent developmental programs moving the country to a self-sufficiency basis generating food and income from its own resources.

MOH is thinly staffed with qualified personnel. Most, overwhelmingly, of professionals are expatriates supplied by French technical assistance and other donors.

Recommendation

Given the constraints within which DEIDS projects are presently undertaken, Niger does not appear to qualify. Given the opportunities in Niger for the long term development of a model low-cost health delivery system, future consideration should be given predicated upon significant modification of DEIDS criteria and the availability of funds. In the interim, further exploration of the topic could be carried out with Promotion Humaine as the prime agent and Ministry of Health as professional backstop. In any event, Niger should be held in a reserve category and not discarded from the list of potentials.

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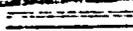
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# NIGER

-  Routes
-  Limite de département
-  Limite d'arrondissement
-  Chef-lieu de département
-  Chef-lieu d'arrondissement
-  Poste administratif

