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9. ABSTRACT

In June 1972, the Organization for Rehabilitation through Training (ORT) signed a contract with USAID to carry out a Maternal and Child Mealth (MCH) Extension Project in Niamey, Republic of Niger. Field operations began in December 1972 and terminated in January 1975. This report reviews the MCH Project in Niger, summarizes the project activities, and indicates project achievements. Difficulties and constraints are noted as well as the measures taken during the course of the project which modified the work plan but were essential to achieve its objectives. The arrondissement of Say, with a population of 50,000, was selected as the pilot zone. In this area, the project attempted to: (1) Improve the health infrastructure by providing essential equipment and supplies; (2) Provide refresher training to MCH personnel; (3) Integrate MCH activities in all the existent health facilities; (4) Emphasize health education; (5) Train village health workers; (6) Evaluate the health needs of the population through surveys and special studies; and (7) Introduce child spacing activities. Prevalent attitudes in Niger, a pronatalist country, were negative to Family Planning. There was general political suspicion of the motivation for assistance in Family Planning, lack of knowledge of what it meant and confusion between such measures as sterilization and contraception. Major education activities and special studies were undertaken to demonstrate to leadership that the health of mothers and children would benefit from the timing, spacing and limitation of pregnancies. Studies included: (1) Survey of Women to Determine Risk Factors; (2) Health Demographic Survey; (3) Survey of Physicians--Prescription of Contraceptives--Definition of "Medical-Social" Indications; (4) Malnutrition Survey. These studies are discussed in detail.

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**MATERNAL AND CHILD HEALTH
CHILD SPACING PROJECT
REPUBLIC OF NIGER**

**FINAL REPORT
CONTRACT AID/AFR-839**

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**ORGANIZATION FOR
REHABILITATION THROUGH TRAINING**

AMERICAN ORT FEDERATION

AMERICAN ORT FEDERATION

Overseas Headquarters
Geneva, Switzerland

CONTRACT Nr. AID/Afr - 839

ORT - MATERNAL AND CHILD HEALTH/CHILD SPACING
EXTENSION PROJECT

F I N A L R E P O R T

From June 1972 to December 1974

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INTRODUCTION

In June 1972, ORT signed a contract with USAID to carry out a Maternal and Child Health Extension Project in Niamey, Republic of Niger. A letter of agreement between ORT and the Government of Niger was finalized in August of 1972 (Annex J). Field operation began in December 1972 and terminated in January 1975.

This report reviews the MCH Project in Niger, summarizes the project activities, and indicates project achievements. The difficulties and constraints encountered, and how they influenced implementation of the project are noted. Also indicated are the measures taken during the course of the project which modified the work plan but were essential to achieve its objectives. The status of project activities at the conclusion of ORT's assignment is noted.

OBJECTIVES OF THE PROJECT

The objectives of the project were to "improve the health and well-being of African women and children in Niger by demonstrating an effective method of expanding Maternal and Child Health/Child Spacing Services". In a pilot zone, the project attempted to :

1. Improve the health infrastructure by providing essential equipment and supplies.
2. Provide refresher training to MCH personnel.
3. Integrate MCH activities in all the existent health facilities (health center, dispensaries).
4. Emphasize health education.
5. Train village health workers.
6. Evaluate the health needs of the population through surveys and special studies.
7. Introduce child spacing activities.

The arrondissement of Say with a population of 50,000 - 60 km from Niamey - was selected as the pilot zone.

BACKGROUND SITUATION IN NIGER AT THE TIME OF THE PROJECT AGREEMENT

The Government of Niger, concerned with improving maternal and child health, had expressed interest in the project to representatives of USAID, the United States Agency for International Development. During the negotiations of a letter of agreement, it became apparent that ambivalence existed with resistances on the part of government representatives towards the child spacing component of the project. The subject of Family Planning was virtually taboo, the term itself anathema. Prevalent attitudes in Niger, a pronatalist country, were negative to Family Planning. Arguments raised included : Niger is an underpopulated country, with an enormously high mortality rate, the population is predominantly rural, illiterate and living at meager subsistence levels. The Moslem religion as well as African tradition call for large families. There was general political suspicion of the motivation for assistance in Family Planning, lack of knowledge of what Family Planning (FP) itself meant and confusion between such measures as sterilization and contraception.

Although certain individuals, particularly within the health system, understood and promoted the health rationale for child spacing, there was reluctance to undertake official child spacing activities.

Discussions were undertaken between the Government of Niger, USAID and ORT to elaborate a letter of agreement for the project. It was agreed to eliminate the term "Child Spacing" (CS) from the letter of agreement; contraceptives and services for CS would be reserved to "duly selected medical and social cases"; a number of studies should

precede the introduction of any child spacing service and CS activities should begin in the urban center of Niamey rather than in the rural pilot zone; contraceptive services could be offered to "high-risk" women, making it particularly important to obtain a locally acceptable definition of "high-risk".

Representatives of USAID agreed that despite the reluctance of the government to officially accept Family Planning activities, attempts would be made to implement the project. It was thought that such efforts could serve as an opportunity to inform and educate authorities of Niger about the value of Family Planning activities as part of Maternal and Child Health and to sensitize authorities in order to obtain a more positive attitude towards Family Planning.

The Minister of Health made office space available. It was renovated and equipped, and served as a focus for all project activities.

During its first months in Niger, the team established contact with services and organizations concerned with health, community development, training, statistics, etc. The project was formally integrated into the Ministry of Health and the Ministry of Community Development (Promotion Humaine) through the appointment of the directors of these two services as national counterparts to the head of the ORT team. An interdisciplinary committee, ASO (Animation-Santé-ORT), was created to review planned activities and to integrate the team in the local structure. The team participated in meetings of the local planning committee (Departmental Planning Committee) "COTEDEP".

RESUME OF PROJECT IMPLEMENTATION

A team of Public Health Physician, Administrator, Public Health Nurse and Nurse-Midwife were recruited. The team arrived in Niger on January 1, 1973, after participating in an orientation seminar in Geneva. The work plan submitted to USAID in June 1973 was followed.

Selection of Priority Activities

In light of the political climate and Governmental preoccupations, it was decided that project objectives could best be pursued by developing two major foci of activity :

In Niamey, major attention would be devoted to enlisting more favorable attitudes to child spacing activities among Government technical, political and administrative personnel, with the objective of gaining their approval for FP services in Niamey. This was attempted in a variety of ways :

- a. Constant education and information regarding child spacing, family planning through individual, person-to-person contacts, group talks, assembling and distributing documentation regarding FP.
- b. Carrying out a number of special studies and surveys designed to demonstrate to leadership that, there, was a felt need among segments of the population for child spacing services, and that the health of mothers and children, a Governmental priority, would benefit from attention to questions relating to the timing, spacing and limitation of pregnancies. The surveys also provided an information base which facilitated activities appropriate to

the local situation.

A second focus of activities was the program for Say. Here, major emphasis was placed on MCH (Maternal and Child Health) activities which reflected Government priority considerations.

Activities - Say

The following activities were chosen for concentration :

1. Amelioration of the health infrastructure of Say by improvement of the physical facilities, augmentation of medical equipment and supplies. Attempts were also made to stimulate local health personnel to improve the level of services, and local administrative and political authorities to increase commitments to the health services by augmenting budgetary and manpower contributions.
2. Assistance with the extension of MCH consultations in each of the dispensaries of the Arrondissement. This involved training of personnel and providing necessary equipment and supplies.
3. Participation in the training of village health workers, "secouristes" and "matrones" together with "Animation Rurale" - Community Development program.
4. Emphasizing health education in the Arrondissement by incorporating it into all services, by organizing village sessions and assisting the Peace Corps health education volunteers.
5. Participation in activities of current major concern to the local authorities, i.e., survey of childhood malnutrition, measles and

polio vaccination campaigns, development of a food supplement of dried meat for children.

In accordance with these decisions, the following activities were carried out :

Strengthening of the Health Infrastructure - Improvement of Physical Facilities.

The health center, maternity, peripheral dispensaries of Say were in a deplorable state - without water or sanitation, leaking roofs, virtually devoid of equipment and medications.

The team renovated and equipped the health and maternity centers of Say Village. Repairs were made to the roof, and a water distribution system, latrines and showers were installed. The buildings were painted and the maternity unit was enlarged to provide space for MCH consultations. A shelter was built for health education sessions. The pavillions for hospitalization were repaired. Basic equipment and supplies were provided including beds, blankets and examining equipment. Supplies of medication were also provided (see Annex IX giving detailed inventories).

Repairs and renovations were undertaken after consultation with the local staff and the "Sous-Préfet" of Say. Work was carried out by an independent contractor supervised by the ORT staff.

Visits were made to each of the four peripheral dispensaries to assess needed repairs in these buildings. Essential repairs (i.e., leaking roofs) were immediately effected. In accordance with the

Government's request that all repairs and renovations be carried out through the Department of Public Works (Travaux Publics), more extensive renovations were relegated to this department.

The Government of Niger had prepared lists of equipment and supplies which it deemed necessary for each category of health service. It requested ORT to make complete inventories of the facilities and to provide additional equipment and supplies in accordance with these standards. A complete inventory of all materials available in each of the centers and dispensaries was therefore carried out and compared with the Government's request.

Improvement of Staff's Working Methods - In-Service Training.

The team worked closely with the staff of the Say Health Center and Maternity, to stimulate them to provide better services and more regular supervision. Jointly, a number of procedures were changed or initiated relating to the flow of patients in the health center, inclusion of additional information in the records, reorganization of the pharmacy, attention to upkeep of physical facilities. Supervisory visits to the peripheral dispensaries were made together with the Chief of the Health Center on a regular basis. Retraining was hindered by frequent changes of local personnel (i.e., the Say Health Center has seen four different chief nurses since arrival of the team).

Extension of MCH Services

Regular MCH consultations - ante-natal, post-natal and child care sessions - began in Say itself and were extended during the second year of project activities to each of the peripheral dispensaries.

The ORT nurses worked closely with the Say midwife and Peace Corps volunteers in Say in this program. Procedures instituted followed directives of the Ministry of Health Division of MCH and nationally-used record forms were employed (see Annex II - MCH Report).

Initiation of MCH services in the rural dispensaries required the support of the local community. To this end, numerous visits were made to each of the rural areas and the interest and collaboration of the local chiefs and local health workers were elicited. They, in turn, informed the local population and sensitized them to the availability and importance of bringing their children to the consultations through individual and village health education sessions.

The dispensaries are manned by a single nurse (*infirmière certifiée*), in some instances assisted by an unskilled worker. These personnel were trained to carry out the MCH consultations, to fill out the records, to determine which children required more intensive surveillance, and to provide basic health and nutrition education during the consultations. It quickly became apparent that the nurse alone could not handle the consultations (20-60 children per session) and at each dispensary a local woman was identified to assist during the consultations. These "auxiliaires" were untrained village women who were given brief on-the-job training in the tasks required to assist during the consultations. They were instructed to give basic hygiene and nutrition advice to mothers. These women, however, expect to receive a salary and the local community is unable to assume even minimal additional expenditures. Assumption by the project of these salaries is a temporary expedient but cannot solve the long-term need.

Expansion of Health Education and Preventive Health Care

Health education, focused particularly on nutrition, was introduced into the activities of the Say Health Center at the dispensary, the maternity, and the hospitalization units. Provision of nutrition supplements (made available through CARE and USAID and distributed through the project) was helpful in this regard. Village health education talks and home visits were organized by the midwife and the Peace Corps volunteers. A demonstration kitchen was built at the health center in order to demonstrate the preparation of nutritious but generally unused locally available foodstuffs which could be prepared in the traditional manner. Health education materials - figurines, flannelographs - were prepared for each clinic.

Preventive health services in Niger are carried out by a Government mobile team which attempts to cover each village every three years (Equipe Mobile de l'OMNES). During these tours, the mobile team strives to examine the entire population of each village and to carry out diagnostic procedures to detect prevalent health problems. Preventive health measures - particularly vaccinations - are also provided. The tour of the mobile team in Say began in February 1974.

The ORT team participated in this preventive health effort through provision of vaccines and related supplies as well as personnel. This was done at the request of Say leaders to gain acceptance by local leaders, to establish confidence, and to obtain certain health and demographic information on the population. During this campaign, a questionnaire was administered to 2,357 women to obtain information regarding their fertility history (see section Surveys and Annex IV).

Training of Village Health Workers

The training of village health workers, "secouristes" (first aiders), "matrones" (traditional midwives), "hygienistes" (sanitation workers), "pharmaciens" (pharmacists), and in some instances "puericultrices" (child care workers) has high governmental priority in Niger. The program began almost ten years ago and has developed through the combined efforts of the "Santé" and "Promotion Humaine", with varying degrees of success and at varying rates in different regions. In the Arrondissement of Say, the program was not well developed.

The work of these "village health workers" is based on the concept that the community must actively participate in its development. Community development workers in each area attempt to sensitize local leadership and the population to this concept and to stimulate them to take on community functions. Nominations for village workers are made by the community. Villagers are given short (1 - 2 weeks) intensive training in health and hygiene, are equipped with a kit and are expected to assume certain defined health tasks (see Annex VII for details).

Although various problems have arisen in these training efforts, including coordination difficulties between the community development and health staffs responsible for the training, supervision constraints due to lack of transportation and supervisory personnel, lack of clear-cut guidelines concerning the content and length of training programs, lack of finances for the training efforts, they nevertheless represent a hopeful approach to local manpower development.

Training programs for village health workers were held in the Say Arrondissement as noted in Annex VII. The ORT staff collaborated with

the health and animation staff, and a training manual for "secouristes" was prepared. The manual represents an attempt to standardize training given to the village health workers and is currently being reviewed by the Government for wider application (see Annex VI). An evaluation of the training program was carried out and supervisory and inspection visits to the "secouristes" and "matrones" were made. A major conclusion of this evaluation was that although secouristes and matrones had excellent retention of what they were taught, greater attention needs to be placed on helping them put this knowledge into action. Two major constraints are operative : inability of supervisory staff to make frequent enough visits (usually due to lack of gas) and lack of financial resources to enable village health workers to purchase even the simple materials needed, for example, for construction of filters to purify drinking water.

Since October 1973, the training and supervision of village workers in the Say Arrondissement has included :

"Secouristes"	old 44 + new 15 = 59
"Matrones"	old 26 + new 17 = 43
"Pharmaciens"	old 26 + new 9 = 35

Financing of the training represents a major constraint in expansion of the number of village workers to be trained. The project financed part of the training efforts for Say. Future plans call for the financing of additional training programs for village "puericultrices" - child care workers .

Utilization of Services

There has been a sizeable increase in utilization of health services in

the Say Arrondissement between 1972 and 1974 (see Annex I), including a great increase in the number of consultations for children under the age of 4.

		<u>Children 0-4</u>
1972	23,562	9,151
1973	43,703	17,795
1974 (first semester)	19,771	9,212

Improvement in the services as well as increased sensitization of the population to make use of services are certainly among the factors responsible for this increase.

Utilization of the maternity also increased, doubling between 1973 and 1974. It is apparent, however, that the majority of deliveries are still taking place outside the maternity. The Maternity of Say serves the population of Say Village (3,000) and a population of equal size in immediately surrounding villages (3,000), i.e., total population 6,000. The expected births from this area (birth rate 50/1000) is 300. Only a little over a quarter of these deliveries are however currently taking place in the maternity, underscoring the reluctance of the population to utilize the maternity.

Likewise, pre-natal consultations and surveillance consultations of children in the MCH clinic at Say substantially increased but still serve a relatively small segment of the population (see graph - Annex I). Continued efforts are required to promote increased utilization.

As described in the report of MCH activities (Annex II), response to

the introduction of MCH clinics in the peripheral dispensaries was encouraging, with relatively greater utilization of the services than in Say itself. This corresponds to the general impression of both ORT staff and local Nigerien personnel that the population of Say Village is particularly difficult to stimulate.

MCH clinics were introduced in the dispensaries in May 1974 by the ORT staff and its counterparts. Statistics have now been assembled for the three months period, June to end August 1974, (316 pre-natal consultations, 1,660 child care consultations). During this time, the clinics were inaugurated, the local staff trained and the necessary equipment provided.

Local dispensary staff, with the assistance of the newly recruited auxiliaries, are now managing the clinics.

SURVEYS

As stipulated in the letter of agreement with the Government of Niger, a number of surveys were carried out.

The aim of the studies was to acquire relevant data on Nigerien problems related to reproduction, including : patterns of child-bearing, needs of women regarding child spacing services, relationships of mortality to child spacing, criteria of risk for women during pregnancy, and indications used by physicians in Niger for prescription of contraceptives.

Considerable modification of the studies as originally planned was required after review of the questionnaires by the ASO committee and

the Ministry of Health. The Government did not permit inclusion of specific questions relating to attitudes to FP or desired number of children.

Among the studies which have been carried out are :

1. Survey of Women to Determine Risk Factors (Enquête Femmes Hauts-Risques). (Annex III).

The survey of 536 urban women and 506 women from the Say Arrondissement attempted to collect data regarding the reproductive history of women and its relationship to mortality of children, and to acquire information about certain practices of Nigerien women regarding pregnancy and child care. The survey collected information on the following :

a. General information :

Age

Marital Status

Educational Status

Race

b. General information on reproductive variables for the women:

Number of pregnancies per woman

Number of abortions per woman

Number of stillbirths per woman

Number of living children

Spacing between births

Age at marriage and at first pregnancy

c. General information on the child:

Child mortality

Age of child death

Age at weaning, reason for weaning

Age at which child receives nutritional supplementation.

- d. Information regarding the relationships between child mortality, the age and parity of the mother at the time of the birth of a child who died, the influence of child spacing on child mortality - both in relation to the interval between a child and his younger or older sibling.

In Niger, the need for child spacing is recognized for women with "medical indications". It is also known that certain women are particularly "at risk" for a complication of pregnancy, either for herself or for her child. The survey attempted to document factors of risk in Niger and to assess how women could be identified as being "high risk".

Certain studies have indicated, in addition to such generally accepted criteria of risk as medical illness, previous severe obstetrical complications, other factors of risk related to the woman's age, her parity, and the spacing of her children. The survey attempted to determine to what extent these relationships were true for Nigerien women.

A preliminary analysis of the survey has been carried out by the ORT staff and will be subject to statistical and computer confirmation (Annex III). Among the preliminary findings are the following :

Reproductive life begins at an early age for Nigerien women and fertility is fairly high (mean fertility for women of all ages was 4.97 in Niamey and 4.64 in the rural area), but the child mortality rate is very high and women must undergo numerous pregnancies to assure survival of a moderate number of children. Child mortality for rural women was 466.02 per thousand living children and 259.24 for urban women. The great majority of child deaths occurred below the age of two. This obviously represents a very high pregnancy wastage.

The preliminary analysis of the study shows trends which seem to confirm the relation established in other studies between increased child mortality and increasing age and parity of the mother. A more detailed analysis is being undertaken to relate the age and parity of the mother at the time of each birth to that child's survival.

The study also suggests a relationship between child mortality and child spacing. The reason behind the higher mortality rate when child spacing is short may be related to maternal fatigue, inadequate nutrition, or premature weaning. When infant deaths were analyzed from the point of view of the interval between that child's birth and the birth of the child either immediately preceding or following, the mortality rate was higher when the spacing was less than two years than when three years or longer.

These results certainly suggest that attempts at reducing child mortality should include child spacing advice with other measures for the protection of the child.

The survey also questioned women regarding the average length of breast feeding of their children. A period of 2 - 3 years was noted by the majority of both urban and rural women. The urban women, however, introduced supplementary feedings much earlier. Whereas 74,44% of urban women introduced such supplements by the time the child was eight months old, only 19,75 of rural women adhered to this practice. Since the urban sample reflects women frequenting MCH consultations, it may be reasonable to conclude that the nutrition education provided in these centers is effective and supports the appropriateness of introducing MCH services in the rural areas.

The survey is being subjected to further statistical verification by computer and a final analysis will soon be available.

2. Health Demographic Survey

In order to acquire information on the health and demographic situation of Say Arrondissement, the working group "ASO" elaborated a plan in March 1973 for a survey to be carried out in collaboration with OMNES, UNDP, Animation, Health and CNRSH (see Annex IV for plan).

Unfortunately, delays in the planned participation of the various groups made it impossible to follow the timetable as scheduled. Only the Mobile Team of OMNES was able to begin its health survey in February 1974. In conjunction with this survey, an ORT-trained surveyor accompanied the Mobile Team to obtain information on pregnancy histories of the women in the area. This survey supplements the above-mentioned survey "Femmes Hauts-Risques". The following

information was collected on 2,357 women in 146 villages of the Say Arrondissement :

Age of woman

Number of pregnancies

Number of deliveries

Number of abortions

Number of stillbirths

Number of live births

Number of child deaths

Number of child deaths 0-24 months

Number of child deaths 2-5 years

Number of co-wives

The preliminary analysis of the results of this survey (Annex IV) corroborates the findings of the above-mentioned survey and underlines the very high child mortality, particularly for children 0-24 months old, and the rising mortality rate in relation to the age and parity of the mother. Since the majority of child deaths occur before the age of two, this rising mortality cannot simply be due to the fact that older mothers of higher parity have had a greater chance for their children to die. A more precise analysis relating to age and parity of the mother at the time of the birth of the child who died is, however, being made. It is evident, nevertheless, that measures to reduce childhood mortality are of the highest importance.

3. Survey of Physicians - Prescription of Contraceptives - Definition of "Medical-Social" Indications. (Annex V)

Prescription of contraceptives by physicians is permitted on

"medical-social" grounds. In order to elaborate an acceptable definition of "medical-social" indications, a questionnaire was sent to all physicians in Niger (Annex V) to determine the reasons for which they were prescribing contraceptives to their patients. Of 68 questionnaires, 27 were returned. The replies indicated that certain physicians in Niger feel that there is a broad range of problems requiring contraceptive use. The list of medical conditions includes :

Primipara under age 16

Primipara over age 35

Multipara over age 40

Grand multiplicity

Repeated abortions or miscarriages

Previous severe toxemia of pregnancy

Dystrocia

Severe previous obstetrical complications

Tuberculosis

Diabetes

Heart Disease

Severe anemia

Mental illness

Blindness

Hepatitis

3 or more previous Ceasarian sections

Dismenorrhea

Endometriosis

Gonorrhoea with complications

Leukemia

RH incompatibility

Cancer

The medical corps also suggested adding the following social indications :

Large family size

Poor health in the woman

Child spacing desires

Personal wishes

4. Malnutrition Survey

At the request of the Ministry of Health, the ORT team participated in a nationwide survey aimed at assessing the prevalence of malnutrition in the country. A preliminary report of this survey has been prepared by the Division of Social Affairs. Assessment of the nutritional status of children in Say Arrondissement according to the results of this survey is underway.

"ATELIER INTER-SERVICE" - INTER-SERVICE INFORMATION STUDIO (Annex VI)

Considerable attention was given to the creation of an "inter-service information studio", which would bring together training and health education materials available through different services. ORI personnel found that a large amount of training material is available, but that it is scattered and only occasionally reproduced for distribution. The studio would centralize and further test, develop, standardize and distribute training materials as indicated.

Similar services exist in two areas of Niger and have been found to be highly effective. Such a service would be most useful in disseminating information and educational materials on FP.

The numerous concerned services were brought together and, following their deliberations, a plan for the Center was developed which is currently being reviewed by the Minister of Foreign Affairs.

POLITICAL CHANGES AND THEIR EFFECT ON PROJECT IMPLEMENTATION

On April 17, 1974, a "coup d'état" occurred in Niger. A new Government was established by the Supreme Military Council with a reorganization of all services and the promulgation of new development policies.

The Ministry of Health was reorganized into five divisions under a new Minister of Health, Captain Moussa Sala. A Secretary-General of Health, Dr. Wright, became the top technical person.

A National Council of Development was created (Conseil National de Developpement - CND).

This reflected the new policy in the country to more closely integrate foreign assistance projects into the Nigerien administrative structure, to concentrate foreign experts in the departmental centers, and to avoid the creation of needs which the Government will not be able to fulfil upon withdrawal of the foreign assistance and to assume more careful planning and evaluation of both bilateral and multilateral assistance projects.

Under this Council, all assistance projects in the country are subject to review. In response to a request to ORT from the Ministry of Health and the Ministry of Foreign Affairs and Cooperation, an extensive report of the project activities and expenditures was submitted in September 1974 and included the following :

1. A review of all activities of the ORT project, both in the rural area of Say and in Niamey since January 1973.

2. Health statistics in the Say Arrondissement collected between January 1973 and June 1974.
3. A complete inventory of materials provided by the Project and the report submitted by the Ministry of Public Works concerning the Health Center buildings.
4. A detailed description of the budget and project investments.
5. A report on the MCH activities and health education of the Project including a training manual for village health workers.
6. The preliminary report on the survey which was carried out on 536 urban women and 506 rural women to determine characteristics of high risk during pregnancy, and a preliminary report on the health and demographic survey carried out in collaboration with the OMNES.

On October 2, 1974 the Ministry of Foreign Affairs informed USAID in Niamey that, in line with the new health policy of the country calling for Nigerization of health activities in the peripheral health services and concentration of foreign aid in urban zones, it requested termination of ORT's rural activities and concentration of ORT's activities in Niamey in relation to the creation of a National Family Health Center which would serve as a well equipped, well supervised setting for FP services. The Center would also provide the focus for the development of demographic information, education and services for FP for the entire country, as required, and training for Nigerien personnel in all aspects of FP. This would, in turn, provide the basis for establishing a population planning policy.

FAMILY PLANNING ACTIVITIES IN NIAMEY

The objective of providing family planning services in Niamey was pursued in the following ways :

Initially, the Government agreed that consultations for FP could be provided by the ORT physician to women requesting such services. Consultations were instituted twice a week at the ORT office. A record sheet was prepared to permit careful following of women receiving contraceptive services and the same record was distributed to the physicians of the four MCH Centers where contraceptives for "medical-social" reasons were being prescribed. It became quite clear, however, that the Government did not encourage this approach and favored the establishment of a center directed by Nigerien personnel. Plans were therefore made for the creation of a Family Health Center in Niamey (Centre de Santé Familiale).

To this end, much effort was expended in arranging for the participation of Nigerien midwives and social workers in two training programs in family health and family planning in Rennes, France, and in San Francisco in the spring of 1974. It was anticipated that they would be ready to assume direction of the Center on their return. Three midwives and one social worker participated in these programs after a preliminary orientation by the ORT team.

The family health center was to be linked to the Maternity of Niamey or to one of the existent MCH centers. At the request of the Government, ORT elaborated a plan and obtained estimates of construction, equipment and maintenance costs. The U.S. Ambassador indicated

approval of use of the Ambassador's special Self-Help Funds for an extension to the Maternity.

In April 1974, the new Minister of Health and the Mayor of Niamey confirmed in writing their approval of the proposed Center (see Annex VIII) :

"My Department is very much in favor of a Family Health Center, integrated into the Maternity and MCH program in Niamey to become a place where the midwives trained in FP at the Public Health Schools in Rennes and California have opportunity to put into practice their knowledge and skills in FP". (Annex B).

\$25,000 from the U.S. Ambassador's Self-Help Fund were offered for the construction of a new wing at the Maternity to house the Center. However, the Minister of Health felt this was insufficient to provide adequate facilities in light of the growth of the population of Niamey, and submitted a revised plan for the Center requesting that it be established in a new building linked to the existent MCH Center - "La République".

As outlined by the Ministry of Health (Annex A) the objectives of the Center would be :

1. To gather information on population problems.
2. To participate in, stimulate and lead demographic studies.
3. To handle treatment of sterility.
4. To try to organize in collaboration with concerned Nigerien Ministries, a suitable sex education program for youth.

The Center should be designed as :

- a documentation and population statistics Center.
- a medical aid and consultation Center.
- an information and conference Center.

On a short and long term basis, this Center would be the first institution of an Organization concerned with population.

On October 22, 1974, the Minister of Health presented this proposal to a USAID evaluation team in charge of assessing the MCH project. In a letter of November 5, 1974, the regional USAID representative replied to the Ministry of Health indicating that USAID could not accept this proposal : "the preliminary conclusion reached by the evaluation team is that the proposal for a Family Health Center does not contain enough Family Planning aspects in order to permit it to benefit from USAID population funds". (Annex C).

In light of this decision, multilateral financing of the Center was suggested, by the USAID evaluation team and the regional representatives of USAID. Therefore a revised proposal for the creation of a Family Health Center was drawn up by the ORT group in collaboration with personnel from the Ministry of Health (Annex H). This proposal was submitted to the following organizations : FED - UNDP - WHO - Canadian Cooperation - Church World Service - German Technical Cooperation - IPPF - Ford Foundation - CARE.

WHO : Dr. Paviot, the WHO representative in Niamey indicated enthusiasm for the Center. In a letter of October 8, 1974, he described the project to the regional Director in Brazzaville and noted : "The change in attitudes of the

Ministry of Public Health regarding health and demographic problems should be noted". (Annex D).

UNDP : In January 1975, Mr. Rottival, the UNDP representative in Niamey, submitted the proposal to UNDP headquarters. He expressed his interest in the project.

Ford Foundation :

Following a visit by Dr. Astor, Chief of the ORT project, to the regional office of the Ford Foundation in Lagos, Ford Foundation indicated to the Ministry of Health (Annex E) that it would be prepared to finance the following activities :

- development of a long-term plan for the Center by two or three consultants in February 1975 :
- demographic activities
- training activities, both short and long-term.

The Ford Foundation indicated willingness to begin financing the Center's activities in September 1975. Although construction funds were not available, interest was expressed by the Belgian Government for this.

IPPF : IPPF indicated (Annex F) that it would be prepared to finance the following :

- Clinical activities
- Foreign experts
- Activities related to education and information for Family Planning Services.

- Possible contribution to the construction of the Center. Representatives of the IPPF regional office scheduled a meeting with the Ministry of Health for February 19, 1975, for further discussions. IPPF also invited representatives of the Ministry of Health and of the ORT team to participate in a seminar for Family Planning on March 25, in Lomé.

Other organizations were contacted and their responses are still awaited.

Current Government Position

In a letter to USAID of January 14, 1975, the Ministry of Foreign Affairs and Cooperation again indicated its interest in the establishment of the Center with the following comment: " I am honored to inform you that the Nigerien authorities, aware that the first phase of the ORT project is completed since December 31, 1974, would like to be informed if ORT is able to assume financing the construction of a National Family Health Center in Niamey".

During a meeting of the ORT team with various USAID representatives in Niamey, it was felt that the word "construction" referred not only to the construction of a building, but to the development of the entire project as well.

All participants at this meeting emphasized that the request for the Family Health Center represented a most positive evolution in the official Nigerien position.

On January 21, 1975, ORT was informed by USAID that the MCH contract would be terminated. On January 28, 1975, the regional USAID representative addressed the following reply to the Ministry of Foreign Affairs : (Annex G)

" We have examined the proposal made by the ORT team in collaboration with the Ministry of Public Health and Social Affairs. Although USAID, neither through the intermediary of ORT nor directly, can finance the construction of facilities for the Family Health Center, we are interested in other aspects of the project. These could be submitted to USAID for financing, particularly the demographic research, the development of a sex education program for young people together with the other appropriate Ministries and the training and retraining of health officers. We are aware that other donor organizations are interested in the project of the Family Health Center, such as the Ford Foundation, IPPF, UNDP, WHO and the Belgian Government. The AID regional office would be happy to discuss this project with you in detail and thinks that this project represents an excellent opportunity for the coordination and participation of multi-donors".

The Government of Niger is currently reviewing alternative procedures to obtain funding for the construction of the Center. Following successful negotiation of construction funding, it is expected that collaborative mechanisms will be established for a multi-donor program.

OTHER PROJECT ACTIVITIES IN NIAMEY RELATED TO FAMILY PLANNING

Introduction of a course on FP in the nursing school. This was begun in January 1974 by the Director of the School of Public Health of Niamey, with course material, documentation and audio-visual materials provided by ORT.

Inclusion for the first time of FP in the curriculum of the school is considered an indication of the favorable change in attitudes toward the subject which has occurred.

Likewise approval of a film on FP which was commissioned by USAID and made by a Nigerien film maker is felt to be a reflection of a more positive attitude. The ORT team was active in promoting the film and arranging for its projection.

Arrangements for the warehousing of pills and IUD's by the National Pharmacy were made. Their distribution on prescription is permitted.

In general, the presence of the ORT group in Niamey and the inputs they provided served to sensitize Governmental authorities to world-wide developments in FP. As a result, they acquired increased knowledge of the issues. The presence of the ORT team served to stimulate discussion of FP opportunities and needs with the result that Government personnel are more aware of relevant activities and their implications.

DIFFICULTIES AND CONSTRAINTS ENCOUNTERED

Many of the difficulties and constraints encountered had been anticipated at the outset of the program. Others became apparent during the course of the project's implementation.

Host government organizational problems, lack of resources, insufficient local leadership, inter-ministerial frictions, rivalries between assistance groups, lack of internal coordination, and motivational deficiencies posed handicaps to implementing the project.

A major source of difficulty was host government instability. This was true both because governmental decisions were frequently subject to rapid and sometimes seemingly arbitrary changes (i.e., decisions approved one day and disapproved the next) and because of the unexpected change in regime occurring in April 1974 - leading to an entire shift of government personnel and policies.

Although intensive attempts were made to integrate project objectives and activities into the Nigerien structure, it became evident that at best, one could hope for an administrative grafting of activities rather than a true integration, a situation where project objectives and activities would reflect governmental initiatives, decisions and directives. It is becoming increasingly apparent that assistance projects in Niger must integrate more fully into the local structure. Initiatives, plans, time frames must come from host country officials who assume major responsibility for implementation, relying on foreign advisors only for specific technical or administrative guidance. Initial project guidelines must be set by host country personnel.

Ambivalence towards the child spacing component posed the major hindrance to this aspect of the project's realization. Host government officials, understanding that project funding required a child spacing focus, were suspicious that FP was the only object, although child spacing was intended as only one component of more general MCH activities. Thus the team became quickly known as "The Family Planning Group". On the one hand, this appellation certainly heightened the impact of the group towards crystallizing FP awareness; on the other, it posed great practical difficulties to the team in working, particularly in the rural area of Say. Suspicious that the team was only interested in FP, local leaders were reluctant, for example, to permit team members to work in the Say Health Center, fearing distribution of contraceptives to the population. A great effort was required to attempt to acquire a base of confidence through repeated discussions with local health and community development workers, with village leaders, and with government authorities. This climate of suspicion did much to retard the start-up of project activities.

Difficulties in this area were compounded by the fact that the project was swamped by requests for financial assistance for a large number of activities and items which could not be responded to, since they did not fall within the project mandate. Despite circulation of the letter of agreement, project goals and working methods were not fully understood and considerable discussion and persuasion was required to explain why the project was not able to fulfil certain requests.

Inability to respond to these requests reinforced the impression among some that family planning was the project's major interest. Repeatedly,

the team heard - "Why will you give us so many dollars for contraceptives we do not need or want, and you refuse us this request for vaccines, or medications or supplies, etc?" or "Is it true that the project will be discontinued if we are not prepared to adopt FP for Say?"

The overwhelming preoccupation of the country with the problems created by the severe drought, relegating other activities to a lower order of importance, also served to impose restrictions. Thus it was sometimes necessary to wait long periods to obtain a decision.

Frictions between Ministries, particularly between the Ministry of Health and "Promotion Humaine", imposed constraints. Coordination difficulties between the two had been noted at the time of the Feasibility Study and the project attempted to promote better cooperation. A year and a half's work in the field with both groups has made the team aware that tensions were of longstanding duration with complex and subtle roots which a foreign group could not hope to reconcile. This proved to be a major impediment to carrying out planned village activities.

Insistence by the Government that studies involve local experts was felt to be a desirable aim but the continuous preoccupation of such experts with other problems and frequent postponement of activities imposed constraints.

The unavoidably long time lag between ordering equipment and supplies in the United States and their arrival in Niamey posed certain difficulties. The expectations of local personnel for provision of needed items could not be immediately met, causing frustrations and misunderstandings.

Delays in obtaining suitable vehicles for the extremely difficult terrain of Say Arrondissement posed practical obstacles for the team.

ACCOMPLISHMENT OF EXPECTED OUTPUTS

Expected outputs, as noted in the Plan of Action submitted to AID in October 1972, were numerous and ambitious. With the better knowledge of the situation in Niger and the various difficulties and constraints mentioned, it has become evident that two years is not sufficient to realize all the objectives. Nevertheless, the project was able to achieve many of the expected targets. These have been detailed in this report and annexes, and are summarized below in accordance with their enumeration in the Plan of Action.

The major impact of the project thus far has been the development of a plan by the Government for a Family Health - Family Planning Center in Niamey, which will, for the first time under Government sponsorship, officially recognize Family Planning in Niger. Training of health personnel in Family Planning and inclusion of Family Planning in the curriculum of the National Health School reflect the growing concern of the Government of Niger with FP in an overall health context.

The data which have been acquired through surveys carried out by the project can be expected to further document the relevance of FP for Niger.

EXPECTED OUTPUTS

OUTPUTS ACHIEVED TO DATE

I. IMPROVED MCH-CS CARE IN PILOT AREAS
HEALTH SERVICES

- | | |
|---|---|
| 1. Increased number of visits to health care units. | 1. Utilization of services in Say Arrondissement increased (Annex I). |
| 2. Increased time devoted to MCH-CS health education. | 2. MCH consultations incorporated in all Say health services. Health education initiated. (Annex II). |
| 3. Increase in performance of preventive measures (weighings, food demonstrations, etc.). | 3. Preventive measures carried out during all MCH consultations. (Annex II). |
| 4. Increase in weight of infants and children. | 4. Informally observed but insufficient time for systematic analysis. |
| 5. Better clinic management. | 5. Improvements effected in Say Health Center and Maternity and all dispensaries. |
| 6. Improved clinic facilities. | 6. Renovations carried out. Supplies and equipment provided. (Annex IX). |
| 7. Increased staff meetings in health units. | 7. Increased staff encounters resulted from project implementation. |
| 8. Increase in health personnel trained in MCH-CS. | 8. Dispensary personnel trained in MCH; auxiliaries recruited and trained. Say Maternity personnel trained. |
| 9. Increase home visits. | 9. Home visits - as part of health education programs were initiated. |

EXPECTED OUTPUTS	OUTPUTS ACHIEVED TO DATE
10. Increase in supervisory visits to bush dispensaries.	10. Regular supervisory visits carried out.
11. Improved use of records; birth and death registration.	11. MCH records instituted.
<u>II. EXTENSION OF MCH CARE IN VILLAGES</u>	
1. Increased number of village health workers trained.	1. Increase in numbers of village "secouristes", "matrones", and "pharmaciens". (Annex VII).
2. Increased utilization of village health workers by population.	2. Too early to determine.
3. Increased number of women detected as "high risk" for pregnancy.	3. Criteria established for "high risk". (Surveys - Annexes III,IV,V).
4. Increased number of health education sessions in village.	4. Health education sessions initiated in connection with MCH service initiation in dispensaries.
5. Increased number of community workers, teachers, social center workers trained in some aspects of MCH-CS.	5. Participants training of midwives and social workers. Training of team counterparts. Training of MCH auxiliaries for dispensaries.
6. Better hygiene practices; better infant care, better nutritional habits among villagers.	6. Insufficient time to analyze.
7. Reduction of infant and maternal mortality. (Phase II).	7. To be determined in future assessment.

EXPECTED OUTPUTS	OUTPUTS ACHIEVED
<u>IV. DEVELOPMENT OF TRAINING PROGRAMS AND TEACHING METHODOLOGIES</u>	
1. On-going training programs for health personnel, community development workers, teachers, village workers.	1. Expansion of village training in Say. Other training activities under study.
2. Development of pedagogic techniques and training aids for MCH-CS teaching especially for personnel of low educational background.	2. Manual for village workers, training aids for dispensary workers. Replication of locally-produced materials. Approval of FP film.
3. Development and testing of health education techniques for MCH-CS for rural population.	3. Mechanism for development and testing through "Atelier Inter-Service" underway.
4. Introduction of CS into School of Nursing curriculum.	4. Introduced into curriculum.

EXPECTED OUTPUTS	OUTPUTS ACHIEVED
<u>III. CHANGES IN KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING CHILD-SPACING</u>	
1. Increased awareness of inter-relationships between health and child-spacing; health workers and population.	1. Increased awareness among Government officials and Health Ministry as indicated by approval of Center for FP, inclusion of FP in curriculum National School, approval of Niger FP film.
2. Increased number of women requesting advice about child-spacing.	2. Documentation in Niamey of women receiving contraceptives.
3. Increased identification of women as being high risk for pregnancy.	3. Criteria established through Survey.
4. Increased number of women receiving CS counselling.	4. Criteria established.
5. Increased awareness and reinforcement of traditional methods of child spacing.	5. Traditional child spacing documented in surveys.
6. Increased number of contraceptive materials distributed.	6. Distribution through national pharmacy.
7. Changes in attitudes in Ministry and Government personnel.	7. Approval by Government of FP Center.
8. Increased knowledge of CS methods among health workers.	8. FP course introduced in National School. Counterpart personnel informed. Midwives and social workers trained in FP.
9. Establishment of a CS service in Niamey.	9. Government submitted proposal for Center for FP.

CURRENT STATUS OF ACTIVITIES CARRIED OUT BY THE MCH EXTENSION PROJECT

Activities in the rural zone

- The introduction of MCH services into the rural Center of Say and of dispensaries into the Say Arrondissement is being continued by the departmental Health services.

- The training manual which was prepared for village health workers is being utilized currently by the school TV service for the training of instructors.

- The project of creating an interdisciplinary studio (atelier inter-service) for training in the area of community development has been submitted for approval to the Ministry of Development.

- A proposal of utilization of dried meat flour as a nutritional supplement for children has been presented for approval to the "Food for Work Program" and the German Cooperation Agency.

Activities in the urban zone

- The preliminary results of the survey made both in Niamey and in the rural area to study various aspects of reproductive life of Nigerien women has been presented to the Ministry of Health. The survey is currently undergoing statistical verification in the Public Health School in Rennes.

- Activities concerning child spacing have been transferred to the gynecological service of Dr. Gerba, the only Nigerien women physician authorized to provide Family Planning in Niamey.

- The Government of Niger is reviewing funding proposals for the National Family Health Center in Niamey and a multi-donor program is envisaged.
- The film "SOUBANE" (One must decide) produced by a Nigerien film maker concerning family health problems and the value of child spacing, which was supported by ORT and carried out with the financial assistance of USAID, is being shown throughout the country.

Project Equipment and Supplies

Upon termination of the contract, all project materials including vehicles, furnishings, medical equipment, office supplies were turned over to the Ministry of Health.

A N N E X E S

(Annexes I-XI were submitted with report "Review of Activities", Oct. 1974)

- I - Statistics - Say
- II - Report MCH (Rapport PMI)
- III - Survey - "High Risk Women"
- IV - Survey - Reproductive Characteristics of Women in Say
(Enquête sanitaire-démographique)
- V - Survey - Physicians' Indications for Contraception
- VI - Manual for "Secouristes"
- VII - Report - Training for "Secouristes"
- VIII - Family Health Center - Niamey
- IX - Inventories
- X - Inspection of Health Facilities
- XI - Proposal for "Atelier Inter-Service"
(Inter-service information studio)

- A - Letter to USAID from Ministry of Foreign Affairs - Oct. 2, 1974
- B - Letter to AOF from Minister of Health - April 30, 1974
- C - Letter to Minister of Health from AID - Nov. 5, 1974
- D - Letter from Dr. Paviot (WHO) to Regional Director - Oct. 28, 1974
- E - Letter to Minister of Health from Ford Foundation - Oct. 6, 1974
- F - Letter to Dr. Astor from IPPF - Jan. 3, 1975
- G - Letter to AID from Ministry of Foreign Affairs - Jan. 14, 1975
- H - Letter to Ministry of Foreign Affairs from AID - Jan. 23, 1975
- I - Proposal for Family Health Center
- J - Agreement Memorandum between ORT and GON for Project Implementation

Translation from French original

JD/GA
Republic of Niger

Niamey, October 2, 1974

MINISTRY OF FOREIGN AFFAIRS

Office of International
Organizations and Economic
Affairs

MINISTRY OF FOREIGN AFFAIRS
AND COOPERATION a.i.

TO: The Regional Representative of USAID
Embassy of the United States of America
B.P. 201
N I A M E Y

Dear Sir:

The Niger-ORT project should, in principle, terminate in December 1974. After the usual evaluation phase, this project was to have been continued in accordance with the new plans agreed upon jointly. But examination of ORT activities carried out since January 1973 obliges the Niger Government to ask that this organization cease its activities effective immediately, in order to undertake, if it so wishes, discussions based on the following proposals:

- 1) Termination of activities planned until the present time.
- 2) Construction within the MCH Center of "République" in Niamey of a National Family Health Center.

The Center's objectives would be as follows:

- 2.1 Gather information on population problems
- 2.2 Participate in, stimulate and lead demographic studies
- 2.3 Handle treatment of sterility
- 2.4 Try to organize, in collaboration with the Nigerien Ministries concerned, a suitable sex education program for youth.

With this in mind, this Center should be designed to act as:

- a documentation and population statistics Center
- a medical aid and consultation Center
- an information and conference Center

On a short and long-term basis, this Center could be the first institution of an organization concerned with population.

3) Provision by ORT of the following equipment for the Center:

- furniture
- technical materials
- audio-visual materials
- office supplies and furnishings
- 4 light urban vehicles for the Center's personnel
- 1 ambulance to serve the Center and the PMI

4) Personnel: to be furnished either by ORT, or by Niger, and supervised by ORT. Personnel would include:

- 1 Gynecologist (ORT)
- 1 Midwife (Niger)
- 1 Statistician (ORT)
- 1 Social worker (Niger)
- 1 Female laboratory assistant (ORT)
- 1 Administrator (Niger)
- 1 Secretary-typist (Niger)
- 2 Laborers (Niger)
- 1 Messenger (Niger)
- 1 Driver (Niger)

5) Operation: ORT should be able to undertake full operation of the Center for at least five years through furnishing of:

- 5.1 Maintenance materials
- 5.2 Office supplies
- 5.3 Survey costs
- 5.4 Laboratory supplies
- 5.5 Vehicle maintenance costs
- 5.6 Medicines

The National Pharmacy (ONPPC) and the Ministry of Public Health and Social Affairs will have absolute control for the latter item.

- 6) Scholarships: ORT would provide scholarships, in cash, to the Ministry of Public Health and Social Affairs for training of Nigerien replacement personnel. These would include:

- 6.1 A scholarship for training of a doctor in gynecology and obstetrics (lasting 4 years).
- 6.2 A scholarship for training of a midwife (lasting 3 to 4 years).
- 6.3 A scholarship for training of a Social Worker (5 years).
- 6.4 A scholarship for training of a Statistician (3 years).
- 6.5 A scholarship for training of a female laboratory assistant (3 to 4 years).
- 6.6 Two scholarships for training of two nurses (2 years).

- 7) Renovation of the buildings of the Maternity - Central Dispensary Complex

If ORT would assume this truly complementary part of the project, the city and the Department of Niamey would have at their disposal, within a very limited area, a really efficient and multi-purpose health complex, including:

- 7.1 The Departmental Health administration
- 7.2 The Medical District of the Arrondissement of Niamey
- 7.3 The Central Dispensary of Niamey
- 7.4 The Maternity Hospital
- 7.5 The "République" maternal and child health center
- 7.6 The National Anti-Tuberculosis Center
- 7.7 The Hygiene and mobile medicine administration with their annexes
- 7.8 The Nigerien Red Cross: headquarters, day-nursery, dispensary
- 7.9 The National Family Health Center

The estimate for renovations would be made by the relevant services of the Ministry of Public Works, Transportation and Urban Planning.

8) Provision of various maternal and child health technical materials, in accordance with a timetable agreed upon jointly, for:

8.1 The chief towns of medical districts

8.2 The main dispensaries for those districts within the Department of Niamey.

These materials consist of:

- microscopes
- scales
- baby scales
- small supplementary materials
- consultation tables.

The objective of this last group of items is to progressively re-inforce the medico-social infrastructure in the surroundings of the National Family Health Center.

I ask you to inform the proper ORT authorities of these proposals.

Sincerely yours,

Captain Moussa Sala

Translation from French original

Niamey, 30 April 1974

DA/BM
REPUBLIC OF NIGER

MINISTRY OF PUBLIC HEALTH

No.939

MINISTRY OF PUBLIC HEALTH

TO:

Chief of Mission of the
American ORT Federation

B.P. 2158
N I A M E Y

Ref: Your letter No. 679/74/GA/gd.

Sir,

In answer to your referenced letter, I am pleased to inform you of my agreement for the Family Health Project proposed by ORT, the financing of which will be ensured by USAID.

My department keenly hopes that the Family Health Center, integrated into the Niamey Maternity and MCH Services, will be a center for information and application for the midwives trained in family planning at the School of Public Health in Rennes and in California (USA).

Yours sincerely,

Captain Moussa Sala

Translated from the French original

No. 622

5 November 1974

His Excellency
Battalion Chief MOUSSA SALA
Ministry of Public Health and
Social Affairs

NIAMEY

Your Excellency:

In reply to your letter of 2 November, please be advised that we have not yet received the final report from the USAID/Washington mission that recently visited Niger to evaluate the ORT/Niger Health Project. However, the mission's preliminary conclusion is that the family health proposals, as noted in your letter of 2 October (No. 04226), do not include enough family planning aspects to permit financing through available USAID funds for population-related programs.

However, as we mentioned to you in our 23 October meeting, within the first weeks of November, the Regional USAID office will meet in Niamey with a development planning team from AID/Washington. This team's task is to identify, in collaboration with the Government, areas of mutual interest and fields where the United States could provide long-term assistance.

The team will be meeting with you on Wednesday, 6 November.

We remain, Your Excellency,

Sincerely yours,

G. CHIAVAROLI
Regional AID Office
Representative

Translated from the French original

28 October 1974

From: Dr. J. J. Paviot to: Dr. Comlan A.A. QUENUM RD
 WR NIAMEY ADC

400/COr/OSRO ORT

I am pleased to submit the following report regarding ORT activities in Niger.

We were visited by Dr. KESSLER of the Central ORT office in Geneva and Dr. ASTOR, ORT Physician in Niamey/Say, accompanied by a USAID representative.

The Government has decided to suspend ORT activities at the Say Dispensary and to assign as a new objective the construction, within the MCH Center "République" in Niamey, of a National Family Health Center, with the following responsibilities:

- Information and population studies
- Treatment of sterility
- "Reasonable" sexual education for youth
- Documentation, information and conference center
- Consultation and treatment center.

"on a short and long-term basis, this center could be the first institution of an Organization concerned with Population".

ORT will provide equipment and will ensure the operation and salaries of a mixed, expatriate and national, staff; it will look for sources for scholarships for the training of gyneco-obstetricians, a midwife and social worker, a statistician, a laboratory assistant, etc.

USAID appears to have definitely decided not to participate in this project, since child-spacing was not specifically mentioned.

The Resident UNDP Representative, as well as the Representative of UNFPA, attended the discussions we had. We should be happy to have your views concerning, in particular, the possibility of a Government request to UNFPA.

./.

We have notified those concerned about the existence of a joint WHO/DANIDA program, as referred to by your memorandum No. 02/61/21 of 29 March 1974.

It is clear that WR will take no initiative without the knowledge of the Government. However, the evolving attitude of the Ministry of Public Health in the areas of population and family health problems should be noted.

cc: RR/UNDP
ORT

Translated from the French original

6 December 1974

His Excellency,
The Minister of Public Health
and Social Affairs
Niamey
Republic of Niger

Your Excellency:

We were pleased to welcome Dr. G. ASTOR in our offices this week, who discussed with Dr. W. K. GAMBLE, West African Representative of The Ford Foundation, and myself the preliminary proposal for a family health center in Niamey.

We received the impression that Dr. Astor had been in close collaboration with you for the preparation of this project and of its financing. Dr. Gamble has, consequently, asked me to write you concerning our thoughts on the subject.

Because of Dr. Astor's short stay, we did not get the opportunity to review the project and discuss it in as much detail as we had wished. However, our preliminary reaction is that the idea of a family health center, including maternal and child health and child-spacing, seems to us to be logical and appropriate to the health and population problems of Niger's urban areas; if this idea becomes reality, it will make an important contribution to Niger in social and economic terms.

We understand, according to our discussion with Dr. Astor, that the Government of Niger envisages at least partial financing of this project by outside sources. Dr. Astor also inquired regarding our interest in the project and the possibilities for our support.

In view of the limited resources of The Ford Foundation, we would be unable to consider total financing of such a vast project. In addition, we understand that important sources of financing are probably available to the Nigerien Government, either through the United Nations or by bilateral agreement with USAID or a similar agency. I should, however, like to indicate three possible areas where we could involve ourselves if this project is carried out.

./.

After studying the proposal, we note that it would probably be useful to elaborate the plan in detail so that it would be executed without difficulty. We believe that a work plan would be most appropriate. The preparation of such a plan would benefit from the collaboration of foreign consultants. The plan should include further elaboration of the type and level of training that will be undertaken; the training location; the availability of Nigerien candidates who would receive training to prepare them for the management and administration of the project or for carrying out the clinical work, research or training in the planned family health center or in any other future center in Niger. It also appears to us that the research outline needs a more detailed description in order to give a better idea of the objectives of the research and to indicate by whom it will be undertaken; the outline also needs more detail concerning cost. If you are interested, The Ford Foundation could consider providing consultants for more detailed elaboration of the work plan.

Secondly, and from a long-term point of view, if resources from the other agencies mentioned above were not available, we would be ready to consider supporting the training of a certain number of Nigeriens, whose future function would be to take over the training and research operations of this family health center.

Lastly, The Ford Foundation might well be interested in the research undertaken by the center.

To conclude, while I have noted these areas of interest for the Foundation, it should however be stated that we are not able at present to commit ourselves for grants. Any participation on our part would depend upon a more detailed study, here and in New York, of the general work plan for the center and of the specific plans for the areas that interest us. Our participation would also depend upon availability of funds, which can be determined only in connection with a specific request.

Allow me to again state that we are persuaded that the project concerns an important problem in Niger and that we wish you all success in its execution, whether the Foundation collaborates or not.

We hope to be kept informed of developments regarding the preliminary proposal, and we remain, Your Excellency,

Yours sincerely,

Cecile De Sweemer, MD, Dr.PH
Consultant for Health and
Family Planning Projects

cc: Dr. G. Astor
Dr. William K. Gamble

Translated from the original French

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

3 January 1975

Dr. G. Astor
American ORT Federation
P.O. Box 2158
NIAMEY/BALAFON
Niger

Dear Friend:

I much regret not having been in Accra for your last visit to our office. In any event, I am happy to know that the Nigerien Government has taken a definite position on the problem of child-spacing. As we discussed during my visit to Niger, the IPPF is looking for practical and efficient ways to approach population and development problems in West African countries.

While trying to solve these problems, we have not lost sight of the social, economic and cultural peculiarities, or of the organizational difficulties, of each country. For this reason, we have decided to study the problem with the nationals of each country so that we might learn about their own problems and with neighboring countries in order to exchange experiences, ideas, and means that we could modify and adopt for the different countries. We have thus decided to organize a conference bringing together delegates from West African French-speaking countries to discuss the problem as it presents itself in each country and to try to find solutions, both for general cases and for cases particular to each country.

It is our idea to invite a number of delegates representing departments concerned with population and family welfare problems in each country. This seminar will take place in Lomé, Togo. The exact date has not yet been fixed, due to unforeseeable difficulties, but we count on its taking place between mid-February and early March 1975. We are counting on the IPPF to pay travel costs for each country's delegates. We are not yet able to advise you of the number of Nigerien delegates to be invited, but I believe that, in any event, the Minister of Health, the Minister of Social Affairs, Doctor John Wright, Mrs. Dupuis and Doctor Bana will be invited.

./.

At our last meeting, we discussed the question of national seminars. I am pleased to inform you that the Lomé conference will be preceded by a national seminar organized by the Togolese on the population and development problem. We are counting on the participation, if our resources permit, of the Nigerien, Malian, Voltaique, Senegalese and Dahomian delegates as observers to this Togolese seminar. We hope the experience will be useful to them and will assist them with their own national seminars.

We request that you continue your role as the intermediary between our organization and the Nigerien Ministry of Health in transmitting the contents of this letter to the Ministries and to the personnel of their various departments.

Since we believe that this seminar can give us some concrete ideas not only about the population of each country, but can also help us develop solutions and methods for approaching each country's problem, we are requesting each country to prepare a basic document, defining the present family planning situation in the country, to be presented to this seminar, which will have as its main objective the definition of the term "family planning" and the policy necessary to attain the objectives and viewpoints that will be defined.

In order to help us translate and study each country's basic documents, we request you to try to forward these documents to us by the end of January or the first week of February at the latest.

In the particular case of Niger, and taking into account the urgency for putting into operation the Government population policy defined only a short while ago, if you consider that mid-February to early March is too long to wait to start your programs, we can arrange a visit to Niger in order to discuss the problem with ORT and with the Government officials concerned.

In this latter case, we await a letter from you or from the Minister of Health, so that we may arrange a visit to Niger as soon as possible.

Yours sincerely,

cc: Minister of Health, Niamey
Embassy of Niger in Ghana
Doctor John Wright, Niamey

T.K.B. Kumekpor
Regional Vice-Secretary

Translated from the original French

14 January 1975

JD/GA

The Regional Representative
of U.S.A.I.D.

000205

Embassy of the United States
of America

N I A M E Y

Re: Family Health Center Project (ORT)

With reference to your letters No. 815/74/GA/gd of 16 December 1974 and No. 658 of 20 December 1974, I am pleased to inform you that the Niger authorities concerned, taking into account the fact that the first phase of the ORT project was finished on 31 December 1974, would like you to advise if ORT would be capable of ensuring the financing of the construction of the National Family Health Center in Niamey.

I would be grateful if you could forward your answer to me by the end of January.

For the Minister and p.o.

The Secretary of State for Foreign
Affairs and Cooperation

Translated from the original French

23 January 1975

Ref. No. 675

His Excellency
Captain Moumoni Djermakoye Adamou
Minister of Foreign Affairs and
Cooperation
N I A M E Y

Your Excellency:

We are happy to reply to your letter No. 000205 of the 14th of January asking if ORT is able to assume the financing of the construction of the National Family Health Center in Niamey.

We have reviewed the project proposal elaborated by ORT in collaboration with the Ministry of Health and Social Affairs which ORT has given us. While AID, either through the intermediary of ORT or directly, is in a position to finance the construction of facilities for the National Health Center, we are interested in other aspects of the project which could be submitted for AID participation, particularly the demographic studies and research, the development of a sex education program for youth in collaboration with other appropriate Ministries and the training and retraining of health officials.

We are aware that other donors are interested in the project of a Family Health Center, such as the Ford Foundation, IPPF, UNDP, WHO and the Belgian Government. The Regional Development Bureau of AID would be happy to discuss with you this project in detail and believes that the project presents an excellent opportunity for the participation and coordination of multiple donors

Sincerely yours,

EUGENE CHIAVAROLI
Representative of the Regional
Bureau of AID

cc/ Captain Moussa Sala
Minister of Public Health & Social Affairs

O R T
FEDERATION

ORGANIZATION FOR REHABILITATION THROUGH TRAINING

OVERSEAS HEADQUARTERS
1 RUE DE VAREMBÉ
1211 GENEVA 20 - SWITZERLAND
TEL 34 14 34 - CABLE AMOTFED

PROPOSAL FOR FAMILY HEALTH CENTER

IN NIAMEY, REPUBLIC OF NIGER

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PROPOSAL FOR FAMILY HEALTH CENTER

NIAMEY, REPUBLIC OF NIGER

I. INTRODUCTION

This draft proposal outlines a plan for the creation of a "Family Health Center" (Centre de Santé Familiale) in Niamey, the capital of Niger, in accordance with a request from the Government of Niger.

The proposed national Family Health Center is designed as a pilot center to serve as:

- a center for documentation on population, family planning, demographic statistics, and related studies.
- a center for consultations regarding problems of fertility and infertility.
- a center of Education, Information, Discussion and Training in all aspects of Family Health.

The specific objectives of the Center include:

- Study of demographic problems as related to family health.
- Participation with other services in relevant demographic surveys.
- Provision of clinical services for problems of fertility and infertility.
- Development of information programs on reproduction, particularly sex education in schools.

The Center will thus have both clinical and non-clinical functions.

The Government of Niger has proposed that the Center, the first in Niger to be concerned with questions of fertility or population, be established within the framework of its MCH system, integrated into a complex of already existent services which provide care to mothers and children.

II. BACKGROUND

Although the Government of Niger, as many West African countries, has not adopted a population policy, it is becoming increasingly more cognizant of the need to study its demographic situation and to evaluate Nigerien population dynamics in relation to its development strategy.

The Government has therefore expressed interest in establishing a Center in Niamey focusing on population questions with a view to providing relevant data which will assist the Government in formulating population policies.

Questions relating to fertility are viewed primarily in relation to the extremely high infant and child mortality still prevalent. Mortality rates are 50 times higher than in developed countries and among the highest in the world. Surveys indicate that infant mortality is between 200 - 300/1,000 and child mortality below the age of 5 up to 500/1,000. High fertility (estimated at 50/1,000) is both a cause and consequence of this high child mortality. Frequent pregnancies, inadequately spaced, leading to abrupt weaning and inadequate maternal care and nutrition are important contributing causes to this high mortality.

At the same time, parents geared to a high level of child loss desire high fertility. The need to assure survival of a minimum number of children for economic and social purposes makes the concept of limiting pregnancies unacceptable. Proper child spacing, on the other hand, is recognized as an important measure, is desired, and is traditionally assured by abstinence during lactation and polygamy.

The need to diminish the high levels of infant and child mortality represents a major preoccupation of the Health Ministry. Efforts are being expended to improve and expand MCH services throughout the country. Increasingly, officials in the Health sector recognize the need for child spacing as a component of MCH activities.

In addition, the Ministry of Health has become aware that for a segment of its population, particularly in urban centers, a demand exists for services relating to fertility management. There is at present no Governmental service which is able to regularly provide services or systematically supervise women or couples requesting assistance for child spacing or family planning.

Individual physicians are permitted to prescribe contraceptives (pills or IUDs) but the procedure is cumbersome and the follow up minimal. A center providing a legal framework for adequately supervised services is therefore desired. While a health rationale for child spacing finds a responsive echo, the issue of FP for demographic reasons remains highly charged and sensitive.

Suspicious of the motivation of donor agencies because of what is considered an undue emphasis on FP, the GON is reluctant to endorse generalized FP promotion. African traditionalism, Muslim orthodoxy, nationalism as well as lack of clear understanding of FP are among the factors responsible for the negative stance towards FP. In light of these considerations, it is evident that in Niger fertility regulation should be broached in relation to a health context and child spacing and FP activities be introduced through the MCH program.

Strengthening of the MCH infrastructure together with the introduction of fertility regulation will serve to mutually reinforce each of the activities.

Given the important psychological and social repercussions of infertility problems in Niger, the Family Health Center should also attempt to provide some services for infertility in its concern with fertility questions.

For the past two years, USAID, through a contract with the American ORT Federation has carried out an MCH extension project in Niger. The objectives of this project were twofold - to extend the MCH program in a rural area and to introduce child spacing activities after sensitizing and educating

Government authorities to the value of fertility regulation. The Project, described in another document, has led to the Government's proposal for the establishment of a Family Health Center in Niamey, as noted.

III. THE FAMILY HEALTH CENTER

A. PROPOSED ACTIVITIES OF THE CENTER

1. Clinical Activities

a. Consultations for Fertility Problems

Services to women and couples seeking assistance for child spacing. Such services will include:

- Information on available methods of contraception.
- Careful examination to assure choice of most suitable method of contraception.
- Provision of contraceptive method.
- Careful record keeping, supervision and follow-up.

Services to women and couples seeking assistance for infertility:

- Documentation of infertility.
- Simple diagnostic measures.
- Therapeutic measures wherever possible (tubal insufflation, antibiotic therapy).

Laboratory examinations related to these services.

Pre-natal consultations to "high risk" women.

b. Improvement of Referral system to Assure Comprehensive Family Health Services

Various services to mothers and children in Niamey are being provided by numerous institutions and organizations, each of which is

geographically located in close proximity to the proposed Center: Maternity, TB Center, MCH Center, Central Dispensary, General Hospital of Niamey, Red Cross Social Services. At present, there is no coordination of activities. The Family Health Center would attempt to provide appropriate liaison between the services through the organization of a referral system with transfer of records, direct interchange of information by personnel, etc. In this way, more comprehensive family health services would be initiated. This would also serve to strengthen the central MCH direction.

2. Non-clinical Activities

a. Education and Information

- Creation of a library - collection of documentation, reference materials, training aids - on all aspects of population questions - demography, FP, etc.
- Preparation of appropriate information materials for health personnel and the general public - brochures, slides, posters, etc.
- Organization of discussions, seminars, colloquia on population, family health, family planning, etc.
- Preparation of sex-education courses in collaboration with Ministry of Education.

b. Statistics

- Collection and analysis of service statistics of FHC - utilization of Center, characteristics of population, follow-up, etc. Evaluation of services.
- Analysis of relevant demographic statistics collected by other services - The Statistics Service, the MOH, the Ministry of Development collects data and carry out surveys having

relevance to population dynamics. The FHC would assemble those that were particularly relevant and present them in a useful way for the development of policies, i.e., birth rates, fertility rates, mortality rates (maternal, infant, etc.).

c. Participation in Research

- Collaboration in Ongoing Demographic Research.

A variety of studies concerning demographic questions are underway or are currently planned by the Bureau of Statistics, by the CNRSH and by the Ministry of Development. A National Census is being supported by UNDP and UNFPA and is scheduled to begin in 1975. In addition to a total population enumeration, a demographic survey, including a fertility survey for a sample of the population of Niger, is planned.

- Stimulation of Surveys.

The Center would also, under the direction of the statistician-demographer and in collaboration with the other services, organize several studies, i.e.:

- KAP survey of a sample of the population of Niamey
- Sample survey in Niamey - incidence and causes of infertility
- Sample survey in Niamey - acceptability of different types of contraceptives
- Follow-up survey - contraceptive acceptance and continuation of use.

d. Training

- Train approximately 50 health and social welfare personnel per year in theory and practice of fertility regulation, child spacing, etc.
- Train students of National Health School (ENSP)(approximately 200 nurses, midwives, social workers) in the various activities carried out in the Center.

B. LOCATION OF CENTER

The GON has requested the construction of the national Family Health Center in the heart of Niamey, linked geographically to an existent complex of buildings providing MCH services which is known as the Center "La République".

"La République" is in a densely populated area of the City, centrally situated and in close proximity to the Central Maternity of Niamey, the Hospital, the Central Dispensary, the Red Cross, the TB Center. The proposed terrain for the Center is within the compound of the recently constructed MCH Center and Social Center.

Location of Proposed Center in "La République" Complex

Proposed F.H. Center	Social Center	MCH Center
----------------------------	------------------	---------------

A plan for construction of the Center - of the same type as the MCH and Social Center - has been elaborated by the Department of Public Works (see plan attached).

C. RELATED INSTITUTIONS AND SERVICES IN THE AREA

The MCH Center - "La République"

The MCH Center provides both curative and preventive services including: ante- and post-natal clinics, dispensary services to sick children, vaccinations and nutrition education.

The Center, which opened six months ago, provides 300-500 consultations per day. During July, August and September 1974, the Center provided 28,148 consultations to 8,736 patients.

The Social Center - "La République"

The Social Center serves to bring together women for instruction in home economics, sewing, food preparation.

Maternity of Niamey

The Central Maternity of Niamey is located a five minutes' walk away from the planned Center.

During 1973, 6,365 deliveries were performed and 360 women were hospitalized for abortions. 1,969 women received gynecological consultations and 1,205 post-natal consultations were offered.

The TB Center of Niamey

This Center strives to detect new TB cases, provide routine BCG vaccinations and coordinate treatment.

In 1973, it provided 6,850 vaccinations and detected 325 new cases of TB.

The General Dispensary of Niamey

This major dispensary provides curative out-patient care to adults and children. It is located in close proximity to the République MCH Center.

Mobile Service of Endemic and Epidemic Diseases (Service des Grandes Endemies)

This service is concerned with mass preventive care. In Niamey, it operates the following clinics:

- a. Vaccination center - performing routine vaccinations against smallpox, measles, yellow fever and cholera.
- b. VD consultations - diagnosis and therapy.
- c. Laboratory services - hematology, urine exams, serology.
- d. Leprosy center - diagnosis and treatment of leprosy cases in Niamey.
- e. School health services - nurses assigned to the major schools.

In addition to these stationary services in Niamey, the Service deploys Mobile Teams which systematically attempt to cover the entire population of Niger for vaccinations, diagnosis and treatment of endemic disease (leprosy, malaria, TB, onchocercosis, trypanosomiasis, etc.). In case of epidemics, the teams set up local treatment and hospitalization centers.

Statistics Service

The Division of Statistics carries out regular collection of statistics which are published in a tri-annual bulletin. These include certain vital statistics, commerce statistics and price indexes.

The Service employs 15 permanent surveyors. Automatic data processing equipment is available (Gamma 10 Bull Computer).

In addition, the Service carries out special surveys. At present, the planned National Census to be carried out with UNDP assistance holds priority. The Census is scheduled to begin in early 1975. A special fertility survey and a survey on immigration are also planned.

CNRSH - Nigerien Center for Research in Human Sciences

This special research group comprises several sociologists, anthropologists, an archeologist and surveyors. The group carries out special surveys or participates in activities of other groups.

D. PERSONNEL REQUIRED

The following personnel will be required for the Center:

- 1 administrator
- 1 obstetrician - gynecologist
- 1 statistician - demographer
- 1 midwife
- 1 laboratory technician
- 2 nurses
- 1 social worker.
- 1 secretary
- 2 clerks
- 2 manual workers
- 1 messenger

A major objective of the Government is that the Center be under Nigerien direction and as much as possible staffed by Nigerien personnel. To this end, the Government is requesting training fellowships for all categories of personnel necessary for the Center who will be able to assume, within 2 to 5 years, total operation of the Center.

This includes: an obstetrician-gynecologist, a midwife, a social worker, a laboratory technician and a statistician.

Until these personnel are trained, an expatriate obstetrician-gynecologist, laboratory technician, and statistician-demographer are requested. The other personnel will temporarily be assigned to the Center by the GON. Assumption of their salaries by the project for 2 to 5 years is requested.

Three Nigerien midwives and one social worker have recently had training in the U.S. or France in Family Health and Family Planning. One of these should be assigned to the Center.

E. POPULATION TO BE SERVED BY CENTER

The population of Niamey is estimated at approximately 120,000 - although many officials feel that this figure is underestimated. Women of reproductive age make up about 20% (24,000), children 0-4 years old 20,000, and children 5-14, 33,000.

The birth rate is estimated at 50/1,000. The growth rate for the country as a whole is believed to be about 2.3% but for Niamey the figure is much higher.

With a birth rate of 50/1,000, 6,000 births/year would be expected. The Maternity of Niamey performs approximately this number of deliveries. Although some of the women delivered come from outside the city, these figures indicate that a great majority of the deliveries in Niamey take place in an institutional setting.

Statistics of utilization of services of the MCH Centers also indicate a high degree of utilization. There are currently four MCH Centers in Niamey (two run by the Social Security Program). These Centers offer curative dispensary services for children, pre-natal and post-natal consultations and some preventive health services (vaccination, nutrition education for children). In 1973, the Centers saw 53,000 children during 241,000 visits and 7,249 women for 38,000 consultations.

It is apparent that the services of the Maternity and of the MCH Centers in Niamey are being heavily utilized. It is likely that the FH Center would also be utilized by this population.

It seems that it would be reasonable to estimate that during the first year 5% of the eligible population would avail themselves of the clinical services of the center (in addition to the high risk ante-natal clinic) and an additional 5% of the population during the second year. The clinical services would therefore provide fertility management services to 2,000 women in the first two years.

Education and information will of course be directed at a larger segment of the population.

Training opportunities at the center will be extended to the students of the National Nursing School (180 nursing and midwifery personnel) as well as personnel currently employed in the health services, both in Niamey and outside the capital at a later date.

IV. ESTABLISHMENT OF PROJECT

It is proposed that the Project be established under the direction of two Project Coordinators, an expatriate Coordinator assigned for one year, and a Nigerien Coordinator, seconded part-time by the Ministry of Health.

Under the leadership of these Coordinators, an Advisory Committee for the National Family Health Center will be established. This Committee will include representatives of the MOH - Division of MCH, the National School of Health (ENSP), the Ministry of Development, Statistics Service, CNRSH, Chief of the Maternity, Director PMI-République, Ministry of Education.

This Committee will elaborate specific recommendations regarding:

- types of services
- procedures to be followed
- job descriptions
- specific clinical targets
- types of studies, etc.

Plans elaborated will be submitted for approval to the National Development Council (Conseil National du Developpement), the newly created board charged with reviewing all development assistance.

Until the construction of the Center is completed, the present ORT office in Niamey can be used as Project Headquarters.

The following plan of action outlines the steps required for the establishment of the Center.

It is estimated that the Center can be functioning 6 - 8 months after Project agreement is reached.

V. PLANNING AND TIMETABLE

ACTIVITIES	Months												PERSONS RESPONSIBLE			
	1	2	3	4	5	6	7	8	9	10	11	12				
Signature of Project	x															
Designation of Project Coordinators		x														
Formation of Planning Committee			x													
Obtain bids for construction of Center																
Initiate construction																
Order equipment		x														
Set up administrative mechanism for Center: laundry, maintenance, etc.																
Preparation of specific operational (clinical aspects) procedures for Center:																
Clinical activities																
Clinical services to be provided																
Schedule																
Preparation of Job Descriptions																
" of Procedures Manual																
" of Records																
" of information material for patients																
Organization of Pharmacy																
" of laboratory - detailing of lab tests to be performed.																
Preparation of specific operational procedures for Demographic Section																
Method for collecting Center's service statistics																
Plan for collection and analysis of statistics relevant to Center available through other services in Niamey.																
Plan for specific studies to be carried out with other services in Niger.																
Opening of Center																
Personnel:																
Designation of Project Coordinators		x														
1 expatriate (short-term - until initiation of Center)																
1 Nigerien (part-time) head of Planning Committee																
Identification and hiring of Statistician-demographer																
Identification and hiring of Physician																
Identification and hiring of Laboratory Technician																
Hiring of Local Personnel for Center																
Orientation and training of Local Personnel																

VI. REQUIRED CONTRIBUTIONSA. FINANCING AGENCIES

Construction of the Center

Part of the furnishings and equipment for the Center

Operating costs of the Center (2-5 years)

Salaries of Personnel for the Center (2-5 years)

Expatriate Personnel

1 Coordinator

1 Obstetrician-gynecologist

1 Demographer-statistician

1 Laboratory technician

Travel and support costs of expatriate personnel.

Locally-Hired Personnel

1 Social Worker

1 Midwife

2 Nurses

1 Secretary

2 Clerks

2 Manual Workers

2 Drivers

Stipends for Trainees

1 Midwife

1 Obstetrician-gynecologist

2 Nurses

1 Laboratory technician

1 Social Worker

Vehicles

2 light vehicles plus
operating costs.

B. GOVERNMENT OF NIGER

Terrain for Center

Nigerien Coordinator

Designation of Planning Committee

Designation and release of trainees

Designation of local personnel for Center

Office furnishings for Center

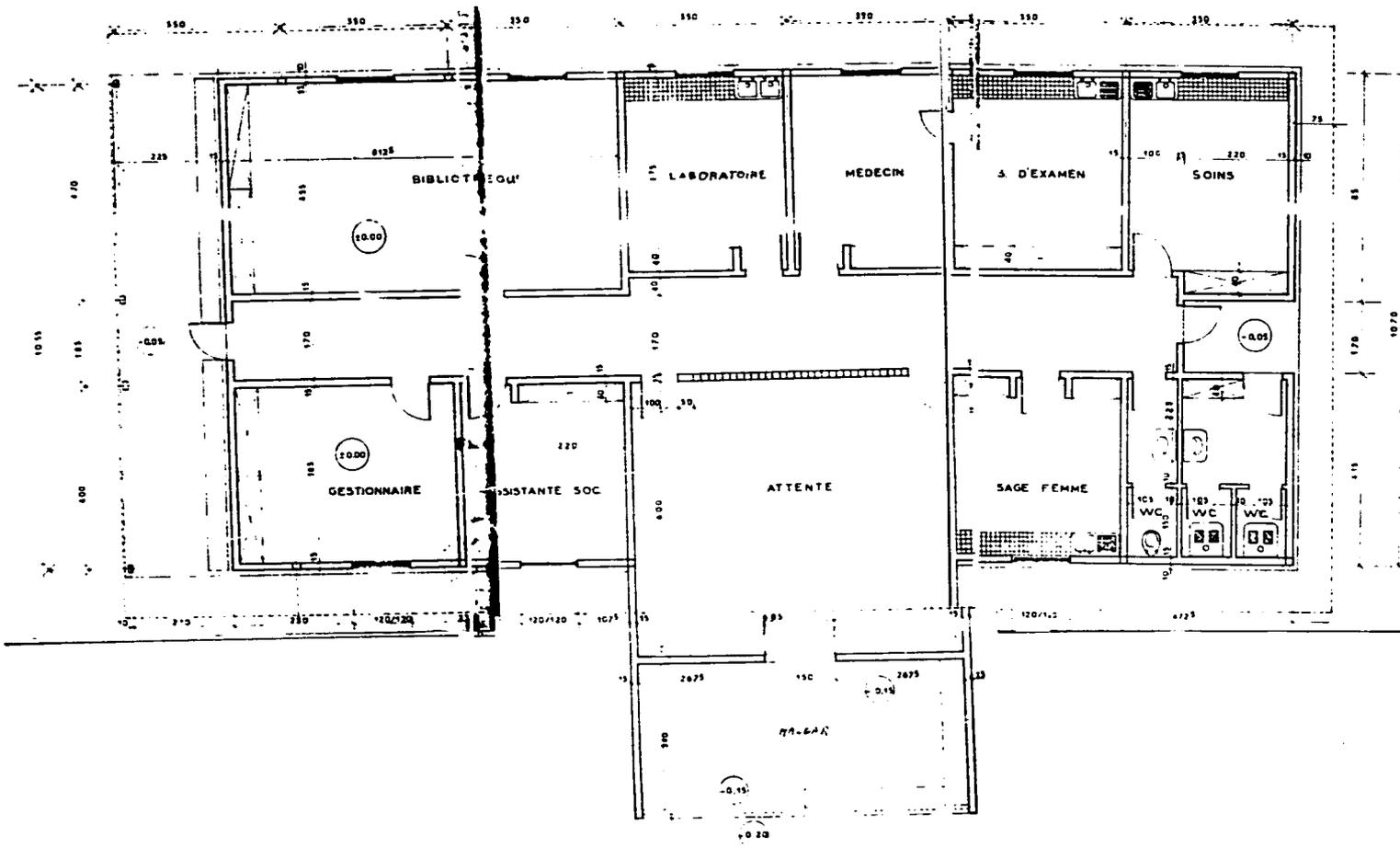
Collaboration of personnel working in related services

2 vehicles

FAMILY HEALTH CENTER

PRELIMINARY COST ESTIMATES

<u>INITIAL INVESTMENTS</u>	<u>U.S. \$</u>
1. Construction of Center	150,000
2. Furnishings, Equipment, Training Materials, Vehicles	<u>95,000</u>
SUBTOTAL	245,000
 <u>ANNUAL EXPENDITURES</u>	
3. Expatriate Personnel Including salaries and allowances, travel, housing, backstopping and overhead	180,000
4. Locally-hired Personnel	25,000
5. Operating costs Including medications	76,000
6. Research costs	25,000
7. Scholarships for Trainees	<u>25,000</u>
SUBTOTAL	<u>331,000</u>
GRAND TOTAL	\$ 576,000 =====



REPUBLIQUE DU NIGER	
MINISTRE DES TRAVAUX PUBLICS DES TRANSPORTS ET DE L'URBANISME	
NIAMEY - CENTRE DE SANTE FAMILIALE (PLACE DE LA REPUBLIQUE)	N°2508 F
ECHELLE 1/50	
DATE 18/06/78	
DIRECTION DES TRAVAUX PUBLICS ET DE L'URBANISME	PLAN D'EXECUTION
SERVICE CENTRAL DE L'URBANISME DE L'ARCHITECTURE ET DE L'HABITAT	MODIFICATIONS PAR RAPPORT A LA VERSION N°2508A
SERVICE UTILISATEUR	

MEMORANDUM OF AGREEMENT

BETWEEN

THE MINISTRY OF HEALTH OF THE REPUBLIC OF NIGER

AND

AMERICAN ORT FEDERATION

REGARDING

DEVELOPMENT OF MATERNAL AND CHILD HEALTH PILOT ACTIVITY

Because of their mutual interest in the development of health programs which will accelerate the improvement of the quality of family life and the health of mothers and children, the Ministry of Health of Niger and the American ORT Federation have agreed to establish Maternal and Child Health (MCH) pilot activity in Niger. This pilot activity will be part of a Regional Maternal and Child Health Project which American ORT Federation is developing in collaboration with the health authorities of several African governments. Similar programs are already in operation in Dahomey, Lesotho and the Gambia with the assistance of the University of California. Funds for the Project are being provided through a contract between American ORT Federation and the United States Agency for International Development.

The undersigned accept the terms and conditions as outlined in the attached Project Agreement and agree to proceed with its implementation.

for the Ministry of Health of
the Republic of Niger

American ORT Federation

PLAN OF OPERATIONS

REGIONAL MATERNAL AND CHILD HEALTH (MCH) PROJECT

I. PROJECT PURPOSE

The goal of this project is to assist in the improvement of the quality of life of African mothers and children through the reduction of preventable maternal and child morbidity and mortality. Working within existing governmental health services, the project will study and demonstrate simple but effective ways to improve MCH services and to assist in the extension of these services to previously unreached population groups without necessitating substantial increases in facilities, personnel or operating costs.

Maternal and Child Health Care is concerned with the biological aspects of reproduction, of growth and development, the risks which mothers and children run as a result of these aspects, as well as the special actions to be taken to avoid these risks. This project will be carried out within the framework of the principles established by the World Health Organization in the field of Mother and Child Health.

II. REGIONAL PLAN OF ACTION

It is anticipated that ORT assistance will be given for a maximum of 5 years, contingent upon the availability of funds. During these 5 years, the Government will prepare to assume full responsibility for continuing project activities. During these 5 years, evaluation of the goals reached will permit the formulation of recommendations for continuing action and for the conditions of operation.

The project will be carried out in two phases. During Phase I, the first two years of operation, pilot activities will be started in one pilot area.

The initiation of Phase II, as well as its design, will be dependent on the events of Phase I. It is anticipated that by the end of Phase I the MCH services in each area will be adequate to become a model for the replication of those services more extensively throughout the country, as well as a center for the field training of nursing students and for in-service training of other personnel. Concurrently, the pilot activity will also serve as a model for the development of MCH programs in other African countries. During Phase II, the ORT personnel will shift their major efforts to assisting in the extension of MCH services to other parts of the country. Emphasis will be placed on the training of trainers and supervisors in each participating country.

Phase I of the project will be carried out in a pilot area which has a suitable health service system to serve as a base for a pilot program. Additional pilot areas may be added, from time to time, as mutually agreed upon between the Government and ORT.

Three ORT health workers (public health nurse, nurse-midwife, and or health educator) will be assigned to each of the pilot activities and a public health physician will serve as regional field director to coordinate the pilot projects in the region. With their national counterparts, project technicians will:

1. collect baseline data (including demographic information), health status and knowledge, attitudes and practices prevailing in the area.
2. collaborate with the Ministry of Health in the carrying out of a survey of the attitudes and opinions of rural populations with respect to the danger of too-frequent pregnancies and of traditional methods used.
3. study existing services and techniques in the pilot area and work with local staff to improve them. This will be done by provision of essential clinic equipment and supplies and by refresher training of local personnel in health education in techniques of preventive and certain

curative child health services and in the identification and treatment of high risk pregnancies. The health education training will include family nutrition and particularly the feeding of the weaning child, home and personal hygiene, infant and child care, and use of available health services for maternity care. Methods in health teaching will include personal counseling, both at the health center and in the home with community leaders and committees, small group discussions, and the use of demonstrations and of appropriate audio-visual aids. Concurrently, and as a part of the training of personnel (Health and Community workers) a study will be made as to which methods of health teaching are the most effective in the local cultural context.

4. using the central service in the pilot area as a practice center, provide short-term training for personnel from satellite dispensaries followed by regular on-the-job supervision.
5. in each pilot area the development of village volunteers for health work will be attempted through community action techniques in collaboration with the "Service de la Promotion Humaine". The volunteers recruited will be trained to teach simple elements of nutrition and child care, to recognize and refer mothers and children with health problems, and to assist in other MCH activities.
6. develop a method of regular supervision and follow up of workers in health facilities in the pilot zone.
7. collaborate with the Government and with other bodies in the re-training of health personnel in the field.
8. participate in the development of appropriate health education techniques and materials.

9. participate in the development of health records and demographic data collection systems as needed in the pilot area.
10. collaborate with the Ministry of Health to improve supply distribution to the pilot area and other outlying clinics and hospitals.
11. participate, at the request of the Government, in training programs and professional conferences of health personnel in MCH.
12. develop a method for continuous evaluation of pilot activities; on the basis of this assessment, make recommendations first and develop specific plans for Phase II, following the two years of operation.

III. PLAN OF ACTION IN NIGER

Project headquarters will be established in Niamey to facilitate close collaboration with the Ministry of Health.

The working headquarters will be established in Say, capital of the "arrondissement" which has been designated by agreement between the Ministry of Health and ORT as the first pilot-zone.

Together with the chief nurse of the Center, the Chief of the Community Development Program, and an additional nurse or midwife to be assigned by the Ministry of Health, each of whom will function as "counterpart" personnel, the project team will collaborate with the Health Services and "Promotion Humaine" for improvement and extension of the MCH services in Say. They will undertake the following course of action:

1. Obtain baseline information by means of some sample surveys, including
 - a. Demographic information
 - b. Major health problems

- c. Utilization of health services in the area.
Organization of the health services.
 - d. Nutritional practices of the population.
 - e. Attitudes and traditional practices of the population with respect to health, disease and the dangers of too-frequent pregnancies.
2. The ORT team of health workers will work together with all categories of local personnel in the "Centre Médical", the maternity center and in the outlying dispensaries, as well as with personnel from the Community Development Program. They will particularly emphasize aspects of nutrition, hygiene and obstetrical care. They will help local personnel to set up a standard record system, develop "in-service training programs". The training will stress particularly those simple MCH activities which can be expected to have a direct effect on the health of mother and child, i.e., nutritional guidance for the weaning; use of local protein sources; detection of women for whom pregnancy constitutes a high risk; counseling and services to "high-risk" women (medical and social indications); and improvement in the hygiene of delivery.
 3. The ORT team will attempt to assist local personnel to set up health education programs where they do not exist and develop suitable effective health education training aids. The team will provide the necessary teaching equipment, i.e., blackboards, projectors, photography equipment, etc.
 4. The ORT team will attempt to assist in the expansion of health activities in the villages by participating in the training of village volunteer health workers ("secouristes, matrones, hygiénistes") and particularly to bring MCH care principles into their training.

(4. continued)

If possible, the project team will help train additional village workers to concern themselves with health education of mothers and children. Village workers may be given basic equipment kits (UNICEF type). The project team will assist local workers in organizing village meetings, home visits and communal health educational sessions to introduce villagers to MCH practices.

5. The ORT team will be available for consultations in the Ministry of Health, the Nursing School or wherever desired to provide guidance in setting up and developing MCH services.
6. The ORT team will work in informal collaboration with the WHO staff and the demonstration program in Dosso as well as with other programs related to MCH.
7. The ORT team and their counterpart personnel will periodically evaluate the program by means of surveys, audits and analysis of statistical information. ORT may furnish consultant services for evaluation purposes.
9. The estimated duration of the Phase I activities of this agreement is twenty-four (24) calendar months. The total anticipated duration of this agreement is five (5) years.

IV. CONTRIBUTION OF ORT DURING PHASE I

Personnel

- | | |
|--|------------------|
| 1. Regional Coordinator (physician) | -- 24 man/months |
| 2. Three public health workers (nurses, midwives
or health educators) | -- 72 man/months |

(Personnel continued)

- | | |
|---------------------------|------------------|
| 3. Administrative Officer | -- 24 man/months |
| 4. Short-term specialists | as required |

Equipment

1. Three vehicles and spare parts.
2. One motor boat and spare parts (for river transport to outlying dispensaries).
3. Audio-visual aids and other teaching materials.
4. Office furniture, equipment, and supplies for the Project staff.
5. Medication to help reduce the rate of morbidity and mortality for mothers and children within the pilot zone.
6. Basic laboratory equipment and supplies for detection of preventable health problems.
7. UNICEF-type kits for matrones and secouristes and other village health workers.
8. Complementary clinical equipment and supplies for maternities, health centers and social centers in the pilot zone.

Other ExpensesA. Local Personnel

1. A bilingual secretary, recruited locally.
2. Two divers-messengers, recruited locally.
3. A boatman in Say, recruited locally.
4. Two watchmen, for Niamey and Say.
5. A messenger/office cleaner for Niamey.

B. Operational expenses

1. Printing, copying and circulation of health education materials developed during the project.
2. Travel and other expenses for ORT personnel, counterparts and selected Government officials participating in intra-African conferences.
3. Local transportation and vehicle maintenance expenses.
4. Contribution to subsistence costs of participants in training programs for volunteer village health workers ("secouristes, hygiénistes, matrones, etc.').

C. Training of Participants

1. Six man/months of MCH training for Niger health workers at an advanced level.

V. CONTRIBUTIONS PROPOSED BY THE GOVERNMENT OF NIGER DURING PHASE I

1. Facilitate the coordination between the Ministry of Health and the project, and supply office space in the Ministry of Health for the ORT Regional Coordinator.
2. Designation of Counterpart Personnel: counterpart to Project Director and to three other health workers.
3. Staff, equipment, maintenance and operating cost of infant care centers, maternities, social centers and dispensaries as are presently functioning in pilot zone.
4. Facilities for training health teams in the demonstration area.

5. Access to all health and community development facilities in the demonstration area and cooperation of all staff of these facilities in the work of the project.
6. Office for the ORT regular field staff.
7. Provision for the regular personnel of ORT of housing at Say.
8. Continuance, in the pilot area, of the assistance provided by other donors.

VI. GENERAL CONDITIONS

Title to all equipment, materials and supplies, acquired for this project by ORT, shall be in the name of the Government of Niger, but all such property shall be under the custody and control of ORT during the term of the project. Upon completion of the project or its termination, custody and control shall be transferred to the Government of Niger.

ORT shall assume the costs of shipment and insurance for all equipment, materials and supplies to the point of utilization in Niger.

The Government of Niger shall provide assistance to ORT which shall include but not be limited to the following:

1. ORT personnel and their personal effects including vehicles and all equipment, materials and supplies connected with this project shall be exempt from all taxes, customs, duties, fees and other charges.
2. All persons employed by ORT to perform services under this agreement, who are not nationals of the Republic of Niger, shall receive those privileges and immunities which officials of US/AID receive pursuant to the bilateral agreement of May 26, 1961, with the Government of the Republic of Niger.

Any claims relating to services performed under this agreement, which may be brought by third parties against ORT, shall be handled by the Government, who shall hold ORT harmless in case of any claims or liabilities resulting from operations under this contract, except where it is agreed by the Parties hereto that such claims or liabilities arise from the gross negligence or wilful misconduct of ORT.

The parties hereto understand that A.I.D. reserves the right of periodic observations and of auditing all expenditures of funds deriving from the contract.

Amendments and modifications to the present plan of operations, which may arise during the development of the pilot activity relating to the regional MCH project, and which have been accepted by both parties and approved by A.I.D., may properly be included as additional clauses to the present memorandum of understanding.