

# Famille initiative de la vitalité du Niger

FIV - Niger

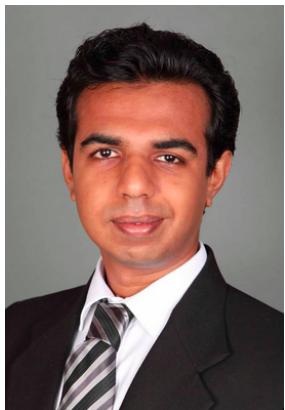
*Mère en bonne santé, enfants en santé, famille saine*

# The Team

Community  
Engagement

Public  
Health

Operations  
& Finance



# Request for Proposal

Develop a strategy to help Niger manage population growth by decreasing the birth rate through family planning.

## Solution

Utilize community health engagement programs for men and women to encourage healthy families through birth spacing and increased maternal and prenatal care.

# Presentation

- Country Profile
- Cultural Context
- Family Planning Needs
- Project Proposal
- Project Details
- Monitoring & Evaluation

# Country Profile



Administrative boundaries



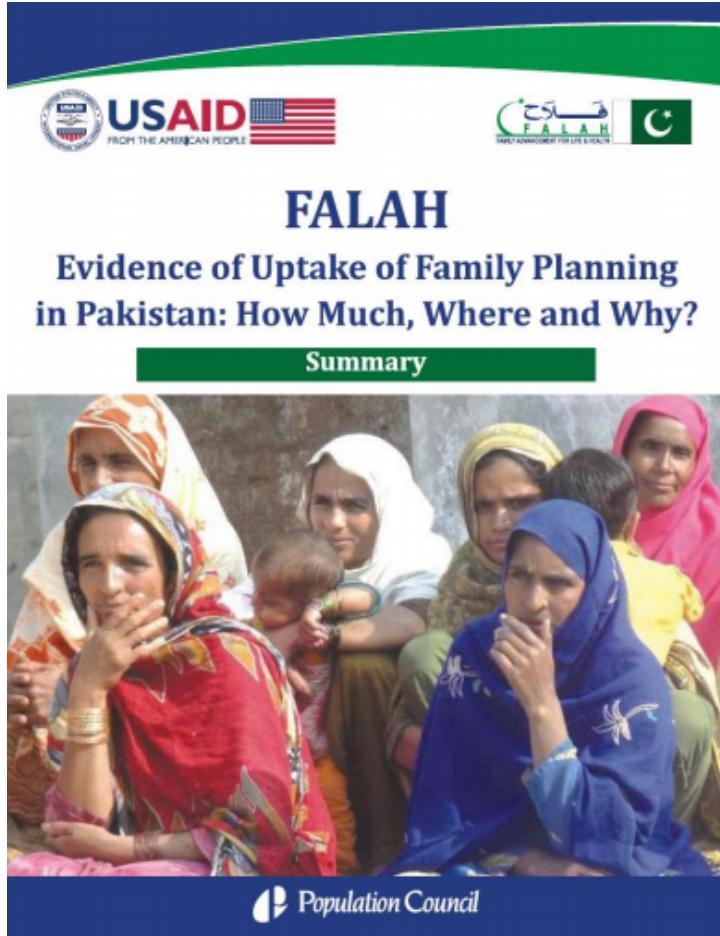
# Country Profile



## Administrative boundaries



# Cultural Context & Case Study



The image shows the cover of a report titled 'Evidence of Uptake of Family Planning in Pakistan: How Much, Where and Why?'. The report is a 'Summary' and is published by USAID FALAH. The USAID logo is on the left, and the FALAH logo is on the right, featuring the text 'FALAH' in English and Urdu, with 'FAMILY ADVOCACY FOR LIFE & HEALTH' below it. The background of the cover features a group of women in traditional Pakistani attire (sarees and headscarves) sitting together. The Population Council logo is at the bottom.

USAID  
FROM THE AMERICAN PEOPLE

FALAH

Evidence of Uptake of Family Planning  
in Pakistan: How Much, Where and Why?

Summary

Population Council

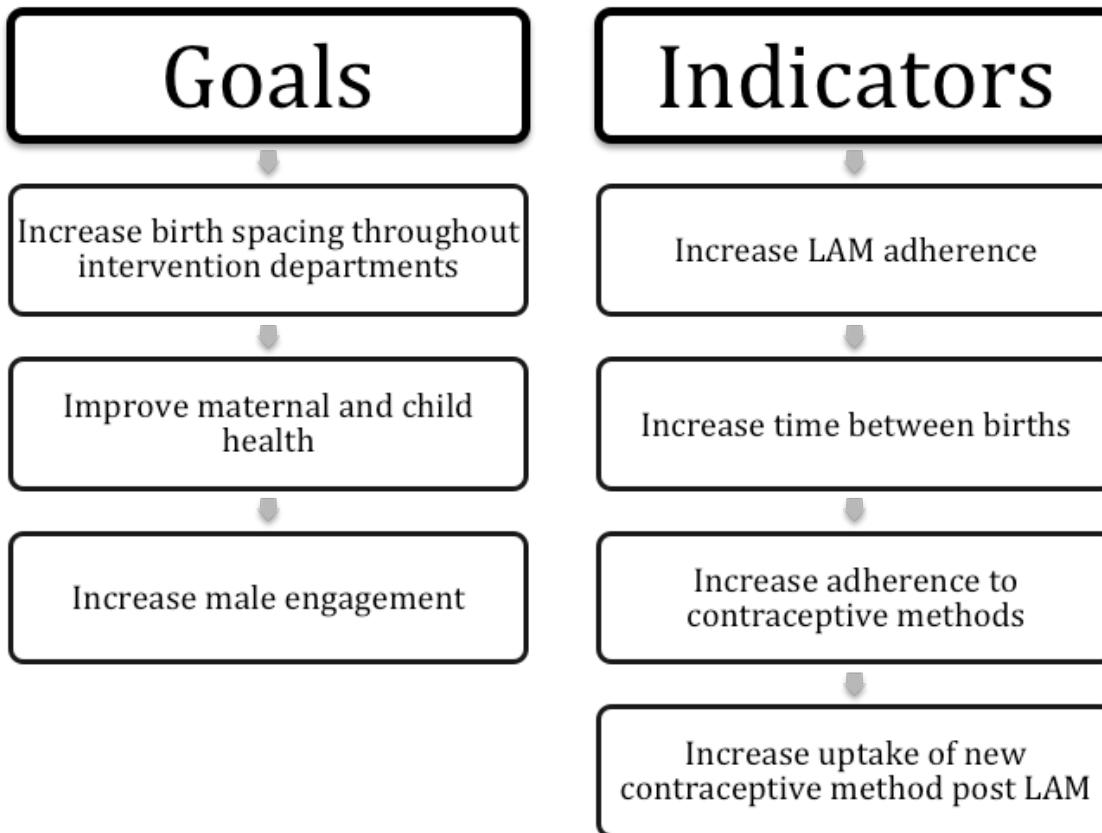


Health Timing and Spacing of  
Pregnancy (HTSP)

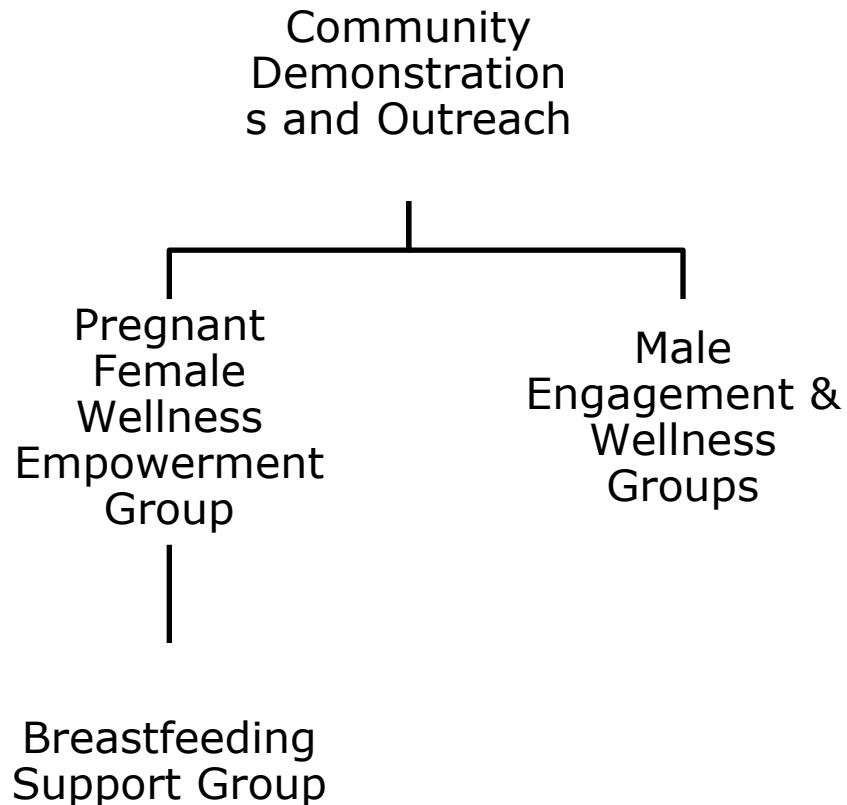
# Project Proposal

Implement  
*Famille initiative de la vitalité du Niger*,  
a community health engagement program,  
in the Dosso, Tahoua, and Tillaberi regions  
of Niger.

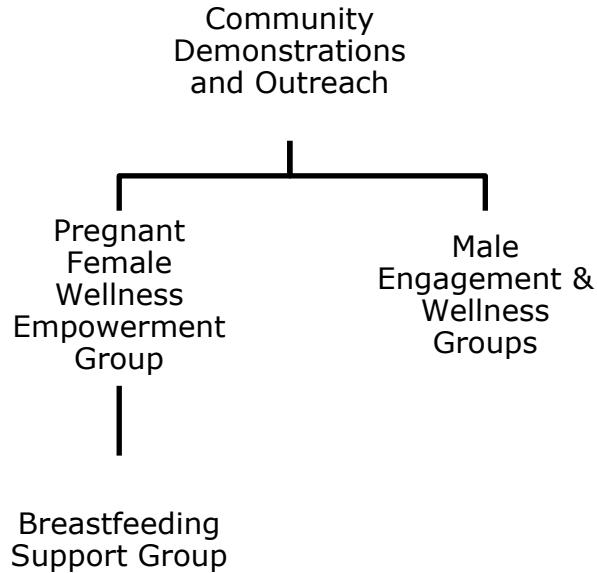
# Project Goals



# Famille initiative de la vitalité du Niger

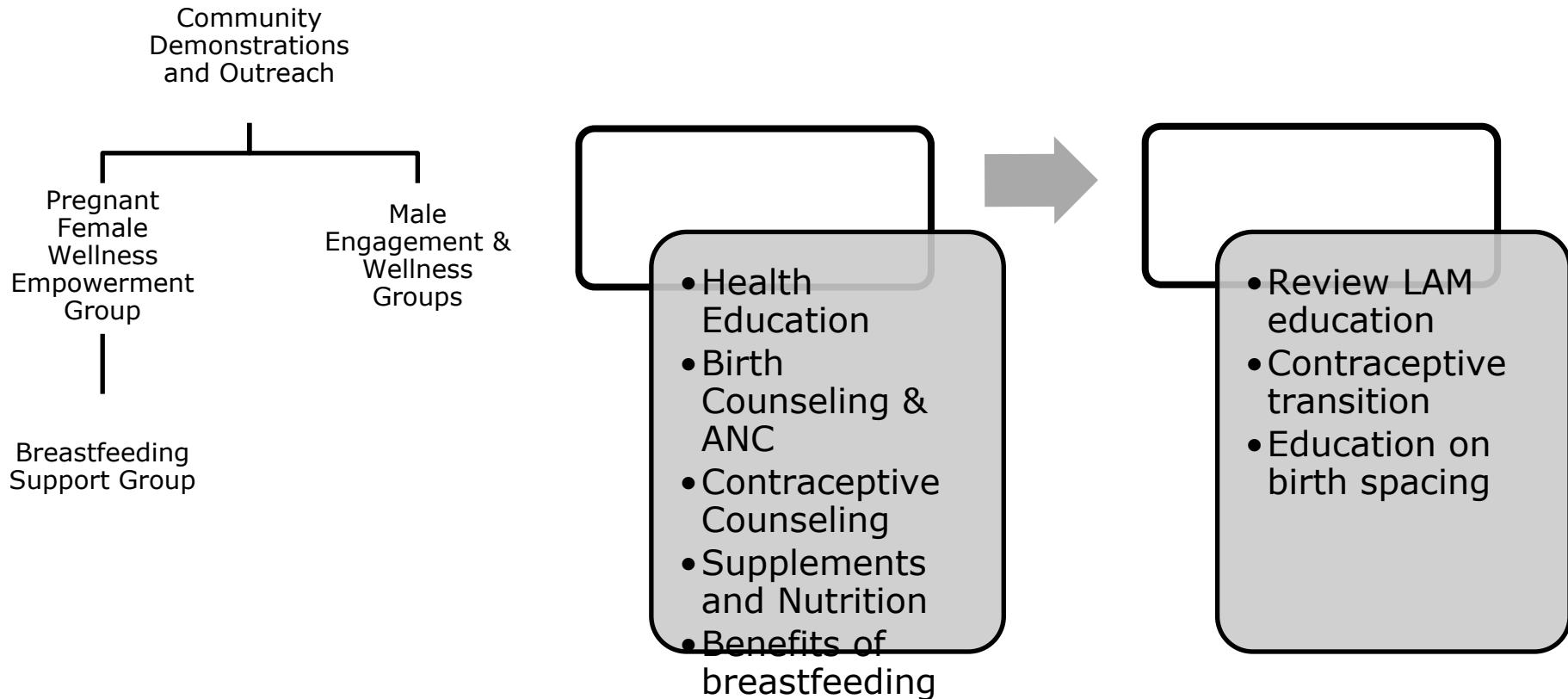


# Community Engagement and Outreach

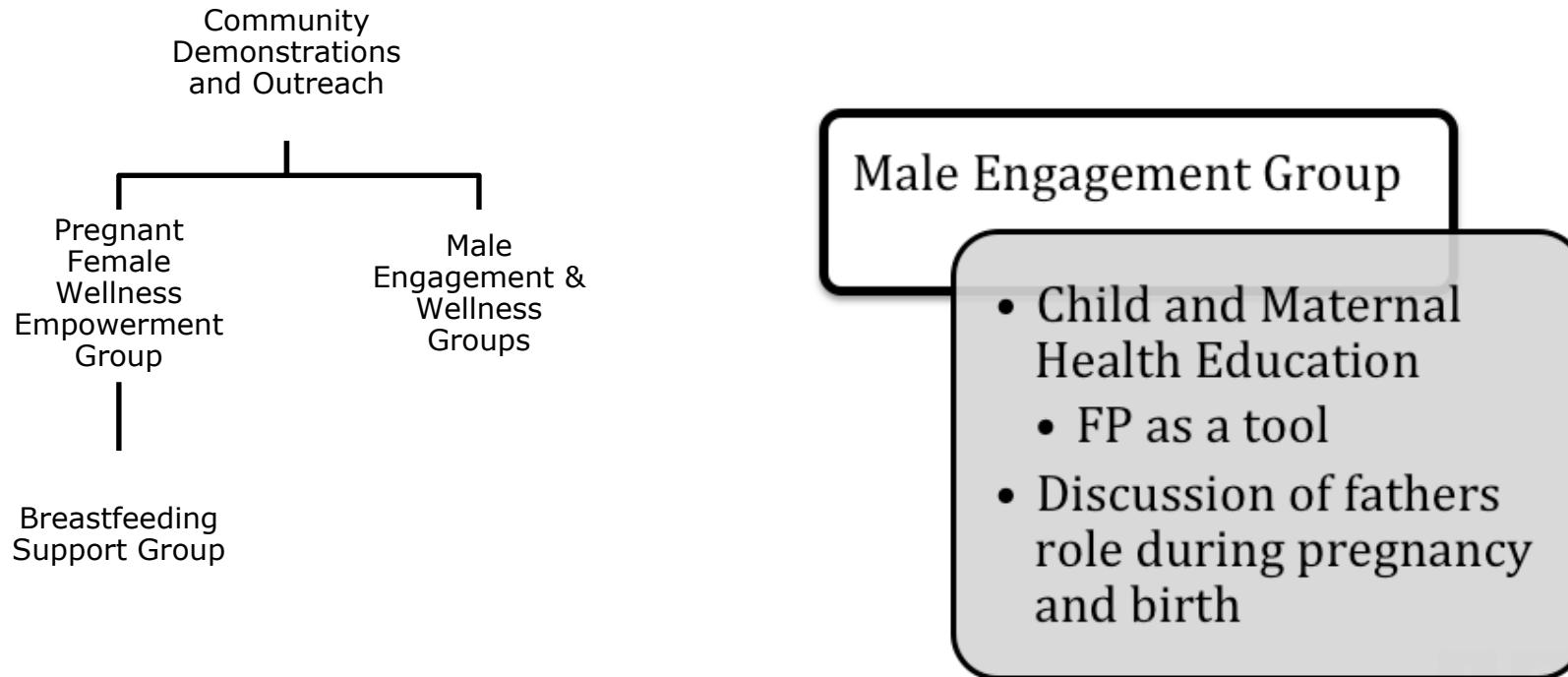


- Community learning activities
  - Traditional media, theatre, community radio
  - Led by *relais communautaires*, imams, traditional chiefs
- Introduce wellness groups
  - Recruit pregnant women and their partners

# Women's Wellness and Support



# Male Engagement



# Participation Incentives



# Participation Incentives



# Participation Incentives



Helen Keller  
INTERNATIONAL



# Participation Incentives



**REPUBLIC OF  
NIGER**

**Public Administration**



# Participation Incentives



**REPUBLIC OF  
NIGER**

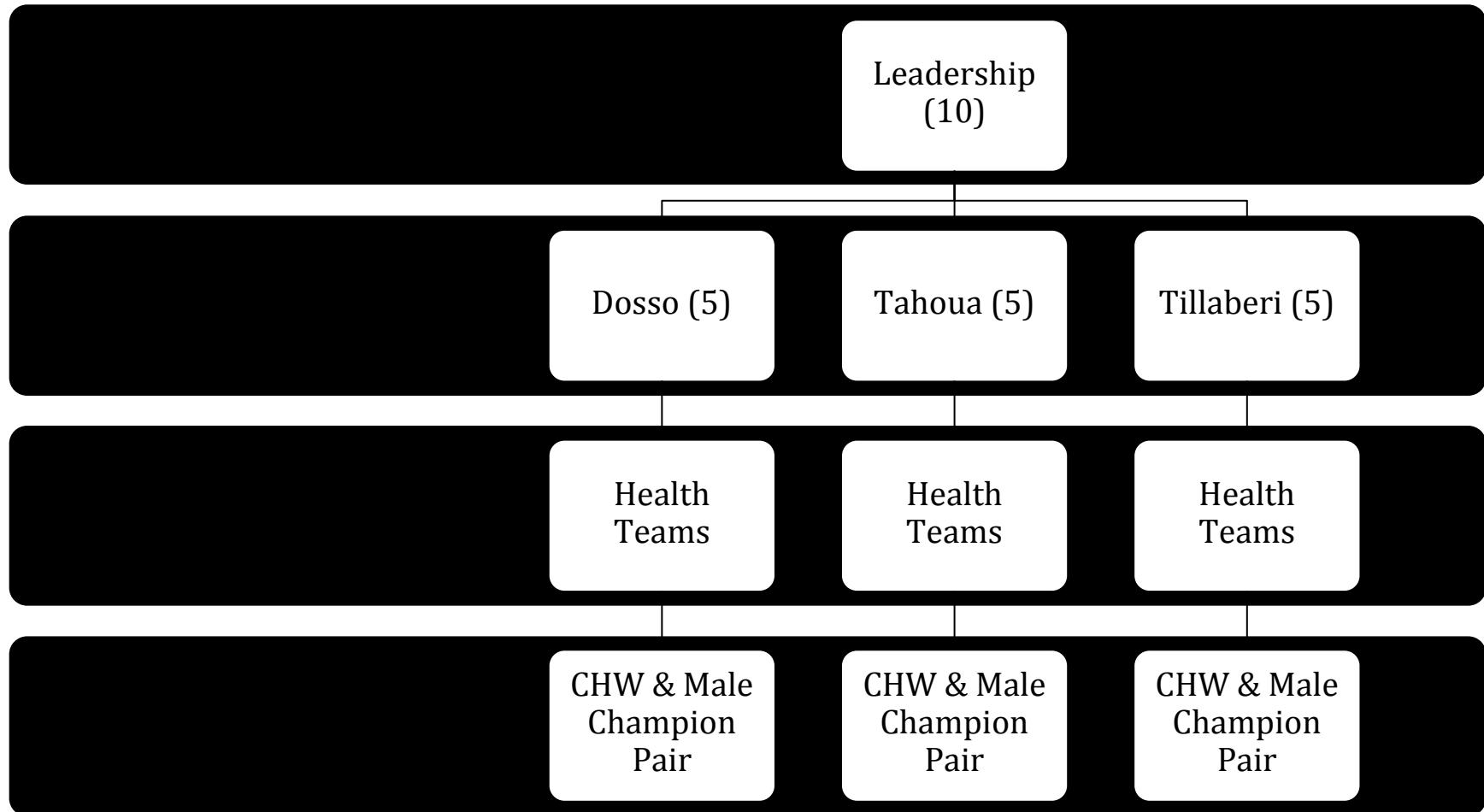
**Public Administration**



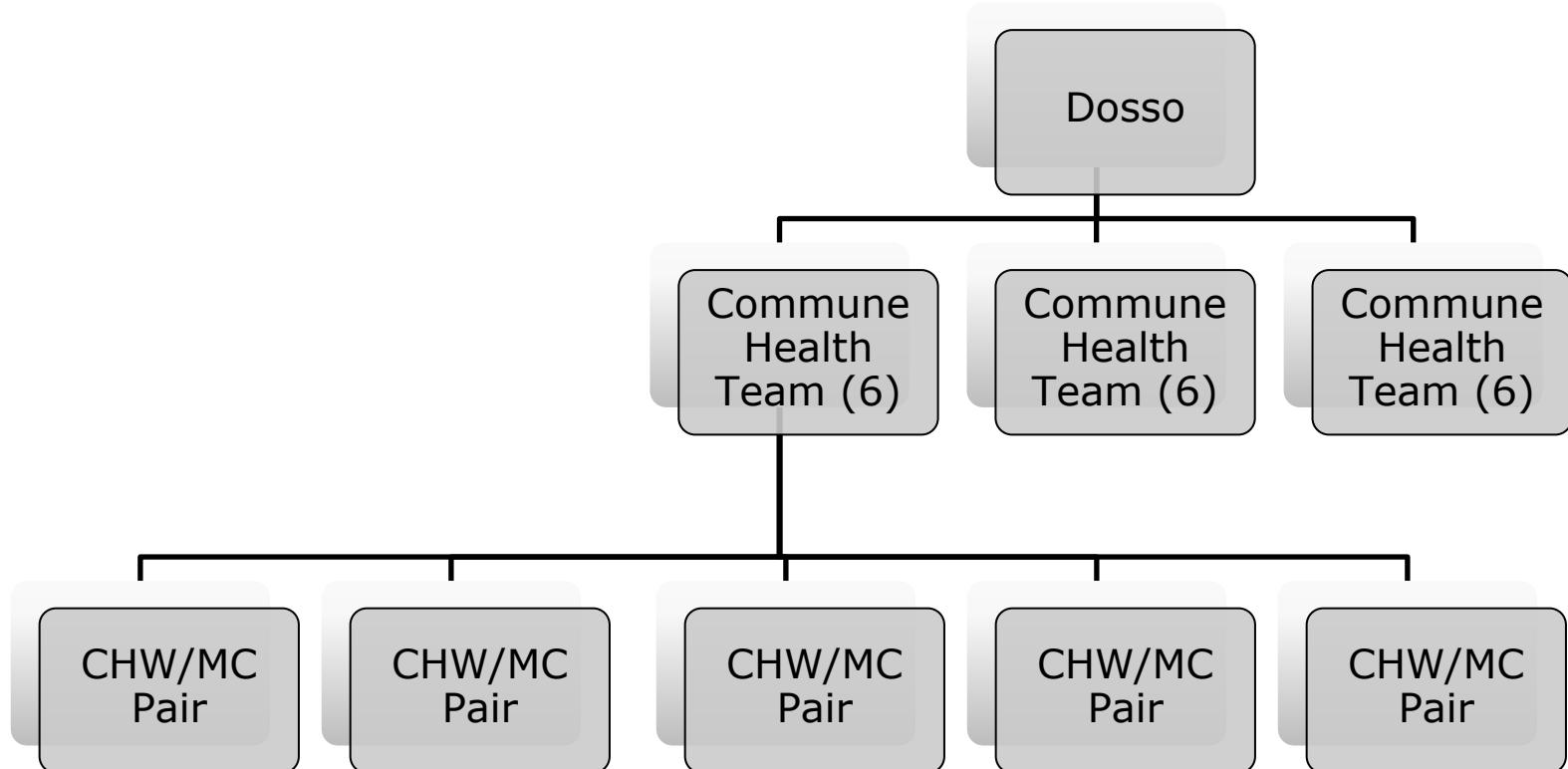
# Location Incentive



# Operations & Logistics – Staff Structure



# Operations & Logistics – Local Teams



# Operations & Logistics – Staff Monitoring



SMS1: Check ALL sick children <5yrs for any severe signs! Also check for fever, cough, diarrhea, pallor & any other problem. Quote: "Persistent work triumphs" (Monday morning)

SMS2: Child has FEVER when complained by mother or child is hot or Temp is  $\geq 37.5$  - Pls ask mother, touch child & take Temp! Quote: "Actions speak louder than words" (Monday afternoon)

SMS3: TREAT with AL all children under 5yrs weighing  $\geq 5$ kg coming with FEVER for first visit & without severe signs. Quote: "Opportunity seldom knocks twice" (Tuesday morning)

SMS4: For first visit of child <5yrs malaria test IS NOT NEEDED - Treat fever with AL & treat any other present illness! Quote: "Better be safe than sorry" (Tuesday afternoon)

SMS5: Prescribe AL based on WEIGHT: 6 tab for 5-14kg; 12 tab for 15-24 kg; 18 tab for 25-34kg; 24 tab for  $\geq 35$ kg. Quote: "A goal without a plan is just a wish" (Wednesday morning)

SMS6: If WEIGHT suitable AL pack is out of stock, IMPROVISE with available AL - don't give other antimalarial if you have AL! Quote: "Little by little one walks far" (Wednesday afternoon)

SMS7: Give FIRST AL DOSE under observation at facility even if no food is available - if vomited within 30min REPEAT dose. Quote: "Two wrongs do not make a right" (Thursday morning)

SMS8: Advise mother to give SECOND DOSE of AL after 8hrs, then to give dose every 12hrs until all doses are finished. Quote: "Failing to plan is planning to fail" (Thursday afternoon)

SMS9: Advise mother to FINISH all AL doses over 3 days even if the child feels better after few doses! Quote: "A smile you sent, will always return" (Friday morning)

SMS10: Advise mother to give AL AFTER FEEDING child & if VOMITED within 30min to REPEAT dose & return for replacement dose. Quote: "The greatest wealth is health" (Friday afternoon)

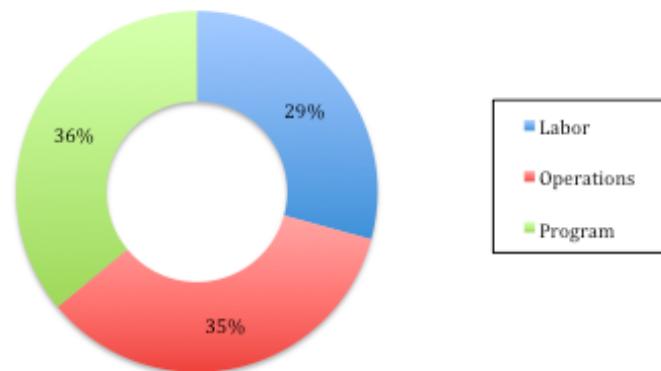
# Operations & Logistics – Timeline

| Year 1                                | Year 2                         | Year 3                         | Year 4                                 | Year 5     |
|---------------------------------------|--------------------------------|--------------------------------|--|------------|
| Set up country offices & hire staff   | Rollout Dept. 1                | Rollout Dept. 2 and 3          | M & E on Dept. 1, 2, 3                 | M & E      |
| Engage COGES & AMU School of Medicine | Hire staff for Dept. 2 & 3     | M & E on Dept. 1               | Review and update intervention         | Transition |
| Engage incentive partners             | Review and update intervention | Review and update intervention | Begin transition to School of Medicine |            |
| Plan iCCM strategies                  | Training of university staff   |                                |  |            |
| Prep M & E                            |                                |                                |  |            |

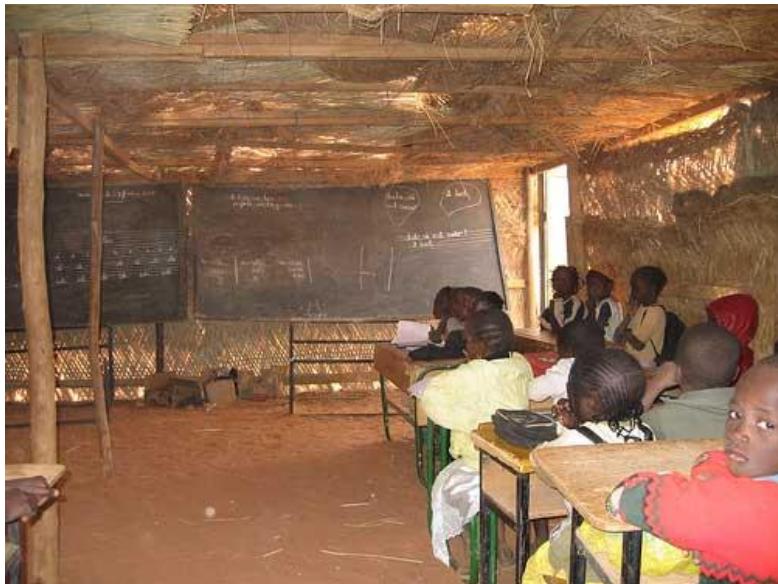
# Budget

|                         | Year 1  | Year 2  | Year 3  | Year 4  | Year 5  |
|-------------------------|---------|---------|---------|---------|---------|
| Human Capital           | 711280  | 890560  | 902440  | 938080  | 1025560 |
| Core Operating Expenses | 563000  | 2039000 | 1374000 | 665000  | 665000  |
| Additional Outreach     | 750000  | 1200000 | 1200000 | 1100000 | 1100000 |
| Total                   | 2024280 | 4129560 | 3476440 | 2703080 | 2790560 |

**Total Project Operating Expense**



# Monitoring & Evaluation



## PARENT EMPOWERMENT THROUGH PRIMARY SCHOOL COMMUNITY GRANTS IN NIGER print

The researchers, in collaboration with the Niger Ministry of Education and the World Bank, used a randomized evaluation to measure the impact of the grants on community participation and how the impact varies by community characteristics. One thousand schools in the regions of Tahoua and Zinder were randomly selected into treatment and comparison groups. The 500 schools in the treatment group each received an annual lump sum based on the number of classrooms in the school, with an average of US\$209 per school, or US\$1.83 per student. All 500 schools in the treatment group received a general letter informing them of the grant program and its objectives, and the grant amount allocated to their school. It also included general guidelines on the use of the grants, but the specific project to be supported by the grants was left open to the schools.

Researchers collected administrative data from each primary school, using the annual school census administered by the Ministry of Education. The census includes data on enrollment, teacher characteristics, school facilities and resources, and community characteristics. To supplement the administrative data, a detailed school survey was administered in 2008 to collect information on school infrastructure and resources, pupil enrollment and attendance, school improvement plan, school committee functioning and membership, and school activities. It also asked detailed questions about the level of education and personal wealth of the school committee members.

# Resources

Thank you to the following individuals who provided expertise and feedback on this proposal

Brian L. Heuser, EdD, MTS, *Assistant Professor*, Department of Leadership, Policy, and Organization

Carolyn Audet, PhD, *Assistant Professor*, Department of Health Policy, Vanderbilt University

Liat Krawczyk, MS International Development, *Director*, Jeneba Project

# Questions?

# Case Study – Key Family Practices

