

Famille initiative de la vitalité du Niger

FIV - Niger

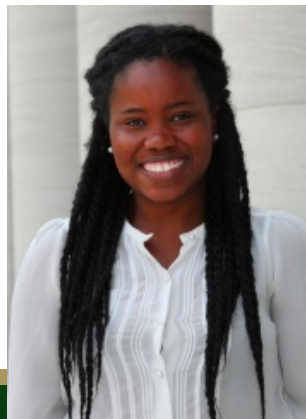
Mère en bonne santé, enfants en santé, famille saine

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



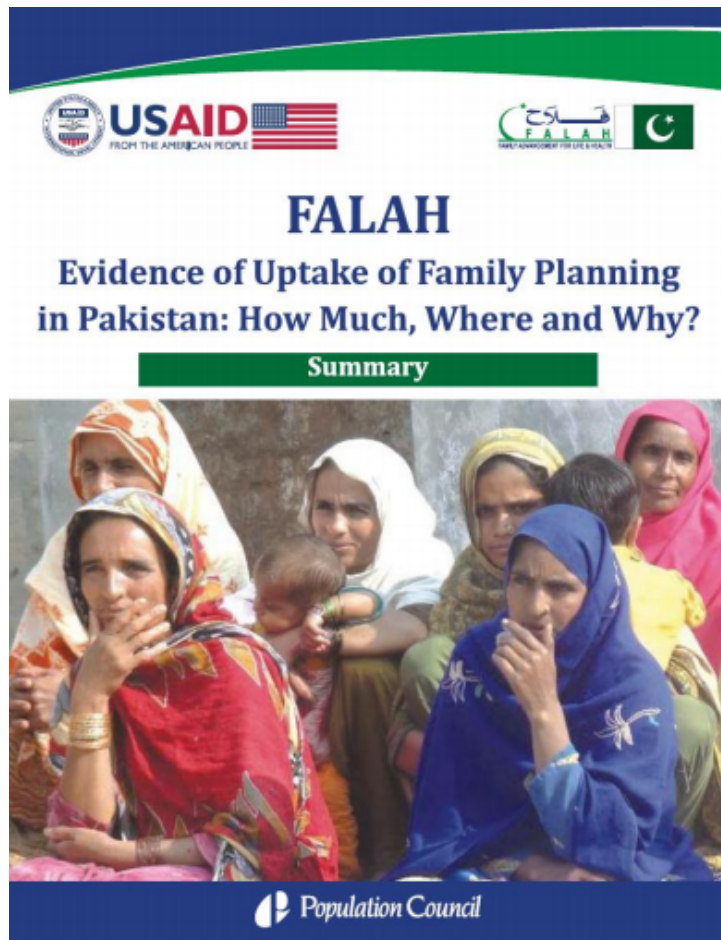
Country Profile



Administrative boundaries



Cultural Context & Case Study

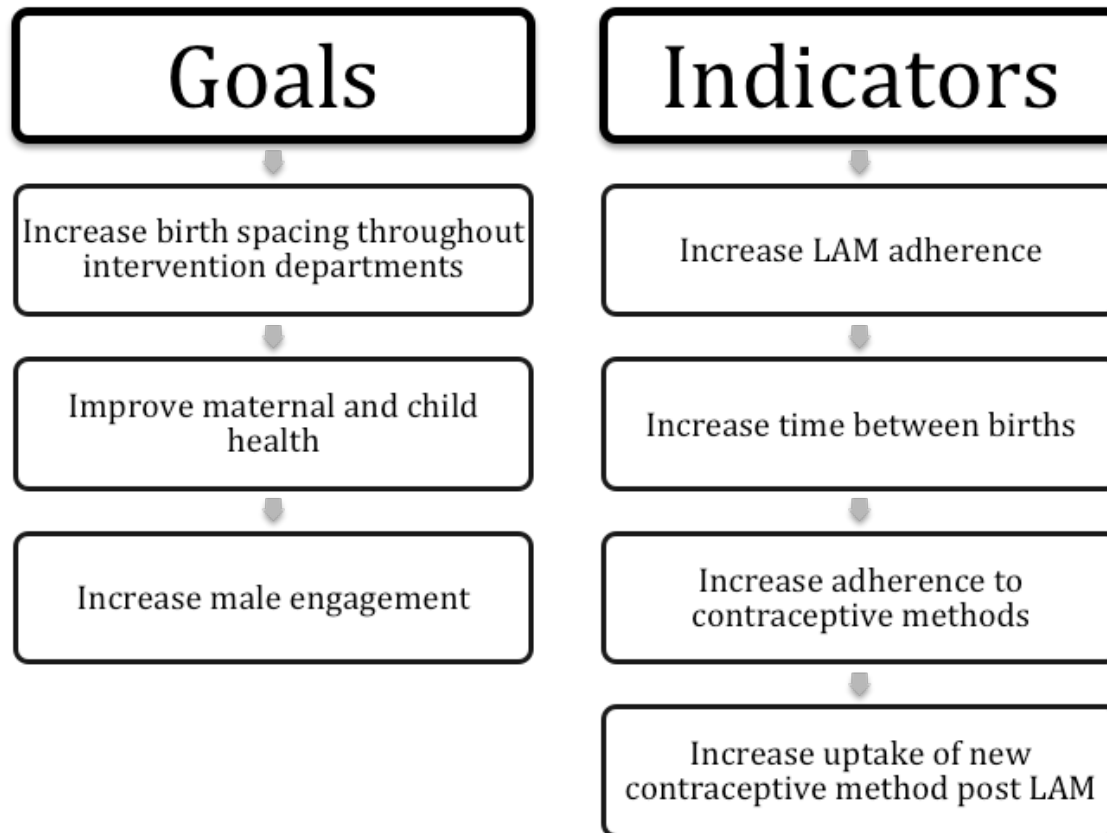


Health Timing and Spacing of
Pregnancy (HTSP)

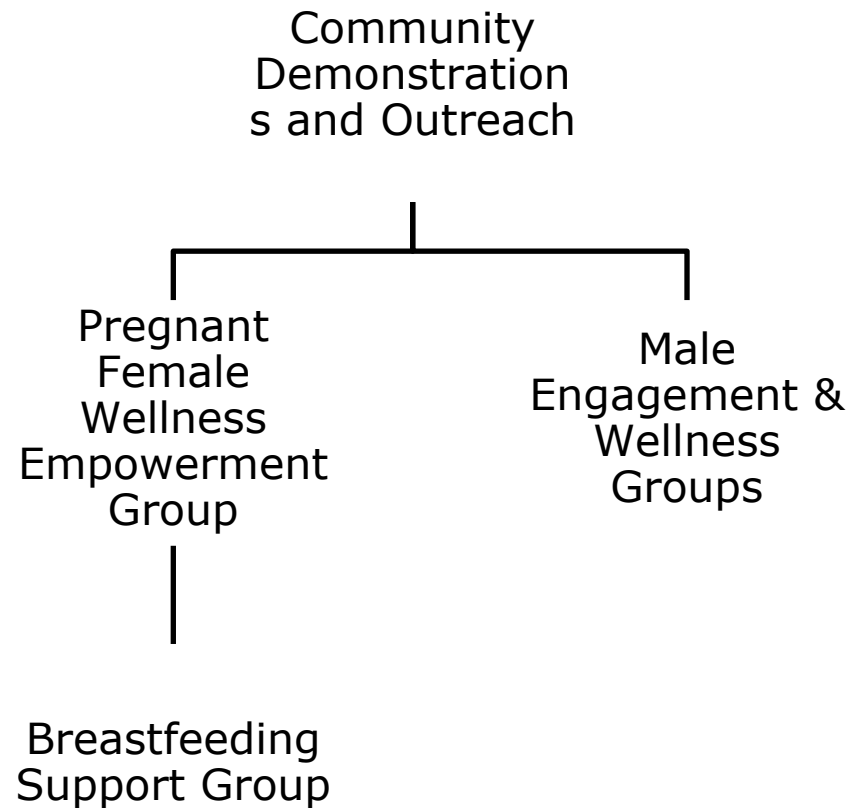
Project Proposal

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

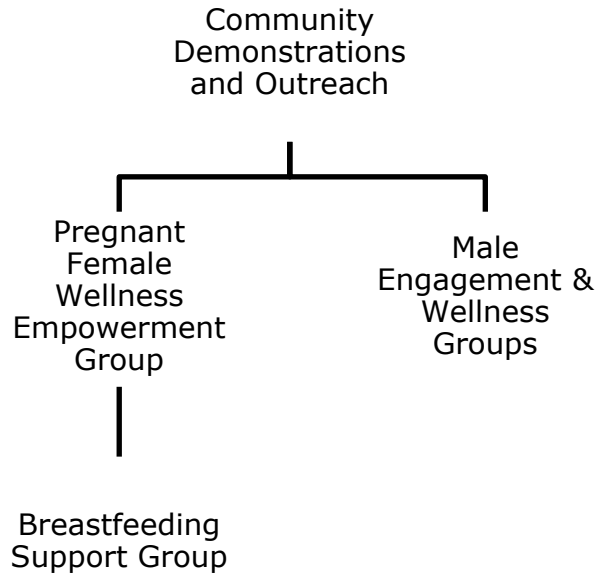
Project Goals



Famille initiative de la vitalité du Niger

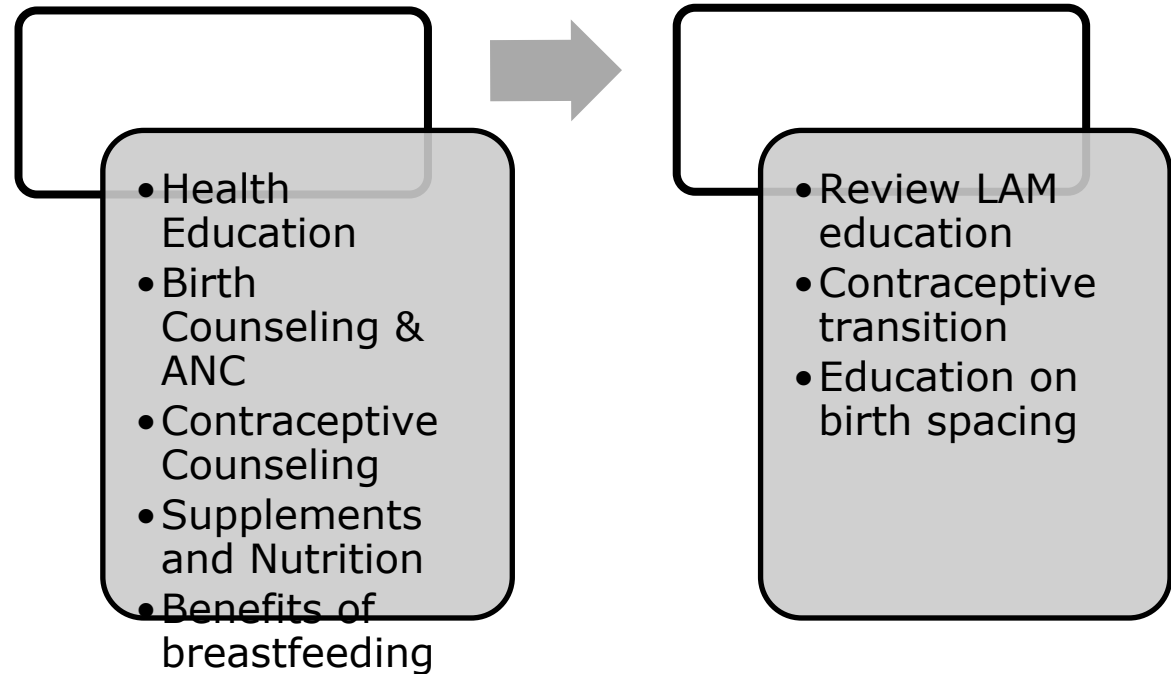
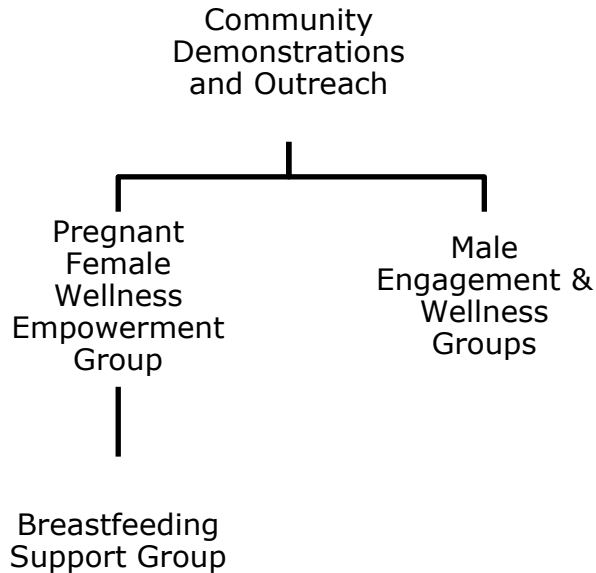


Community Engagement and Outreach

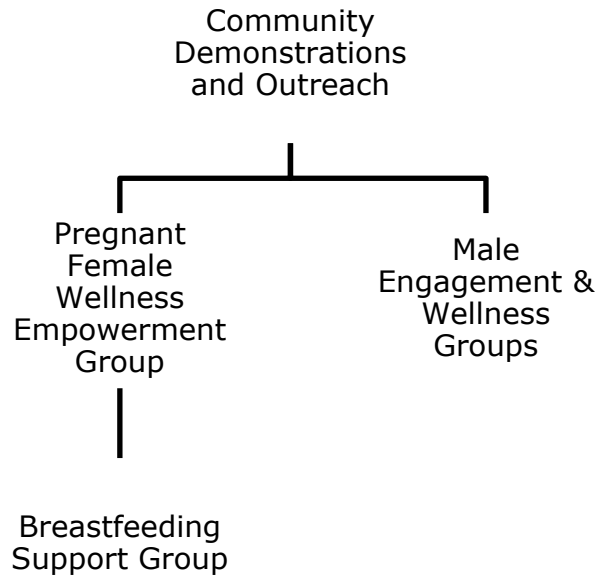


- Community learning activities
- Traditional media, theatre, community radio
- Led by *relais communautaires*, imams, traditional chiefs
- Introduce wellness groups
- Recruit pregnant women and their partners

Women's Wellness and Support



Male Engagement



Male Engagement Group

- Child and Maternal Health Education
 - FP as a tool
- Discussion of fathers role during pregnancy and birth

Participation Incentives



Participation Incentives



Participation Incentives



Participation Incentives



**REPUBLIC OF
NIGER**

Public Administration



Participation Incentives



**REPUBLIC OF
NIGER**

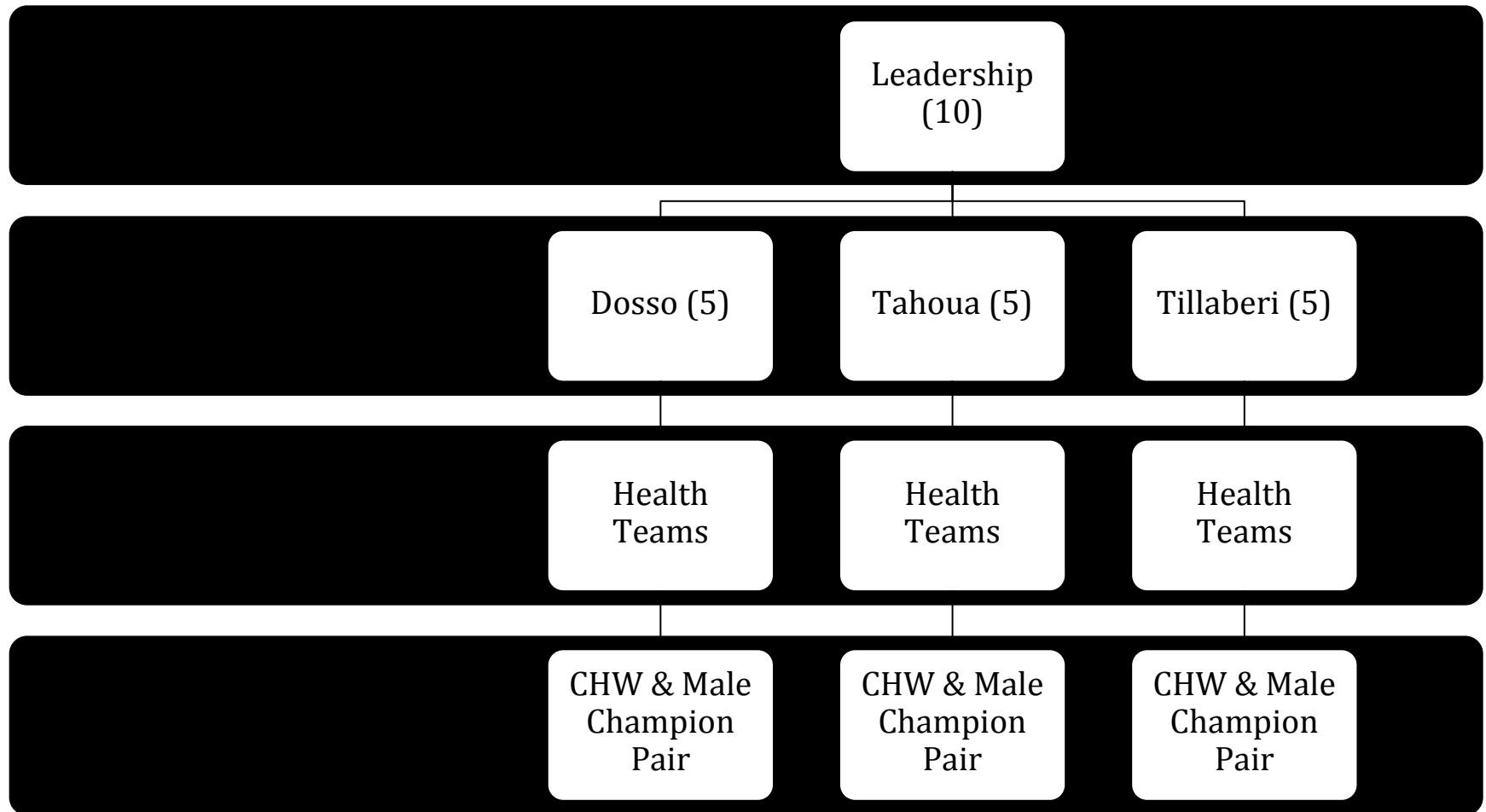
Public Administration



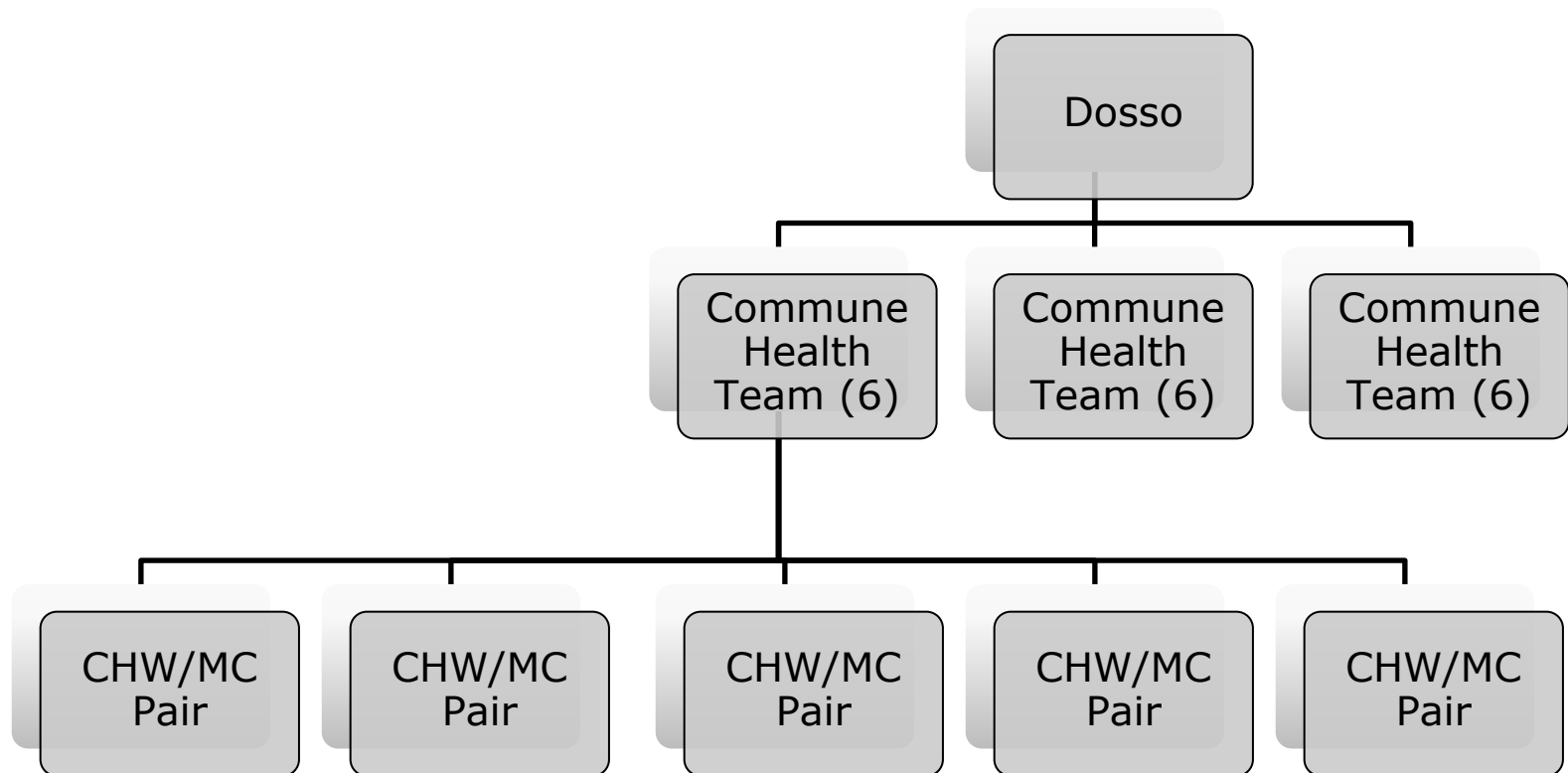
Location Incentive



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 ≥ 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 ≥ 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 ≥ 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)

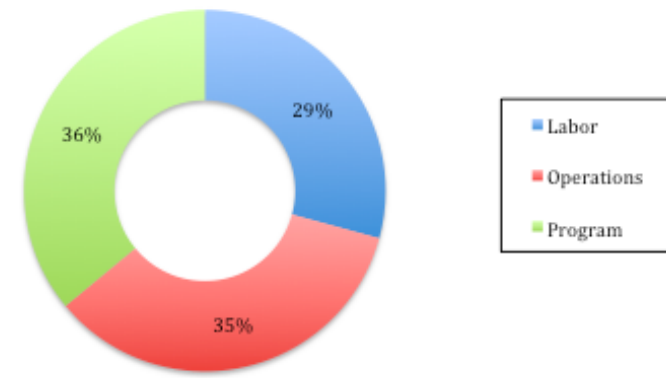
Operations & Logistics – Timeline

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

ABDUL LATIF JAMEEL
Poverty Action Lab
TRANSLATING RESEARCH INTO ACTION

PARENT EMPOWERMENT THROUGH PRIMARY SCHOOL COMMUNITY GRANTS IN NIGER 🖨



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

