Famille initiative de la vitalité du Niger

FIV - Niger

Mère en bonne santé, enfants en santé, famille saine
<table>
<thead>
<tr>
<th>Community Engagement</th>
<th>Public Health</th>
<th>Operations &amp; Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Community Engagement Team" /></td>
<td><img src="image2.png" alt="Public Health Team" /></td>
<td><img src="image3.png" alt="Operations &amp; Finance Team" /></td>
</tr>
</tbody>
</table>
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
Cultural Context & Case Study

Health Timing and Spacing of Pregnancy (HTSP)
Implement 

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

**Goals**

- Increase birth spacing throughout intervention departments
- Improve maternal and child health
- Increase male engagement

**Indicators**

- Increase LAM adherence
- Increase time between births
- Increase adherence to contraceptive methods
- Increase uptake of new contraceptive method post LAM
Famille initiative de la vitalité du Niger

- Community Demonstration & Outreach
  - Pregnant Female Wellness Empowerment Group
  - Breastfeeding Support Group
  - Male Engagement & Wellness Groups
Community Engagement and Outreach

Community Demonstrations and Outreach

- Pregnant Female Wellness Empowerment Group
- Breastfeeding Support Group
- Male Engagement & Wellness Groups

- 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

Community Demonstrations and Outreach

Pregnant Female Wellness Empowerment Group

Breastfeeding Support Group

Male Engagement & Wellness Groups

- Health Education
- Birth Counseling & ANC
- Contraceptive Counseling
- Supplements and Nutrition
- Benefits of breastfeeding

- Review LAM education
- Contraceptive transition
- Education on birth spacing
Male Engagement

Community Demonstrations and Outreach

- Pregnant Female Wellness Empowerment Group
- Male Engagement & Wellness Groups

Breastfeeding Support Group

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

unicef

Helen Keller
INTERNATIONAL

Gavi
The Vaccine Alliance
Participation Incentives

UNICEF

UNICEF

Helen Keller
INTERNATIONAL

REPUBLIC OF
NIGER

Public Administration

Gavi

The Vaccine Alliance
Participation Incentives

UNICEF
Helen Keller International
Gavi, The Vaccine Alliance
Republican of Niger
Public Administration
Care
Mercy Corps
USAID
Location Incentive
Operations & Logistics – Staff Structure

Leadership (10)

Dosso (5)
Tahoua (5)
Tillaberi (5)

Health Teams
Health Teams
Health Teams

CHW & Male Champion Pair
CHW & Male Champion Pair
CHW & Male Champion Pair
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 >=5kg 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 >=35kg. 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

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up country offices &amp; hire staff</td>
<td>Rollout Dept. 1</td>
<td>Rollout Dept. 2 and 3</td>
<td>M &amp; E on Dept. 1, 2, 3</td>
<td>M &amp; E</td>
</tr>
<tr>
<td>Engage COGES &amp; AMU School of Medicine</td>
<td>Hire staff for Dept. 2 &amp; 3</td>
<td>M &amp; E on Dept. 1</td>
<td>Review and update intervention</td>
<td>Transition</td>
</tr>
<tr>
<td>Engage incentive partners</td>
<td>Review and update intervention</td>
<td>Review and update intervention</td>
<td>Begin transition to School of Medicine</td>
<td></td>
</tr>
<tr>
<td>Plan iCCM strategies</td>
<td>Training of university staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prep M &amp; E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Budget

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Capital</td>
<td>711280</td>
<td>890560</td>
<td>902440</td>
<td>938080</td>
<td>1025560</td>
</tr>
<tr>
<td>Core Operating Expenses</td>
<td>563000</td>
<td>2039000</td>
<td>1374000</td>
<td>665000</td>
<td>665000</td>
</tr>
<tr>
<td>Additional Outreach</td>
<td>750000</td>
<td>1200000</td>
<td>1200000</td>
<td>1100000</td>
<td>1100000</td>
</tr>
<tr>
<td>Total</td>
<td>2024280</td>
<td>4129560</td>
<td>3476440</td>
<td>2703080</td>
<td>2790560</td>
</tr>
</tbody>
</table>

**Total Project Operating Expense**

- Labor: 29%
- Operations: 36%
- Program: 35%
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