VISIT TO NIGER

21-25 March 1968

Arrived in Niamey Thursday afternoon after an overnight stop at Abidjan in order to meet connections. In Abidjan I had discussions with Dr Perabo and Mlle Sylvain. This was unofficial. I would gather that they are working largely as staff people in maternal and child health trying to do a little training and improving some of the MCH work in the dispensaries.

Shortly after arrival in Niamey made a tour of the School building and saw some of the students before they left class for the day. The School compound has five buildings. Details of this may be found in a special report prepared 19 March 1968. There is a fairly good library and good demonstration equipment. There is need of new desks as the ones they have in the classrooms are very old fashioned and uncomfortable. The buildings seem to be in fairly good condition and are kept quite clean. The report referred to contains proposals for extension of buildings, equipment, etc. required to enlarge the School.

There are now 79 students in the School, 32 of these are in the one year certificate course, these are auxiliaries, of these 13 are girls. 23 are in the first year on the two year programme; 3 of these are girls. 15 are in the second year of the two year programme, none are girls.

Dr Wright gave a history of the School. It started with auxiliaries in 1960. Courses were given by the doctors, there was no supervision. The programme was then two years old. This carried on until 1965. Since that time, the course for the certificate group has been only one year in duration. The present School started 1 February 1965. The School year is now October to September with one admission for a year. The interviews and examinations for entry are in July. 17 is the minimum age and the students are all bonded for ten years.

At the present time, the certificate groups have had primary education and the diplôme d'Etat group (brevet) i.e. ten years of basic education. In October, it is planned to start the 3 year course and the first graduates will be available in 1971. Hopefully there will be 35. Ten places in this course are reserved for some of the older students who took their training several years ago and who are permitted to ~~take~~ repeat their nursing course and obtain the diplôme d'Etat. Further details of the development of the School to date may be found in a report prepared by Dr Wright last year.

Last year a supplementary course or a third year was given to 8 students. This course contained theory and practice in public health, administration, diagnosis, etc. It was especially meant meant for preparation for those who will work in the bush where there are no doctors. Of the 8 who took the course, only one is actually working in the bush. The course has been suspended. Some of the information given will be included in the third of the three year course.

Dr Puyet, acting WHO Representative, requested that a course be prepared for health inspectors. However, this was going to prove too costly and it has been recommended that this not be given here in this School. There are two other courses, one in Lomé and one in another adjacent country where such personnel can be prepared. Both Dr Wright and the personnel of the School including the WHO, felt that it was not wise to prepare these people in the same institution as the nursing personnel.

It is envisaged that the midwifery course will start in 1970. The first year will be in common with nursing and will be followed by two more years, in midwifery.

Dr Wright, who is officially the Director of the School and apparently is the only one interested in that overall public health for the country, outlined the

following which is yet to be done:

- preparation of a syllabus for the 3 year programme
- the passing of the decree for this programme
- a new building to be constructed
- the project for the midwife to be prepared
- and budget to be obtained for the enlargement of the School
- request for continuation for funds from UN (Special Fund)

In regard to the Special Fund Dr Wright would like someone to come to see the project. Mr Kurowski never visited the School. He was in Niamey only once two years ago. Two Special Fund representatives were in Niamey last year. Miss Beltzung saw them for five minutes, Dr Wright did not see them at all. There has been no WHO representative for the past nine months.

Students have their practical work in the mornings and classes in the afternoons. Visits were made to the clinical areas. These are in the hospital, PMI, African maternity.

The Hospital has about 400 beds but 600 patients. Just now there is an epidemic of meningitis and many patients are housed in straw tents on the ground. There is also a large TB ward with very advanced cases. There is a lot of tuberculosis in the country. The Hospital is on the pavillon type. It is directed by a Mother Superior and there are 4 or 5 catholic sisters. In addition to local personnel and 5 young French nurses who are here as volunteers; one of these, Mlle Vaillant, was interviewed since she has applied for WHO. She is a very pleasant person, has completed her baccalauréat and will have a copy of her certificate sent to Geneve. She is 28 years old. Miss Beltzung says she has given a lot of help to the students. From all I can gather I would recommend her for consideration for IR-110. She has worked in Niger for 15 months. Her contract ends the end of November 1968 but she would extend it for a little while.

To continue with the Hospital it is very overcrowded with patients on mats on the floors in the corridor and on the balconies. In spite of all this it is relatively clean and the patients seem as comfortable as they could be under the circumstances. There is a hospital kitchen but many of the patients receive food from relatives.

Miss Morlock took me to visit the situations where the students have their public health experience. First we saw the African Maternity. Mothers stay for 24 hours. It looked as though the sheets on the beds were never changed. There are two Nigerian midwifes in charge, both of them seem very capable. In the labour room there were three mothers being delivered. The PMI centre is very crowded, but everything is very orderly. A French doctor has worked there for about five years. She is very devoted to the work and does a great deal for the mothers and children. I would think the experience for the students there would be very good. Miss Morlock accompanies them every morning. There is no domiciliary service anywhere in Niger.

We visited the Anti-tuberculosis clinic which has a WHO team now consisting of a doctor and a newly recruited laboratory technician. She had just set up her small lab. The building seems very adequate but I do not feel that a great deal of work has been done. The streets in Niamey for the large part are not named nor the houses numbered. A system has been established whereby the families can be more easily located. There is some sort of follow-up of defaulters who do not return for their drug treatment. I could not determine that any special visiting personnel are prepared. They are waiting for the arrival of the WHO nurse, Mlle Huber.

Mlle Couillard is responsible for the clinical teaching in the Hospital. She is there every morning with the students, along with three Nigerian counterparts. These three are: Mr Oussine, Mr Mamadou and Mr Yaye. These three are not yet prepared as tutors. They will be sent away on fellowships.

Mlle Beltzung's counterpart is Mr Camara. He has had the Ecole de Cadres and also the course at Rennes. He takes pretty well full responsibility for the certificate course. He admits that this course is a little too theoretical. It is envisaged that Mr Camara will one day take a course in Lyon and that he will become the Director of the School. Apparently Dr Wright would like to relinquish responsibilities. He is really prepared as a tuberculosis specialist and he acts as the counterpart for the WHO TB Adviser.

I have had a very good impression of the Nigerian male nurses who are working in the School. It seems apparent that they work as a team with the WHO nurses and that they are really interested in nursing. It is quite true that nursing is largely composed of techniques here but with the conditions as they are, it is difficult to see how it could be different.

In reviewing the objectives of the Plan of Operations, the following may be stated:

1. the quality of the teaching has been improved. They are continuing to review the programme and to make changes according to needs.
2. They have not yet reached 30 or 40 graduates from the School each year. However, there are plans to augment the intake and gradually more and more with the required qualifications are becoming available. Before too long, it will be possible to require a complete baccalaureate. More girls are becoming available too. Three in October of this year the three year programme will be started.
4. Nigerian monitors have been prepared. However, more fellowships will be needed and ~~the~~ some of them will need to return in Lyon to take a more advanced course. It is doubted that the Nigerian personnel will be ready to assume full responsibility without WHO assistance at the end of the five year period.

It is felt that very good programmes have been made and that these programmes are really being adapted to the conditions and the needs of the country.

Two procedure manuals have been prepared, one for the first year and one for the second year. Apparently Mlle Vacherot was sent photocopies of these and used them at Pointe Noire.

The students have organized themselves and have prepared a School bulletin. The first was issued this month. A number will come out about every two months. (See sample in file)

The final meeting was held on Monday morning with the three WHO nurses and part of the time with Dr Wright. Some questions which I still had in mind were discussed.

The reasons why the third year supplementary programme which was given to eight students was discontinued were because of the great immediate need for qualified nurses. Also it was felt that to give a better training in three years, would be preferable. A third reason was for finances. The Ministry were not willing to give an increased salary to those who would graduate on the third supplementary year.

In regard to the Plan of Operations, practically all the objectives have been met, except to increase the candidates from 30 to 40 per year. It is hoped that in two or three years, they will have sufficient candidates with the brevet to increase admissions and graduates to 30 or 40 per year; also there will be more girls for training.

With regard to in-service education which is mentioned in 1.2.6. page 5 of the Plan Ops, a cours de perfectionnement has been organized by the Faculty of Medicine of Lancy. This seems to consist of written questions and theory which are sent to the students by mail. The students do the work

and send the replies which are marked by the doctors in Lancy (?). Our team agree that this is not enough but it is a start. It was stated in the Plan of Operations that the personnel should be relieved from their professional responsibilities. This is not possible at the time. The Chief in-service education which is given to service personnel is through the work of the WHO nurses presently Mlle Couillard and Mlle Morlock with the service staff and with the moniteurs who also work with the students. This is all in relation to the clinical teaching of the School students in the Hospital and in the public health field.

They have had aprogramme prepared for in-service education of traditional birth attendance but this was not started. The reason for this seems to be that the Ministry of Health was not keen. Incidentally we have tried two times to see the Minister of Health but he has been absent. He will be at the Assembly in Geneva as will Dr Wright.

In regard to supplies, they are pretty well supplied for the School and the Library. They did ask for more which they could use for clinical teaching in the Hospital but Brazza objected. I suggested that they should try again and not to hesitate to request some extra materials which would be left in the Hospital. They all realize that they should not have too much so that the conditions of their practice will not differ too much from the actual reality when they find themselves in positions in hospitals and public health.

We discussed the fourth position for a WHO nurse. They would like very much have a clinical instructor, not necessarily a midwife. This person would work with Mlle Couillard and the three Nigerian counterparts in the clinical teaching in the Hospital. At the present time Mlle Couillard takes responsibility for the certificate group as well as the diplôme d'Etat, i.e. 70 students; it is too much.

The item on the equivalence of this course with the diplôme d'Etat and France was explained. The English translation is not correct. It is equivalent to the level only which means that when the students go from here they do not have to take the examination. They are not entitled to practise in France. This is also awarded to other countries of Africa. Mlle Beltzung will send us a paper explaining all this.

I discussed at various times the need for more narrative in the report for the Special Fund. Apparently Mr Yahmin, the Assistant to the representative for UNDP here, has always told her that they did not want narratives, just figures. I suggested that if he continued to feel this way she attachs a narrative as an annex. She fully understands our need for this.

In regard to fellowship students, two are in Paris now and will return in June. The three moniteurs who assist Mlle Couillard will go to study this year. All Nigerian moniteurs have spoken to me about the opportunities for extra study and this morning Mr Camara, who is destined to be the Director, spoke to me about the need to see how things are done in other countries. On the first day that I talked with him I asked him if he felt that the programme given as in France was good for here. He had immediately replied yes. However he has been thinking about this since that time and had more discussions with me about it. He also feels that there may be too much theory. He is willing to consider a better integration of theory and practice. Mlle Couillard told me that he is very intelligent. He observes and he asks questions and he is willing to try new things. He should be given an opportunity to go to Lyon before taking over responsibility for the School.

I think it has been very fortunate that Dr Wright has continued to be the Director and I told him I hoped he would do so for some time. He does not interfere the technical things and he forms an excellent liaison with the Ministry of Health. In fact I think Dr Wright is the only one who does anything at the Ministry.

He is genuinely interested in doing things for his country and regrets very much having to spend so long in Geneva and be absent so long from Niger and his work here when he goes to the Assembly.

I asked Dr Wright about what has been realized of the national health plan. His immediate response was the School of Nursing. He went on to indicate a few other things. They have established 4 mobile teams which act really as mobile dispensaries. Each of these teams are in four departments in the Eastern part of the country. There are seven departments in all and three teams are still to be organized. The health infractucture has not been established. There are two tuberculosis centres with beds, in addition to the pilot project in Niamey. This pilot project is for research (I had previously asked Mlle Morlock and Mlle Beltzung just what they did in this pilot project; neither of them feel that feel that very much has been done since the nurse has left and they agree with me that it is somewhat of a mistery.) Dr Wright said there is a plan for training and for home visiting. We discussed a little the need for integrating the domiciliary service so that the same home visitorcould do the PMI work as well as the TB. He agrees. It would be well to discuss this project with Dr Mahler and Dr Piot in Geneva.

Further to the realization of the National Health Plan, there are no sixth health centre as yet. There is a project with FED for small hospitals and the enlargement of the hospitals in Niamey and Zinder and to establish 16 new dispensaries. All of this is yet on paper but it is hoped it will be completed by 1973.

There has been some training of first aides in three places. This training of 3 weeks to one month has been given by the doctors in these centres. The first aiders return to their villages. They are employed by the village and the village also pays for the medications.

In Niger there are in all 64 doctors of whom only 9 are Nigerians. 31 of the 64 are stationed in Niamey. There are 15 away now studying medicine. Most are in France but one is in Abidjan, one in Poland and one in Russia.

In Summary I told Dr Wright that I was very pleased with my visit and had found it very profitable. In particular, I felt it was very good that he was the Director of the School and hoped that he continue. I indicated that I found the programme much better than I had expected and felt that a very good foundation has been laid. It is recognized that there are very many problems in the country and that the health service coverage is indeed very scant. He pointed out that there is only one nurse for 7,000 people.

This morning I had a conference with Mlle Couillard at her request. She asked that those whom she saw in Geneva to give an indication of how much she appreciated the reception there. She likes the work very much. She finds the students more responsive this year. There is more of a esprit ouvert. She gave each of the students the ICN Basic Principles of Nursing Care. They asked for a conference in regard to the role of the nurse. She is not so sure of her three counterparts moniteurs. They did not come to the conference. However, she feels that their attitude is improving and they really want to learn. I asked her if she felt there was too much theory. She feels that this has to be given and she is doing all she can to integrate theory and practice. I do not know how she gives the clinical supervision to the whole group but it is bovious from visiting the Hospital that they are very responsive. Mlle Couillard wants to return. She spoke about the spirit of the WHO team. She and Miss Morlock work together and they both seem to have a real appreciation of Mlle Beltzung.

During official visits which were made with Mlle Beltzung, it would seem that the Nigerians appreciate her also. I think we must give her credit for a very fine job and I doubt whether or not a year of study abroad would have been of much benefit.

Mlle Beltzung is leaving on home leave today. Her address at home is 27, rue Maréchal Joffre, Guebwiller - 68 - France. She will be there from 25 March to 30 April and 15-30 May. She would like to come to Geneva and will write to Brazzaville. I said I would write a memo also to request their approval

so that she can discuss reporting for the Special Fund. She would like very much to come to Geneva before Ted leaves and if possible we will arrange this.

Rose and Bell send their greetings to Ted. She was a Peace Corps nurse here last year and two months ago married a French chap, an instructor in a Lycée. I met her at a cocktail party. She is very charming and so is her husband who does not as yet speak any English.

Of all the projects which I have visited so far, this one probably gives me the most satisfaction. WHO teams are working under the least favourable conditions and yet they have national counterparts, although not all qualified who are working with them. This is much more than it can be said for Ghana. Ibadan is much more sophisticated but I doubt that it is adapted to the needs of the country any more than this one is. There is probably also good hope that Kenya will develop well as long as Miss Koinange remains.

Add list of people met:

Dr Wright

WHO team, their counterparts

Chef of Cabinet

Minister of Health has been absent

Mr Yahmin, Assistant to the Resident representative, UNDP

and at the Hospital, la Mère Supérieure, the Director of the Hospital, Mr Oumarou Ali, the Chief Doctor, Dr Madras; Mr Galeazzi, Representative of ECA

In the interview with Mr Galeazzi, I gather the UNICEF project for youth leadership training still rather much on paper. He indicated that UNICEF has four projects in health and in nutrition. They are preparing for the meeting in May. Niger has been chosen as the pilot country for Africa, out of four for the world, for a UNESCO project called "Extra Scholastic Education for Youth". Youth

comprise the ages of 8 to 20. The first step is that a consultant will be coming very soon to survey the situation for six months and to prepare a programme for development.

There seems to be several beginning projects which involve youth and certainly WHO, if they have the personnel, could be involved.

There is 10% scholarization in Niger. This apparently means that 10% of the children finish primary school. All education is free right through the lycée. There is no university education in Niger. The population of the country is something over 3 million.

Dr Emmanuel, the new WHO representative arrives from Accra and Abidjan today, on the same plane that Mlle Beltzung leaves on for her home leave. I hope very much that he will give the support needed to WHO projects here.