Country	Niger
Purchaser	District Sanitaire de ------
Provider	Associations ONG,Groupes de Citoyen,Guerisseur traditionnel,Agent de sante communautaire, technicien de sante hors secteur public,simple citoyen
Type of Service	
Government administration	
Physical plant development and capital investment	Construction et rehabilitation
Hospital (general and specialized)	
Basic primary care and preventive services	IEC, vaccinations, marketing social des preservatifs et contraceptives, assainissement du milieu, salubrite et lutte antivecteurs
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Entretien
Human resources, education and training	Formation et recyclage
Knowledge management	Recherche operationnelle
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	L'activite est inscrite et budgetisee dans le PDSD; Le contractant fournira les prestations conformement aux codition de la convention
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	US $ 1,8 millions
Authorized persons and signature	Yes
Contract period	N/A
Summary content	No
Levels of services	Annex A; Descriptionm des prestations de services
Targeted population	Not clearly identified in the contract. But the service is in favor of the most vulnerable groups: Mothers and children
Quality standards to be achieved	Selection criteria for contractors is available (See Annex 3, Criteres de choix pour les contrats)
Payment mechanisms	Block Contract
Capitation	
Fee-for-service	
Block contracts	Le seuil de financement des activites d'intiative communautaire: ≤ 5 milllions F CFA
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	N/A
Best endeavours	√ (controle d'execution, penalites)
Arbitration	N/A
Statutory regulations	N/A
Confidentiality	N/A
Information requirements and reporting formats	N/A
What do contracts manage?	Input
Does the provider have discretion	
To hire and fire staff?	N/A
To set wages?	N/A
To decide services provided within the contract?	N/A
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	No
Performance goals and indicators	N/A
Evaluation of Project	Niger project was an innovative idea when it was conceived in 1996, but lessons also have been learned along the implementation. One of the challenge is that review process is not very transparent. The mid-term evaluation of this project also raised some issues about information dissemination. The district health authorities have rosters of district health action plans and quarterly meeting memorandum. The basic idea of design is that subcontracting could be initiated by either District health team based on their health plans which the districts don't have capability of implementing, or by any local community or agency who have seen the action plans, for example, women groups are interested in reproductive health (utilization of contraceptive, vaccination, well baby care, etc. But many local potential partners are not well informed of these opportunities and don't have full access to those information to allow them to bid contracts. When the project first started in 1996, private sector is interested, but public sector is not comfortable of sub-contracting. It takes time to build this new mentality of partnership. Although slow, it's evolving. Also the feedback from mid-term evaluation is that there wasn't full transparency in approval process. The design of project was not rigorous enough to avoid those problems. In general, the project performs better in East than close to Niamey, the capital. There are successful cases, such as in the East, Women's group, theatre group who has bid for small amount contract to significantly raise utilization rate of contraceptive, well-baby, etc; Some Youth groups get small contracts to provide maintenance services to health facilities, e.g. the cleaning of health centers. It resulted in much cheaper services than using the public sector budget. Also, during the mid-term review, there was recommendations that District could contract with local public health schools to do monitoring, special studies, or student internship. The Schools of public health were extremely interested in that idea. The seeds have been planted, the ideas are germinating. Niger is also interested in moving towards performance-based management. One very big handicap is the political instability, on average, there is a new Minister of Health for every nine months. (Denise Vaillancourt)
Links to contract	Copy of Contract
Contact person	Denise Vaillancourt dvaillancourt@worldbank.org