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**Strengthening Community-based Management of Acute Malnutrition in Tillaberi  
and Dosso Departments (Niger)**

**Final Results Report**

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## Acronyms and Abbreviations

<b>CHW</b>	Community Health Workers
<b>CMAM</b>	Community-based Management of Acute Malnutrition
<b>FARN</b>	Foyer d'Apprentissage et de Rehabilitation Nutritionelle/ Nutritional Rehabilitation and Training Centers
<b>FY</b>	Fiscal Year
<b>GAM</b>	Global Acute Malnutrition
<b>IEHK</b>	Interagency Emergency Health Kit
<b>IMAM</b>	Integrated Management of Acute Malnutrition
<b>LNGO</b>	Local Non-Governmental Organization
<b>MAM</b>	Moderate Acute Malnutrition
<b>MIS</b>	Management Information System
<b>MoH</b>	Ministry of Health
<b>OFDA</b>	Office of U.S. Foreign Disaster Assistance
<b>RUTF</b>	Ready to Use Therapeutic Food
<b>RUSF</b>	Ready to Use Supplementary Food
<b>SAM</b>	Severe Acute Malnutrition
<b>U-5</b>	Children under 5 years of age
<b>WFP</b>	World Food Program
<b>USAID</b>	United States Agency for International Development

## PROJECT SUMMARY

Niger, one of the poorest countries in the world, faces frequent food and nutrition stresses and crises, with malnutrition posing a persistent and significant public health problem in the country. The rate of global acute malnutrition (GAM) reached 16.7% in 2010, surpassing the emergency threshold. In response, Plan is working with communities to apply a Community-Based Management of Acute Malnutrition (CMAM) approach to addressing acute malnutrition in the catchment areas of 23 health facilities in Tillaberi and Dosso departments of Niger. The *Strengthening Community-Based Management of Acute Malnutrition in Tillaberi and Dosso Departments* project, funded by the United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), was designed to support the prevention, treatment, and management of GAM among children under-5 years of age (U-5s) and lactating and pregnant women by supporting capacity-building at government hospitals, dispersed integrated health centers, and in communities in the Dosso and Tillaberi Departments.

The project was implemented in 272 targeted communities, 23 health facilities to manage moderate and severe acute malnutrition (MAM and SAM) and two hospitals for the management of severe acute malnutrition with complications.

## RESULTS

During the fourteen-month period of performance<sup>1</sup>, the project met or exceeded targets and has improved the capacity of health centers to manage MAM and SAM through training of existing staff in health centers and strengthening the capacity of the Ministry of Health to collect, manage and analyze data on nutrition. In the communities, the project has trained 424 health workers in nutritional screening and referral of cases, conducting nutritional awareness, and reaching particularly vulnerable groups through participatory monitoring programs and the formation of women's groups.

## RESULTS BY OBJECTIVE

### SECTOR: Nutrition

**Objective 1:** To improve the prevention, treatment, and management of global acute malnutrition among vulnerable groups in Niger.

### *Sub-sector:* Management of Moderate Acute Malnutrition

Performance against indicators	Target	Overall Target Achieved	Percent of Target Achieved
Number of sites managing MAM	23	23	100%
Number of beneficiaries admitted to Moderate Acute Malnutrition (MAM) services by beneficiary type (<5s and adults) disaggregated by type:	8,624	19,705 (15,284 U-5s, 2,870 pregnant women and 1,551 lactating women)	100%

<sup>1</sup> The project duration was originally designed to be eleven months but was extended to fourteen months in order to complete implementation of community programming.

Performance against indicators	Target	Overall Target Achieved	Percent of Target Achieved
<ul style="list-style-type: none"> <li>• &lt;5s;</li> <li>• pregnant and lactating women;</li> <li>• outpatient care w/out complications</li> </ul>			
Number of health care providers and volunteers trained in the prevention and management of MAM	239	552 ( 424 volunteers, 58 health professionals, 70 mothers leaders)	100%
U-5 discharge rates of targeted supplemental feeding programs over the life of the program	Deaths <3%; Recovered >75%; Defaulted <15%	Deaths = 0% Recovered = 89.32% Defaulted = 7.25%	

**Result 1.** Under-five children suffering from moderate acute malnutrition and pregnant and lactating women have access to appropriate outpatient/home-based treatment.

Under Result 1, the project has assisted 23 target health facilities in developing key competencies in CMAM. Initially the project planned to support 30 health facilities but due to the security deterioration in the northern part of Tillaberi six health centers were abandoned, including one in Dosso.

The project was successful in strengthening health facilities in Dosso and Tillaberi. Key project achievements include:

- (1). Training 58 health workers on Niger’s new national protocol on nutrition (Integrated Management of Acute Malnutrition/IMAM) and its implementation, collection and analysis of nutritional status data, and the procurement and management of nutritional supplement stocks;
- (2). Recruitment of 18 staff including two medical doctors, four nutritionists, four nutrition assistants, and four additional nurses deployed to health facilities in the project area enhancing the facilities’ ability to manage MAM and SAM. A Data Manager was also recruited who was responsible for helping the MoH deploy a monitoring system to improve the ministry and health facilities ability to capture, manage, and analyze data related to the nutritional status of the population;
- (3). Lobbying the MoH, UNICEF, and World Food Program (WFP) to maintain the supply for the provision of therapeutic foods, essential medicines, and dry-ration fortified foods to assure the treatment of malnutrition at all levels.

As planned, the project has achieved a mobilization of partners from the health districts and communities. Orientation meetings on the project were conducted in health districts and communities to get support from them. At the outset of project implementation, Plan and WFP signed a memorandum of understanding for the provision of therapeutic and supplementary products to health facilities but this MoU was suspended in December 2012. However, through sustained advocacy and lobbying with WFP and UNICEF, and as a result of active screening activities conducted through the project, health facilities subsequently received regular supply of RUTF and RUSF.

Despite the supply limitations of supplementary nutritional food in June 2013 as a result of high admission during the lean season, the 23 health services supported by Plan continued to receive dry fortified food for the management of malnourished children. Regular supply from WFP resumed towards the end of July which allowed continued treatment for children admitted in the programs. This also complemented the on-going food

distribution and blanket feeding conducted by the Government and the RUTF and non-consumable products distribution from UNICEF.

The Government of Niger and UNICEF also signed an MoU under which health centers through the health districts are provided with therapeutic food, drugs and other materials including MUAC bands. Given the limited logistical capacity of health districts, the project provided considerable support for the transport of therapeutic foods and materials in health centers within its catchment area and beyond.

The project also purchased and made available 30 Interagency Emergency Health Kit (IEHK) to health centers containing a large quantity of pharmaceuticals, medical materials and individual monitoring cards for children. After IMAM training, 110 copies of the Niger national protocols were produced and provided to the health professionals.

Through lobbying and advocacy efforts with partners from the UN, the project received 80 data collection records for pregnant and lactating malnourished women from WFP which were later distributed to the health facilities.

**Result 2.** Community health volunteer networks are activated to detect acute malnutrition and raise awareness of nutrition, hygiene, diarrhea, and malaria prevention in each of the catchment areas of targeted health facilities.

Under Result 2, the project mobilized 272 communities located in the project intervention area in which 424 volunteers CHW were selected and trained on the screening of nutritional status of the children U-5s, screening of pregnant and lactating women through the measurement of Mid Upper Arm Circumference (MUAC), and referral of suspected MAM and SAM cases for treatment. These 424 trained CHWs were also responsible of community awareness activities on essential nutrition practices in their respective communities using IEC materials approved by the Niger Ministry of Health.

The CHW selection and initial training in Dosso was conducted by the health district while in Tillaberi, a sub-contract was signed with a local NGO, Dimol to facilitate the activities. Throughout the project implementation the 424 CHWs developed sensitization messaging to engage communities around nutrition and related health and protection topics, undertook monthly screening and active case finding of malnutrition, conducted home visits, and ensured referral linkages with health care facilities for malnutrition and related health issues. The project has substantially expanded the number of CHWs and the number of communities targeted in order to ensure greater coverage within the two departments, maximize the project's reach and to compensate for the reduction of the 7 health services.

Overall, the CHWs conducted 7 active house-to-house screenings to identify U-5s malnourished children and pregnant and lactating women in the target communities. During these house-to-house screenings up to 45,755 children U-5s (target - 50,400) and 7,829 pregnant and lactating women (target - 12,000) were reached. The CHWs also held awareness sessions on malnutrition, basic topics on health and nutrition and community workshops to sustain and strengthen community mobilization in support of nutrition activities.

The project produced 1,000 copies of behavior change communication IEC materials (breastfeeding and complementary feeding) approved by the Ministry of Health and were provided to the community volunteers and

health service facilities to ensure the community awareness. Provisions were taken to conduct a complementary training to the 424 CHW and the 70 mother's leaders on the usage of the IEC material to sensitize the communities on good health and nutrition practices, food demonstration and hearth nutrition facilitation.

In order to reinforce Infant and Young Children Feeding (IYCF) practices in target communities and health services areas, the project contracted a private radio station Fara'a in Dosso. The station broadcasted messages focusing on the causes and consequences of malnutrition, immediate and exclusive breastfeeding, complementary feeding for a month and a half from June 23 to August 23, 2013. Overall, 22 programs were aired which were received positively by communities.

The FARN implementation and sessions (described under Result 3) were also venues that facilitated community mobilization that reemphasized the importance of good health and nutritional best practices.

Towards the end of the project, community workshops were held in the presence of representatives of community health workers, community leaders and local elected officials. The project implementation was discussed in terms of success, difficulties and challenges. At the end of these workshops, commitments were made by the participants to work together to continue the activities of nutritional monitoring and the extension of FARN in other communities. To facilitate the proper conduct of the FARN, the participants decided to organize their communities to create food stock from which the FARN can be a resource.

**Result 3.** Malnutrition prevention among vulnerable groups is improved through an integrated approach to nutrition and healthcare in Tillaberi and Dosso departments.

Under Result 3, the project targeted the most vulnerable communities through the establishment of nutritional monitoring programs, Nutritional Rehabilitation and Training Centers (FARN) based on the PD-Hearth model; conducting market surveys of food availability and developing recipes for nutrient rich meals for malnourished children; and undertaking house-to-house sensitization on nutrition (including good nutrition practice) using MoH-approved IEC materials.

Throughout the project, the 424 selected and trained CHWs carried out monthly nutrition monitoring in their respective communities. The U-5s children and the pregnant and lactating women were screened using mid-upper arm circumference (MUAC) bands, while suspected cases of MAM (MUAC < 125 mm) and SAM (MUAC < 110 mm) were referred to the health centers for standard malnutrition screening.

The project's community outreach strategy had ensured that children with SAM are detected early before the onset of medical complications and referred for treatment, leading to better clinical outcomes and decreased strain on inpatient services. The project also ensured that MAM cases were treated in the health facilities.

The project has set up 28 community based treatment of the moderate cases detected during the monthly nutrition monitoring. The project's nutrition hearth strategy through the FARN was modeled using the Positive Deviance (PD) approach, which identifies behaviors practiced by mothers or caretakers of well-nourished children from poor families and transfers such positive practices to others in the community with malnourished children.

Under the project, the measurement of upper arm circumference using MUAC bands was used as a criterion for admission. All children aged 6-36 months in the 28 targeted communities were first screened and the moderate

malnourished children with a MUAC <125 mm or in the yellow band were admitted in the nutrition hearth, their weight measured and followed for 14 days. Each child's mother presented her child to the nutrition hearth every day until the end of the 14-day session were sensitized on good nutritional practices and food demonstrations based on local food. Each child received food ration which were consumed on-site. 2 mother's leaders were elected for each FARN to facilitate hearth nutrition sessions of the hearth nutrition sessions in each target community. Plan Niger supported this activity with a donation of clothing and t-shirts with Plan Niger logo to motivate them and to distinguish them from other pairs.

Prior to the beginning of the FARN activities, communities mobilized commodities, gathered food stock (millet, sorghum, beans, etc.) and collected a small amount of cash to support the FARN. As a result of the nutrition hearth activity there were 774 children aged 6-36 months that were enrolled in the FARN and 603 cured after only two weeks of monitoring and treatment with locally based-food. After the 1<sup>st</sup> 14-day sessions, a FARN with a non-recovery rate of more than 42% (or 6 children) results to the opening of a second FARN, admitting children who have not recovered and those with <125mm MUAC and unable to attend the first session.

The FARN strategy has been such a success that the communities have decided to pursue and strengthen this activity. Communities with low rate of malnutrition have also been requesting for its establishment. To address this, the project staff and CHWs have organized various awareness sessions and cooking demonstration of several foods in health centers and communities to mobilize parents of young children and pregnant and lactating women for a better diet to prevent malnutrition. During these sessions, emphasis was made that the first 2 years of young children's lives are crucial, both for their immediate well-being and their future.

**Result 4.** Capacity of the healthcare system to gather, transmits, and disseminates nutritional information in Tillaberi and Dosso departments.

Under Result 4, the project has worked to bolster the ability of the MoH and its local health facilities collect, transmit, analyze, and act upon nutritional data collected in their catchment areas. Based on the needs highlighted in the Performance Baseline Report, the project have supplied health centers with the necessary data collection tools including monitoring sheets and stationery, reference records, MUAC bands, and case file folders. It also trained health workers on the design of an information management system to improve the collection and analysis of data and supported the MoH to organize and host monthly nutrition and health cluster coordination meetings in Tillaberi and Dosso.

The project has supported the districts in Tillaberi and Dosso by collecting monthly reports from the field on malnutrition and other diseases. After active screening, the project also supported health facilities in the collection of screening results in the 252 communities. These results were generally compiled and analyzed by the health services managers to evaluate the effectiveness of the screening and specifically to calculate the rate of malnutrition in their catchment areas.

The project has also hired a Data Manager to support the MoH to improve the health facilities ability to capture, manage, and analyze data related to the nutritional status. This staff unfortunately left throughout the end of the project after 5 months. However, the project has continued to support the health facilities through the end of the project.

As stated under Result 1, the project has made available 30 Interagency Emergency Health Kits (IEHK) to health centers containing each 500 copies of individual monitoring cards for malnourished children, 110 copies of the Niger national protocols were also produced and provided to the health professionals, and 80 copies of data collection records for pregnant and lactating malnourished women were received from the WFP and placed at the disposal of the health services.

**Sub-sector: Management of Severe Acute Malnutrition**

<b>Performance against indicators</b>	<b>Target</b>	<b>Overall Target Achieved</b>	<b>Percent of Target Achieved</b>
Number of health care providers and volunteers trained in the prevention and management of SAM	30	72 ( including 14 project staff &58 health professionals)	100%
Number of sites established/rehabilitated for inpatient and outpatient care	32	25( 2 stabilization centers & 23 outpatient care )	100%
Number of beneficiaries treated for Severe Acute Malnutrition (SAM) by type  disaggregated by type: • <5s; • inpatient care with complications; • outpatient care w/out complications	2,448	8,227	100%
U-5 discharge rates of targeted therapeutic feeding programs over the life of the program	Deaths <10%; Recovered >75%; Defaulted <15%	Deaths = 1.17% Recovered = 86.17% Defaulted = 4.76%	

**Result 5:** U-5s suffering from severe acute malnutrition (SAM) and pregnant and lactating women have access to appropriate outpatient/home-based treatment.

Linked to Result 1 above, under Result 5 the project has assisted 23 target health facilities to develop key competencies in CMAM. The trainings of health facility staff on managing SAM cases with complications and providing support for the community-based treatment of SAM without complications. The project has also equipped the Stabilization Centers in the Tillaberi and Dosso Hospitals with essential equipment for the management of SAM with complications.

Under the project, 58 health facility agents have been trained on the new national protocol on nutrition (IMAM) and the management of MAM and SAM. The project also seconded 14 health personnel (2 medical doctors, 4 nurses, 4 nutritionists, 4 nutrition assistants) who were trained to bolster the human resource capacity of the 23 facilities to manage SAM. These training sessions were conducted by the health district and hospital officials in Tillaberi and Dosso.

The project staffs recruited under the project have worked throughout the implementation with the 23 health facilities to improve the malnutrition management quality in these services. The two medical doctors recruited

were also made available in full-time to the stabilization centers to foster the functionality and improving the quality of care of these services.

Plan Niger through other sources of funding (sponsorship), brought considerable support to improve the quality of treatment of severe malnourished children in the Dosso stabilization center through the recruitment of two assistant nutritionists and 3 nurses. The staff were recruited for one-week on the activities of CRENI and then trained on the management of severe malnutrition with complications by the project medical doctor. The additional human resource support greatly improved the quality of care and treatment for the severely malnourished children with complications by ensuring proper preparation of therapeutic milk, proper monitoring of the consumption of milk for undernourished children and around the clock monitoring of their health status.

As noted on the previous section of the report, the project also equipped the 23 health facilities and the stabilization centers with 30 Interagency Emergency Health Kits (IEHKs). The IEHKs contain essential equipment, consumable supplies and essential drugs for basic health care, which have played a significant role in the treatment of several children with other disorders in addition to the cases of malnutrition.

The project also led lobbying and advocacy efforts to maintain the pipeline for the provision of therapeutic foods and essential medicines which has resulted in the regular provision of the health services by the Government. Throughout the project, UNICEF maintained regular supply of therapeutic foods, including therapeutic milk F75, F100 and Plumpy Nut.

**Result 6:** Community Health Volunteer networks are activated to detect acute malnutrition and raise awareness of nutrition, hygiene, diarrhea, and malaria prevention in each of the catchment areas of targeted health facilities.

Linked to Result 2 above, the project has mobilized 272 communities in which 424 community health workers have been identified and trained in the detection of malnutrition and referral of suspected SAM cases for treatment and conducted awareness raising in their communities.

The number of beneficiaries reached during the active screening is noted under Result 2 in the previous section of this report. Overall, 2,086 children U-5s were detected as severely malnourished without complication and 62 children with edema were referred to health services. Apart from these cases, project staff during field visits have also detected and provided referral for 9 severe malnourished children from their communities to the intensive care units CRENI in Tillaberi and Dosso.

**Result 7:** Capacity of the healthcare system to gather, transmit, and disseminate nutritional information in Tillaberi and Dosso departments.

Linked to Result 4 above, the project is working to strengthen the ability of the MoH and its local health facilities to collect, transmit, analyze, and act upon nutritional data collected in their catchment areas. As mentioned above, the project supported the districts in Tillaberi and Dosso by collecting monthly reports from the field on malnutrition and other diseases and the active screening result in the 252 communities.

## Summary of Progress Achieved

The various achievements on this project and are summarized per results as follows:

**Result 1:** Under-five children suffering from moderate acute malnutrition and pregnant and lactating women have access to appropriate outpatient/home-based treatment.

- (1). 58 Health professional trained on the National Protocol of acute malnutrition management;
- (2). 23 Health services and 2 stabilization centers provided with Interagency Emergency Health Kits;
- (3). 15,284 children (U-5s), 2870 pregnant women and 1551 lactating women treated in the moderate outpatient malnutrition management centers (CRENAM);
- (4). 8227 children (U-5s) treated in the severe outpatient malnutrition management centers (CRENAS);
- (5). 1838 children (U-5s) malnourished with complications treated in the stabilization centers (CRENI);
- (6). 5 Meetings with WFP and UNICEF to maintain the pipeline for the supply of therapeutic foods, essential drugs, and dry rations.

**Result 2:** Community health volunteer networks are activities to detect acute malnutrition and raise awareness of nutrition, hygiene, diarrhea, and malaria prevention in each of the catchment areas of targeted health facilities

- (1). 424 community volunteers trained in active screening of malnutrition and referral of suspected cases;
- (2). 45,577 children (U-5s) screened and 6,289 detected malnourished and referred to care centers;
- (3). 6,308 pregnant and lactating women screened and 3,981 detected moderate malnourished;
- (4). 424 community volunteers trained in community awareness on nutrition and health related topics.

**Result 3:** Malnutrition prevention among vulnerable groups is improved through an integrated approach to nutrition and healthcare in Tillaberi and Dosso departments

- (1). 28 nutrition hearth FARN implemented in communities;
- (2). 252 communities mobilized to conduct community awareness on nutrition and diet improvement to prevent malnutrition.

**Result 4:** Capacity of the healthcare system to gather, transmit, and disseminate nutritional information in Tillaberi and Dosso departments.

- (1). 28 nutritional data collection kits provided;
- (2). 60 CRENAM Records obtained from WFP made available to the health districts;
- (3). Reproduction of 110 copies of the national protocol for the management of malnutrition;
- (4). 6 community meetings with local officials and community leaders conducted.

Additionally, the project was successful in establishing excellent collaboration with the health districts and communities. Its regular nutrition monitoring activities in the target communities and referral processes improved regular care and enhanced nutrition practices among beneficiaries.

## Challenges

Due to security and issues of access, the project's area of coverage was reduced from 30 to 23 health facilities. To compensate for this decrease in the number of health centers, Plan increased its target villages from 180 to 272 in order to maximize impact.

Plan also faced significant initial delays in implementation at the outset of the project. In order to catch up on project activities, a no-cost extension was submitted and approved by OFDA in May 2013, which extended the

project through August 20, 2013. The extension ensured that community-level activities such as the FARN, nutritional screenings and complementary training of community health workers were completed.

While the project has been successful in meeting its targets and activities were carried out with a strong mobilization of mothers, engagement of community volunteers and mobilizing the support of community leaders, challenges remain, related to sustainability within the communities. With the completion of the project, Plan is exploring options to ensure the continuity of nutrition activities within the areas of implementation.

## **MONITORING AND EVALUATION**

Plan developed a monitoring strategy which was adapted at the operational level within the program units in Dosso and Tillaberi. Regular monitoring visit were conducted in the health facilities and villages to ensure effective implementation and corrective actions as needed.

Plan's Regional Office provided M&E support to the project by deploying a health advisor in Dosso to assess project implementation and provide technical guidance to project staff. Plan's Regional M&E Specialist also worked extensively with project teams in Niamey and the two programs unit level to develop data collection and indicators monitoring tools' to improve data management.

## **COORDINATION**

To facilitate the coordination of project activities, several actions were taken with the Niger Ministry of Health representatives at the beginning of the project, during its implementation and project close-out to ensure accountability and ownership. Among the actions carried out by Plan include the following:

1. Sending an information letter addressed to the Ministry of Health on project funding acquisition at the outset of the project;
2. Regular meetings with regional and departmental health structures conducted in Dosso and Tillaberi to discuss implementation plans in the targeted health facilities and communities to be covered at the outset of the project;
3. Information sharing at coordination meetings with district representatives and cluster meetings with partner NGOs and UN organizations;

At the end of the project, a coordination meeting was held in Dosso which was attended by members of the health district team, heads of CSI supported by the project, representatives of the administration and traditional authorities in the region and Plan project staff. The main topic discussed include the continuation of nutrition activities of which several commitments were made by the participants to pursue the monitoring of the activities initiated by the project in the health facilities and community level, call on communities to highly participate and continue the implementation of FARN in other villages.

## **PROCUREMENT**

The project procured several materials and equipment including office equipment, 16 laptops, 2 digital cameras and 1vehicle (Toyota Land Cruiser). An inventory list of supplies will be included in Plan's close-out documentation submission.

A Toyota Land Cruiser Hard Top was purchased from a local vendor of Nigerien nationality. Per the grant agreement [section 1.6 (d) (1)] on procurement of non-U.S. motor vehicles as a restricted good, the project elected to utilize a blanket waiver due to the unavailability of U.S. manufactured 4x4 motor vehicles in Niamey and the

lack of vendors able to provide for replacement parts for U.S. made motor vehicles in the two departments of Niger in which the project vehicle will operate. In addition, the vehicle was required to respond to the emergency food crisis in Niger, and as such, fulfillment of the project's needs could only be met in a timely fashion via a vendor on the local market, which was unable to provide for a U.S. manufactured motor vehicle.