

PD-NAV-201

1AM-49145

REVIEW OF THE INITIAL SITE VISIT FOR THE
NUTRITIONAL ASSESSMENT SURVEY IN NIGER

AID Contract AID/AFR-C-1561

Site visit conducted August 1979 by
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- I. The purpose of this site visit was to make preliminary administrative and technical arrangements required to implement the survey early in CY 1980 and to identify any problems that need to be resolved before survey implementation.

- II. Accomplishments
 1. Administrative arrangements: During discussion with GON personnel, and AID technicians, it was resolved that the survey would be implemented jointly by the Niamey Department Development Project (NDD) of the Ministry of Rural Development and the Direction Departmentale de la Sante de Niamey (DDS) of the Ministry of Health. The Directors of the NDD and the DDS (Niamey Department) are respectively Mr. Saley Moussa and Dr. Hamani. These two individuals will be the key decision makers in all matters concerning the survey.

 2. The Project will be responsible primarily for the logistical requirements of the survey while the DDS will be responsible for the technical and personnel requirements of the survey.

The Project Director, Mr. Saley Moussa, is a very active and enthusiastic leader and has agreed to provide all the logistical support and resources in his power to implement the project. Thus, the project will provide all the vehicles, fuel and local purchase materials needed to

implement the survey. A list of equipment purchased by MDW and now in storage by the Project Niamey is attached. This list does not include about 20 measuring boards made and procured locally by MDW. Another list of materials and personnel required for full implementation of the survey has been prepared and submitted to the Project Director and the Survey Director, Dr. Hamani. (Copy attached)

3. A survey activity schedule detailing tasks to be accomplished, agent responsible for the task completion and completion deadline has been prepared and submitted to the Project Director and Dr. Hamani. The activity schedule covers the period August 1979 up to early 1980, the approximate date for the start of the field implementation of the survey.

It is not anticipated that a lack of material resources and logistical support will constitute a significant problem in this survey.

4. In addition to detailing material logistical resources, personnel determinations were also discussed. The Departmental Health Office (DDS) and the Niamey Development Project (NDD) had agreed to provide the personnel required to implement the survey. (See minutes of meeting, August 20, 1979)

- 1 full time Survey Director
- 1 full time Logistics Officer
- 5 Supervisors
- 30 Surveyors for training 24 to be chosen
- 1 Laboratory Technician
- 1 possible Statistical Advisor in Niamey

It is anticipated that there will be some problems in finding well trained people especially at the Senior level (1 Senior Supervisor, 5 Supervisors, Statistician and Lab Technician) and the departmental level because of very thin departmental staffing. The consequence of this particular problem has to do with achieving the institutional capacity building objectives of the survey. It would appear at this time that there will not be a strong enough senior level Nigerian core group well versed in the survey technology by the end of the survey if the central MOH does not lend personnel support to the DDS. This problem has consequences on the ability of the DDS and/or the Central MOH to subsequently undertake on their own a survey of this nature and on maximum utilization of survey results after the survey is completed.

At a later meeting (September 29 attached) the following decisions were made by the Project Director:

1. Survey Director: Dr. Hamani
Dr. Hamani did not anticipate being in the field full time; hence this field role would be taken over by Marie Trebellow (Social Worker, DDS).
2. Senior Supervisor: No Nigerian identified.
3. Supervisors (5): ? Aide encadeurs, ? Animation Rurale.
4. Enqueteurs (25-30): Labour board.
5. Logistics Officer: Roger Bloom probably unavailable due to other duties - use an officer at each arrondissement level and MDW supervise continuity.

6. Laboratory Technician: via Dr. Hamani (a nurse from DDS)
7. Statistician: Senior Nigerian to be identified to review sampling (? Mr. Mustapha - Census Bureau, ? Health Statistician, MOH)
8. Drivers: Shortage at Department level, use by arrondissement.

It is clear that many gaps remain to be filled - a written commitment is required by November.

5. Technical Arrangements

The team spent a considerable amount of time defining the project zone in terms of the sampling universe. This was necessary because of the following definition of the Niamey department for project purposes.

- a. All villages north of latitude $14^{\circ} 40'$ in the Ouallam of Filingue arrondissements are considered outside of the project zone.
- b. All villages within 5 Km of each side of the river Niger within the Niamey arrondissement are excluded from the project zone. (Ouallam, Filingue and Niamey arrondissements constitute the Niamey Department).
- c. All other villages within the Niamey department are considered within the project zone although only about 148 of these are currently involved with the project.
- d. A list of villages in Niamey Department (both inside and outside the project zone) had been prepared and provided to the project technicians.

Five sampling options were prepared and presented to the Project Director. The preferred sampling option has the following set-up of sites.

e. Sampling

- i) 30 sites Ouallam
- ii) 30 sites Filingue
- iii) 30 sites Niamey
- iv) 30 sites villages involved with project (148)
(There was uncertainty expressed by the project staff if this was necessary.)
- v) Reference group from Niamey City.

It is anticipated that villages sampled randomly from the universe of villages currently involved with the project will complement those involved randomly selected on an arrondissement basis, with no villages to be selected twice.

The Project Technicians indicated interest in a nutritional description of the population in the Dosso Valley in the Filingue Arrondissement. Agricultural activity in this region of the country differs markedly and favorably from the rest of the country. The number of sites proposed for Filingue will be determined with this interest in mind.

Project Technicians indicated during discussions that the target population of interest for the survey will be the more vulnerable groups which are preschool children (0-5 years), pregnant, and lactating women. It was not necessary to study male adults and older children.

Sampling Description

A number of sampling designs were presented to the Project Director, Survey Director (Dr. Hamani), AID Project Officer (M. Wentling) and Technical Adviser (J. Mellinaux).

It was decided that within the project area the three arrondissements: Ouallam, Niamey and Filingue would be separately described (as per the initial project proposed). This would require 30 sites from each arrondissement, making a total of 90 sites. It was considered that 90 sites would be a practical target to achieve within the 6-8 weeks reserved for the field survey phase. As intervention villages comprise at least 30% of the total population surveyed, random sampling by population proportion would account for approximately 27 of these 90 sites, and non-intervention villages the remaining 63.

In addition, a reference population in Niamey town would be identified and a non-random sample taken. The purpose would be to compare measures of children belonging to higher socio-economic status families with the arrondissement survey results. This phase would take up to one week, depending on ease of identification.

Alternative designs would be considered, depending on the resources available for the survey.

AID/Washington (the Health-nutrition officer, Development Services, Africa Bureau) after the site visit and during debriefing by the MDW representatives

in USA, has expressed special interest in the following:

- a) Intervention villages - as a baseline measure for future project nutritional evaluation.
- b) Villages outside the project zone in the 5 Km area each side of the Niger River.

These concerns were communicated to Mr. Wentling during his recent stay in the USA. It was indicated by AID/Washington that added central funding may be possible if required for these objectives.

The contractor recommends that:

(a.) be satisfied. This would require the addition of up to 5 additional sites, making a total of up to 95.

With regards to (b), additional work, even with added funding, might compromise the survey as a whole. The addition of 30 more sites for this area would require an added 2 weeks work, unless the number of teams were increased to 12-14. This would make adequate supervision more difficult and may impose added problems (logistics, personnel requirements, etc.)

It is probable that the Project Director, Saley Moussa, would be unlikely to agree to the added work involved in (b).

A compromise might be to measure children in 2 representative villages in the river area (akin to the reference population in Niamey). However, it is not known how representative these might be for interpretation of results for the whole area.

f. A significant amount of time was spent checking the population data. Results of the 1977 National Population Census were initially not available in the form that can be used for survey sampling. Two basic sources of data were available for use.

1. Administrative List of villages with their populations from Ministry of Agriculture. This list excludes smaller villages and hamlaux (settlements).
2. Preliminary Summary Results of National Census with population totals only for villages with 500 people and above, from Ministry of Plan.

After a thorough checking of these data sources, it was initially decided for a variety of reasons to use the Administrative List of Villages in spite of some inconsistencies and shortcomings. (See minutes of meeting with FAO Statistician August 16)

Canton maps with zones and villages in the project are available and will be used to cross check the chosen population list for sampling. The primary sampling unit will be the zones.

During the very last part of the site visit, permission was granted to Dr. Zerfas to copy census data as the initially selected Administrative List was inadequate for sampling purposes. A provisional sample of 30 zones in each arrondissement was taken and left with NDD for typing. Sampled Zones (each 1,000-2,000 population) containing village names and populations were copied in the census office and are to be typed. The method of sampling within each zone, so that 30 children are measured, remains to be

finalized. On receipt of the typed lists and copies of canton maps from Niamey, the contractor will present alternative designs for selection by Nigerians.

In the present sampling design, at least 24 intervention villages will be selected. This number may be supplemented by six additional intervention villages selected randomly.

Sample designs will be sent to Niger on the date of receipt of lists and maps from Niamey.

Important problems in using the 1977 census data include:

1. Migrations - from year to year and temporary (during January - March 1980) account for about 20% change in populations for individual villages (and particularly the smaller villages in hamlaux)
2. Village Identification
 - Many villages have more than one name.
 - Village names on census may not correspond to those on the canton maps (more commonly with the smaller villages (150 population)).

III. Issues and Problems

1. AID/Washington should play a major monitoring role to see that an interim schedule of activity is adhered to. (See list of schedules). This includes a review by the GON of the survey questionnaire and training manual: this review must be transmitted to MDW for printing by November 1979 at the latest. In addition, according to the terms of reference, project technicians must be formally identified by the GON and the list also sent by this date.

2. An appeal should be made again to the Department and Central Ministry Sources (eg. Health and/or Rural Development) to lend support to the DDS in Senior and intermediate level personnel (only about 1 or 2 persons) to ensure that a core group of persons knowledgeable in the survey methodology and rationale is left behind after the survey. It should be noted that although the central MOH has indicated before its shortage of personnel which prevents it from supporting the survey (letter No. 0543 of 21/2/78) the survey was considered a collaborative effort between the DDS and the Central MOH Nutrition and Health Education unit (DESSN.) The DESSN is very thinly staffed and a possible source of additional personnel for the survey is the Central MCH Bureau. Persons from the central office would be seconded to the survey only during the duration of the survey - approximately 4 months.

3. Although the nutrition survey is only one of several surveys in the project, it is probably the most objective and the broadest in scope and content besides being the most expensive. It is suggested that at the departmental level, the project can make efforts to establish a core group of MOH and Ministry of Agriculture personnel to consider a strategy for using survey results both for MCH and agricultural production activities.

4. Secretarial support will be a critical factor during the implementation of the survey.

5. Contract clause #4 C paragraph 2 should be modified to read something like "---- 25 copies of French and 15 copies in English for his final report on the survey within 3 to 6 months from the date of completion by the contractor in Niamey of the field phase of the survey."

Administrative

The initial site visit affirmed MDW International's ability to coordinate a geographically separated team. Equipment sufficient for the actual survey was purchased at a cost within the budget allowed and now most is in Niamey. Both equipment and personnel arrived as planned with the paperwork and preparation needed to do the job.

Contractual Considerations

1. Training -

As indicated previously in this report, it may not be possible to achieve the objective of enabling Niger to conduct its own nutritional assessment to monitor its population's nutrition/health status. Achieving this is one of MDW International's objectives, and is requested of us in the contract; however, due to circumstances beyond the contractor's control, the Nigerian Survey Director because of his other commitments is unlikely to have the time to carry on subsequent work. In addition, it is unclear which Nigerian will have full time responsibility for the survey, although Dr. Hamani has been appointed. The personnel required to implement the survey have been fully indicated, but it is not yet clear how many people will be provided by the Government of Niger.

2. Budget -

MDW International's costs were based on the sequence outlined in the proposal and the flow chart requested thereafter: a

site visit early in 1979, followed by survey work in late spring/early summer 1979, with the Project finishing before the Niamey rainy season.

While the schedule has been altered by AID so that the actual survey will take place in 1980, no adjustment has been made in the budget to reflect the increased costs of this change to MDW International. These cost increases are reflected in rises in air fare prices, communications, equipment, and overhead. In addition, the schedule change has forced changes in personnel which is significant because there are very few individuals with the qualifications to conduct a survey such as the one contracted.

MDW International has accommodated itself to the implications of these changes in order to conduct an important piece of work for the Government of Niger. However, further changes by AID must result in compensation for MDW International.

As an example, the request in Niamey for an extension of stay on the site visit by the Project Advisor was approved by MDW with the request that the costs resulting from the extension of stay be paid. Payment of the Advisor's per diem was approved; however, payment of per diem only is insufficient to reimburse the company, as all budget line items (save travel and equipment) are affected, particularly "salary".

3. Communications -

MDW International and the survey team have made special efforts to enhance communications, including meeting as a group and

individually with the many AID offices whose interests touch the Niger Survey. Their inputs have been most helpful to us. However, better communication from AID to MDW could improve the project's workings. No copies of telex communications about the survey have been received by MDW, for example. We suggest the Mission mark appropriate communications with a copy for MDW International and that AID/Washington do likewise.

3. Staffing

The site visit clarified Niger's preferences as to the number of outside professional persons involved. The work of Awantang and Zerfas in Niger on the site visit means that what remains to be done by the statistician involves a review and refinement of the groundwork laid thus far, particularly the sampling. The time required in Niger for the statistician's review, therefore, is estimated to be about a week.

Training of Surveyors and refinement of the questionnaire is important for the success of the survey. This task involves work with Nigerians and with the survey instrument to ensure that the questionnaire produces reliable and useful information. Estimated time for this task is 3 to 5 weeks, including time to review the initial results and make improvements.

Several comments are relevant here. First, the change in the project schedule cost the team the services of a well qualified, French-speaking, statistician, Daniel Brehon. Replacing him

added several positive elements in that the project gained, at minimal cost, the services of an excellent questionnaire specialist with unusual skills in training surveyors, Marie Claire-Fair. Dr. Luciano Neri, whose skills lie in obtaining statistically valid samples, and who is accustomed to working with Mrs. Fair as a team member, thus needs to spend less time on the project which results in a cost savings. By obtaining the services of these two professionals, the project has added depth and improved quality at less cost, obviously benefitting AID and Niger.

However, Niger's wish for as few people from outside as possible requires MDW International either rotate personnel in so that no more than 3 team members are present at any given time or to spend the first survey week with all 4 team members on site. In view of Niger's short-handed situation, the latter solution may very well be acceptable. This matter remains to be resolved.

Fournitures pour l'étude

Equipe = 10

Enquêteurs = 20

Superviseurs = 5

Cadre = 7

Directeur Nigérien, *Repaire* logistique, Responsable du terrain
 Superviseur de laboratoire, Statisticien, MDW (2)

Chauffeurs = 7

Rechanges = 3

Total = 42

	EQUIPE	ENQ.	SUPER.	CADRE	CHAUF.	RECHANGE	TOTAL	PRIX	
								LOCAL	U.S.A.
								TOTAL	TOTAL
1 Sacs en toile (grand) Equipement/personnel	10		5	7		3	25		
2 Lits pliants (matelas mousse)		20	5	7		3	35		
3 Draps de lit (couverture)		20	5	7	7	3	42		
4 Bidon pour l'eau (1 l)		20	5	7	7	3	42		
5 " " (5 l)	10					3	13		
6 Jerrican à eau (20 l)					7	3	10		
7 Boîte de secours					7	3	10		
8 Lampe de poche (2 piles)(torche)		20	5	7	7	3	42		
9 Piles 1.5 V. pour lampes de poche		80	20	28	28	62	218		
10 Lampes à pétrole	10					3	13		
11 Pétrole (1 l)	10					3	13		
12 Bidon à pétrole (1 l)	10					3	13		
13 Allumettes (boîtes)		40	10	14	14	6	84		
14 Ecriteaux (35 x 25 cm)		20	5	7	7	3	42		
15 Carnets de notes (28 x 20 cm)		20	5	7	7	3	42		
16 Stylo à bille (noir)		40	10	14	14	48	126		
17 crayons (2B avec gomme)		40	10	14	14	48	126		
18 Taille crayon		20	5	7	7	21	60		
19 Feutres		20	5	7	7	21	60		
20 Nivaquine (boîte de 12)		20	5	7	7	3	42		
21 Aspirine (boîte de 12)		20	5	7	7	3	42		
22 Antiseptique (petite boîte)		20	5	7	7	3	42		
23 contre diarrhée		20	5	7	7	3	42		
24 EZ thermomètre médical	20		10	14		16	60		
<u>EQUIPEMENT ANTHROPOMETRIQUE</u>									
1 Balance 25 kg	10		5			3	18		
2 Pèse (pour salle de bain) pour adulte	10		5			3	18		
3 Poids de mesures 10 kg					7	3	10		
4a Planches pour mesures, hauteur et longueur avec les mètres	10				7		17		
4b Mètres (extra)	10				7		17		
5 Grandes bandes magnétiques zerfas (65 cm)	30				10	20	60		
6 Petites bandes " " (25 ou 37 cm)	30				10	20	60		
7 Boîtes Boîtes à bandes	20				10	20	50		
8 instrument pour mesurer le pli cutané	20					10	30		

	EQUIP.	ENQUET.	SUPERV.	CADRE	CHAUF.	RECH.	TOTAL	COST	
								LOCAL	U.S.A.
<u>MATERIELX DE PRISE DE SANG</u>									
1	Boîtes plastique 25 x 20 x 10 cm	10	5			3	18		
2	Petite sacs noirs en toile	20	10			6	36		
3	Vil pour les spécimen de sang	20	100	140	140		380		
4	Petites seringues	20	100	140	140		380		
5	essuyer d'alcool	20	100	140	140		380		
6	Etiquettes	20	100	140	140		380		
7	Plâtre	20	100	140	140		380		
8	Colle à plastique	1	10	14	14		38		
9	Gaze (5 cm x 5 cm)	20	100	140	140		380		
	Carnet de reçu avec carbone	20	5	7	7	20	59		
	Manuel de formation		20	5	7	10	42		
	Formulaire de questionnaire avec copies	40	200	280	280		760		
	Instructions des chauffeurs		20	5	7	7	10	49	
	Carte d'...	10		5	7	7	5	34	
	Carte spécifique de l'endroit	1		1	1	1	3	7	
	grandes enveloppes pour formats 40 x 30 cm	2	X	10	14	14	30	68	
	Calendrier des évènements (éphéméride)	1		10	14	14	30	68	
	Information sur l'emplacement du village	1		10	14	14	30	68	
	Formulaire de référence pour enfant malade	5		25	35	35	30	130	

EQUIPEMENTS SUPPLEMENTAIRES

- Par véhicule :
 - carnet de route
 - 1 - 2 jerricans
 - extra : ceinture du ventilateur
 - bougies
 - pneux
 - démonte pneu
 - cable de remorque
 - rechargeur de batterie

- Réparation de véhicule:
 - 2 batteries supplémentaires
 - 2 roues de secours
 - boîte à outils
 - boîte en fer avec serrure
 - tonneau d'essence (200 l)

- Zone d'énumération :
 - Repare de planche de hauteur et de longueur
 - 2 marteaux
 - 2 tournevis
 - colle forte (epoxy)
 - pointes
 - vis

- Contenu de boîte de secours :
 - plâtres
 - gaze
 - ciseaux
 - antiseptique
 - adhesif

- Materiel de bureau :
 - papier
 - carbone
 - etc...

HEMOGLOBINOMETER

(USA)

1. BASIC INSTRUMENT
2. MATCHED CUVETTES.
3. HEMOCLOBIN STANDARD
4. VOLTAGE REGULATOR
5. TRANSFORMER
6. PASTEUR PIPETTES + TEATS.

?? AC/DC CONVERTER.

TRAINING MATERIALS

? LOCAL

SLIDE PROJECTOR ? + SCREEN OR EQUIVALENT
BLACK BOARD
CHALK

COMPTE RENDU POUR L'ETUDE NUTRITIONNELLE EN STOCK DANS LE MAGASIN
ICI A LA DIRECTION (P.P.N.) /

QUANTITE	NATURE	REFERENCE	OBSERVATION
9	Trepieds		Pour balances de pesage d'enfants
2	Balances	Pendant	P adultes
1	Balance	"	Adultes
2	Instruments		De mesure plis cutané
10	Balances		Pour enfants
8x50= 400	Unopettes		Pour les spécimens du sang
500	Lancets		Pour les piqûres
500	Tampons d'alcool	PADS	
1	Bande d'étiquettes		
20	Thermomètre à plastique	EZ .TEMP.	
14	Règles de 1 mètre	FISHER SCIENTIFIC	Instruments de mesure de hauteur
		CO. CAT. 12.096	"
27	Règles de 12-29 Cm	"	"
26	" 20 Cm	"	"
2	Paquets de Microlance	N° 419	250 sachets par paquet.
4	Paquets de Cristoseal	Lances	6 boîte par paquet
1	Machinè electronique	HEMOGLOBIN	
- 39	Petit Réservoir		
39	Petit réservoirs Plastique		Pour metres ruban
-			

ENQUETE NUTRITIONNELLE

10 Août 1979

VISITE PREPARATOIRE

LISTE DES TACHES A EXECUTER DURANT LA VISITE PREPARATOIRE

PERSONNEL : Identification, collaboration, planning et essai sur le terrain ^{avec} / ces responsables suivants. Une description des tâches et responsabilités pour chaque participant.

- a) Directeur nigérien N
- b) Technicien laboratoire LA
- c) Statisticien (santé ?) S
- d) Chef contrôleur des enquêteurs SS
- e) Responsable logistique LO

Autres individus et organisation avec des tâches à accomplir dans l'enquête.

- a) Directeur du Projet Productivité C
- b) USAID/Niger AN
- c) Contractant pour l'enquête MDW MDW, A + Z
(Avantang, Zerfas)

<u>TACHE</u>	<u>AGENT RESPONSABLE</u>	<u>DATE</u>
1. Pourquoi une enquête et un plan pour l'utilisation des données recueillies	N, C, A + Z	Août 1979
2. Termes de référence pour l'enquête	Projet (déjà fait)	
3. Présentation méthodologie de l'enquête au gouvernement	MDW, (A + Z)	Août 1979
4. Préparation du questionnaire et le manuel de formation	N, SS, LO, A + Z	Août 1979
5. Essai sur le terrain du questionnaire. Révision des éléments sur le questionnaire et la méthodologie	N, SS, LO, A+Z	Août 1979
6. Traduction du questionnaire en Français, Haoussa, Djerma, etc (langues locales)	AN, N, S, SS	Sept. 1979
7. Ratification du questionnaire définitif et manuel de formation	AN, N, S, SS	Octobre 79
8. Envoi du questionnaire final à MDW pour imprimerie sur papier HCR (USA)	C, AN	Oct. 1979
9. Plan d'opération définitif	CO, N, A + Z	Août 1979
10. Essai sur le terrain		
a) Standardisation	N, SS, LO, A+Z	
b) Prélèvement du sang	LA	
c) Essai du questionnaire	N, SS, S, LO, A+Z	Août 1979
d) Etablissement d'un calendrier d'événements locaux		
11. Echantillonnage pour des sites alternatives en cas de problèmes.	N, SS? S, LO, AN, A+Z	Août 1979
a) Décision sur liste des villages à utiliser pour l'enquête	N, C, AN, A+Z	" "
b) Décision sur méthode d'échantillonnage dans les sites choisis	N, SS, A+Z	" "
c) Correspondance entre les noms des villages sur la liste choisie et sur la carte	N, A+Z	" "
d) Etablissement d'un plan logistique basé sur le nombre des sites	N, C, AN, LO	" "

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TACHE	AGENT RESPONSABLE	DATE
12. Clarification des problèmes du groupe de référence		
a) d'où viendra ce groupe	N, SS, A+Z	Août 1979
b) 1 ^{er} âge		
c) composition ethnique		
d) nombre total pour le groupe		
e) mesures à employer		
groupe ethnique, âge, hb, occupation, etc		
f) Plan pour implémentation (clinique privée, gouvernemental)		
13. Plan logistique		
a) Besoins logistique	N, C, LO, A+Z	Août 1979
b) date	A+Z	
14. Matériaux		
a) anthropométrique	MDV, A + Z	
b) Hb, H ^o photomètre	" " "	
c) sachettes pour "unopettes"	" " "	
15. Cartes		
a) 5 grandes cartes 1:500,000	Co, LO, AN	
b) 10-15 cartes 1:200,00	" " "	
c) moyens photocopier cartes sur papier ciré	" " "	
16. Autres besoins logistiques		
a) machine ou moyen photocopie	Co	Jan. 80
b) Interprètes/traducteurs anglais, français, djerna, haoussa	C, AN, N	Sept. 1979
c) salle pour formation des enquêteurs	C, AN, N	Jan. 1980
d) magasin pour matériaux	" " "	" "
e) bureau et téléphone	" " "	" "
17. Vérification des données		
a) données du recensement		
b) santé		
c) nutrition		
d) socio-économiques	N, SS, A + Z	Août 1979
e) autres études		
18. Budget		
	AN, MDV, A+Z	Août 1979
	N, LO	

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PROJET PRODUCTIVITE NIAMEY

ETUDE NUTRITIONNELLE

TERMES DE REFERENCE

(Financement USAID -- PIO/T --
683--020563--80636)

I. OBJECTIF

Fournir à la République du Niger une évaluation statistique valide sur l'état nutritif des habitants de la zone du projet en mesurant certains indicateurs clefs de la nutrition chez les jeunes enfants et adultes qui sont sélectionnés selon des procédures et méthodes d'échantillonnage d'enquêtes internationalement reconnues.

II. DESCRIPTION DU TRAVAIL

A.- Le contractant présentera une enquête sur l'état nutritif de la population qui habite la zone du projet, enquête qui comprend, mais ne se limite pas forcément aux éléments suivants :

- 1) Données statistiques valides sur la fréquence des cas d'anémie par groupes d'âge et par sexe ;
- 2) Renseignements nutritifs de base sur les femmes enceintes et mères qui allaitent et sur l'historique de sevrage des enfants qui n'ont pas encore atteint l'âge scolaire ;
- 3) Données socio-économiques limitées sur les ménages étudiés ;
- 4) Quantité limitée de données démographiques ;
- 5) Des recommandations par groupe d'âge et de sexe quant aux quantités minimales de denrées locales qu'un individu donné doit consommer pour maintenir un niveau de nutrition convenable ; et
- 6) Une base de données de référence sûre et stratégies que le Gouvernement du Niger peut utiliser pour planifier des programmes curatifs d'intervention dans le domaine de la nutrition et contrôler les changements éventuels résultant de ces programmes.

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B.- Le Contractant effectuera les tâches citées ci-dessus en utilisant une méthode qui fournit des données utiles au maximum dans le cadre des limites pratiques d'argent, d'équipement de véhicules et de personnel hautement qualifié. Au coeur de cette méthode se situe les techniques de base d'évaluation nutritive qui comprennent la mesure des paramètres suivants :

- 1) Anthropométrie : poids, hauteur, tour de bras, des mesures effectuées utilisant les graduations internationalement reconnues;
- 2) Signes cliniques. Présence ou absence d'oedème des extrémités ;
- 3) Laboratoire. Enquête sur le niveau d'hémoglobine utilisant la méthode cyanmethemoglobine et/ou hemotocrit comme une évaluation de la carence en fer ; et
- 4) Toutes autres techniques jugées nécessaires par le contractant et approuvées par le DDS . . .

C.- Un formulaire d'enquête sera rempli pour chaque individu. Le formulaire comprendra des renseignements obtenus sur les trois mesures mentionnées ci-dessus et les suivantes :

- 1) Code d'identification de base et nom de l'individu.
- 2) Age donnant l'année et le mois avec une note, sur la façon dont l'âge a été déterminé
- 3) Ordre de sexe et de naissance.
- 4) La grandeur du ménage et sa situation par village, canton et arrondissement . . .
- 5) Au moins 4 catégories de données sociales ayant rapport avec l'état nutritif (par exemple le niveau de revenu du Chef de la famille).
- 6) Autre renseignement de base sur la santé de famille, mortalité d'enfants et causes de mort dans chaque ménage enquêté .

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D.-- Le contractant sera responsable pour la formation des membres de l'équipe locale d'enquête que le Ministère de la Santé et des affaires ^{sociales} / du Niger est en mesure de fournir. La formation de ces membres de l'équipe devrait être conçue dans le but d'aider le Niger à développer sa capacité à mener une enquête et à faire une évaluation nutritive en se servant des méthodes anthropométrique, clinique et biochimique.

Tout autre personnel auxiliaire dont le contractant aura besoin doit être décrit dans la soumission du contractant. Le contractant doit inclure une description des qualités requises et les dates que ce personnel doit être disponible. Tout personnel supplémentaire nécessaire sera fourni par le Ministère de la Santé et/ou la Direction du Projet à la réception d'un préavis de 60 jours envoyé par le contractant.

III. EQUIPEMENT ET FOURNITURES

Tout l'équipement, les fournitures et appui logistique seront fournis par le Ministère de la Santé et/ou la Direction du Projet. Dans le cas où des fournitures et équipement appropriés ne seraient pas disponibles au Niger, le contractant sera remboursé à partir des Fonds Généraux du Projet pour l'achat aux Etats-Unis de tels équipement et fournitures essentiels. L'approbation préalable du Directeur Nigérien du Projet est nécessaire avant d'effectuer de tels achats.

IV. COMPTE-RENDUS

Le contractant fera à l'intention du Directeur du Projet des résumés hebdomadaires sur ses activités et rédigera une fois par mois un bref rapport sur l'avancement de l'enquête. Ces résumés et rapports doivent être faits en français.

Le contractant fournira au Directeur du Projet 25 copies en français et 25 copies en anglais de son rapport final sur l'enquête dans un délai de 6 mois après la signature du contrat.

V. RAPPORTS ET RESPONSABILITES

A. Le contractant sera sous le contrôle du Directeur Nigérien du Projet et il travaillera en relation étroite avec l'administrateur médical du Ministère de la Santé pour le Département de Niamey.

B. Monsieur Saley Moussa, Directeur du Projet, représentera le Gouvernement de la République du Niger. Le Dr. Hamani, administrateur médical pour le Département de Niamey, servira comme homologue Nigérien auprès du directeur de l'enquête.

C. Monsieur Mark Wentling, Responsable du Projet pour l'USAID à Niamey, assurera la liaison avec l'AID.

VI. APPUI LOGISTIQUE

Le Projet fournira tout appui logistique à l'intérieur du Niger (y compris place du bureau, équipement/fournitures de bureau, transport et services de secrétaire). Des chambres d'hôtel sont disponibles à Niamey pour les membres de l'équipe du contractant. Des dispositions pour des voyages et logement en dehors de Niamey seront prises par la Direction du Projet. Avec le concours de l'USAID à Washington, le contractant prendra des dispositions pour ces voyages internationaux, son passport et visas nécessaires.

VII. REMARQUES

Le contractant doit assurer que tous les membres de son équipe sont en bonne santé et capable de passer des périodes prolongées "en brousse". Ils devraient commencer à prendre des comprimés contre le paludisme deux semaines avant leur arrivée. Une injection de gamma globulin est également recommandée.

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