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Women and Infant Nutrition Field Support Project (WINS)

**WINS Reconnaissance Visit:
Assessment of Opportunities
in Niger**

July 6 to August 3, 1991

SUBMITTED BY:

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Abbreviations

AED	Academy for Educational Development
A.I.D.	Agency for International Development
CRENA	Centre de Rehabilitation et d'Education Nutritionelle Ambulatoire (Ambulatory Nutrition Rehabilitation and Education Center)
CRENI	Centre de Rehabilitation et d'Education Nutritionelle Intensive (Intensive Nutrition Rehabilitation and Education Center)
CS	Child Survival
DEPS	Division Education pour la Santé (Health Education Division)
DSMI	Direction de la Santé Maternelle et Infantile (Directorate of Maternal and Child Health)
GMP	Growth Monitoring and Promotion
HDO	Health Development Officer
HKI	Helen Keller International
HNP	Health, Nutrition, Population
JNSP	Joint UNICEF/WHO Nutrition Support Program (Projet Conjoint d'Appui à la Nutrition - PCAN in French)
NCP	Nutrition Communication Project (AID-Funded project managed by the Academy for Educational Development)
NGO	Non-governmental Organization
NHSS	Niger Health Sector Support Grant
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PRITECH	Technologies for Primary Health Care (AID-funded project managed by Management Sciences for Health)

PVO	Private Voluntary Organization
TA	Technical assistance
TAACS	Technical Advisor for AIDS and Child Survival
TBA	Traditional Birth Attendant
USAID/Niger	Agency for International Development Mission to Niger
WHO	World Health Organization
WINS	Women and Infant Nutrition Field Support Project (AID-funded project managed by Education Development Center, Inc.)

Acknowledgements

I want to thank the U.S.A.I.D. Mission to Niger and the Government of Niger Ministry of Public Health (MOPH) for allowing the Women and Infant Nutrition Field Support (WINS) project to conduct this preliminary assessment of program opportunities in Niger.

I particularly wish to express my sincere appreciation to Dr. Aissata D. Guimba, Director of Maternal and Child Health, and Ms. Aissa Medoue, Ms. Fati Garba, Mr. Hamani Arouna and Mr. Amadou Boukary of the MOPH Nutrition Division, for the many hours they spent in meetings with me and for sharing with me, in a candid manner, their views and concerns on the nutrition problems and activities in Niger.

My special thanks also go to Mr. Karl Rhaman (USAID Health Development Officer), Ms. Sylva Etian (U.S.A.I.D. Technical Advisor for AIDS and Child Survival), Mr. Oumarou Kane (USAID Health Project Manager) and Ms. Nancy Lowenthal (USAID Child Survival Program Coordinator) for providing me with a better understanding of the USAID Mission's strategy and assistance program to the health, nutrition and population sectors.

I also want to take this opportunity to express my warm appreciation to Ambassador and Mrs. Jacqueline Cundiff, the Director of USAID/Niger and Mrs. Helen Eaton and the Deputy Director of USAID/Niger and Mr. Steve Horton for their warm hospitality throughout my stay in Niger.

Finally, this trip would not have run smoothly and efficiently without the excellent field support and coordination provided by Ms. Sylva Etian and by Dr. Essama Nssah (my husband), who is currently working in Niger on a research program implemented by Cornell University and the Government of Niger Ministry of Plan.

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I. Executive Summary

With the concurrence of the USAID Mission and the Government of Niger (GON), the Director of the Women and Infant Nutrition Field Support (WINS) project conducted a reconnaissance visit to Niger for the period July 6 - August 3, 1991.

The purpose of the visit was essentially to explain the WINS project's objectives, mandate and technical approach to the USAID Mission and in-country organizations concerned with food and nutrition related issues, and to explore with them ways in which the WINS project can support their respective programs.

The mission was accomplished essentially by reviewing documents from various sources on nutrition activities in Niger, through meetings and discussions with decision-makers and program personnel from the government and the donor community and a field trip.

As a result of these discussions, a number of areas were identified in which the WINS project could play a meaningful role. They are:

- a) assistance to the GON Nutrition Division to improve its capacity to plan, coordinate and monitor the diverse nutrition related activities implemented by various organizations in Niger; the assistance envisioned here would be a combination of technical assistance in nutrition sector assessments and training to address specific problems and program needs identified by the Nutrition Division, supplemented with practical workshops, short courses in nutrition program planning, project design and evaluation.
- b) technical assistance to the National Interministerial Committee for the development of national guidelines for nutrition assessments.
- c) assistance to the USAID Mission, the GON Nutrition Division and CARE to develop concrete strategies for maximizing the nutrition impact of CS programs;
- d) assistance to CARE in the identification of opportunities and strategies for maximizing the nutritional impact of its microenterprise development efforts targeting, women and young children.
- e) food technology, including weaning food development and formulation and low cost, simple technologies for the conservation and processing of fruits and leafy vegetables;
- f) technical assistance to CARE and the GON Nutrition Division for the development of decentralized, community-based growth monitoring and nutrition monitoring strategies;
- g) assistance in the design and conduct of applied research for program development (through collaborative research arrangements) to identify the optimal timing for selected nutritional interventions.

As a first step in ensuring greater coordination and coherence of nutrition activities in Niger, it was recommended that a comprehensive assessment of nutrition related programs and activities be conducted through WINS, in order to review current nutrition priorities and evaluate the effectiveness of current program approaches in addressing these priorities.

This assessment is viewed as a collaborative venture between the WINS project and the MOPH, designed to lay the foundation for a long term collaborative relationship between the two institutions, in a broad range of nutrition related areas.

It is evident from the needs outlined above, that the WINS project can play a meaningful role in supporting GON's efforts to improve the nutrition of women and children in Niger, through the development of an integrated, community-centered approach to the delivery of mother and child care services. By redirecting national attention to issues of access to needed inputs, outreach capacity of local institutions, community participation, and effectiveness of current approaches in dealing with nutrition problems, the WINS project can help the GON in its efforts to strengthen the capacity of communities to address their nutrition problems more effectively.

II. Purpose of the Visit

With the concurrence of the U.S.A.I.D. Mission to Niger and the Ministry of Public Health (MOPH) Nutrition Division, the Director of the Women and Infant Nutrition Field Support (WINS) project visited Niger during the period from July 6 to August 3, 1991. The objectives of the visit were to:

- a. increase understanding among staff of the U.S.A.I.D. Mission and in-country institutions concerned with food and nutrition related issues of the objectives, mandate and technical resources of the Women and Infant Nutrition Field Support (WINS) project; and
- b. identify ways in which the WINS project can support or strengthen nutrition related programs and activities in Niger.

III. Activities

I spent the bulk of my time in Niger accomplishing the following activities:

- a. reviewing documentation on nutrition activities in Niger;
- b. meeting with technical staff from the Ministries of Public Health (MOPH) and

Social Affairs (MINAS), the USAID Mission, AID funded contractors, representatives of private voluntary organizations, and program personnel from the U.S. Peace Corps, UNICEF, FAO and WHO to discuss on-going nutrition activities sponsored by their organizations, program implementation and design constraints and plans for further support to the food and nutrition sector in Niger. Discussions in these meetings ultimately led to an identification of areas of mutual interest and an examination of ways in which the WINS project can support their respective programs.

- c. Participating in a debriefing session at USAID on a Health Sector Assessment Update conducted in the Tahoua and Dosso districts by a team from PRITECH; and
- d. Participating in the first interministerial planning meeting for the development of a national health education strategy for Niger;
- e. I also accompanied the USAID TAACS on a field visit to the Peace Corps Training Center in Amdallah, where I attended a training session in nutrition education for 20 new Peace Corps volunteers.

My participation in the above activities allowed me to interact closely with the staff of the MOPH Nutrition Division as well as the USAID TAACS assigned to this Division. I was thus able to hold several follow-up meetings with them to get their feedback on specific issues that arose in my discussions with their colleagues from other institutions. This process also helped me to gain a better appreciation of their program needs and constraints, and the gap that exists between program requirements and available resources at the national, regional/district and community levels.

My interaction with the new Peace Corps volunteers and their trainers gave me an added sensitivity to the magnitude and socio-cultural dimensions of the food and nutrition problems in Niger.

IV. Principal Findings

A. Country Situation

Despite a significant infusion of foreign assistance to Niger's health/nutrition sector over the past two decades, the performance of Niger's health/nutrition sector remains weak. Very high levels of infant and young mortality and morbidity and malnutrition persist throughout the country. The infant mortality rate was estimated at 134/1,000 and the under-five mortality rate at 218/1,000 in 1990.

A 1985 survey of children conducted in all seven departments of Niger by the Government of Niger Ministry of Plan, in collaboration with Tulane University, revealed very high levels (25.2 percent) of chronic malnutrition (less than 80-85 percent height/age) among children under five years of age. Subsequent cross-sectional nutrition surveys carried out in various parts of the country confirm serious malnutrition for the under-five age group, with prevalence rates of both wasting (as measured by two standard deviations below the mean in weight for height) and stunting (two standard deviations below the mean for height for age) as high as 30 to 40 percent in some areas.

Vitamin A deficiency is also widespread and considered a public health problem. Diarrheal diseases, malaria, and acute respiratory infections and improper dietary and infant feeding practices further compromise growth in infants and children.

Niger, like many of its Sahelian neighbors, has a subsistence farm economy characterized by recurrent drought, increasing population pressures and progressive deterioration of the land. Indeed, two-thirds of Niger is desert and the majority of the population lives on the arable strip of the land in the southernmost part of the country. In 1988, it was estimated that three-fourths of the population lived on one-fourth of the land.

In 1990, inadequate rainfall coupled with the progressive deterioration of the natural resource base (due to overfarming, overgrazing, and deforestation) led to a serious deficit in cereals production in Niger. This situation forced the Government to request food aid (approximately 160,000 metric tons of cereals) to cover the shortage in cereals production.

Furthermore, the economic crisis affecting most African countries including Niger has led to declining national revenues, persistent debts and reduced purchasing power, factors which further limit the ability of households to access food and non-food resources to achieve nutrition security. All these factors, singly or in combination, contribute significantly to the high rates of infant and child mortality observed throughout the country.

Given the progressive deterioration of the land and economic difficulties in Niger, it is important that nutrition programs establish effective linkages with programs that address critical issues of food supply, availability and access at the community and household levels, to ensure that strategies that are developed and implemented address nutrition problems in a way that does not foster dependence of communities and households on food aid and other types of external assistance.

B. Programmatic Context

Despite the relatively high rates of malnutrition for the under five age group reported in various parts of the country, the Government of Niger (GON) does not yet have a long-term national nutrition plan or strategy, and the institutional capacity to address food and nutrition problems remain weak. It is estimated that about 30-40 percent of the population have access to modern health care services. The majority of the Nigerien population rely essentially on the traditional

health care system composed of "marabouts", herbalists and traditional birth attendants (TBAs). The average number of deliveries per woman in Niger is 7.1 children (1990), and the contraceptive prevalence rate is estimated at 1 percent (1987). The current nutrition program consists essentially of a broad range of small scale, donor driven projects or activities implemented in a fragmented fashion by many PVOs and international organizations, with minimal or no guidance from the MOPH Nutrition Division.

There is currently no up-to-date national level data on the nutritional status of Nigeriens, to guide policy formulation and program development and implementation. A number of cross-sectional surveys and KAP studies of various population groups have been conducted, and many of these studies have been funded by USAID. However, most of these studies have been localized and need to be complemented by broader-based program and nutritional status assessments to a) identify critical factors or behaviors which must be targeted; b) determine the optimal timing for specific interventions and c) evaluate the cost effectiveness and relevance of current approaches to the delivery of nutrition services to vulnerable groups.

The Nutrition Division is placed within the Directorate of Maternal and Child Health in the MOPH. Its role is essentially to set national priorities, provide technical guidance in the area of nutrition for all organizations operating in Niger, design and conduct or monitor the execution of nutrition research and training programs and develop educational and other materials to support program implementation.

An Interministerial Committee on Food and Nutrition was established in 1964 to develop policy guidance on issues related to food and nutrition security. The Committee is composed of representatives of the MOPH Nutrition Division as well as other Ministries and institutions concerned with food and nutrition issues in Niger (e.g., Agriculture, Social Affairs, Education, Youth and Sports, Plan, Commerce, the Department of Solar Energy, the Department of Water and Sanitation, etc.) Although the Committee had met only sporadically since its inception, efforts have been intensified in recent years to build national consensus on the steps that need to be taken to enhance coordination of food and nutrition related activities and to generate national interest for the development of a food and nutrition security policy.

Indeed, meetings have been held over the past year to discuss ways and means of ensuring better collaboration of efforts among various international and private voluntary organizations involved in food and nutrition related activities in Niger. Action plans have also been developed by the Nutrition Division over the past couple of years to rationalize a set of priorities and activities to be pursued over the course of the year. Initial proposals for the development of a national nutrition and food policy are currently being drafted by an interministerial Task Force on Food and Nutrition.

Although there is broad consensus at all levels on the need for an integrated multisectoral approach to nutrition planning and implementation, many nutrition interventions in Niger continue to use a vertical and clinic oriented approach, with undue emphasis placed on nutrition rehabilitation through a network of nutrition rehabilitation centers called "CRENI" (Centre de

Rehabilitation et d'Education Nutritionnelle Intensive) and "CRENA" ("Centre de Rehabilitation et d'Education Nutritionnelle Ambulatoire"). Children with severe malnutrition are hospitalized and treated in the CRENI and children with moderate malnutrition are referred to the CRENA where they are given counseling and food supplements.

In recent years, with the assistance of several donors - including USAID, UNICEF/WHO and FAO - the focus of nutrition activities has begun to shift from curative to preventative activities, through the promotion of growth monitoring and nutrition education, the training of field personnel at all levels in IEC (in addition to technical aspects) and the promotion of community gardens and income-earning activities for women.

C. Current Nutrition Related Activities

USAID's funding of the nutrition sector is primarily through the Niger Health Sector Support Grant (NHSS). This grant currently funds one Technical Advisor for AIDS and Child Survival (who is assigned to the MOPH Nutrition Division). Although the NHSS was primarily designed to help the GON's efforts to plan and implement policy reforms in the health sector, it also provides support to discrete program activities in child survival, population and nutrition.

Current USAID funded nutrition related interventions in Niger are primarily aimed at addressing micronutrient deficiencies (e.g. vitamin A deficiency) and constraints to infant and young child feeding at the household and community levels through nutrition education, training of health personnel in IEC strategies and operational research.

The national diarrheal disease control (CDD) and family planning programs are also largely supported by A.I.D. through a combination of bilateral and centrally funded resources. The PRITECH project was initiated in 1983 and extended in 1988 for five more years. The project's main objectives are to assure correct case management of dehydration and diarrhea in the health centers and the communities through ORT promotion, training of health personnel, curriculum revisions and the development of educational materials. A long-term technical advisor works closely with the national staff of the CDD program. The program is currently reviewing its strategy to increase participation of village health teams and communities in diarrheal disease management and facilitate the integration of dietary considerations into diarrheal disease management and prevention.

USAID's support to family planning is through the five year (1988-1993) Family Health and Demography project. The project's objective is to strengthen the capacity of the Ministries of Social Affairs and Health to plan and deliver family planning services and conduct demographic research to support policy and program development. The ultimate goal of the project is to improve maternal and child survival. Program activities consist of training of health personnel at the departmental and district levels, distribution of contraceptive supplies, IEC and operational research. The project currently serves approximately 132 family planning service points in Niger and is estimated to reach approximately 23,000 women (mid 1990). Planning is currently

underway to extend family planning services to rural dispensaries in large urban centers and heavily populated areas. It should be noted in this context that the average number of deliveries per woman in Niger is 7.1 (1990).

The AFRICARE program covers two departments (Dosso and Diffa). The program seeks to reduce young child morbidity and mortality through the training of community health workers and volunteers in ORT, growth monitoring and nutrition promotion.

CARE works in 48 villages in the Zinder department. Its child survival interventions include nutrition education and ORT promotion activities, with an emphasis on children 0-3 years old.

Helen Keller International has implemented a series of nutrition activities in the Tahoua department as part of its Vitamin A distribution program. Some of the activities include nutrition education and social marketing, which are implemented in collaboration with the Academy for Educational Development (AED). HKI is progressively shifting its strategy in Niger from a Vitamin A distribution to a program that promotes the growth and local consumption of Vitamin A rich foods by the populations. HKI has submitted a follow-on proposal to USAID for funding the development of a comprehensive national strategy and program which includes the integration of Vitamin A capsule distribution activities into the national EPI program. The proposal is expected to be funded by the Mission.

USAID/Niger plans to test, over the next five years, an integrated approach to the delivery of health and nutrition services in the Tahoua Department. Accordingly, the Mission funded a team from PRITECH in July 1991 to assess the functioning of the health system in that department, and provide specific recommendations on the approach to be adopted. The PRITECH team consulted extensively with the U.S.A.I.D. FAACS on the nutrition issues which must be addressed by the Mission's child survival program in this region. The WINS program assessment will shed further light on nutrition related program approaches which have worked in certain areas in Niger and could be replicated on a larger scale by USAID to enhance the survival of children. USAID also plans to fund a demographic and health survey in early 1992. Training of enumerators for this survey is currently underway. This survey will provide comprehensive data on the seriousness and extent of the malnutrition problem in Niger and its age and regional distribution.

The World Bank is designing a large, multisectoral population project which has a nutrition component. The Nutrition Division has also developed a proposal for a five year comprehensive nutrition training and education project which has been submitted to both USAID (Niger Health Sector Support Grant) and the World Bank for funding.

Peace Corps has recruited 20 new volunteers to serve as Peace Corps nutrition volunteers in health facilities in rural areas.

UNICEF and WHO are providing support to \$4 million Joint Nutrition Support Project. The project is a pilot project covering 90 villages in three departments. This is an integrated

nutrition project which includes the establishment of cereal banks, community based growth monitoring activities, small animal husbandry activities, adult literacy classes, and the training of village health workers in first aid, health/nutrition education and simple child survival technologies (e.g., ORT).

FAO is currently waiting for funding approval from its headquarters in Rome in order to launch its Vitamin A project. The project promotes local production of Vitamin A rich foods in one department, through community gardens. The project will be implemented jointly by the Ministries of Agriculture and Health, with technical assistance from FAO and the VITAL project.

CARITAS, a religious organization, has developed and packaged a weaning food to be test-marketed in Niamey and other major urban outlets. The weaning food under formulation is primarily made of millet flour, cowpeas and peanut paste.

As part of its private sector initiative, the USAID Mission has allocated grants to the World Council of Credit Unions (WOCCU - CUNA) and CLUSA to support their work with local rural cooperatives, and to CARE to provide technical assistance and small loans to support microenterprises as part of its agricultural marketing project. The participation of women in these programs is substantial.

The cumulative contribution of all these interventions to the achievement of nutrition security at the community level remains unclear and needs to be adequately documented. Indeed, despite the apparent success of some of these nutrition "projects", their impact remain localized and their long term effectiveness is questionable for a variety of factors. Many of these projects are not adequately integrated into existing national structures, are implemented in fragmented fashion, with differing and sometimes conflicting program approaches and emphases and very little coordination between separately funded but programmatically complementary activities. As a result, different sets of indicators and different data collection systems and methods are established on a project-by-project basis, with undue attention placed on project specific process accomplishments, to the detriment of community level outcomes or impacts, which may cut across several projects.

D. Potential Areas of Collaboration

In light of the WINS project goal (which is to improve the nutrition of women and young children through three years of age) and its broad mandate (to strengthen, through technical assistance, training and collaborative research, the capacity of in-country institutions to plan, carry out and evaluate a broad range of nutrition related activities) and the needs expressed by representatives of various institutions in Niger, a number of areas were identified in which the WINS project could play a meaningful role. They are:

1. assistance to the GON Nutrition Division to improve its capacity to plan, coordinate and monitor the diverse nutrition related activities implemented by various organizations in Niger; the assistance envisioned here would be a combination of technical assistance in nutrition sector assessments and training to address specific problems and program needs identified by the Nutrition Division, supplemented with practical workshops, short courses in nutrition program planning, project design and evaluation.
2. technical assistance to the National Interministerial Committee for the development of national guidelines for nutrition assessments.
3. assistance to the USAID Mission, the GON Nutrition Division and CARE to develop concrete strategies for maximizing the nutrition impact of CS programs;
4. assistance to CARE in the identification of opportunities and strategies for maximizing the nutritional impact of its microenterprise development efforts targeting women and young children.
5. food technology, including weaning food development and formulation and low cost, simple technologies for the conservation and processing of fruits and leafy vegetables;
6. technical assistance to CARE and the GON Nutrition Division for the development of decentralized, community-based growth monitoring and nutrition monitoring strategies;
7. assistance in the design and conduct of applied research for program development (through collaborative research arrangements) to identify the optimal timing of selected nutritional interventions.

V. Next Steps/Follow-up Actions

The lack of a comprehensive long-term nutrition security strategy in Niger argues for the need in the short-term, to review current nutrition priorities and to evaluate the effectiveness of current program approaches in light of these objectives. It also underscores the need to identify cost-effective and culturally appropriate approaches to the delivery of community-based integrated nutrition services which could be tested on a small scale in order to address critical program design and implementation issues (e.g., sustainability, community-based participation and program effectiveness).

As a first step in ensuring greater coordination and coherence of nutrition activities in Niger, it was recommended that a comprehensive assessment of nutrition related programs and activities

be conducted through WINS, in order to review current nutrition priorities and evaluate the effectiveness of current program approaches in light of these objectives.

This assessment is viewed as a collaborative venture between the WINS project and the MOPH, designed to lay the foundation for a long term collaborative relationship between the two institutions, in a broad range of nutrition related areas.

More specifically, it was determined that such an assessment will meet the following needs:

1. It will provide the Government of Niger (GON) Nutrition Division and the USAID mission with up-to-date information on nutrition strategies, programs and activities that have been implemented in Niger over the past five years. The GON Nutrition Division needs this information urgently to assume a more active role in coordinating and monitoring current nutrition activities funded and/or implemented by various organizations.
2. In the absence of a well-defined national nutrition security strategy in Niger, this assessment will provide the USAID mission and the GON with information regarding the relative effectiveness of current strategies in addressing priority nutrition problems in Niger. It will help to identify specific elements of programs or approaches which seem to have worked in Niger and which could be replicated on a larger scale by USAID and/or other donors to enhance nutrition security.
3. This assessment will also help the Nutrition Division link and refocus the seemingly disparate elements of various donor programs and provide the GON with an analytical framework for effective design of future program activities supported by the Nutrition Division and for the development of integrated action plans.
4. Finally, the WINS Project Director noted that this assessment is consistent with the Agency's philosophy which encourages USAID missions with severe malnutrition problems to review their portfolio to determine how their programs and strategies could be refocused to address nutrition and food security issues more effectively.

The USAID HNP Officer and the MOPH proposed that the assessment be conducted in November 1991 and requested technical assistance from the WINS project for both the preparation of the terms of reference for the assessment and the conduct of the assessment. It was therefore agreed that the WINS Project Director, in collaboration with the Head of the Nutrition Division and the USAID TAACS, will prepare a draft outline of the issues to be addressed by the assessment and the terms of reference for the assessment. The draft will be submitted to the MOPH and the USAID Mission for review in September. The scope of work would be finalized by the GON Nutrition Division and the USAID Health Office and cabled to A.I.D. Office of Nutrition.

To end, the U.S.A.I.D. HNP Officer stressed the need to limit the number of outside technical

consultants to the strictest minimum, and to maximize the participation of in-country consultants and Nigerien counterparts in the assessment, in order to build local capacity and expertise to conduct similar assessments in the future. The WINS Project Director concurred with this recommendation.

APPENDIX A

APPENDIX A

LIST OF CONTACTS

Peace Corps

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**Mr. Karl Rhaman
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**Ms. Sylva Etian
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**Ms. Louanne Douris
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**Mr. Oumarou Kane
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APPENDIX B

APPENDIX B

MATERIALS REVIEWED

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