



USAID Advancing Nutrition Niger Final Report

Fiscal Years 2021–2023



About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

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Acronyms

ANC	antenatal care
BHA	Bureau for Humanitarian Assistance
CDC	U.S. Centers for Disease Control and Prevention
CHVs	community health volunteers
CHW	community health worker
COP	chief of party
COVID	Coronavirus-19
CRS	Catholic Relief Services
DSME	Direction de la Santé Maternelle et de l'Enfant (Maternal and Child Health Directorate)
IFA	iron-folic acid
IHC	integrated health center
IR	Intermediate result
IUNS-ICN	International Union of Nutritional Sciences International Congress of Nutrition
IYCF	infant and young child feeding
FNG	Fill the Nutrient Gap
FY	Fiscal Year
G	Grams
IFRP	International Food Relief Partnership
JSI	JSI Research & Training Institute, Inc.
MEL	Monitoring, Evaluation and Learning
MIHR	Momentum Integrated Health Resilience
MMS	multiple micronutrient supplementation
MOPH	Ministry of Public Health, Population and Social Affairs
MPHD	Momentum Private Healthcare Delivery
PLW	pregnant and lactating women
PMP	Performance Monitoring Plan
RFSA	Resilience Food Security Activity
RISE II	Resilience in the Sahel Enhanced
SBC	social and behavior change
SIGL	Système d'Information en Gestion Logistique (information system for logistics management)
SQ-LNS	small quantity lipid-based nutrient supplement
TOT	training-of-trainer

UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
VAD	vitamin A deficiency
VAS	vitamin A supplementation
WHO	World Health Organization
WRA	women of reproductive age
WFP	World Food Programme

Executive Summary

Background and Objectives

Both acute and chronic malnutrition continue to be serious problems in Niger, with micronutrient deficiencies a contributing factor. Anemia rates are very high, particularly among pregnant women. It is difficult for women of reproductive age and children under five years of age to meet their daily requirements for vitamin A, iron and folic acid without supplementation and improved dietary practices. USAID Advancing Nutrition was designed to build the capacity of government and project partners to address these issues through work to achieve the following objectives.

Objective 1: Strengthen Government and Community Health Workers Capacity to Increase Effective Coverage of Iron-folic Acid and Vitamin A Supplementation

Objective 2: Improve Micronutrient Supplementation and Dietary Consumption among Pregnant and Lactating Women (PLW), Adolescents, and Children under Five Within Communities

Major Accomplishments

Over the life of the project, USAID Advancing Nutrition's interventions led to a number of accomplishments that will help meet both objectives.

Objective 1

USAID Advancing Nutrition prepared the staff and community volunteers of five health districts to provide vitamin A supplementation through routine health services. We provided technical support at the national level for the development of training modules on anemia and iron-folic acid (IFA) supplementation, and supported training to improve drug logistics management in five districts. We also provided support to the U.S. Centers for Disease Control and Prevention (CDC) as it prepared for research on the drivers of anemia among pregnant women in Niger.

Objective 2

The project identified barriers and enablers to improving access and adherence to IFA supplementation among pregnant women and adolescent girls; improving access and timely use of vitamin A supplementation for children under five; and increasing consumption of a foods rich in vitamin A and iron among women of reproductive age (WRA), adolescent girls, and children under five. The findings of the formative research were used as the basis for resource development. We developed and piloted a guide to be used with community groups to identify and test feasible changes they could make to the diets of children 6–23 months of age, and pregnant and lactating women. We also prepared technical briefs on vitamin A and iron-folic acid, flip charts for community discussions, and radio sketches and other programs for community radios. We conducted an information session on vitamin A and iron-folic acid for staff from partner projects and introduced the tools during the session.

Key Evidence and Learning

- Training participants who are not literate or have a low literacy level can complete simplified pre- and post-tests to measure learning.
- By engaging communities in identifying locally available foods and testing feasible ways of adding nutrient rich foods to children's and women's meals, tailored solutions to improving dietary practices can be found in food insecure contexts.
- Formative research showed that pregnant women believed that increased family support to obtain IFA supplementation and encourage them to take it could make a difference in their adherence.

- Pile sort exercises (using cards showing common foods) can be used effectively with community groups to gather information on local feeding practices, food availability and accessibility, and people’s preferences.
- Findings from an assessment of the supply chain for IFA and vitamin A supplements identified weak coordination at all levels, long delays, frequent outages, and poor storage conditions.

Challenges

- The military takeover of the government on July 26, 2023, led to an ongoing period of uncertainty with new challenges to the project in its last weeks.
- The Ministry of Public Health’s (MOPH) request that we delay preparation of IFA training modules (until the national micronutrient strategy was revised) resulted in them being prepared too late to be introduced during our project.
- Insecurity was a challenge at times in both Tahoua and Maradi regions. This was primarily addressed by bringing staff to more secure areas for training.
- An unexpected budget decrease in the middle of fiscal year (FY) 23 affected how far we could go with the transition to routine health services for vitamin A supplementation.

The Way Forward

- Our project focused on building the capacity of both government and project partners to implement interventions at the clinic and community levels to improve IFA and vitamin A supplementation and dietary intake. This included training, supervision, and the development of resources to be integrated into partner programs and government services.
- Niger’s directorate for maternal and child health, DSME, will include the rollout of the anemia/iron-folic acid modules developed with the project’s technical support in its annual plan for 2024 and has identified UNICEF and the new World-Bank funded healthcare project as potential partners for the rollouts. (Support from those structures has not yet been confirmed, however.)
- Our five target districts will be integrated into Helen Keller International’s vitamin A supplementation program, which will support their transition from campaigns to routine health services for vitamin A supplementation now that health staff in those districts have been trained.

Overview

1. Project Duration

3 years

2. Starting Date

November 2020

3. Geographic Focus

Maradi, Zinder, and Tahoua regions

4. Project Objectives

Objective 1: Strengthen government and community health workers' capacity to increase effective coverage of iron-folic acid and vitamin A supplementation

Objective 2: Improve micronutrient supplementation and dietary consumption among WRA, adolescents, and children under five within communities

Background

Country Context

Although the Government of Niger recognizes the reduction of malnutrition as a top priority, it remains a serious problem for WRA and children under five. At 47 percent¹, the national rate of chronic malnutrition is far over the World Health Organization's (WHO) 40 percent² threshold for "very high," and the 12.2 percent³ global acute malnutrition rate is over the 10 percent⁴ threshold for "high." Contributing to these high rates, as well as to low intake of key micronutrients such as vitamin A and iron, are poor infant and young child feeding (IYCF) practices.

Anemia has huge human, social, and economic consequences and is a widespread public health problem in Niger. Data on the determinants of anemia in the country is limited; however, the prevalence of global anemia among women ages 15–49 as assessed by low hemoglobin rates is 46 percent,⁵ well above WHO's severe threshold of 40 percent.⁶ The drivers of anemia in Niger, however, are not well understood and not all anemia is because of iron deficiency.

Currently, IFA supplementation is provided through antenatal care (ANC) for women during pregnancy and for three months postpartum. Many women, however, attend only two to three ANC visits and do not always receive the supplements due to irregular supplies. Other challenges include reluctance to take them because of side effects and the weak counseling skills of some integrated health center (IHC) staff.

Since 1998, most vitamin A supplementation (VAS) has been through twice-yearly government-coordinated mass campaigns with support from implementing partners, often coupled with vaccination

¹ Institut national de la statistique. 2022, novembre. *Enquête Nutritionnelle et de Mortalité Retrospective au Niger*, Niamey : INS

² World Health Organization. 1995. "Physical Status: The Use and Interpretation of Anthropometry: Report of a WHO Expert Committee." *WHO Technical Report Series*. 854. 1–452. Geneva: WHO.

³ Institut national de la statistique. 2022, novembre. *Enquête Nutritionnelle et de Mortalité Retrospective au Niger*, Niamey : INS

⁴ World Health Organization. 1995. "Physical Status: The Use and Interpretation of Anthropometry: Report of a WHO Expert Committee." *WHO Technical Report Series*. 854. 1–452. Geneva: WHO.

⁵ Institut national de la statistique. 2022, novembre. *Enquête Nutritionnelle et de Mortalité Retrospective au Niger*, Niamey : INS

⁶ World Health Organization. 2023. "Anemia". Nutrition Landscape Information System. Accessed October 31, 2023. www.who.int/data/nutrition/nlis/info/anaemia

campaigns and reaching up to 80 percent coverage. Due to progress in eradicating polio, however, accessing resources for campaigns has become more challenging. In response, the MoPH developed the Operational Plan to Strengthen Vitamin A Supplementation and Routine Deworming that defines approaches to improve coverage of VAS and deworming through routine services. These include the integration of VAS and deworming into all IHC and health post sick and well-child services and using community volunteers to reach populations with difficult access to health facilities.

Project Goal and Objectives

USAID Advancing Nutrition implemented interventions to reduce the prevalence of anemia among WRA and adolescents and vitamin A deficiency (VAD) among children under five in five districts of Maradi, Zinder, and Tahoua regions, including the Resilience in the Sahel Enhanced (RISE II) zones of intervention. To achieve this goal, the project supported existing USAID nutrition investments and Niger government partners, with technical assistance to strengthen systems for delivery of IFA and vitamin A, and high-quality prevention and treatment services. Working through partners, our interventions targeted both health facilities and community-level platforms and actors.

The project conducted formative research to identify the factors that influence the use of vitamin A and IFA supplementation and improved dietary practices. Learnings from the research were then applied to the development of communication materials, to be used by project partners and the government in their work with community platforms.

Throughout the project, we worked closely with other USAID implementing partners (USAID Kulawa, USAID Yalwa, Breakthrough ACTION, Hamzari, Wadata, Girma, MIHR and MPHD) to strengthen their capacity and tools to integrate efforts to improve vitamin A and iron consumption into their multi-sectoral interventions.

The project's goal and objectives are as follows:

Goal: Reduce the prevalence of anemia among women of reproductive age and adolescents and vitamin A deficiency among children under five

Objective 1: Strengthen government and community health workers' capacity to increase effective coverage of iron-folic acid and vitamin A supplementation

Objective 2: Improve micronutrient supplementation and dietary consumption among WRA, adolescents, and children under five within communities

Accomplishments

Objective 1: Strengthen government and community health workers' capacity to increase effective coverage of iron-folic acid and vitamin A supplementation

USAID Advancing Nutrition built the capacity of five health districts to transition from a campaign approach to vitamin A supplementation through routine health services. Community volunteers in these same districts now have the capacity to support vitamin A supplementation. Through our project's support for the development of training modules on IFA, the DSME now has the tools needed to improve the workforce capacity to address anemia and improve IFA supplementation at integrated health centers. More information is provided below:

Thematic Area 1: Vitamin A supplementation - transition to routine health services

USAID Advancing Nutrition provided capacity-building support for the government's plan to transition from vitamin A supplementation through mass campaigns to an approach focused on routine health services. To prepare for the transition, the project supported the training of IHC and health post staff in five target districts on the importance of vitamin A, opportunities for supplementation through routine services, and procedures including recordkeeping. Participants included two staff from each IHC and one from each health post. The project also developed a training manual, supported the training of community volunteers in the same districts and provided them with educational support materials. As a result of these efforts 505 health care givers were trained - two health care givers trained for each IHC and one for each health post - with the result that all IHC and health posts in the target districts have staff trained to implement vitamin A supplementation through routine services—an important step in the process of preparing for the transition. In addition, 3899 community volunteers were trained and have received communication materials to support the transition at the community level. (In total, 4404 health care givers and community volunteers were trained: 2816 were men and 1588 women.)

As a next step in the transition, the project supported the registration by community volunteers of children under age five in Damagaram Takaya in August and September 2021⁷. This will make it possible for the community volunteers to keep track of which children in their areas are due for supplementation - and help make sure they get it - in an effort to maintain the high rates of supplementation obtained through campaigns. Helen Keller's VAS program will support the activity as supplementation through routine health services expands into new districts, including the other four districts supported by USAID Advancing Nutrition.



Thematic Area 2: Anemia/IFA training modules

The MOPH does not have training materials for health workers and community volunteers on anemia and IFA supplementation.

With financial and technical support from the USAID Advancing Nutrition project, the DSME organized a working group with the nutrition, community health and adolescent health directorates, the central reference maternity, the Niamey national hospital, the general directorate for population and reproductive health, the MOPH cabinet, and USAID Advancing Nutrition. This group prepared one

⁷ The other districts will proceed soon with this step (with the support of another partner.)

training module for health agents and another for community health volunteers, accompanied by a facilitator's guide that supports both modules. Although our intent had been to focus on IFA supplementation, the DSME was clear that the modules should be broader given Niger's high rates of anemia and the lack of reliable information on the drivers of anemia. The training materials are intended to contribute to controlling anemia and increasing coverage of IFA supplementation for pregnant and lactating women. A national level validation workshop reviewed the materials in August 2023 and made recommendations that were then integrated into the training modules. The next step is for the DSME to formally present the modules to the MoPH for adoption.

Although we had originally expected to support their introduction, the modules were finalized later than expected due to the MoPH's request that we wait until the national micronutrient policy was revised. We are encouraged that the DSME has been able to identify a potential partner to cover the costs of introducing the training modules.

Thematic Area 3: Support to the CDC for a study on the drivers of anemia in pregnant women in Niger

As mentioned above, there is insufficient knowledge about the drivers of the very high anemia rates in Niger, making it difficult for programmers to know how to design strategies to address the problem. Recognizing the need for this information, USAID funded the CDC for a study on the drivers of anemia in pregnant women in Niger. USAID Advancing Nutrition provided logistical support for two CDC visits to Niger and accompanied them to meetings with potential partners. CDC had planned a third mission for early August 2023 to present the draft research protocol to the Niger government and key partners. This visit has not been possible because of the military takeover on July 26.

Thematic Area 4: Supply chain – evaluation, SIGL training and supervision

USAID Advancing Nutrition carried out an assessment and workshop for stakeholders in FY22 to analyze the supply chains for vitamin A and IFA in Maradi and Zinder regions, identify bottlenecks and make recommendations. Findings included weak coordination at all levels, long delays, frequent outages, and poor storage conditions.

Wanting to ensure that our interventions fit with government and other actors' strategies—including the “unique supply chain,” a process in which all essential medicines are forecasted and ordered through a harmonized management system—we opted to support training in the integrated stock information and logistics system. At the government's request, we provided this support to Tahoua region, enabling them to cover the five districts for which they had not been able to find support for training.

We supported the training of 104 heads of health centers and “percepteurs” (IHC staff who are recruited in the community to manage stock and sales of pharmaceutical products) from Tchintabaraden, Tassara, Tilia, Bagaroua and Keita districts. The training included an introduction to the steps of the supply chain as well as the proper use of six documents related to stock management, tracking consumption, and ordering. Although some training had to be conducted in Tahoua city due to insecurity in several districts, our contribution made it possible for Tahoua to cover the entire region with training in SIGL, an information system for logistics management.

After the training, the project organized joint supervision missions to IHCs with both regional and district health staff to observe implementation of SIGL and provide additional coaching.

The following table shows the number of health agents and stock managers trained in SIGL.

Region	District	Health agents and stock managers trained				
		Health agents		stock managers		Health agents and stock managers trained Total
		Male	Female	Male	Female	
Tahoua	Bagaroua	3	0	2	1	6
Tahoua	Tchintabraden	10	2	9	4	25
Tahoua	Tillia	4	0	4	0	8
Tahoua	Tassara	7	0	7	0	14
Tahoua	Keita	24	2	17	8	51
Total		48	4	39	13	104



Objective 2: Improve micronutrient supplementation and dietary consumption among pregnant and lactating women, adolescents, and children under five within communities

To lead to an improvement in supplementation and dietary practices, it is necessary to understand the factors that encourage or impede the desired practices. USAID Advancing Nutrition carried out formative research to determine these factors and then developed a social and behavior change (SBC) strategy for project interventions. This served to inform the development of resources to share with partners for community interventions designed to improve supplementation and increase the consumption of foods rich in vitamin A and IFA. More information is provided below.

Thematic Area 1: Formative research / SBC strategy

Through formative research, USAID Advancing Nutrition identified factors influencing six key behaviors related to the use of IFA and vitamin A supplementation as well as the consumption of foods rich in these micronutrients in Maradi and Zinder regions. The research was conducted through individual and

group interviews (an interviewer interviewing one or multiple persons at the same time) and focus groups (a group of people discusses a given topic with a facilitator). Researchers used several participatory tools within the methods including pile sorts (wherein groups sorted food cards based on availability, access, and interest), story-telling (participants imagine the end of a story), and drawings.

The key findings were as follows:

- Knowledge levels about nutrition, supplementation, and healthy diets are generally high, and attitudes toward supplementation and healthy diets are positive. However, access barriers, family support, and social and gender norms emerged as key factors that prevent or support the priority behaviors.
- PLW need more support from their families to overcome the difficulties encountered in getting IFA supplements and taking them daily. They liked the idea of an “adherence partner,” chosen from among family members, who would provide encouragement and support.
- Limited food access and affordability are the main constraints to increasing consumption of vitamin A- and iron-rich foods. In addition, gender roles and expectations compound access challenges for women; women typically serve themselves last at meals. In a context of scarcity, this means they are not always able to access enough food.
- Men need to play a greater role in ensuring that vitamin A- and iron-rich foods are available in the home and that women have the time needed to prepare and eat healthy meals and feed such meals to young children. Men can be engaged to provide increased support since that corresponds to gendered cultural and religious expectations.

The project prepared an SBC strategy based on research findings in close collaboration with USAID partners and government stakeholders. The SBC strategy, based on the findings, served as the basis of our work in developing the guide for food-based recommendations and various communication materials (radio spots, technical briefs, and flip charts for community discussions).



Thematic Area 2: Guide for eliciting food-based recommendations from the community

The project developed and piloted a guide for field staff to use with community platforms to identify feasible changes they could make to the diets of children 6–23 months old and pregnant women. The approach empowers women’s groups to identify a small change they think could be made to increase vitamin A- and/or iron-rich food consumption by one of the target groups—and then test it. Adding an ingredient to a meal they already prepare (such as a typical porridge) was encouraged. Feasibility is key.

Having the women identify the change themselves addresses several of the constraints to increased consumption identified during the formative research: availability, access, and women’s workload.

The guide includes a table of 18 foods commonly available in Niger that shows what percentage of daily requirements for vitamin A and iron these foods can contribute toward meeting with a typical portion for the project’s target groups. An excerpt is shown here:

Nutritional analysis of foods showing % of daily needs that can be met for young children from 6 to 11 months and from 12 to 23 months in Niger

Children from 6 to 11 Months			Children from 12 to 24 Months			Form of the food consumed (boiled, raw, fried, dried)
Food - weight (grams [g])	% daily requirement for iron	% daily requirement for vitamin A	Food - weight (grams [g])	% daily requirement for iron	% daily requirement for vitamin A	
Millet - whole grain (50 g)	28.6%	0%	Millet - whole grain (75 g)	45.0%	0%	Boiled
Cow butter (10 g)	0%	13.4%	Cow butter (10 g)	0%	31.9%	Fresh
Goat milk (50 g)	0.5%	3.0%	Goat milk (75 g)	1.1%	10.6%	Fermented
Eggs (50 g)	9.1%	6.6%	Eggs (50 g)	14.3%	15.8%	Boiled
Crickets (15 g)	6.8%	0%	Crickets (30 g)	21.4%	0%	Fried, powdered

The process then continues in the field with a community women’s group and includes the use of pile sorts with cards showing micronutrient-rich foods to identify what is available, and what is desirable. The women select an option to try and prepare it together.

Pilot activities with project partners led to testing the addition of these micronutrient-rich foods to whole-grain porridges typically prepared for children: moringa powder, goat milk, cow milk, and bean leaves. All the taste tests were positive—the children readily ate the enriched porridges.

Thematic Area 3: Development of communication materials - group discussion flip charts, skits, and other radio programs

To strengthen the capacity for partners to integrate vitamin A and IFA consumption into their interventions at the community level, we held a workshop with partners to determine the community platforms and what resources would be most useful for work with those platforms.



Photo taken by Hadiara Souley showing feeding test demonstration

The platforms identified were—

- women’s groups (Care Groups, support groups, savings groups)
- men’s groups (especially husbands’ schools)
- community radio.

The media and materials requested as priorities were—

- technical briefs on IFA
- group discussion flip charts for women’s and men’s groups
- radio skits and other programming.

Based on the above, USAID Advancing Nutrition worked to develop the resources mentioned above. Both government and project partners made contributions throughout the process. The materials were pre-tested in communities in Damagaram Takaya and Guidan Roumdji districts in July 2023 and then revised according to feedback from the communities. The resources were then presented to a validation committee made up of government and other partners in August 2023. The committee validated the resources for use in Niger and made several recommendations which were considered in the final versions of the various products.

The resources that were developed are outlined below.

Technical briefs

The vitamin A and IFA technical briefs present the importance of the micronutrients, what foods are rich in them, why supplementation matters, and messages for mothers, husbands, etc. that address factors identified through the formative research.

Group discussion flipcharts

Partners requested discussion guides in the form of flip charts (*pagi-voltes*) to facilitate reflection and action within community groups. The project developed two sets—one for men’s groups and the other for women’s groups. Each set has 10 cards of pictures designed to elicit discussion. Reflection questions specific to women or men are on the back of each card. The cards engaged participants in positive ways around their values as parents and family members, and encouraged them to commit to trying the new behavior and supporting peers where appropriate.

Figure 1: Sample page of the group discussion flip chart for women’s groups



This page was designed to generate discussion on how families can support taking IFA supplements during pregnancy.

Figure 2: Sample page of the group discussion flip chart for men’s groups



“These pagi-voltes will work well for activities in our communities. We hope to have copies soon so we can use them in our awareness-raising sessions. They are very practical!” – Member of a husbands’ group in Kouroungoussaou

This page was designed to facilitate discussion on how men can support good nutrition for the women and children in their families. 96288492

Radio

The project worked with a private radio station with experience collaborating with development projects and community radios to prepare skits and other programs for the radio.

- **Skits for radio:** 8 skits in Hausa and Kanuri to be broadcast on community radios for families, communities, and health agents

Husbands and other family members help pregnant women get and use IFA supplements	Topics to increase family support and positive social and gender norms
Husbands provide foods rich in iron and vitamin A for their children	
Husbands help their wives have more time to prepare food and feed their children	
Health agents provide quality counseling to pregnant and nursing women on IFA supplements and the foods they should eat	Topics to increase expectations and support for quality counseling
Peers and health agents give advice on feeding children ages 6–59 months	

Radio programs: 3 programs in Hausa and Kanouri to be broadcast by partner projects on community radios. These programs target families, communities, and health agents.

The role of men in ensuring good nutrition	Topics to improve family support, and positive social and gender norms
The role of the family in ensuring good nutrition	
Advice from a health agent on nutrition	Quality counseling

Information session for project partners

We organized an information session on vitamin A and iron-folic acid for staff from project partners and introduced the tools developed by USAID Advancing Nutrition to the participants.

Core-Funded Activity Accomplishments

Activity 2.5.T.1: Technical Assistance to Girma RFSA on an Enriched Flour Blend

The Catholic Relief Services (CRS) Girma RFSA in Niger aims to strengthen food and nutrition security of extremely vulnerable households in Magaria and Dungass, two departments of the Zinder region. In FY23, CRS requested technical assistance from USAID Advancing Nutrition with the objective of reviewing and assessing the composition of an enriched flour blend, and supporting the implementation of various assessments to be conducted by the Girma team to understand factors relating to the acceptability, affordability, business viability, and marketability of the blend. An acceptability and willingness to pay assessment and a review of different scenarios based on sales price and sales volumes of an enriched flour blend showed that the production of the selected blend is a viable business opportunity. After these initial assessments, USAID Advancing Nutrition recommended that the Girma team and its local producer develop a marketing and promotion strategy, which targets consumers in different geographic locations (e.g., those that are within the Girma implementation area and beyond). In addition, USAID Advancing Nutrition recommended that the teams consider different package sizes in

an effort to expand their consumer base and increase sales volumes, while tapping into existing product distribution networks.

Activity 2.5.B.1: Review of Implementing Partner Programming for Lipid-Based Nutrient Supplement

In FY21, USAID Advancing Nutrition collected data for the small-quantity lipid-based nutrient supplement (SQ-LNS) learning activity with Bureau for Humanitarian Assistance (BHA)/International Food Relief Partnership (IFRP) partners in Niger and Somalia. The objectives of the learning activity were to document implementation experiences and considerations for scale-up of SQ-LNS for children 6–24 months and PLW. We presented findings from both countries at a global SQ-LNS Convening in Washington, D.C. and then submitted the learning activity report. Finally, the activity manager gave an oral presentation on the learning activity at the International Union of Nutritional Sciences International Congress of Nutrition (IUNS-ICN) in December 2022.

Activity 2.5.D: “Fill the Nutrient Gap” Analytical Process

USAID Advancing Nutrition supported the USAID Bureau for Humanitarian Assistance to better understand the World Food Programme’s (WFP) Fill the Nutrient Gap (FNG) analytical process. FNG is used to assess the nutrition situation in a given country or subnational context. It engages stakeholders in a four- to nine-month process, which begins by selecting the focus of analysis and then identifying, reviewing, and analyzing data and information in a structured and iterative manner, including Cost of the Diet analyses and modeling. The process concludes with validation, consolidation, and prioritization of strategies for policies and programming to reduce the cost of and increase accessibility of a nutritious diet for people who experience poor nutrition outcomes.

In FY20, USAID Advancing Nutrition began following the FNG process in Niger, reviewing background documents, reports, and selected journal articles, and leading calls with WFP staff to gather information. In FY21, the project continued to follow the FNG process, which included the participation of USAID Advancing Nutrition in a national-level in-country stakeholder workshop and two subregional FNG stakeholder workshops—one in Maradi and one in Zinder—through its partner Helen Keller International. USAID Advancing Nutrition submitted the final report on the FNG analytical process, which USAID approved.

Key Evidence and Other Learning

Approaches to Measuring Learning

- Training participants who are not literate or have a low literacy level can complete simplified pre- and post-tests to measure learning. The project developed a true/false test on paper that participants completed by circling a smiling or a frowning face. Questions were written in the local language but also read aloud by the test administrator.
- It is not customary in Niger to do individual pre- and post-tests for community volunteer training. Instead, trainers rely on informally “testing the room” with participants raising their hands for “yes” or “no” or individuals answering questions. While those approaches gave a general idea of the overall group’s comprehension, measuring individual progress was not possible, making it impossible to monitor the project’s indicators for the training.
- After consulting other trainers who did not have ideas on how to conduct individual pre-tests with this target group, project staff developed the methodology and tested it in a non-project community. Recommendations from the pilot included decreasing the number of questions, enlarging the faces to be circled and leaving more space between questions.
- USAID Advancing Nutrition used this approach for pre- and post-tests in the training sessions supported by the project for community volunteers. It was a new experience for many of them so it was necessary to carefully explain what was expected and to use a test question for practice. In general, the participants were positive about the experience and proud of their progress from pre- to post-test.

Formative Research

- The formative research conducted by the project showed that people already know a lot about nutrition and the foods women of reproductive age and adolescent girls “should” eat and what they “should” feed young children. However, sometimes these foods are not available locally and/or the program participant populations are unable to purchase them due to their cost. Accessibility needs to be taken into consideration when selecting micronutrient-rich foods to promote. Where possible, programs should seek ways to increase availability and access to micronutrient rich foods. Entrenched foods taboos as well as gender norms that mean women serve others first and eat last are compounding access barriers.
- Pregnant women face a number of barriers related to IFA supplementation. Obtaining it can be challenging (an IHC may be far away and transport not available, it may be out of stock, or the IHC staff may be overworked), they may forget to take it, and they may be reluctant to take it because of side effects. The formative research showed that pregnant women believed that increased family support to obtain the IFA and encourage them to take it could make a difference in their compliance. They also liked the idea of



identifying an “adherence partner” who would provide this support. Husbands, mothers-in-law, and co-wives were seen as potential “adherence partners.”

- The systematic process to translate formative research findings into an SBC strategy with government and partners ensured the design of locally relevant and meaningful activities, including media and materials. The process included the critical step of keeping research findings front and center to avoid repeating the tendency of telling women about what they should do to improve nutrition. USAID Advancing Nutrition Niger tested and refined the global nutrition SBC quality tool, [Using Research to Design an SBC Strategy for Multi-Sectoral Nutrition](#), during the process. The SBC Specialist shared this experience and learning with a global SBC audience during the 2022 International SBCC Summit in Morocco in a well-received session, “[Getting It Right! Stepwise SBC Best Practice through User-Tested Tools](#).”
- Furthermore, the findings from the formative research as well as the approach to providing further technical assistance to government policy development and implementing partner programs to apply the learning was presented at the 22nd (IUNS-ICN) conference in Tokyo, Japan, in December 2022.
- We will submit a manuscript entitled “Aspiring to be Bright and Beautiful: Iron Folic Acid Supplementation and Vitamin A and Iron-Rich Food Consumption among Women and Adolescent Girls in Niger” to the journal *Public Health Nutrition* as part of a project supplement. Two country staff who are co-authors participated in training and received mentoring on manuscript writing to become first-time authors.

Challenges

- The military takeover of the government on July 26, 2023, resulted in a sudden change to the overall situation in Niger, creating a lot of uncertainty and stress over the project’s last months. The project was able to finalize the work on the communication materials (the validation workshop was in progress in Niamey as the coup unfolded) and to continue the work on the IFA modules. Although delayed, the project also proceeded with registration of children under five in Damagaram Takaya district for the transition to VAS through routine health services. It was not possible, however, to hold the in-person close-out event that had been planned, and we organized a webinar in its place at USAID’s request. While we were disappointed not to be able to have a final event in person with our partners, the change in format made it possible to include a wider audience (including more partners from the field). The chief of party, who was outside Niger at the time of the coup, was only able to return on October 9, primarily for close-out activities.
- Insecurity was occasionally a challenge. For example, the SIGL training for the three northern districts of Tchintabaraden, Tassara, and Tilia was held in Tahoua city for safety. Similarly, training on VAS was held in Guidan-Roundji town for staff from several IHCs near the border with Nigeria where Boko Haram-related activity was an issue.
- USAID unexpectedly requested a large decrease to the project budget in the middle of year three. This seriously impacted the ability of the project to fully engage in the transition to supplementation through routine health services after the completion of training for staff and community volunteers. We were, however, able to initiate the transition process in one of the project’s target districts (Damagaram Takaya), and Helen Keller International’s Vitamin A Supplementation program has agreed to continue the transition work for all five target districts (Magaraia, Guinda-Roundji, Madaoua, Tahoua commune and Damagaram Takaya).

- District and health center staff have many competing demands on their time (e.g., drug and vaccination campaigns, planning meetings, and other project interventions). This made it difficult at times to schedule training workshops and supervision missions, thus leading to delays in implementation.
- The MOPH requested that work on the IFA training modules be delayed until after the government’s national micronutrient strategy was revised. The MOPH had funding from a World Bank-funded health project for the revision, but ultimately that work was delayed and the MOPH asked us to proceed with work on the anemia and IFA modules. Although it was late in the project, we were able to support the preparation of the modules beyond the anticipated end date for project interventions as well as the validation workshop. Unfortunately, time did not permit supporting the anticipated training-of-trainer (TOT) workshops and rollout to the target districts.
- Multiple micronutrient supplementation (MMS) is not on the list of medications approved for Niger. In our discussions, the national nutrition director was initially interested in learning more about MMS and working within the Ministry to have it included—and even asked us to prepare a presentation to facilitate their internal discussions. He became frustrated, however, when he learned that MMS had been discovered in government warehouses in several regions of the country (without anyone being willing to divulge where it had come from), and it was being provided to pregnant women without authorization.

The Way Forward

Since USAID Advancing Nutrition Niger had a short life span, our focus was on strengthening the capacity of government and project partners—through training and supervision as well as the development of resources to facilitate partners’ interventions to improve the consumption of vitamin A and IFA. Partners will be able to benefit from our lessons learned and best practices as they move forward with these efforts.

Lessons Learned

- By engaging implementing partners in identifying locally available foods, and engaging community members in testing feasible ways of adding nutrient-rich foods to children’s and women’s meals, an effective approach to improving dietary practices can be found. The proposed addition can be further tested through cooking demonstrations, seeing how well children eat the enriched food, encouraging participants to try it at home, and then using field staff to follow up with the women. The same approach can be used for pregnant women and other target groups.
- Presenting partner staff with data on what locally available foods are richest in vitamin A and iron— and the percentages of daily requirements that they meet for different target groups— can help motivate them to prioritize those foods in programming. Seeing the challenge of eating enough of these foods to meet daily iron requirements for pregnant women can also contribute to their understanding of the importance of supplementation for pregnant women.
- We found that it was feasible to develop food-based recommendations for young children’s diets in a highly food insecure context through establishing an approach and testing it with implementing partners in Niger. We found that there are some nutrient-rich foods that families have access to that are acceptable to feed young children.
- It is critical to take social and gender norms into account when making program decisions. Formative research findings showed the importance of considering the underlying norms that

influence roles, food choices, and feeding practices. The implication for program activities is large; activities set up to increase knowledge and skills of women or caregivers about the recommended nutrition behaviors will have limited impact without engaging the family system and community influencers.

Best Practices and Recommendations

Best practices:

- Pile sort exercises (using cards showing common foods) can be used effectively with community groups to gather information on local food availability and accessibility and people's preferences—both by researchers and by supervisory level implementing partner staff. They can also be used with women's groups as part of the process of identifying those locally accessible foods they would be willing to try adding to their diets or to their children's diets.
- It is important to collaborate closely with government partners in the conception of communication materials in order to facilitate their validation for use in Niger.

Recommendations:

- Start the transition to vitamin A supplementation as soon as possible after completing staff training so that supplies of vitamin A destined for the next campaign can be made available for routine use.
- Given the important contribution of animal-based foods to meeting daily requirements of vitamin A and iron for the various target groups, future programming that addresses the barriers to increased consumption of these foods is highly recommended.
- Carry out the study to determine the drivers of anemia in pregnant women in Niger as soon as is feasible. (Recommendation to USAID and CDC)
- Carry out formative supervision regularly for IHCs trained SIGL until staff have fully mastered the system.

Sustainability

USAID Advancing Nutrition Niger interventions were designed to build the capacity of government and project partners for vitamin A and IFA supplementation as well as for integrating interventions on these micronutrients into other nutrition programming. Examples of how the project's work will be continued through the work of others are as follows:

The technical briefs, group discussion flip charts (pagi-voltes), radio skits, and other radio programs were prepared specifically for our partners, based on the priorities they expressed and with their contributions to the process. These resources are being shared with our government and project partners via USB key and a shared link to the [USAID Advancing Nutrition website](#). Hard copies will be printed according to partners' interest and availability of funds.

The guide for food-based recommendations was developed with input from several partners. The USAID Advancing Nutrition project worked with three of them—Kulawa, Girma and Wadata—to pilot the community work in their intervention areas. They now have staff with the technical capacity to work with community groups to identify recommendations that are feasible in their communities.

After several conversations about MMS, the nutrition directorate has expressed interest in operations research for the introduction of MMS to Niger, as recommended by the World Health Organization. They have agreed to work with Helen Keller International, which has identified a potential funding source, to prepare a proposal for this work.

Helen Keller International will integrate the five target districts for USAID Advancing Nutrition into its ongoing long-term vitamin A supplementation work in Niger. This includes the transition to supplementation through routine health services, building on the capacity developed through our project.

Once approved by the MOPH (the final step once the recommendations from the validation workshop are incorporated), the IFA modules will be ready for rollout, starting with a national level TOT. The DSME has identified a potential source of funding for the rollout.

Annex I. Performance Indicators

The formative research and the rapid supply chain assessment were both completed as planned in FY22, with the technical reports submitted to USAID and approved in the same year.

Over the life of the project, we organized seven evidence-sharing events:

- Official launch workshop of the USAID Advancing Nutrition project
- Workshop on formative research
- Workshop on supply chain study
- Workshop on SBC strategy
- Workshop to prepare action plans with partners
- Final webinar
- Information session for partners on vitamin A and iron-folic acid with information to tools developed by the project

Following the training of health workers in vitamin A supplementation and deworming, the project organized joint post-training supervision missions with regional and district staff and, where time permitted, another regular supervision. Joint post-training supervision was also organized in Tahoua region after the training in SIGL. In total, the project organized 15 joint supervision missions, with each district supervised counted as one mission. We were not able to reach the target of 19 visits due to time constraints. Challenges in scheduling supervision visits contributed to this problem since health center staff had many competing demands on their time.

A FY22 indicator showed the availability of vitamin A and IFA in health centers. As of August 2022, 51 out of 69 health facilities had vitamin A in stock, and 35 had IFA. There were only 31 facilities that had both (the number reported for the indicator). There continue to be serious challenges in Niger around the availability of IFA, and as of now, there is no reliable strategy for ensuring this, since the cost recovery system is not functioning well and there is no donor ready to assume overall responsibility for its provision. The government is, however, working to put into place an integrated drug logistics system that should ultimately help address this problem, once it is functioning well. Vitamin A will be made available for routine use once a district has transitioned from the campaign approach to routine services since the quantity ordered for the next campaign will be made available for routine use. (The stock that is currently available is what remains from the previous campaign.)

USAID Advancing Nutrition had planned to train 45 health staff in FY 22 in vitamin A supplementation and deworming—and then rely on the health districts to organize training for other health agents. At the request of the nutrition directorate, the project expanded its support for the cascade training to reach two health agents for each health center and one for each health post as well as community volunteers. In total, we supported the training of 15 trainers), 505 health agents , and 3,899 community volunteers (overall for vitamin A supplementation: 2825 male,

1594 female) in vitamin A supplementation and deworming. We also supported the training of 104 heads of health centers and stock managers in SIGL (87 male, 17 female)).

Pre-tests and post-tests were used to measure learning at the various trainings. Several indicators were designed to analyze the results. The results were positive for the indicators related to participants’ achieving scores of 80 percent or more for the post test. For the indicator “average percentage post-test score compared with 80% benchmark score”, the average score on the post tests was 82 percent, 103 percent of the target score of 80 percent and for “proportion of training participants ≥80% on the post-test result, we achieved 99 percent. Several factors contribute to these results. One was the unexpectedly high number of participants who achieved 100 percent on the pre-test, making “progress” impossible. Another was the training of stock managers with the heads of health centers for SIGL. While there were advantages in training the two together since they were going to be implementing the system together, the training was challenging, particularly for the stock managers hired by the community who often did not have high levels of education. Also, the test used for the community volunteers (who made up the majority of people trained) had only five questions, due to the challenge of administering it to people with no or limited literacy skills.

The project prepared 13 documents. In FY22, these were the SBC strategy, the formative research report, the supply chain assessment, and a PowerPoint presentation on the project for use with stakeholders. In FY23, we prepared a manual for training community volunteers on vitamin A supplementation, an IFA training module for health agents, an IFA training module for community volunteers, a trainers’ guide to accompany the two modules, technical briefs on vitamin A and IFA, and a food-based recommendations guide for improving consumption of iron and vitamin A rich foods (pending USAID approval). Furthermore, we produced a poster on SBC for an SBC forum in Morocco and an article on the learning from the formative research to inform global evidence and future programming in Niger.

We provided technical support to five of our project partners in FY23: the three RFSA (Girma, Wadata, Hamzari), Kulawa, and Yalwa.

In FY 2022, USAID Advancing Nutrition worked to integrate vitamin A and IFA content into two platforms in FY 22 - regional nutrition clusters (in the Maradi and Zinder regions) and USAID implementing partners groups (in the Maradi and Zinder regions).

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
Formative research conducted to investigate barriers/enablers to anemia/VA D	1	1	100%	N/A	N/A	N/A	1	1	100%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
prevention and treatment.									
Rapid supply chain assessment conducted to identify current processes, potential gaps, and inefficiencies of Vitamin A and IFA supply management.	1	1	100%	N/A	N/A	N/A	1	1	100%
Number of evidence-sharing events hosted by USAID Advancing Nutrition, by type (i.e., webinar, workshop,	2	5	250%	4	2	50%	6	7	117%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
expert consultations, etc.) Source: USAID Advancing Nutrition Global PMP Indicator, IR 3.3.45.									
Number of participants at evidence-sharing events hosted or supported by USAID Advancing Nutrition, by type (i.e., webinar, workshop, expert consultation, etc.) Source: USAID Advancing Nutrition	70	139	198%	80	40	50%	150	179	119%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
<i>Global PMP Indicator, IR 3.3.56.</i>									
Number of jointly conducted supervision visits supported by USAID Advancing Nutrition	9	1	11%	10	14	140%	19	15	79%
Number of health facilities with availability of vitamin A and IFA supplements	69	31	45%	N/A	N/A	N/A	69	31	45%
Number of individuals receiving nutrition-related professional training through U.S.	45	374	831%	4538	4149	91%	4583	4523	99%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
Government-supported programs, disaggregated by sex Source: MSNS M&L IR 2.3; HL 9-4. USAID Advancing Nutrition Global PMP Indicator, IR 2.1.25.									
Average percentage-point change in score between pre and post-tests of training participants Source: USAID Advancing Nutrition Global PMP	20%	14%	70%	20%	12%	60%	20%	13%	65%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
<i>Indicator, IR 2.1.59</i>									
Average percentage post-test score compared with 80% benchmark score <i>Source: USAID Advancing Nutrition Global PMP Indicator, IR 2.1.60.</i>	80%	83%	104%	80%	70%	88%	80%	82%	103%
Proportion of training participants who improved from pre-test to post-test results <i>Source: USAID Advancing Nutrition Global PMP</i>	90%	88%	98%	90%	61%	68%	90%	63%	70%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
<i>Indicator, IR 2.1.61.</i>									
Proportion of training participants ≥80% on the post-test result. <i>Source: USAID Advancing Nutrition Global PMP Indicator, IR 2.1.62</i>	80%	70%	88%	80%	80%	100%	80%	79%	99%
Number of documents developed/revised with support from USAID Advancing Nutrition, by IRs and sub-IRs and type <i>Source: USAID Advancing Nutrition</i>	7	4	57%	4	9	225%	11	13	118%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
<i>Global PMP indicator, IR 3.3.44.</i>									
Number of organizations supported in planning, assessment, or design of nutrition programs or strategies <i>Source: USAID Advancing Nutrition Global PMP Indicator, IR 2.5.35.</i>	N/A	N/A	N/A	5	5	100%	5	5	100%
Number of platforms that have integrated anemia/IFA and VAD/VAS content into their approaches (nutrition	6	2	33%	N/A	N/A	N/A	6	2	33%

Indicator	FY22 (Jan-Sept)			FY23			LENGTH OF PROJECT		
	Target	Achievement	Achievement	Target	Achievement	Achievement	Target	Achievement	Achievement
working group, nutrition implementing partners, CHWs, care groups).									

Annex 2: Environmental Mitigation and Monitoring Report

In FY22, USAID Advancing Nutrition implemented 11 out of 12 activities in person as planned. In FY23, we implemented 10 out of 11 activities planned to support our mandate to support the Niger Government and existing USAID investments with technical assistance to strengthen systems for delivery of IFA and vitamin A, and high-quality prevention and treatment services.

Our work involved multiple strategies, including technical assistance, capacity-building, research, SBC and monitoring and evaluation. There were no potential environmental impacts from project activities beyond the small to moderate amount of paper and non-paper (e.g., individual-serving water bottles) waste generated through in-person trainings or workshops supported as part of capacity-building and the development and validation of SBC communication materials. All paper and non-paper waste was disposed of based on the regulations and customs of the locations where the events were held.

We respected Niger Government guidelines for prevention of COVID-19. Although COVID-19 was not a serious problem in Niger at the point that our interventions took place, we ensured the provision of paper masks and hand sanitizer. Although handwashing stations were available, the project found that participants had a strong preference for the use of gel sanitizer rather than water and soap for handwashing.

Other than activities related to technical assistance and training, none of USAID Advancing Nutrition’s activities fell within any of the categories identified in the Initial Environment Examination or our EMMP.

Mitigation Measure Categories	Mitigation Measures	Outstanding Issues Relating to Required Conditions	Remarks
I. Education, Technical Assistance, Training	Nearly all of our interventions (11 out of 12 in FY22) and all of the FY22 activities, as listed above, anticipated in-person training, education, or technical assistance. Given the design of the Niger activity, and the capacity-building strategies involved, a number of in-person training, meetings, and workshop sessions were conducted. These activities form part of the strategies to support existing USAID nutrition investments, government partners, and UN		USAID Advancing Nutrition respected protocols during in-person workshops. This included the provision of masks and sanitizing gel. Handwashing stations were not purchased since they were made available by the training venues.

Mitigation Measure Categories	Mitigation Measures	Outstanding Issues Relating to Required Conditions	Remarks
	<p>partners with technical assistance to strengthen systems for delivery of IFA and vitamin A, and high-quality prevention and treatment services in the context of COVID-19, and were effectively conducted through in-person engagements. As mitigation measures, there was strict adherence to and observance of COVID-19 protocols and directives. COVID-19 related items, including masks and hand sanitizer, were procured for participants at these in-person trainings and workshops. No other planned activities affect this category.</p>		
2. Research and Development	N/A.		
3. Public Health Commodities	No public health related commodities were procured.		
4. Small-Scale Construction	N/A		
5. Small-Scale Water and Sanitation	N/A		
6. Nutrition	No nutrition commodities were procured.		

Mitigation Measure Categories	Mitigation Measures	Outstanding Issues Relating to Required Conditions	Remarks
7. Vector Control	N/A		
8. Emergency Response	N/A		



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USAID ADVANCING NUTRITION

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