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SPRING
Strengthening Partnerships, Results,
and Innovations in Nutrition Globally

SBC in the Sahel

A Landscape Assessment of Nutrition and Hygiene
Social and Behavior Change Communication in Niger
and Burkina Faso



JULY 2014

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ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute. SPRING provides state-of-the-art technical support and focuses on the prevention of stunting and maternal and child anemia in the first 1,000 days.

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ABBREVIATIONS AND ACRONYMS

| | |
|---------------|--|
| ACF | <i>Action Contre la Faim</i> |
| ACDI/VOCA | Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance |
| AE-C | <i>Alternatives Espace-Citoyen</i> |
| AHN | Africa Health Network |
| AGIR | <i>Alliance Globale pour l'Initiative Résilience</i> |
| AGIR-PF | <i>Agir pour la Planification Familiale</i> |
| ANIMAS-SUTURA | <i>Association Nigérienne de Marketing Social</i> |
| BA | barrier analysis |
| BBC | British Broadcasting Company |
| C4D | Communication for Development |
| CBO | community-based organization |
| CEAS | <i>Centre Ecologique Albert Schweitzer</i> |
| CHW | community health worker |
| CIDA | Canadian International Development Agency |
| CLTS | community-led total sanitation |
| CLUSA | Cooperative League of the USA |
| CNA | <i>Cinéma Numérique Ambulant</i> |
| CNCN | <i>Conseil National de la Concertation de la Nutrition</i> |
| Concern | Concern Worldwide |
| CRENA | <i>Centre de Récupération Nutritionnelle Ambulatoire</i> |
| CRENI | <i>Centre de Récupération Nutritionnelle Intensive</i> |
| CRS | Catholic Relief Services |
| CRUS | Conseil Régional des Unions du Sahel |
| CSO | civil society organization |
| DFAP | development food assistance program |
| DFID | Department for International Development of the United Kingdom |
| DHS | demographic health survey |
| DMI | Development Media International |
| ECHO | European Community Humanitarian Office |

| | |
|---------|---|
| EHFP | Enhanced Homestead Food Production for Improved Food Security and Nutrition in Burkina Faso |
| EPI | Expanded Program of Immunisation |
| EU | European Union |
| FAO | Food & Agriculture Organization of the United Nations |
| FASO | Families Achieving Sustainable Outcomes |
| FED | European Development Fund |
| FFP | Food For Peace |
| FRI | Farm Radio International |
| GAM | global acute malnutrition |
| GIZ | <i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> |
| GHI | Global Health Initiative |
| GMP | growth monitoring and promotion |
| GoN | Government of Niger |
| GRET | <i>Groupe de Recherche et d'Echanges Technologiques</i> |
| HEA | household economic analysis |
| HKI | Helen Keller International |
| IAOMD | <i>Initiative d'Accélération des Objectifs du Millénaire pour le Développement</i> |
| iCCM | integrated community case management |
| ICRISAT | International Crop Research Institute for the Semi-Arid Tropics |
| IFAD | United Nations International Fund for Agriculture Development |
| IFPRI | International Food Policy Research Institute |
| INRAN | National Institute of Agronomic Research (Niger) |
| IRC | International Rescue Committee |
| IYCF | infant and young child feeding |
| IYCN | infant and young child nutrition |
| JPC | joint planning cell |
| JSI | JSI Research & Training Institute, Inc. |
| LAHIA | Livelihoods, Agriculture, and Health Interventions in Act |
| M&E | monitoring and evaluation |
| MAM | management of acute malnutrition |
| MCH | maternal and child health |
| MCHN | maternal and child health and nutrition |
| MDG | Millennium Development Goal |

| | |
|-----------|--|
| MIYCN | maternal, infant, and young child nutrition |
| MOH | Ministry of Health |
| MSF | <i>Médecins Sans Frontières</i> |
| MSI | Management Systems International |
| MUAC | mid-upper arm circumference |
| MVU | mobile video unit |
| MYAP | multiyear assistance program |
| NCBA | National Cooperative Business Association |
| NGO | nongovernmental organization |
| OCHA | United Nations Office for Coordination of Humanitarian Affairs |
| PAM | <i>Le programme alimentaire mondial des Nations Unies</i> |
| PASAM-TAI | <i>Programme d'Appui à la Sécurité Alimentaire des Ménages-Tanadin Abincin Iyali</i> |
| PASADEM | <i>Projet d'Appui à la Sécurité Alimentaire et au Développement dans la Région de Maradi</i> |
| PASME | <i>Project d'Amélioration de la Santé des Mères et des Enfants</i> |
| PDES | economic and social development plan |
| PDEV | Peace through Development |
| PDEV II | Peace through Development II |
| PFE | <i>pratiques familiales essentielles</i> |
| PHAST | participatory hygiene and sanitation transformation |
| PMC | Population Media Center |
| PNSAN | <i>La Politique Nationale de Sécurité Alimentaire et Nutritionnelle</i> |
| PROMACO | <i>Programme de Marketing Social et de Communication pour la Santé</i> |
| PRRO | protracted relief and recovery operation |
| PSI | Population Services International |
| REACH | Renewed Efforts against Child Hunger and Undernutrition |
| REGIS-ER | Resilience and Economic Growth in Sahel – Enhanced Resilience |
| Rencap | <i>Renforcement de Capacités (capacity building)</i> |
| RISE | Resilience in the Sahel-Enhanced Initiative |
| RSD | radio serial drama |
| RUTF | ready-to-use therapeutic food |
| SAM | severe acute malnutrition |
| SBCC | social and behavior change communication |

| | |
|---------------|--|
| SC | Save the Children |
| SCiNiger | Save the Children Niger |
| SILC | savings and internal lending community |
| SPRING | Strengthening Partnerships, Results, and Innovations in Nutrition Globally |
| SNV | <i>Stichting Nederlandse Vrijwilligers</i> |
| STA | <i>Société de Transformation Alimentaire</i> |
| SUN | Scaling Up Nutrition |
| UBC | University of British Columbia |
| UL | <i>Université de Laval</i> |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children’s Fund |
| URC | University Research Co., LLC |
| USAID | U.S. Agency for International Development |
| ViM | Victory against Malnutrition |
| VOA | Voice of America |
| WA-WASH | West Africa Water Supply, Sanitation, and Hygiene Program |
| WASH | water, sanitation, and hygiene |
| WFP | World Food Programme |
| WHO | World Health Organization |
| WUSC | World University Service of Canada |
| 3N Initiative | Nigeriens Feeding Nigeriens Initiative |

EXECUTIVE SUMMARY

Background and Objectives

In 2013, the USAID Global Health Bureau asked the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project to collaborate with and provide nutrition and water, sanitation, and hygiene (WASH)-related social and behavior change communication (SBCC) support to the Resilience and Economic Growth in the Sahel—Enhanced Resilience (REGIS-ER) project, awarded to a consortium led by the National Cooperative Business Association (NCBA) Cooperative League of the USA (CLUSA) International.¹ The REGIS-ER project’s goal is to increase the “resilience of chronically vulnerable populations in agro-pastoral and marginal agriculture livelihood zones in Niger and Burkina Faso.”² The project includes three specific objectives related to: 1) increasing economic wellbeing; 2) strengthening institutions and governance; and 3) improving health and nutrition status.

The collaboration between REGIS-ER and SPRING focuses specifically on Objective 3, for which an array of innovative activities has been proposed by NCBA CLUSA and its partners to: improve public knowledge about health, nutrition, and WASH; link nutrition-led agricultural activities; and change men’s and women’s knowledge, attitudes, and behaviors. Objective 3 also focuses on the promotion of rational use of food, dietary diversification, access to new fortified foods, better access to health and nutrition services, and improved water sources and sanitation.

Methods

In developing this landscape assessment, SPRING initially conducted a desk review of available published and unpublished reports and other program documents—including peer-reviewed and gray literature—related to nutrition and WASH, with emphasis on SBCC and resilience in Niger and Burkina Faso. Materials included national policies and strategies, previous assessments, project reports, surveys, formative research, and other studies. SPRING subsequently conducted a series of scoping visits to both countries, involving the collection of additional documents and consultations with more than 150 key informants including government officials, USAID and other donor agencies, United Nations (UN) program leaders, implementing partners, and other national and regional entities. See references below for a list of selected publications and documents and Annex 1: Key Stakeholders Consulted. Prior to publication of this landscape assessment, summaries of the information collected, priority documents, and key informant contacts were shared with the REGIS-ER team during the Year 1 work planning meeting in December 2013 in Niamey, Niger, and during subsequent visits.

¹ The REGIS-ER project was awarded by USAID on November 15, 2013 to a consortium led by National Cooperative Business Association (NCBA) and Cooperative League of the USA (CLUSA), with University Research Co., LLC (URC), Dimagi, Sheladia, and several local nongovernmental organization sub-awardees. It is a 5-year approximately \$70 million Feed the Future project.

² USAID/Senegal. 2013. Resilience and Economic Growth in the Sahel - Enhanced Resilience (REGIS-ER). RFA-685-13-000003, issued March 29, 2013.

Summary of Findings

This landscape analysis consolidates existing information about the range of actors (government, donors, and implementing partners), relevant policies and programs, formative research, and a number of approaches, tools, and products currently used to support or develop maternal, infant, and young child nutrition (MIYCN) and hygiene-related SBCC programs in Niger and Burkina Faso. Issues, opportunities, and gaps in programming have been identified, as well as existing platforms on which new programs can potentially build. Based on these findings, specific recommendations to REGIS-ER and other programs (existing and future) are presented.

Despite the diversity of donor and programming support, as well as varying cultural and societal conditions in the REGIS-ER project's zones of influence, many opportunities and current gaps are common to both countries:

- Both countries have a large number of existing SBCC print, radio, video, and other materials, many of which require adaptation and updating.
- A large proportion of these nutrition and WASH-related SBCC efforts and material have focused on raising awareness and sharing information, falling short on their efforts to trigger and/or sustain change in behaviors.
- New low-cost communication technologies are emerging and should be introduced, studied in the resilience context, and taken to scale if they are proven to be feasible and effective.
- In this highly vulnerable context, programs need to focus on some critical underlying determinants such as gender roles and cultural norms, which affect livelihoods and income, and the ability of families to improve their nutritional status.
- Lessons learned and other experiences need to be shared systematically.

Conclusions and Recommendations

Based on background documents that have been collected and reviewed to date, and interviews and discussions with a wide range of key informants, specific MIYCN and hygiene SBCC recommendations related to REGIS-ER and other resilience programming have been identified by SPRING. They include the following:

- Create a project-wide, overarching multisectoral SBCC strategy that integrates and prioritizes MIYCN and hygiene behaviors
- Prioritize MIYCN and hygiene behaviors within a theory-based SBCC framework
- Promote MIYCN and hygiene behaviors within a broader nutrition-sensitive context
- Tailor REGIS-ER MIYCN and hygiene SBCC activities to local conditions and facilitate coordination and harmonization of programming within project zones
- Help shift MIYCN and hygiene SBCC priorities and programming to prevention and resilience
- Invest in capacity building to better design, implement, manage, monitor and evaluate MIYCN and hygiene SBCC activities

1. BACKGROUND AND OBJECTIVES

In 2013, the USAID Global Health Bureau asked the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project to collaborate with and provide specific nutrition and water, sanitation, and hygiene (WASH)-related SBCC support to the Resilience and Economic Growth in the Sahel—Enhanced Resilience (REGIS-ER) project, awarded to a consortium led by the NCBA Cooperative League of the USA (CLUSA) International. The REGIS-ER project’s goal is to increase the “resilience of chronically vulnerable populations in agro-pastoral and marginal agriculture livelihood zones in Niger and Burkina Faso.”³ The project includes three specific objectives related to: 1) increasing economic wellbeing; 2) strengthening institutions and governance; and 3) improving health and nutrition status.

The collaboration between REGIS-ER and SPRING focuses specifically on Objective 3, where an array of innovative activities have been proposed by NCBA CLUSA and its partners to improve public knowledge about health, nutrition, and WASH; link to nutrition-led agricultural activities; and change men’s and women’s knowledge, attitudes, and behaviors regarding health, nutrition, and WASH practices. Objective 3 also focuses on the promotion of rational use of food, dietary diversification, access to new fortified foods, better access to and quality of health and nutrition services, and improved water sources and sanitation.

Strengthening communities to manage their own health needs and developing strong links with the governments of Niger and Burkina Faso, NGOs, and other projects working in the REGIS-ER zones of influence⁴ are fundamental to meeting the REGIS-ER objectives. Social and behavior change communication (SBCC) programming is seen as a foundation for achieving significant impact on the health and nutritional outcomes of the focus population: children under five years of age, pregnant and lactating women, and women and girls more generally. Expected nutrition outcomes for the project include decreased prevalence of global acute malnutrition and stunting.

Specifically, SPRING has been asked by USAID to ensure that MIYCN and hygiene are effectively addressed through support to REGIS-ER for the development and implementation of a clearly articulated and technically sound SBCC strategy. SPRING was also asked to conduct focused innovation activities to complement REGIS-ER’s work. The first step in this process was the execution of a landscape assessment of related SBCC programming, materials, and methods⁵ in Niger and Burkina Faso.

The objective of this document is to summarize the SPRING team’s findings in a format that is useful to an external audience and REGIS-ER project leadership. Major elements of the landscape assessment findings and many of the key documents collected in both Niger and Burkina Faso have already been provided to the REGIS-ER project team. Much of the information is based on key informants’ opinions, draft policy and program documents, and other gray literature.

³ USAID/Senegal. 2013. Resilience and Economic Growth in the Sahel - Enhanced Resilience (REGIS-ER). RFA-685-13-000003, issued March 29, 2013.

⁴ REGIS-ER zones of influence include three regions of Niger (Maradi, Tillabéri and Zinder), and eight provinces in three regions of Burkina Faso (Séno, Yagha, Komondjari, Gnagna, Namentenga, Sanmatenga, Bam, and Loroum provinces located in the Center North, North and East regions).

⁵ USAID/Senegal. 2013. Resilience and Economic Growth in the Sahel - Enhanced Resilience (REGIS-ER). RFA-685-13-000003, issued March 29, 2013.

It is important to note that this landscape assessment document is only a snapshot in time, based on SPRING's understanding or interpretation of a complex situation. As a living document, this landscape assessment could be updated as new information and field experiences emerge. Its primary purpose is to provide guidance for REGIS-ER planning and programming, and to help encourage coordination of SBCC resources, especially among USAID implementing partners.

2. METHODS

In developing the landscape assessment, SPRING conducted a desk review of available published and unpublished reports and other program documents—including both peer-reviewed and gray literature—related to nutrition and WASH, with an emphasis on SBCC and food security and resilience in Niger and Burkina Faso. Materials included national policies and strategies, previous assessments, project reports, surveys, formative research, and other studies. SPRING subsequently conducted a series of scoping visits to both countries, collecting additional documents and consulting more than 150 key informants including government officials, USAID and other donor agencies, UN program leaders, implementing partners, and other national and regional actors. See References below for a list of selected publications and documents, and Annex 1: Key Stakeholders Consulted. Prior to publication of this landscape assessment, summaries of the information collected, priority documents, and key informant contacts were shared with the REGIS-ER team during the Year 1 work planning meeting held in December 2013 in Niamey, Niger, and during a subsequent visit.

3. SUMMARY OF FINDINGS

In both countries, efforts have been made by government, multilateral and bilateral institutions, and other partners to address vulnerability and recurring crisis, and better understand and respond to the underlying determinants of food insecurity and undernutrition. The significant role of SBCC programming has been acknowledged by many experts. The summary of key findings and highlights from this review of the multiple program strategies, approaches and materials affecting the promotion of MIYCN and hygiene, and opportunities to strengthen social and behavior change programming in the region of the Sahel are presented in the sections below.

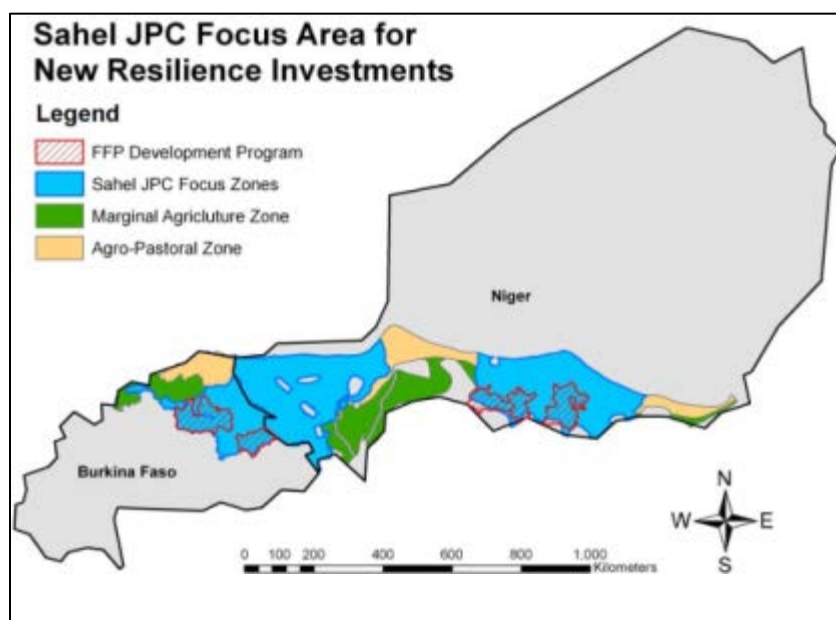
3.1 Resilience Programming in the Sahel

In recent years, droughts and other shocks in the Sahel Region of Africa have generated increasing attention to the plight of local inhabitants. Despite decades of programming experience, a vast literature on vulnerability and resilience in the Sahel, and some success in the scale up of community-based management of acute malnutrition (CMAM), rates of undernutrition remain high, and nutrition emergencies continue to recur on a regular basis. Following a food security crisis affecting more than 18 million people in 2011, USAID and the U.S. Department of Agriculture established a coordination forum in 2012 as part of a larger resilience agenda. Known as the Sahel Joint Planning Cell (JPC), this coordinating body aims to bring together humanitarian and development assistance actors to build

resilience among vulnerable populations in the Sahel by strengthening institutions and governance, increasing sustainable economic wellbeing, and improving health and nutrition.^{6,7}

The JPC also aims to harness the efforts of USAID’s humanitarian and development portfolios to build resilience and “curb the Sahel’s cycle of crisis.”⁸ While the JPC mandate includes work across Burkina Faso, Chad, Mali, Mauritania, Niger, and Senegal, the JPC has focused initial efforts on highly vulnerable districts in northeastern Burkina Faso and southwestern Niger.

Figure 1. Sahel JPC Focus Area



In April 2013, USAID released three interrelated requests for applications through the Sahel JPC: the REGIS-ER project, the Resilience and Economic Growth in the Sahel - Accelerated Growth Project (REGIS-AG), and the Sahel Resilience Learning Project (SAREL). The three projects are designed to complement each other while building on other USAID investments in the same zones of influence. The regions prioritized by the JPC are Tillabéry, Maradi, and Zinder in Niger; and eight provinces in Burkina Faso located in three regions: Séno, Yagha, Komondjari, Gnagna, Namentenga, Sanmatenga, Bam, and Loroum provinces in the Center North, North, and East regions. These areas were chosen based upon their vulnerability, existing USAID presence, and a security environment conducive to USAID-supported programming.⁹ The geographic continuity between Burkina Faso and Niger is intended to create and expand opportunities for cross-border learning and trade.

⁶ USAID. 2014. "About Sahel Region." *USAID* (website). 7 April 2014. <http://www.usaid.gov/sahel-region>.

⁷ USAID. 2014. "USAID announces RISE: a new initiative to build resilience in West Africa's Sahel." *USAID Press Office* (website). 3 February 2014. <http://www.usaid.gov/news-information/press-releases/feb-3-2014-usaid-announces-rise-new-initiative-build-resilience-west-africa-sahel>.

⁸ USAID. 2012. *The Sahel Joint Planning Cell Fact Sheet*. [No Place Listed]: USAID.

⁹ The REGIS-ER proposal describes these as follows: Chronic vulnerability – Levels of food insecurity, acute malnutrition, and USG humanitarian spending between 2005 and the present as a proxy for persistent humanitarian needs; Comparative advantage – The presence of USAID-funded humanitarian and development programs to which new investments via REGIS-ER and REGIS-AG can link; Enabling environment – Security conditions, a conducive government partner, demonstrable evidence of resilient and scalable adaptations, and innovations already underway.

USAID's resilience agenda is part of the global movement toward resiliency-focused programming, helping to strengthen development/humanitarian linkages in the Sahel. In response to the UN's new Humanitarian Response Plan, USAID recently announced US\$85 million in humanitarian assistance to relieve urgent food insecurity and serve as a basis for development in Chad, Mali, and Niger.¹⁰ This links to USAID's \$130 million resilience programming focused specifically on Niger and Burkina Faso, officially launched in February 2014 by USAID as the Resilience in the Sahel-Enhanced (RISE) Initiative.

The *Alliance Globale pour l'Initiative Resilience (AGIR)* Sahel Initiative, launched in 2012 is an international alliance of regional and international governments, organizations, and civil society that, among other food security and agriculture interventions, aims to create seasonal safety nets to reinforce resilience among the most vulnerable by cash transfers during the between-harvest lean season.¹¹

Other government and donor partners are starting to move from recovery-focused nutrition strategies to focus on prevention and mitigation of food insecurity and malnutrition. West African regional institutions such as the Economic Community of West African States are working to promote resilience and collaboration. The World Bank, UN International Fund for Agriculture Development (IFAD), Food and Agriculture Organization (FAO), World Food Programme (WFP), European Union (EU), and others are investing heavily in both countries.

3.2 Nutrition and Hygiene Situation

Both Niger and Burkina Faso have poor nutrition indicators, with high rates of global acute malnutrition (GAM) and stunting despite improvements over time. In Burkina Faso, through the efforts of the government and its partners over the last ten years, a significant reduction in the prevalence of malnutrition in children under five has been achieved. Chronic malnutrition dropped from 46 percent in 1998 to 43 percent in 2003, then to 31.5 percent in 2013. Acute malnutrition fell from 12.4 percent to 8.2 percent between 2003 and 2013.¹² However, with more than a million children under age five suffering from chronic malnutrition and almost 90 percent of children between the ages of 6 and 59 months anemic,¹³ nutrition remains a major public health problem.

According to a 2012 study published in *The Lancet*, policies such as free health care for young children in Niger have resulted in great strides in child health and prevention and management of acute malnutrition and contributed to a significant drop in child mortality. "The mortality rate in children younger than five years declined significantly from 226 deaths per 1,000 live births in 1998 to 128 deaths in 2009, an annual rate of decline of 51 percent. Stunting prevalence decreased slightly in children aged 24–35 months, and wasting declined by about 50 percent with the largest decreases in children younger than two years."¹⁴ These reductions in undernutrition and mortality show progress, but stunting in children under age five measured in the 2012 Niger Demographic and Health Survey (DHS) remains unacceptably high, at around 44 percent, and wasting at 18 percent, with six percent

¹⁰ USAID. 2014. "USAID announces RISE: a new initiative to build resilience in West Africa's Sahel." *USAID Press Office* (website), February 3. <http://www.usaid.gov/news-information/press-releases/feb-3-2014-usaid-announces-rise-new-initiative-build-resilience-west-africa-sahel>.

¹¹ Foire aux Savoirs Sahel. 2014. "Accueil." *Foire aux Savoirs Sahel* (website). <http://foireauxsavoissahel.wordpress.com>.

¹² OCHA. 2014. *2014-2016 Plan de Reponse Strategique Burkina Faso*. [No Place Listed]: OCHA.

¹³ Institut National de la Statistique et de la Démographie (INSD) et ICF International. 2012. *Enquête Démographique et de Santé et à Indicateurs Multiples du Burkina Faso 2010*. Calverton, Maryland, USA : INSD et ICF International.

¹⁴ Amouzou, Agbessi, Oumarou Habi, and Khaled Bensaïd. 2012. "Reduction in Child Mortality in Niger: a Countdown to 2015 Country Case Study." *The Lancet* 380 (9848): 1169–1178.

severely wasted. One third (33 percent) of children 9–11 months are wasted. Over 80 percent of children between 9–23 months are anemic, as are almost 60 percent of pregnant women.¹⁵

There are many actors and initiatives in both countries working on nutrition-specific activities aimed at reducing child undernutrition. Some address prevention of chronic malnutrition, but the focus seems to be on identifying and managing acute malnutrition, given the extremely high levels seen below.

Table 1. Key Nutrition Indicators for Children Under 5 Years, Burkina Faso and Niger

| Nutrition in Children Under Five | Chronic Malnutrition | Acute Malnutrition |
|----------------------------------|----------------------|--------------------|
| Burkina DHS 2010 ¹⁶ | 35% (15% severe) | 16% (6% severe) |
| Niger DHS 2012 ¹⁷ | 44% (22% severe) | 18% (6% severe) |

Although nutrition is often framed in terms of case management of malnutrition by health sector actors and as cooking demonstrations by agriculture sector actors, key informants in both sectors equated malnutrition with poverty or lack of food availability. This perspective persists despite the high prevalence of malnutrition in food-secure areas, as well as the presence of malnourished children in wealthier quintiles and well-nourished children in poorer quintiles. Pre-service nutrition training in both countries needs improvement; there is a relative overemphasis on food science¹⁸ and nutritional recuperation and less-than-optimal training in public health and behavior change, leaving nutritionists in both countries less equipped to contribute to the prevention of undernutrition.

The effects of chronic malnutrition on mental and physical development are not well understood. The recuperation of acute malnutrition seems to dominate nutrition programming. The 1,000 Days movement¹⁹ is gaining some attention in both countries, but stunting is not yet perceived as an issue or priority. Nutrition is also viewed as a women’s issue, and the highly developed food assistance programs in both countries tend to link the idea of nutrition with the provision of rations.

Water and sanitation indicators are poor in both countries. Although access to clean water is relatively good, there is almost no point-of-use water treatment. Handwashing is perceived as an important behavior for cleanliness, but the importance of using soap or other cleaning agent for handwashing is not well recognized. In Burkina Faso, only 8 percent of households observed had soap and water present at a handwashing station. In Niger, rural households disposed of children’s feces by throwing them in the trash (76 percent) or leaving them in the open (9 percent).

¹⁵ INS and ICF International. 2013. *Enquête Démographique Et de Santé Et à Indicateurs Multiples Du Niger (EDSN-MICS IV) 2012*. Calverton, Maryland, USA: INS Niamey and ICF International.

¹⁶ INSD and ICF International. 2012. *Enquête Démographique et de Santé et à Indicateurs Multiples du Burkina Faso 2010*. Calverton, Maryland, USA : INSD et ICF International.

¹⁷ INS and ICF International. 2013. *Enquête Démographique Et de Santé Et à Indicateurs Multiples Du Niger (EDSN-MICS IV) 2012*. Calverton, Maryland, USA: INS Niamey and ICF International.

¹⁸ Sodjinou, Roger, Nadia Fanou, Lucie Deart, Félicité Tchibindat, Shawn Baker, William Bosu, Fré Pepping, Hélène Delisle, and The Regional Nutrition Working Group. “Region-wide assessment of the capacity for human nutrition training in West Africa: current situation, challenges, and way forward.” *Global Health Action* 7: 23247.

¹⁹ The 1,000 Days partnership promotes targeted action and investment to improve nutrition for mothers and children in the 1,000 days between a woman's pregnancy and her child's 2nd birthday, when better nutrition can have a life-changing impact on a child's future and help break the cycle of poverty. www.thousanddays.org/about

Table 2. Key WASH Indicators, Burkina Faso and Niger

| Hygiene, rural populations | DD prevalence 2 week under 5 | Water from improved source | No toilet in household |
|--------------------------------|------------------------------|----------------------------|------------------------|
| Burkina DHS 2010 ²⁰ | 14% | 71% | 79% |
| Niger DHS 2012 ²¹ | 14% | 61% | 84% |

3.3 Nutrition and Hygiene Policies and Programming

Government leadership on nutrition, hygiene, food security, and resilience is relatively strong in both countries, particularly Niger. Multiple ministries, commissions, and national frameworks have been established, as well as a wide array of projects and initiatives, many of which are attracting international attention and high-level support.

Several program-specific SBCC strategies have been developed in both countries, often with support from UNICEF, the USAID Food for Peace development food assistance programs (DFAPs), and other donor programs. Although national policies are generally comprehensive and well-articulated,^{22,23} institutional capacity and resources for implementation are limited. Neither country currently has adequate funding for implementing its national nutrition, hygiene, food security, or resilience-related SBCC strategies. Critical links between hygiene and nutrition are recognized, and recent findings on environmental enteropathy are just beginning to be discussed.

There are also numerous nutrition-related malaria, family planning, and kitchen garden interventions. These efforts are sometimes viewed as both complementing and competing priorities for ministry and field staff, and potentially households, which are the focus of the numerous project activities and SBCC interventions. Specific details are summarized below under each country.

3.3.1 Niger-Specific Policies and Programming

Niger's *National Plan de Développement Economique et Sociale* (PDES), or Economic and Social Development Plan, 2012–2015 addresses resilience through food security, governance, security, and development of human capital and infrastructure. Even in non-crisis years, about 60 percent of households are not able to fulfill their food requirements for the whole year.²⁴ A key element of Niger's National PDES is the *Nigériens Nourrissent les Nigériens* (Nigeriens Feeding Nigeriens), known as the 3N Initiative and a high-profile multisectoral High Commission under the auspices of the president. The 3N Initiative promotes long-term food security and agricultural development through a multisectoral

²⁰ Institut National de la Statistique et de la Démographie (INSD) et ICF International. 2012. *Enquête Démographique et de Santé et à Indicateurs Multiples du Burkina Faso 2010*. Calverton, Maryland, USA : INSD et ICF International.

²¹ INS and ICF International. 2013. *Enquête Démographique Et de Santé Et à Indicateurs Multiples Du Niger (EDSN-MICS IV) 2012*. Calverton, Maryland, USA: INS Niamey and ICF International.

²² Wuehler, Sara E. and Abdoulazize Biga Hassoumi. 2011. "Situational analysis of infant and young child nutrition policies and programmatic activities in Niger." *Maternal and Child Nutrition* 7 (Suppl. 1): 133–156.

²³ Wuehler, Sara E. and Ouedraogo, Albertine Wendpagnagde. 2011. "Situational analysis of infant and young child nutrition policies and programmatic activities in Burkina Faso." *Maternal and Child Nutrition* 7(Suppl. 1): 35–62.

²⁴ GoN Ministry of Planning, Land Management and Community Development. 2011. *Economic and Social Development Plan (PDES) 2012-2015*. Niamey: Government of the Republic of Niger.

response, and coordinates the national nutrition policy in partnership with the various line ministries, the WFP, FAO, and UNICEF.^{25, 26}

Niger's Renewed Efforts Against Child Hunger and Undernutrition (REACH) coordinator is based in the 3N High Commission and is helping to ensure that the 3N and Scaling Up Nutrition (SUN) Movement agendas correspond and that nutrition stays at the top of the development and food security agenda (and the 3N Initiative specifically). However, as noted in a 2012 *Action Contre la Faim* (ACF) report, there is still a lack of clarity of roles: "the government focal point for SUN in Niger is the Direction of Nutrition within the Ministry of Health (MOH), while REACH sits within the 3N Initiative, with supposedly a more multisectoral approach. Yet SUN, like REACH, is supposed to encourage a multisectoral response to undernutrition."²⁷

The MOH convenes a working group known as *Groupe des Partenaires Techniques et Financières* (Groupe PTF), or the Group of Technical and Financial Partners for Nutrition. This group, which meets approximately every month, includes donors and implementing partners but tends to focus on acute malnutrition management. REACH has placed nutrition coordinators in the regions to spearhead greater coordination of efforts in the field.

A situation analysis carried out in Niger in 2008 found that key infant and young child nutrition (IYCN) topics were well addressed in national nutrition policy and programs, but that poor coverage, limited implementation capacity, and inadequate monitoring and evaluation hampered impact.²⁸

As part of the government's response to continued high levels of stunting, the Nigerien Ministry of Public Health in September 2013 developed with UN and NGO partners "Wadata Yara," a draft strategy for the prevention of chronic malnutrition.²⁹ This multisectoral strategy, focused on the 1,000 days, fits within 3N and the National Nutrition Plan of Action 2007-2015,³⁰ and focuses on a package of interventions including promotion of IYCN, supplementation in vitamin and deworming, promotion of young child growth, water hygiene and sanitation, promotion of care and family practices, refocused prenatal care, nutritional education, home gardening, and small livestock raising in schools and communities. The Ministry of Livestock adopted a Sustainable Livestock Development Strategy in 2013 that will also contribute to the 3N food security initiative.³¹

Niger's national WASH policy and programming has moved forward with the creation of a National Program for Potable Water Supply and Sanitation, the creation in 2013 of a Ministry of Hydraulics and Sanitation, and the development of an SBCC strategy for promotion of hygiene and basic sanitation, including media and interpersonal communication.³²

²⁵ WFP. 2013. *Protracted Relief and Rehabilitation Operation (PRRO) 200583 Saving Lives, Protecting livelihoods and Enhancing the Resilience of Chronically Vulnerable Populations*. Rome: World Food Programme.

²⁶ GoN [Government of the Republic of Niger]. 2006. *Plan National D'Action Pour La Nutrition 2007-2015*. Niamey: Republic of Niger.

²⁷ ACF-IN. 2012. *Under the Sun. Tracking progress of the Scaling Up Nutrition movement in Bangladesh and Niger*. Paris: ACF-IN. <http://www.actioncontrelafaim.org/sites/default/files/publications/fichiers/underthesunreportacf.pdf>.

²⁸ Wuehler, Sara E. and Abdoulazize Biga Hassoumi. 2011. "Situational analysis of infant and young child nutrition policies and programmatic activities in Niger." *Maternal and Child Nutrition* 7 (Suppl. 1): 133–156.

²⁹ Ministère de la Santé Publique, Direction Generale de la Sante de la Reproduction, Direction de la Nutrition [Republique du Niger] and UNICEF. 2013. *Strategie Nationale De Prevention De La Malnutrition Chronique. Wadata Yara*. Niamey, Niger: Republique du Niger and UNICEF.

³⁰ GoN. 2006. *Plan National D'Action Pour La Nutrition 2007-2015*. Niamey: Government of the Republic of Niger.

³¹ Foire aux Savoirs Sahel. 2014. "Accueil." *Foire aux Savoirs Sahel* (website). <http://foireauxsavoirstahel.wordpress.com>.

³² Programme Solidarité Eau. *Niger Guide pratique. Agir pour l'eau et l'assainissement au Niger*. Niger: Programme Solidarité Eau and Agence Française de Développement. http://www.pseau.org/outils/ouvrages/ps_eau_agir_pour_l_eau_et_l_assainissement_au_niger_2013.pdf

A detailed communication strategy for the 3N Initiative was officially approved in December 2013 and is about to be budgeted, although as with the rest of the 3N strategy, adequate funds for its implementation are not currently available.³³ Meanwhile, UNICEF has been instrumental in defining the MOH's "Key Family Practices" strategy that promotes eight key practices.³⁴ Several programs (e.g., malaria and the Expanded Program of Immunisation [EPI]) within the MOH have their own communication strategies or plans, as do some of the USAID-funded Food for Peace (FFP) and child survival projects.

Despite these development-oriented policies and initiatives, Niger's nutrition community still appears focused on what must be described as an ongoing nutritional emergency, with relatively little attention to prevention. This is due to several factors: the rate of severe acute malnutrition, or SAM, (it is anticipated that almost 400,000 cases of SAM will be treated this year, mostly by partners); high levels of food insecurity; and the overwhelming percentage of donor aid that is humanitarian-oriented.

The government and UNICEF's joint program 2014–2018 is defining a new approach including a focus on resilience with an integrated package of activities: health, WASH, education, nutrition, Communication for Development (C4D), child protection, and social policy, plus monitoring and evaluation (M&E) in the "Communes de Convergence" in which 3N, WFP, FAO and UNICEF will concentrate their activities.³⁵ This will start in 11 communes in 2014, expanding by 12 more each year in 2015 and 2016. Some of these UN concentration communes may overlap with REGIS-ER zones, although not in the first year. The government and UNICEF are integrating risk and disaster management into all components.

3.3.2. Burkina Faso-Specific Policies and Programming

Burkina Faso's food security and nutrition leadership has been mostly situated within the MOH. In 2008, Burkina Faso established a multisectoral task force on nutrition, the *Conseil National de la Concertation de la Nutrition* (CNCN), or National Council for Nutrition Coordination. The CNCN is chaired by and located within the MOH, with major support from the Ministry of Agriculture and Water, the Ministry of Social Action and National Solidarity, the Ministry of Economics and Finances, and the participation of nine other ministries. The CNCN is supposed to meet twice a year, and to include technical and financial partners such as the World Bank, WHO, WFP, UNICEF, Catholic Relief Services (CRS), Helen Keller International (HKI), Médecins Sans Frontières (MSF), and *Comité permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel* (CILSS) in those meetings.

The CNCN is reportedly considering the Nigerian 3N High Commission as a potential model, as the CNCN's multiministerial working group currently based within a single ministry does not have the same leadership ability or political clout as an institution based in the office of a president or prime minister. Burkina Faso joined the SUN Movement in 2011 and aims to reduce by 40 percent the number of children under five with chronic malnutrition, and to increase the rate of exclusive breastfeeding for children under six months to at least 50 percent by 2025.

³³ GoN. 2012. "3N" Initiative Strategic Framework for Sustainable Food Security and Agricultural Development. "Niger Citizens Feed Niger Citizens." Niamey: Government of the Republic of Niger.

³⁴ Exclusive breastfeeding for the first six months, quality complementary feeding, handwashing with soap and water, diagnosis and home management of diarrhea, prevention of and care-seeking for malaria, use of preventive and curative health services, registering births recognition and care-seeking for danger signs of diarrhea, malaria, and pneumonia.

³⁵ GoN and UNICEF. 2013. *Plan d'Action du Programme du Pays 2014-2018 entre le Gouvernement de la République du Niger et le Fonds des Nations Unies pour l'Enfance (UNICEF)*. Niamey: Government of the Republic of Niger.

The country developed a national food security and nutrition policy (*Politique Nationale de Sécurité Alimentaire et Nutritionnelle*, PNSAN)³⁶ in 2013. The PNSAN, which functionally replaces the national nutrition policy created under the MOH, includes five strategic objectives:

- Increase food availability sustainably
- Reinforce resilience of vulnerable households
- Increase physical and financial accessibility to food
- Improve the nutritional status of the population
- Reinforce governance for food security

At the end of 2012, the government also adopted a national policy of social protection (*Politique Nationale de Protection Sociale*) although it, like the PNSAN, is not adequately funded.³⁷

As for working groups, there are a few functioning nutrition platforms in Burkina Faso. A 2008 review of national policy documents and key informant interviews showed that nearly all key IYCN topics were addressed in government policies. Some of the main challenges include scaling up and better use of formative research.³⁸ UNICEF is one of the primary influences on national MIYCN and hygiene programs in terms of policy, C4D, training, and operations research. It has been supporting the MOH's Nutrition Division to develop and finalize a plan, and providing health worker and community training and communication materials for scaling up the IYCN package (*Paquet Intégré des Services d'Alimentation du Nourrison et du Jeune Enfant*). PROFILES, an evidence-based advocacy tool used to elicit greater government budget support for nutrition, was developed for Burkina Faso in 2008. The MOH's Nutrition Direction, with support from UNICEF and other partners, is planning a multisectoral coordination meeting on programming for accelerated reduction of stunting based on the most recent scientific evidence and recommendations from SUN.

In 2008, under the previous national nutrition policy, the Nutrition Directorate was developing a Nutrition Communication Plan.³⁹ In May 2009, the Burkina Faso MOH developed a strategic communication plan to support the African Strategy for Child Survival and Development, known in French as *Stratégie Africaine pour la Survie et le Développement de l'Enfant*.⁴⁰ An updated national food security/nutrition SBCC strategy/plan has not yet been developed, but, as noted above, the CNCN is reportedly looking at the Nigerien 3N communication strategy as a potential model.

As in Niger, development partners in Burkina Faso have established a national platform for monthly meetings called *Groupe PTF* that includes donors and implementing partners as well as MOH representatives. This fairly dynamic group has four subcommittees: management of acute malnutrition; IYCF; food security; and advocacy. There is also a working group of NGOs that meet monthly to discuss reproductive health behavior change communication. Similar coordination at regional level is less robust. There are two national frameworks for water and sanitation: the Action Plan for Integrated Water Management (*le Plan d'action pour la gestion intégrée des ressources en eau*), adopted in 2003, and the National Program for Potable Water and Sanitation (*le Programme national*

³⁶ GoBF. 2013. *Politique Nationale de Sécurité Alimentaire et Nutritionnelle*. Ouagadougou: Government of Burkina Faso.

³⁷ OCHA. 2014. 2014-2016 Plan de Réponse Stratégique Burkina Faso. Equipe Humanitaire Pays avec l'appui de l'OCHA. [No Place Listed]: OCHA.

³⁸ Wuehler, Sara E. and Ouedraogo, Albertine Wendpagnagde. 2011. "Situational analysis of infant and young child nutrition policies and programmatic activities in Burkina Faso." *Maternal and Child Nutrition* 7(Suppl. 1): 35–62.

³⁹ UNICEF, SCN, WHO, and HKI. 2008. *Landscape Analysis of readiness to act at scale to accelerate the reduction of maternal and child undernutrition. The Burkina Faso Assessment*. Burkina Faso: WHO.

⁴⁰ Ministère de la Santé, Government of Burkina Faso. 2009. *Plan Stratégique de Communication en Appui à la Stratégie Africaine pour la Survie et le Développement de l'Enfant 2009-2015*. Burkina Faso: Government of Burkina Faso.

d'approvisionnement en eau potable et d'assainissement à l'horizon- PN-AEPA), adopted in 2015. The latter has an urban component under the National Water and Sanitation Office (*l'Office nationale de l'eau et de l'assainissement*), and a rural one that falls under the Ministry of Agriculture and Hydraulics and includes an interpersonal communication (IEC) strategy.⁴¹ There are at least two water and sanitation policies within these various entities.

3.4 Nutrition and WASH-Related Projects

In the REGIS-ER project implementation zones, there are strong partners who are working in the same thematic areas with funding from their respective governments, multilateral and bilateral donors including USAID, and private sources. Multiple agriculture and livelihoods projects address nutrition and food security, as well as health, WASH, and agriculture. Most projects with nutrition objectives include some emphasis on behavior change programming.

3.4.1 Overview of USAID-Funded Projects

USAID has committed substantial resources to resilience programming in the Sahel through the RISE Initiative. USAID FFP and the Office of U.S. Foreign Disaster Assistance implementing partners are important players in both countries and provide lessons for REGIS-ER and other resilience-oriented projects. While several country-specific projects are addressed in other sections of the report, five USAID country-level projects and three USAID regional projects that stand out as particularly relevant to REGIS-ER's MIYCN and hygiene SBCC efforts are described here.

Three USAID FFP-funded development food assistance programs (DFAPs) and multiple-year assistance projects (MYAPs) in Niger are addressing food security, nutrition, gender, and resilience. Two other USAID FFP projects are being implemented in Burkina Faso, addressing nutrition, food security, livelihoods, and governance. Details of these projects are presented in the country sections below.

Given USAID's goal of creating programming that is layered, sequenced, and coordinated, all five FFP projects offer potential opportunities for complementary and synergistic programming with the RISE Initiative, as do the three USAID regional projects described below:

- The West Africa Water Supply, Sanitation, and Hygiene Program (WA-WASH, 2011-2015) is a USAID-funded project that has been conducting water, sanitation, hygiene, food security, and other interventions in Niger, Burkina Faso, and Ghana. WA-WASH has conducted extensive GPS-assisted mapping of water facilities in their zones of intervention. Although the project is phasing out in Niger later this year, there are many activities that have developed useful resources and provided excellent lessons. These include radio, print, and community promotion of Aquatabs for point-of-use water purification, especially in Tillaberi; and community mobilization for construction and use of latrines. Project activities in Burkina Faso REGIS-ER zones provide an excellent basis and technical resource for multiple-use water systems, latrines, and more. Detailed mapping of programming, numerous training manuals for SBCC and technical interventions are available from the project website and staff.⁴²

⁴¹ Agence Française de Développement. 2013. "L'activité en chiffres." Agence Française de Développement (website). November 2013. <http://www.afd.fr/home/pays/afrique/geo-afr/burkina-faso/activite-afd-burkina-faso/activite-financement-chiffres-afd-burkina>.

⁴² Global Water for Sustainability Program. 2014. "USAID West Africa Water Supply, Sanitation and Hygiene Program (WA-WASH)." *Global Water for Sustainability (GLOWS)* (website). <http://www.globalwaters.net/projects/current-projects/wa-wash/>

- AGIR-PF, (2013-2017) is a new five-year USAID-funded regional reproductive health project primed by EngenderHealth. AGIR-PF is building on previous USAID-funded reproductive health activities to provide increased access to and use of high-quality family planning services in urban and peri-urban areas in Niger and Burkina Faso. It will conduct advocacy efforts with leaders, train health workers on improved service delivery and counseling, and work with other actors on demand creation through interpersonal communication and mass media.
- The USAID-funded Peace through Development II (PDEV II) project (November 2011- October 2016) is implemented in Niger, Burkina Faso, and Chad by International Relief & Development with Search for Common Ground, Equal Access International, and the Salam Institute for Peace and Justice. The project, focusing on governance and conflict prevention and mitigation, uses media strengthening and livelihoods activities to benefit 500,000 people in targeted communities.⁴³

3.4.2 MIYCN and Hygiene Projects in Niger

Due to the complexity of the context and the numerous actors, several groups are working to ensure the coordination and sharing of information between projects and organizations. The UN Office for Coordination of Humanitarian Affairs (OCHA)⁴⁴ issues a monthly humanitarian update, provides situational mapping such as the food insecurity map below, and maintains a database about nutrition programming (primarily rehabilitation of acute malnutrition).

⁴³ IRD. 2014. "Peace through Development." *IRD* (website). <http://www.ird.org/our-work/programs/pdev#sthash.1YloGcKi.dpuf>

⁴⁴ OCHA. 2014. "Niger." *UNOCHA* (website). <http://unocha.org/niger/>

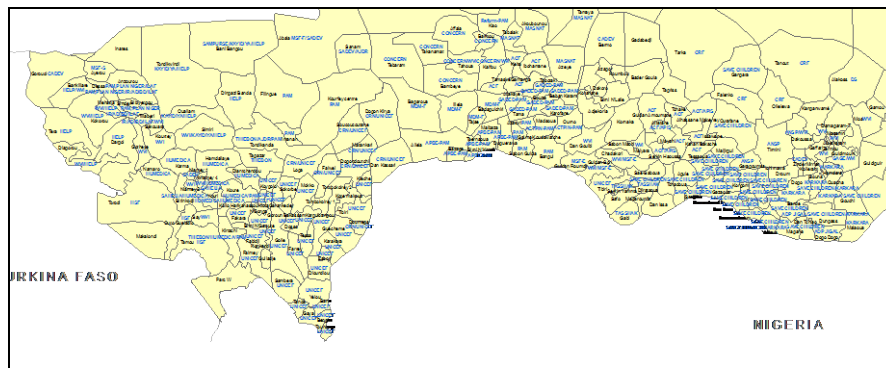
Figure 2. OCHA Map Showing 4.2 Million Food-Insecure People



The Nutrition Working Group, chaired by the Division of Nutrition in the MOH, serves as a semi-monthly forum for sharing program experiences. UNICEF and the EU’s European Community Humanitarian Office (ECHO) are also helping with mapping and coordination of working groups.

A mapping exercise carried out by a 3N/REACH team over a period of several months resulted in maps of commune-level activities, as shown in the example in Figure 3 below.⁴⁵

Figure 3. NGOs carrying out Case Management of Moderate Acute Malnutrition

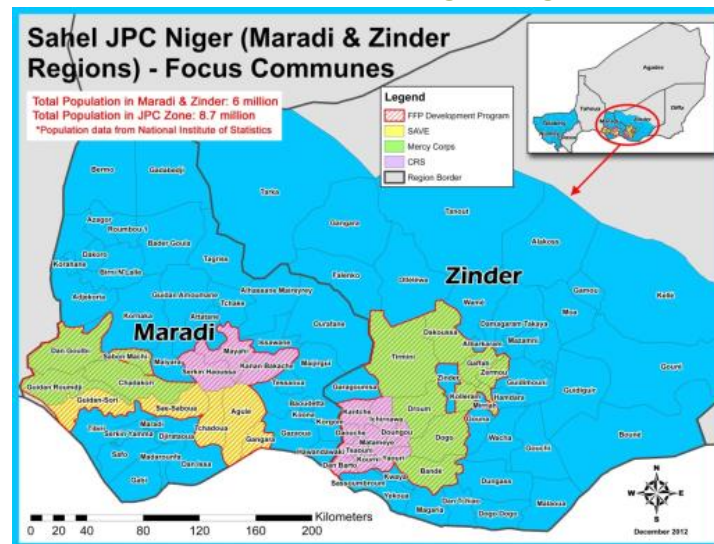


In addition to this visual representation, the mapping report includes a table listing the 36 international and national NGOs that were interviewed, where they are working (down to the commune level) and what they are doing.

⁴⁵ Gouro, Kadidiatou. 2013. Rapport d’Elaboration de la Cartographie des Intervenants et des Interventions en Matiere de Nutrition au Niger. REACH Niger (unpublished).

As mentioned, there are three FFP-funded projects in Niger, shown in the map below:

Figure 4. Sahel JPC Focus Communes, Maradi and Zinder Regions, Niger



FFP–PASAM-TAI: CRS, in partnership with the International Crop Research Institute for the Semi-Arid Tropics (ICRISAT), Misola Foundation, and the Government of Niger (GON) technical extension services, is implementing a five-year Title II DFAP named *Programme d’Appui à la Sécurité Alimentaire des Ménages-Tanadin Abincin Iyali* (PASAM-TAI, 2012–2017). The goal of the program is to reduce food insecurity and malnutrition in rural households in three communes in Maradi and one in Zinder. The project aims to reduce chronic malnutrition in households with pregnant and lactating women and children under age five; increase production and consumption of food in vulnerable households; improve integrated disaster risk management; and expand gender roles to enhance sustainability.

FFP–LAHIA project: The Livelihoods, Agriculture, and Health Interventions in Action (LAHIA) project, led by SCI in partnership with World Vision Niger and National Institute of Agronomic Research (INRAN), is working in 60 villages in five communes in Maradi. The project aims to improve key household maternal and child health nutrition (MCHN) practices; increase use of key MCHN services; increase access to potable water and sanitation; enhance women’s livelihoods; improve sustainable agriculture and natural resource management; improve agricultural marketing; increase resilience; and promote women’s participation in community activities.

FFP–Sawki project: In the third FFP project, Mercy Corps/Niger is leading a consortium including HKI/Niger and Africare/Niger to implement the Sawki project (DFAP 2012–2017) in three communes of Maradi and five communes in Zinder. Its goal is to reduce food insecurity and malnutrition among vulnerable populations by promoting nutrition during the first 1,000 days; encouraging healthy timing of first pregnancy; improving nutrition counseling; and increasing production, income, and consumption of diversified foods. Additional themes include resilience and gender.

Overlapping geographically and thematically with these FFP projects are several other major projects including *Projet d’Appui à la Sécurité Alimentaire et au Développement dans la Région de Maradi* (PASADEM, 2012-2018), the \$32 million UN-funded IFAD food and nutritional security project, which is

active in 18 communes of Maradi.⁴⁶ The €9.5 million EU- and UNICEF-funded *Initiative d’Accélération des Objectifs du Millénaire pour le Développement* (IAOMD) nutrition project will be implemented in Maradi, Zinder, and Tahoua regions. This prevention-focused nutrition project, targeting approximately 800,000 children and 800,000 women of reproductive age, will support nutrition and other health activities in collaboration with the MOH and a group of about 15 NGOs, both international and local. According to a May 2013 UNICEF press release, project activities will include “community mobilization and behavior change on maternal and infant nutrition; essential family practices, including birth spacing; nutrition education; market gardening; sanitation; hygiene; and strengthening of health services. It will also include the distribution of micronutrient supplementation and adequate food complements, improve access to water, and promote growth at community level. Health services will be sustained and strengthened in order to provide quality prenatal and post-natal care.”⁴⁷

The UN organizations in Niger are attempting to focus and coordinate their efforts on a shared area known as the “*communes de convergence*.” This strategy, which will be scaled over the coming years, is being launched initially in Maradi and Zinder, with some overlap in USAID-funded DFAP communes, as seen in Table 3.

Table 3. Proposed First Round of UN Communes de Convergence

| REGION | DEPARTEMENTS | COMMUNES- overlap with FFP | |
|--------|--------------|---------------------------------------|------------|
| MARADI | MADAROUNFA | DJIRATAOUA- no overlap with FFP | UNICEF |
| MARADI | MAYAHI | GUIDAN AMOUMOUNE- no overlap with FFP | |
| ZINDER | KANTCHE | KANTCHE- CRS | UNICEF+PAM |
| ZINDER | KANTCHE | YAOURI- CRS | |
| ZINDER | MIRRIAH | DOGO- Mercy Corps | |
| ZINDER | MIRRIAH | GAFATI- Mercy Corps | |
| ZINDER | MIRRIAH | KOLERAM- Mercy Corps | |

ACF is working in Maradi (and Tahoua) on nutrition, including strengthening local capacity in case MAM, WASH promotion, and food security with EU and other funding.⁴⁸ The *Société de Transformation Alimentaire* is a member of the PlumpyField network and produced 2,700 tons of nutrition supplementation products in 2011, including Plumpy’Nut[®] ready-to-use therapeutic food (RUTF) and other fortified mixes.⁴⁹

HKI has played an important role at the national, regional, and community levels in Niger for years. They have been a key partner to the MOH for vitamin A and promotion of nutrient-rich diets through SBCC based on research of culturally-appropriate and available foods. They were also instrumental in updating the diarrhea management policy to include zinc. HKI conducted several USAID-funded child survival and OFDA projects and are currently a partner on the Sawki DFAP described above. They have recently been awarded a new OFDA project in Diffa for community malnutrition management

⁴⁶ IFAD. 2011. President’s Report, Proposed Loan to the Republic of Niger for the Food Security and Development Support Project in the Maradi Region (PASADEM), EB 2011/104/R.16/Rev.1. Niger: IFAD.

⁴⁷ UNICEF West and Central Africa. 2013. “European Union and UNICEF support the fight against chronic malnutrition in Niger.” UNICEF (website). 6 May 2013. http://www.unicef.org/wcaro/english/4501_7366.html

⁴⁸ ACF. 2012. “Accueil > Niger.” ACF (website). <http://www.actioncontrelafaim.org/fr/content/niger>

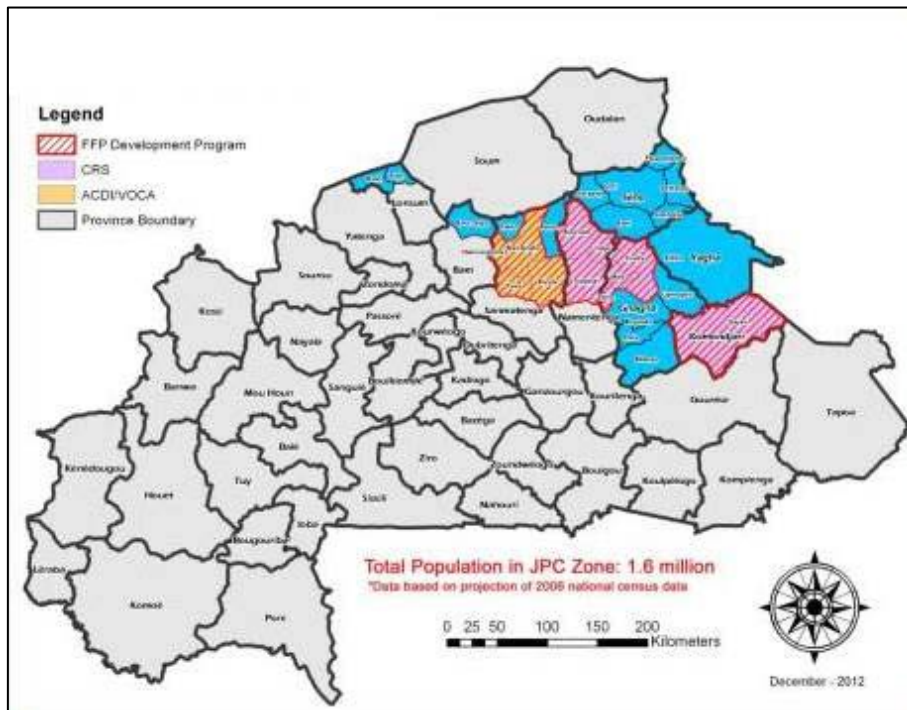
⁴⁹ STA. 2012. “Notre vision.” STA (website). <http://www.sta.ne/index.php/fr/notre-vision>

through the strengthening of community-based prevention and treatment interventions. They work nationally in Niger with the MOH for the control of neglected tropical diseases. Additionally, they are working with the MOH to improve the quality of prenatal care, including improving nutrition and provision of iron folate. HKI has been instrumental in fighting dietary deficiencies through a rapid food assessment study and advocacy leading to nationally available fortified oil.

3.4.3 MIYCN and Hygiene Projects in Burkina Faso

As mentioned above, UNICEF has a strong technical team and plays a major coordinating role. The nutrition working group, chaired by the Division of Nutrition in the MOH, serves as a monthly forum for coordination and sharing experiences. OCHA helps coordinate relief efforts, and ECHO plays a coordination and technical role and provides funding for activities in several parts of the country including in REGIS-ER zones, seen in Figure 5.

Figure 5. Sahel JPC Burkina Faso Focus Communes



There is a notable difference in reported coverage of IYCF interventions for prevention of undernutrition as compared to coverage of case management of moderate acute malnutrition, as shown in Figures 6 and 7 below:

Figure 6. Partners Promoting Infant and Young Child Feeding

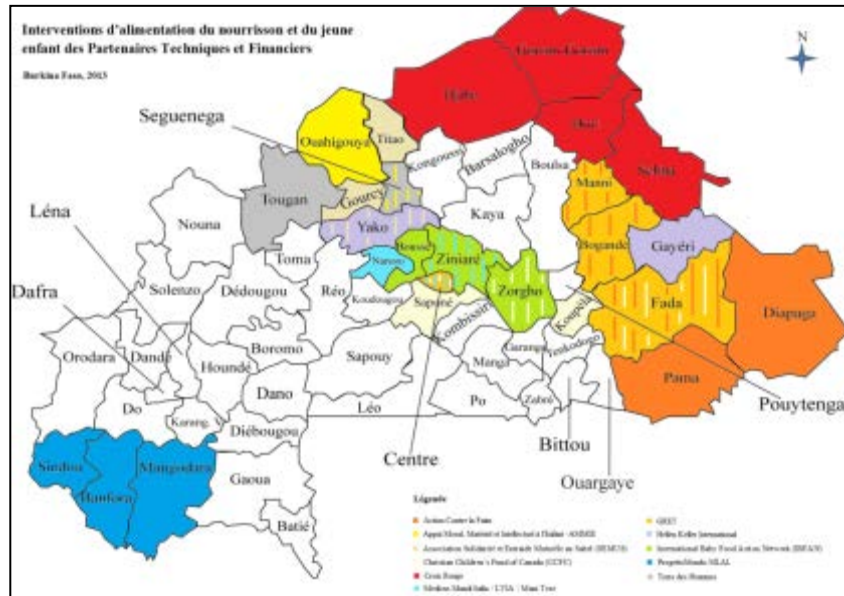
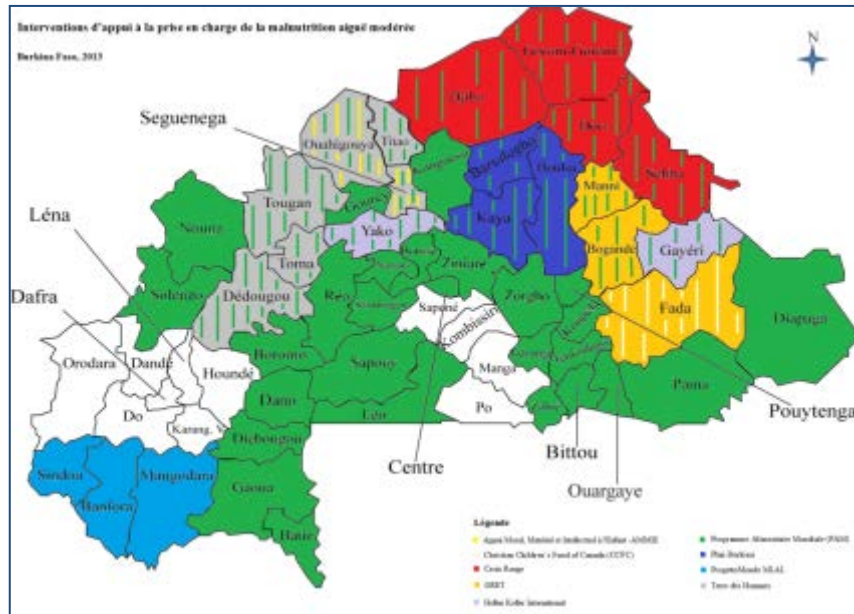


Figure 7. Partners Supporting Case Management of Moderate Acute Malnutrition



The **OCHA** 2013 3Ws? (who, what, where) shows a large number of nutrition actors working in the REGIS-ER project provinces, and lists them by region and sector.⁵⁰

Under the World Bank-funded *Programme d'Appui au Développement Sanitaire* (PADS) and as part of the 2012 National Policy for Community Health,⁵¹ the MOH has contracted with a network of community-based organizations (CBOs), or *Organisations à Base Communautaire d'Exécution*, to deliver health and nutrition promotion services at the community level. Training and supervision of these CBOs is done by NGOs called “Rencap” NGOs (*renforcement de capacités* or capacity building.) Hence, there is a network of NGOs and CBOs with varying degrees of competence in SBCC for health, nutrition, and WASH across the country, with varying but apparently low levels of population coverage.

Two other important projects in the REGIS-ER zone are the USAID FFP projects Families Achieving Sustainable Outcomes (FASO) and Victory against Malnutrition (ViM), described below:

FASO, CRS/Burkina Faso: Led by CRS, the FASO project (MYAP 2010–2015) is implemented by a consortium of five NGOs including Association Tin Tua, GRET, HKI, and *Organisation Catholique pour le Développement et la Solidarité*, in the provinces of Nametenga, Komondjari, and Gnagna. The project aims to increase household access to food of sufficient quantity and quality throughout the year; improve nutrition status of mothers and children; and improve local governance.

Victory against Malnutrition (ViM), ACDI/VOCA⁵² Burkina Faso: Victory against Malnutrition (ViM, DFAP 2011–2016) focuses on reducing food insecurity in four communes of the Sanmatenga Province in the Central North region. ACDI/VOCA is the managing organization in partnership with Save the Children and SNV and three local implementing partners—*Action pour la Promotion des Initiatives Locales*, *Alliance Technique d'Assistance au Développement*, and *Association Zood Nooma pour le Développement*. The program aims to increase and diversify agricultural production, improve household incomes, and reduce chronic malnutrition among children under five years of age and pregnant and lactating women.

ACF works in and near project zones in case management of acute malnutrition (MAM) as well as in food security and promotion of improved breastfeeding, complementary feeding etc.

HKI has been carrying out many national- and regional-level nutrition activities in Burkina Faso, including capacity building of national program and health clinic staff, strengthening integration of vitamin A into routine health services and community child health days, and implementing food security and nutrition programs such as the Enhanced Homestead Food Production (EHFP) project in Fada Ngourma. The “Creating Homestead Agriculture for Nutrition and Gender Equity” (CHANGE) project, funded in 2013 by the Canadian International Development Agency (CIDA), builds on the promising results from the EHFP project and will work to improve the nutritional status of infants and young children and their mothers through homestead food production and nutrition behavior change using the Essential Nutrition Actions (ENA) framework.⁵³

⁵⁰ OCHA. 2013. Burkina Faso Présence des Partenaires Opérationnelles (3W:OP). [No Place Listed]: OCHA.

⁵¹ Ministère de la Santé, Government of Niger. 2012. Politique Nationale de Santé Communautaire, Ministère de la Santé. Burkina Faso: Government of Niger.

⁵² ACDI/VOCA (Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance)

⁵³ Baker, Shawn. 2013. “Canadian Government Invests in the Power of Agriculture to Improve Nutrition.” Helen Keller International Seed to Site Blog (website). 13 June. <http://www.hki.org/blog/2013/06/canadian-government-invests-in-the-power-of-agriculture-to-improve-nutrition/#more-1915>

Management Systems International (MSI) is a small but growing NGO that is providing reproductive health services, and **PROMACO**, established by Population Services International (PSI) in 1991,⁵⁴ is carrying out social marketing of reproductive health and family health products.

GRET, with funding from USAID FFP, the EU, and others, has been carrying out food security and nutrition activities in the Eastern Region with a number of SBCC approaches including use of print materials, community discussions, cooking demonstrations, radio, and video to promote MIYCN.

The *Projet d'Amélioration de la Santé des Mères et des Enfants (PASME)* is a three-year project with funding from CIDA's Muskoka Initiative implemented by World University Service of Canada (WUSC) with three Canadian partners: *Université Laval*, the University of British Columbia, and Farm Radio International (FRI), and two Burkinabe partners: BURCASO (*Conseil Burkinabé des ONG, OBC et Associations de lutte contre le VIH-SIDA et les IST*) and CICDOC (*Centre d'Information de Conseil et de Documentation sur le SIDA et la tuberculose*).⁵⁵ The project, which started in March 2012, works in four health districts (Gayeri, which is in the REGIS-ER focus region of Komondjari, as well as three other areas: Koudougou, Manni, and Solenzoto) to support quality of health services and community behavior change.

Two new projects in Burkina Faso are complementary to REGIS-ER's nutrition work. The World Health Organization (WHO), with funding from the Bill & Melinda Gates Foundation, is implementing the Healthy Growth Project to reduce stunting.⁵⁶ Additionally, the Bill & Melinda Gates Foundation-funded Alive and Thrive Project has received additional funding to begin work in Burkina Faso with a focus on MIYCN.

There are a number of partners, especially GRET and ACF, who are supporting businesses or women's associations to produce "*farine infantile*," improved cereal mixes for preparation of complementary food, marketed under brands such as Misola and Yonhama. These are mostly based on local cereals such as millet, sorghum or maize, tubers such as ignames, or potatoes enriched with beans, groundnuts, *soumbala*, dried fish, and fruits. These products appear to be good quality and have relatively high acceptability (GRET found in the Eastern Region that with good promotion, 30 percent of mothers bought the product regularly). Attractive promotional materials have been developed by GRET, and innovative marketing strategies are being used (e.g., kiosks selling ready-to-eat porridge in vulnerable neighborhoods). However, insufficient budgets for promotion have reduced their uptake, as has insufficient support to production and distribution. A new production unit will be supported in Komondjari, a REGIS-ER province.

Innofaso, an affiliate of Onyx Développement that opened in 2012 in Ouagadougou with support from EcoBank, produces the Plumpy'Nut[®] brand RUTF in 500kcal packets (92g.) They currently plan to start producing a Plumpy'Sup[®] product for treatment of moderate malnutrition, and in the future aim to develop products for prevention of malnutrition based on local materials.⁵⁷

The *Conseil Régional des Unions du Sahel (CRUS)*, based in Dori,⁵⁸ and the *Centre Ecologique Albert Schweitzer (CEAS)*⁵⁹ are local NGOs that are working on improved food security through drying fruits and

⁵⁴ PSI. "Burkina Faso." 2010. *Population Services International* (website). 2014. <http://www.psi.org/burkina-faso>

⁵⁵ WUSC. 2012. "Sharing Skills and Making a Difference in Burkina Faso." *WUSC* (website). <http://wusc.ca/en/story/sharing-skills-and-making-difference-burkina-faso>

⁵⁶ WHO. 2014. "The Healthy Growth Project." *WHO* (website). <http://www.who.int/nutrition/healthygrowthproj/en/>

⁵⁷ InnoFaso. 2014. "Produits. *InnoFaso* (website). "http://www.innofaso.com/index.php/accueilpage/produits

⁵⁸ Niebe Burkina Faso. 2014. "CRUS Conseil Régional des Unions du Sahel." *Niebe Burkina Faso* (website). <http://www.niebeburkinafaso.org/fr/node/173>

vegetables, transforming cereals into *dèguè* and couscous, and producing Wagashi (traditional Peulh cow's milk cheese.) Other local groups are promoting use of wild tree foods including moringa, shea, and baobab.⁶⁰

CRS is promoting the use of triple-lined air-tight sacks, which enable cowpea producers (often women) to lose less of their crop to pests and to obtain higher prices by selling later in the year when prices are better.

Freeplay has been working with *Onyx Développement* (a social enterprise group that includes InnoFaso and other members of the PlumpyField network, associates of PlumpyNut[®] manufacturers NutriSet⁶¹) to build a distribution network in Burkina Faso. They have pretested and selected a product range that includes two solar/crank radios that are useful for increasing access to radio in rural areas, as well as two solar-powered lanterns, one of which can charge mobile phones and can serve as an income generating activity.⁶²

Nununa Federation: Shea butter is the fourth-largest export of Burkina Faso after gold, cotton, and livestock. In 2009, the Nununa Federation of women shea producers worked with *Stichting Nederlandse Vrijwilligers* (SNV), or the Foundation of Netherlands Volunteers, to industrialize the processing of the butter, which enabled the federation to become more competitive, increase profitability, and redistribute more profits to its thousands of women members. At the same time, women earned more from selling the kernels and could diversify their income, for example by producing and selling sesame. The 4,000 members have profited from a 95 percent increase in income from shea production, and the position and workload of women shea nut collectors have also improved. The women and their families are benefiting from social activities stimulated and financed by the federation, such as health insurance and education.⁶³

Foyers Améliorés au Burkina Faso, a project with *Deutsche Gesellschaft für Internationale Zusammenarbeit* (the German Society for International Cooperation, or GIZ) and Dutch funding, has trained local artisans in the production, promotion, and use of stoves that have the potential to reduce wood consumption between 29–43 percent. A range of stoves was developed to suit different consumer preferences, needs, and ability to pay.⁶⁴ The project has resulted in the sale of over 170,000 unsubsidized high-quality Rounde improved stoves. The project is now expanding to Kaya, Koudougou, and other more rural areas.⁶⁵

Tiipaalga and **NewTree** have a demonstration site near Ouagadougou where they have shown the foodstuff availability resulting from protecting local bushes and trees from livestock, e.g., indigenous

⁵⁹ CEAS Burkina. 2011. "Bienvenue CEAS Burkina." *CEAS Burkina* (website). <http://www.ceasburkina.org/>

⁶⁰ Foire aux Savoirs Sahel. 2014. "Accueil." *Foire aux Savoirs Sahel* (website). <http://foireauxsavoirsahel.wordpress.com>

⁶¹ ONYX Développement. 2013. *ONYX Développement*. [plaquette]. Paris, France: ONYX Développement. <http://www.onyx-developpement.com/wp-content/uploads/2013/09/plaquette-onyx-FR-version-mail.pdf>

⁶² Freeplay Energy Ltd. 2013. "Freeplay working with Barika in Burkina Faso." *Freeplay Energy Ltd.* (website). <http://www.freeplayenergy.com/aid-and-development/aid-and-development/case-studies/working-with-barika-in-burkina-faso#sthash.gtV9syVW.dpuf>

⁶³ Konaté, Lassina. *A women-owned shea butter company: from a social model to a competitive market model*. Burkina Faso: SNV. <http://www.snvworld.org/en/regions/world/publications/soc-burkina-faso-a-women-owned-shea-butter-company-from-a-social-model-to>

⁶⁴ GIZ. 2014. "Reducing poverty in the Sahel through energy efficiency and renewable energies." *GIZ* (website). <http://www.giz.de/en/worldwide/19120.html>

⁶⁵ Bensch, Gunther, Michael Grimm, Katharina Peter, Jörg Peters and Luca Tasciotti. 2013. *IOB Impact Evaluation of Improved Stove Use in Burkina Faso – FAFASO*. The Hague, Netherlands: Ministry of Foreign Affairs of the Netherlands, Policy and Operations Evaluation Department.

perennial crops such as Balanites that can be used for oil. They are also working on promotion of improved stoves.⁶⁶

Plan/Burkina Faso is carrying out several WASH projects, but reported that they are using a different approach than CLTS. They have developed a toolkit for community-based WASH activities and are working in Namentenga, Sanmatenga, and Bam. Plan's approximately one million Euro EU-funded project *Projet amélioration de la couverture en eau et assainissement des écoles et des communautés de 4 départements de la province de Namentenga* covers 90 villages in the departments of Boala, Dargo, Tougouri, and Zéguedegu in the province of Namentenga.

The program **SaniFaso** is an almost €3 million household sanitation program (2010 through 2014) funded by the European Commission.⁶⁷ SaniFaso is using participatory hygiene and sanitation transformation (PHAST) and CLTS approaches to spark the construction of 16,000 latrines in 12 communes (Bogandé, Boromo, Dassa, Dydir, Diébougou, Fara, Houndé, Imasgo, Manni, Ramongo, Poura, and Thion) in three regions—Center West, South West, and East. It also includes sensitization on handwashing with soap and safe drinking water. It is implemented by a consortium of five partners: led by Eau Vive, WaterAid and Helvetas, GIZ's water and sanitation program, all of whom are implementing in various communes, and the International Rescue Committee (IRC), which provides technical assistance.⁶⁸

HELVETAS Swiss Intercooperation is working with the communes of Bogandé, Manni, and Thion (Gnagna province) to build approximately 16,000 family latrines and create a local private sector for sanitation between 2010 and 2014.⁶⁹

3.5 Formative and Other Research

In this landscape assessment, SPRING has attempted to identify and consolidate relevant formative research that may inform the REGIS-ER SBCC strategy. An analysis of the findings and assessment of the quality of the research methods and data reported in these studies is, however, beyond the scope of this document. Perhaps some of the potentially most relevant to REGIS-ER and useful data are those collected by the DFAP projects, which have invested in quantitative and qualitative studies on nutrition, hygiene, and food security in both countries.

Research in Niger

A recent survey of peer-reviewed research carried out in Niger⁷⁰ found relatively little peer-reviewed qualitative or operations research carried out by Nigerien researchers, although in the gray literature

⁶⁶ Association Tiipaalga. 2014. *Association Tiipaalga* (website). www.tiipaalga.org

⁶⁷ IRC. 2011. "Burkina Faso: Programme SaniFaso de lutte contre la defecation en plein air." IRC (website). 11 April 2011. <http://www.nouvelles.irc.nl/page/62978>

⁶⁸ Dubé, Amélie, Mélanie Carrasco, and Richard Bassono. *Évaluation des interventions d'hygiène: Etude coûts/efficacité appliquée au Burkina Faso*. The Hague, Netherlands: IRC Centre International pour l'Eau et l'Assainissement.

⁶⁹ Helvetas Swiss Incorporation. 2014. "Projet d'amélioration de l'assainissement familial dans 12 Communes du Burkina Faso." *HELVETAS Swiss Corporation* (website). http://burkinafaso.helvetas.org/fr/activites/projets_burkina_faso/assainissement_familial_burkina_faso/

⁷⁰ Ministère de la Santé Publique, République du Niger and Bureau de la Représentation du Niger, WHO. 2014. *Situation De la Recherche En Santé Au Niger Et Répertoire Des Chercheurs. Rapport Final. Janvier 2014*. Niamey, Niger: République du Niger and WHO.

additional information is available, as described below. Several studies were conducted under UNICEF auspices but are not available on line.⁷¹

A qualitative study conducted by UNICEF Niger in villages in Maradi and Tillaberi⁷² examined perceptions and experiences of childhood illness in relation to care-seeking behavior as well as highlighting the barriers and challenges perceived by those seeking care and treatment for children under five years of age. The major barriers to care seeking and treatment identified include: lack of financial capacity to pay for treatment; limited accessibility by those without a facility in their village; limited knowledge and/or effective platforms for learning, including the lack of community health volunteers to share accurate information, and limited education targeted at men; sociocultural and religious barriers, such as the use of traditional practices and local healers as barriers to seeking formal treatment in a timely manner; and health facility constraints, such as stockouts of medicines, lack of equipment and trainings, and limited staffing and service hours. UNICEF concludes that communities in Niger value health care services and facilities, and are likely to utilize them if they are accessible.

An operations research study commissioned by UNICEF Niger on the Essential Family Practices project pilot describes the process of how the project was carried out in cooperation with local NGOs.⁷³ The report concludes with results from a quantitative study showing higher reported levels of key MIYCN behaviors, especially in exclusive breastfeeding and use of ORS, in intervention zones as compared to control zones.

The *Laboratoire d'Etudes et de Recherche sur les Dynamiques Sociales et le Développement Local* conducted an anthropological study on the implementation of the UNICEF Essential Family Practices project and how it interacted with the World Bank "safety net" project.⁷⁴ Extensive barriers to exclusive breastfeeding up to age six months are listed. These barriers include mothers-in-law who push the use of traditional fortifying decoctions (*dauri*) and water in which Koran verse ink is diluted (*rubutu*), and beliefs that breastmilk is sometimes impure, insufficient, and needs to be washed down with water, or that water must be given during extreme heat.

Studies in 2007 and 2008 by Kone and Keith⁷⁵ found that grandmothers and mothers-in-law have an enormous influence on feeding of newborns and young infants in Hausa households.

The PASADEM project carried out an ethno-botanical study on local leguminous plants and their uses (including recipes) in Maradi.⁷⁶ A similar study was carried out in Zinder by a project with Dutch and

⁷¹ Kone, Mariatou. 2008. Recensement et analyse des facteurs structurels et comportementaux relatifs à l'adoption de quatre Pratiques Familiales Essentielles dans la commune de Sarkin Yamma : utilisation de la moustiquaire imprégnée, lavage des mains à l'eau et au savon, utilisation du sel de réhydratation orale et allaitement maternel exclusive. Niger. <http://www.lasdel.net/spip/IMG/237.pdf>

⁷² Bedford, B. 2012. *Qualitative study to identify solutions to local barriers to care-seeking and treatment for diarrhea, malaria and pneumonia in select high burden countries. Report on findings from Niger.* UNICEF: New York http://www.coregroup.org/storage/Initiatives/Community_Case_Management_of_Children/UNICEF_Niger_working_paper_-_Nov-2012.pdf

⁷³ UNICEF. 2012. *Santé et Développement de L'Enfant. Récit d'une Recherche Action en Communication pour le Changement Social et de Comportement dans cinq communes de Maradi et Zinder, Niger* Niger: UNICEF.

⁷⁴ Oumarou, Hamani. 2013. *Les Pratiques Familiales Essentielles (PFE) au Niger. Etudes et Travaux No. 104.* Niamey: Laboratoire D'Etudes et Recherches sur les Dynamiques Sociales et le Développement Local.

⁷⁵ Kalla Adamou, Lamine. 2011. "Une approche sociologique de la prise en charge de la malnutrition infantile sévère par l'ong BEFEN dans le département de Mirriah." Université Abdou Moumouni de Niamey - Maîtrise en Sociologie 2011 (Thesis). *Memoire Online* (website). 2014. <http://www.memoireonline.com/08/13/7273/Une-approche-sociologique-de-la-prise-en-charge-de-la-malnutrition-infantile-severe-par-l-ong-BEFE.html>

⁷⁶ Ministry of Agriculture, Republic of Niger. 2013. *Etude ethnobotanique des plantes legumieres dans la zone d'intervention du PASADEM, Maimouna Karimou Abdou, PASADEM AP NO. L-I-853-NE.* Niamey, Niger: Republic of Niger.

other funding, exploring the transformation and use of local perennial wild tree products such as *aduwā* (*Balanites aegyptiaca*) and *hanza* (*Boscia senegalensis*).⁷⁷

The French Red Cross in Niger, with funding from the *Agence Française de Développement*, carried out a study on determinants of access and use of maternal and neonatal services in Zinder Region with a major focus on family planning.⁷⁸

The FFP implementing partners in Niger have conducted formative research that is being requested for REGIS-ER's use. CRS carried out their formative research with the University of Niamey, SCI conducted theirs through a local consultant, and Mercy Corps worked with both local and external consultants.

In 2009, Save the Children UK carried out Household Economic Analyses (HEAs) in five different zones in Niger to better understand the reasons behind the 2005 food crisis to help prevent others in the future.⁷⁹ Lack of financial resources (poverty) and access to milk were identified as the two determinants of child malnutrition, which, combined with suboptimal child care practices, accounts for the higher levels of child malnutrition, particularly acute, in the southern part of Niger. A key statement was that “current policies do not sufficiently take into consideration the economic constraints facing households, as they mainly focus on improving child care and infant feeding practices such as early and exclusive breastfeeding. Although improving people's awareness about child care and weaning practices, and improving the wider public health environment, are important to prevent and reduce malnutrition, they can only be effective strategies if the poorest households can afford to put what they learn into practice.”

A study by SNV⁸⁰ on the milk value chain in Zinder Region shows unmet need for milk products as well as need for more efficient commercialization. SNV has also carried out numerous studies, available on their website, on gender issues in land tenure and agriculture, as well as pastoral livelihoods, especially livestock production and marketing in Niger.

SNV carried out another study as part of their cowpea processing project (*Projet d'Amélioration de la Transformation du Niébé*) that analyzes the market for cowpea products and gathers lessons from work done by the *Laboratoire des Technologies Alimentaires* of the INRAN and several other projects. This includes development of recipes, enriched flours, improved drying, milling, conservation, and promotion techniques, and new products of transformation such as biscuits, pasta, and fritters.⁸¹

The French Red Cross is reportedly studying possible use of measuring mid-upper arm circumference (MUAC) for growth monitoring and promotion (GMP) in Niger. A recent study by local NGO Befen, showed that mothers were able to measure and interpret MUAC as well as health workers or community health workers (CHWs).⁸² This, when reported at the Niger Nutrition Working Group in November 2013, caused much discussion of changing approaches to GMP and GAM case-finding, and the need for harmonization of MUAC-based referral criteria with the *Centres de Récupération*

⁷⁷ Sahara Sahel Foods. 2014. “Introduction.” Sahara Sahel Foods (website). www.saharasahelfoods.com

⁷⁸ Bationo, Bouma Fernand. 2013. Déterminants socioculturels de l'accès et l'utilisation des services de santé maternelle et néonatale dans la région de Zinder, Niger Programme AFD-Sahel, Rapport Pays Niger, Bouma Fernand Bationo, Février. Croix Rouge Française.

⁷⁹ Save the Children UK. 2009. Understanding household economy in rural Niger. Save the Children: London. http://www.savethechildren.org.uk/sites/default/files/docs/Understanding_HE_in_Rural_Niger_low_res_comp_1.pdf

⁸⁰ Hadi, Maazou Ali. 2013. Analyse-Diagnostique de la Chaîne de Valeurs lait de Vache et Produits Laitiers dans la Région de Zinder. Niamey, Niger: SNV.

⁸¹ Idrissa, Abdoulaye. 2013. “Market Survey of Products of Transformation of Cowpeas.” SNV World (website), June 2013. <http://www.snvworld.org/en/publications-13>

⁸² Verbal communication. Jean-Christophe Gerard, Nutrition Working Group meeting, Niamey, Niger. November 26, 2013.

Nutritionnelle Intensive/Centres de Récupération Nutritionnelle Ambulatoire (CRENI/CRENA) admission criteria, which are weight for height-based.

Between 1999 and 2009, HKI has lead three studies in Niger, all related to micronutrients:

1. A study to introduce various vitamin A-rich varieties of the orange-fleshed sweet potato. There were two essential study phases.⁸³
2. A double-blind study to examine the benefits of iron and folic acid supplementation in comparison with a multivitamin supplement in collaboration with UNICEF in Mayahi in Maradi Region.⁸⁴
3. A pilot study testing tolerance and acceptability of Sprinkles and Nutri-Butter for diet supplementation for young children in Niamey and Douchi in Dosso Region.⁸⁵

Another study is being carried out in collaboration with the University of California at Davis in Zinder to determine the optimal strategy of prenatal care services for pregnant women. The evaluation will take place in 2015.

Research in Burkina Faso

The ViM project carried out formative research on MIYCN, WASH, and family planning in order to develop their strategic plan for behavior change. This included a knowledge, attitudes, and practices survey, focus groups, barrier analysis (BA), and 24-hour dietary recalls that revealed practices and beliefs such as taboos related to eating guinea fowl and eggs during pregnancy, widespread belief in the importance of giving water to breastfeeding children, poor breastfeeding positioning, late introduction of and poor complementary feeding, and the lack of availability of soap—because it was often hidden to protect it from theft and/or animals.⁸⁶ The project has also identified local indigenous foods with high nutrition content and will be promoting the use of those that were found to be acceptable.

The CRS FASO DFAP has also conducted formative research on MIYCN, WASH, and maternal child health (MCH), including a study of potential demand for locally produced enriched porridge mixes, with their partner GRET.⁸⁷ This study interviewed women who have been receiving food rations and nutrition education from the FASO project, including how to make fortified “bouillies” with local ingredients and found that they were interested in diversifying their children’s diets both now and when the project is over by possibly purchasing locally-produced complementary feeding mixes. Despite acknowledging that women often lacked sufficient time to prepare adequately fortified foods, many families were not used to the idea of purchasing special foods for their young children.

GRET carried out an excellent quantitative and qualitative study on MIYCN in Fada in 2012,⁸⁸ describing beliefs and practices relating to breastfeeding, dietary diversity and quantity, gender roles, taboos,

⁸³ Baker, Shawn, Yaye Mounkaïla, and Hamani Harouna. *Characterization of Sweet Potato Varieties Rich in Vitamin A in Niger*. 2002. Magagi Chaïbou, Institut National de la Recherche Agronomique du Niger, Niamey. Niamey, Niger: HKI.

⁸⁴ Zagre, Noel M, Gwenola Desplats, Pierre Adou, Aïsa Mamadouitaïbou, and Victor M. Aguayo. 2007. “Prenatal Multiple Micronutrient Supplementation Has Greater Impact on Birth Weight than Supplementation with Iron and Folic Acid: A Cluster-Randomized, Double-Blind, Controlled Programmatic Study in Rural Niger.” *Food and Nutrition Bulletin* 28(3).

⁸⁵ Tripp, Katie, Cria Perrine, Marily Knieriemen, Hamani Harouna, Baguirbissa, Pascal deCampos, Noel Zagre, Farah Ali, Gwenola Desplats, Eric Ategbro, Roland Kupka, and Becky Hartz. 2010. *Formative Data Collection for Development of a Market-Based Point-Of-Use Fortification Program to Improve the Nutritional Status of Young Children in Niger*. CDC and UNICEF.

⁸⁶ Keith, Nancy and the ViM Team. 2012. *Report of the qualitative study of the project ViM. Sanmatenga, Kaya, Burkina Faso. Save the Children Canada*. [No Place Listed]: Save the Children Canada.

⁸⁷ GRET. 2013. *Rapport de mission Marketing – Nutrifaso*. Ouagadougou, Burkina Faso: GRET.

⁸⁸ GRET/NutriFASO. 2012. *Enquete CAP des mères sur l’alimentation du nourrisson et du jeune enfant dans la Province de Gourma*. Burkina Faso: GRET/NutriFaso.

exposure to various channels of communication, etc. GRET will conduct a similar study in Gnagna soon. A 2013 case study by ACF gives good information on the challenges of linking agriculture and nutrition, including the division between various ministries and an emphasis on agricultural productivity and income without regard to potential harmful effects on nutrition and women's status.⁸⁹ HKI carried out a study in Gayeri and Fada on grandmothers' knowledge and views on MIYCN issues.⁹⁰ They also carried out formative research under the Enhanced Homestead Food Production for Improved Food Security and Nutrition in Burkina Faso (EHFP) project, describing beliefs about the dangers of colostrum and not giving infants water when it is hot out, the benefits of purging and traditional medicine, etc.

Other studies from Burkina Faso include:

- Sawadogo et al.:⁹¹ Late Introduction and Poor Diversity Were the Main Weaknesses of Complementary Foods in a Cohort Study in Rural Burkina Faso
- Toe et al.:⁹² Decreased Motivation in the Use of Insecticide-Treated Nets in a Malaria Endemic Area in Burkina Faso
- Nana et al.:⁹³ Community Assessment of Availability, Consumption, and Cultural Acceptability of Food Sources of (Pro)Vitamin A
- Wilson et al.:⁹⁴ Caregiver Recognition of Childhood Diarrhea, Care-Seeking Behaviors and Home Treatment Practices in Rural Burkina Faso: A Cross-Sectional Survey
- Curtis et al.:⁹⁵ Evidence of Behavior Change Following A Hygiene Promotion Programme in Burkina Faso

3.6 SBCC Products, Programs, and Activities

There are numerous channels and platforms through which SBCC can be carried out, and numerous approaches and tools for nutrition, WASH, health, etc., that are of potential use to REGIS-ER. Some of these have been discussed in the previous project descriptions. A table for each country showing actors in each channel is at the end of this report in Annexes 2 and 3. Opportunities for and gaps in nutrition and hygiene SBCC identified during this landscape assessment that could be addressed under REGIS-ER programming are discussed in the next section.

⁸⁹ ACF-IN. 2013. *Reconcilier l'agriculture et la nutrition: Étude de cas sur les politiques agricoles et la nutrition au Burkina Faso*. France: Action Contre la Faim International.

⁹⁰ HKI. 2010. *Impact de l'approche Grand-mères en matière de santé et de nutrition dans les villages d'intervention de HKI à l'Est du Burkina Faso, Rapport Final*. Burkina Faso : Helen Keller International.

⁹¹ Sawadogo, S.P., Martin-Prével Yves, Mouquet-Rivier Claire, Bambara Alain, Traoré S. Alfred, Trèche Serge, and Delpeuch Francis. 2010. "Late introduction and poor diversity were the main weaknesses of complementary foods in a cohort study in rural Burkina Faso." *Nutrition* 26(7): 746-752.

⁹² Toé, Léa Paré, Olé Skovmand, Kounbobr Roch Dabiré, Abdoulaye Diabaté, Yveline Diallo, Tinga Robert Guiguemdé, Julien Marie Christian Doannio, Martin Akogbeto, Thierry Baldet and Marc-Eric Gruénais. 2009. "Decreased motivation in the use of insecticide-treated nets in a malaria endemic area in Burkina Faso." *Malaria Journal* 8: 175.

⁹³ Nana, CP, ID Brouwer, NM Zagré, FJ Kok, and AS Traoré. 2005. "Community assessment of availability, consumption, and cultural acceptability of food sources of (pro)vitamin A: toward the development of a dietary intervention among preschool children in rural Burkina Faso." *Food and Nutrition Bulletin* 26(4): 356-365.

⁹⁴ Wilson SE, Oue'draogo CT, Prince L, Oue'draogo A, Hess SY, et al. 2012. "Caregiver Recognition of Childhood Diarrhea, Care Seeking Behaviors and Home Treatment Practices in Rural Burkina Faso: A Cross-Sectional Survey." *PLoS ONE* 7(3): e33273.

⁹⁵ Curtis, Valerie, Bernadette Kanki, Simon Cousens, Ibrahim Diallo, Alphonse Kpozehouen, Morike Sangare', and Michel Nikiema. 2011. "Evidence of behaviour change following a hygiene promotion programme in Burkina Faso." *Bulletin of the World Health Organization* 79: 518-527.

In the REGIS-ER implementation zones in both countries, most development projects use multiple channels including radio, video, print materials, existing community structures, social networks, community volunteers, traditional leaders, and care groups as platforms for “passing messages.” In the stronger programs, however, multiple channels are used to stimulate discussion and negotiation. Mass media exposure is basically limited to radio. Almost no one in rural areas reads newspapers or magazines and television is mostly confined to urban areas.

Radio

In Burkina Faso, government policy promotes an open market for community radios by forbidding repeater transmitters, so radio coverage is very local. Most stations transmit over a radius of maximum 50 km depending on the terrain. In Niger, the national station “*La Voix du Sahel*” provides much of the radio coverage, along with about 30 private radio stations and 100 community radios, not all of which are broadcasting. Both countries have national or regional radio serial dramas touching on various development themes, as well as a variety of nationally and locally produced radio spots and discussion programs.

For most FFP projects, radio is the primary mass media for behavior change communication (BCC) message dissemination. Radio broadcasts are used to make announcements on the availability of seed or sack coupons and opportunities to sign up or join other types of program activities. Radio is also being used for training and sensitization through listening/learning sessions. The WA-WASH project is using radio spots in Niger and Burkina Faso to promote water and sanitation technology adoption and to promote water and hygiene-related behaviors. HKI is using radio in all their projects in the two countries.

Niger specific radio: UNICEF/Niger is sponsoring a radio serial drama (RSD) on *Voix du Sahel* that targets rural adolescent girls, 40 percent of whom are married by age 15. As of December 2013, 30 of the planned 144 episodes of this Hausa-language RSD, *Haske Maganin Douhou*, (“light is the medicine for darkness”) had been produced. The next 30 episodes were being designed based on feedback from the first batch. The RSD is based on *dandali soyaya*, a popular song and dance musical comedy/romance that is preferred by women. Each of the main female characters, who represent young girls facing various challenges, has her own recognizable theme song. This “brands” the RSD and allows use of the music and songs in spots and other settings e.g., public gatherings. UNICEF and *Voix du Sahel* are creating listening clubs and plan to set up a free call-in number for the show. The program seems extremely popular with young girls and women, as well as with men, and addresses many fundamental issues that contribute to food insecurity and malnutrition, including the importance of women and girls’ education, nutrition, and delaying first pregnancy.

Also in Niger, USAID’s Peace through Development II (P-DEV II) project broadcasts the radio magazine “*Boulevard des Jeunes*” in Hausa, Tamasheq, and Germa, and another radio drama was slated to begin production in early 2014. These P-DEV II products are more governance focused—health and nutrition themes are not included at this point.⁹⁶

A local Nigerian civil society organization (CSO), *Alternatives Espace-Citoyen*, was working with Oxfam funding on “*Hanunka Meander*,” a 60-episode radio show on governance and development themes. The program is now finished, but was aired on the organization’s radio station, Alternative FM 94.4.⁹⁷

⁹⁶ Personal communication. Wage Achirou. November 24. 2013.

⁹⁷ <http://www.alternativeniger.org>

UNICEF/Niger, as part of their *Pratiques Familiales Essentielles* (PFE) SBCC package, is a major purchaser of radio time for programs, spots, and call-in shows.⁹⁸ UNICEF has developed a guide for radio producers and announcers that includes the technical content for each PFE as well as common rumors or barriers, and counter-arguments for each of these.⁹⁹

Since 2009, ANIMAS-SUTURA has been using radio in Niger for social marketing of condoms, oral contraceptives, and water purification tablets. They used several radio series featuring the adventures of a key character, *Foula le griot*. A griot is a traditional poet, singer, and jester who maintains oral tradition and is also allowed to say things that no one else can. The *griot Foula*, a female, serves as a mascot and a link between sketches on radio as well as theater. The project created listening groups with 650 FreePlay radios, facilitated by paid animators.¹⁰⁰

PASAM-TAI is using radio messages developed with *Animas-Sutura* about the essential family practices that have been embraced by the MOH. GRET uses radio to promote these same practices, as well as the use of locally made enriched flours for complementary feeding.

The British Broadcasting Company (BBC) Hausa and Voices of America (VOA) Hausa services, as well as Nigerian radio stations, are reportedly listened to in southern parts of the project zone. The 2011 InfoAsAid report states that the BBC Hausa Service has a regular audience of 3.6 million people in the country. According to a 2008 BBC audience survey, this audience was largely composed of young employed males living in rural areas.¹⁰¹ The Africa Health Network (AHN) is a VOA initiative focusing on health news and information to improve the quality of life for audiences in sub-Saharan Africa.¹⁰²

Burkina Faso specific radio: The ViM project in Burkina Faso is using community radio as well as theater and community gatherings to promote MIYCN and WASH, including the use of local indigenous foods with high nutrition content and community-led total sanitation (CLTS). The FASO project aired radio spots and programs, and created radio listening groups to increase understanding and promote discussion. Under the CIDA-funded PASME project in Burkina Faso, FRI is using participatory radio to increase community communication by engaging communities in on-air discussions related to maternal, newborn, and child health.¹⁰³

Development Media International (DMI) is a major nongovernmental player in the field of SBCC, with particular emphasis on mass communication.¹⁰⁴ It is conducting a large cluster-randomized trial in Burkina Faso to test the effect on all-cause post-neonatal under-five child mortality rates of an intensive community radio campaign to increase uptake of key child survival-related behaviors. The project is being funded by Wellcome Trust and the Planet Wheeler Foundation, with research being carried out by the London School of Hygiene and Tropical Medicine. DMI has an extensive infrastructure of creative talent and scriptwriters, as well as established relationships with local radio stations throughout the

⁹⁸ UNICEF. 2012. *Sante et Développement de L'Enfant. Récit d'une Recherche Action en Communication pour le Changement Social et de Comportement dancinq communes de Maradi et Zinder, Niger*. Niger: UNICEF.

⁹⁹ UNICEF. [No Date]. *Aide-Memoire pour les animateurs radio. Pratique familiales essentielles: Les gestes qui sauvent nos enfants*. Niamey, Niger: UNICEF Niger.

¹⁰⁰ Adams, Stuart. 2009. *Social marketing for health and family planning: Building on tradition and popular culture in Niger*. Eschborn, Germany: The German HIV Peer Review Group. http://www.gender-in-german-development.net/files/images/pdf/Gender_Mainstreaming/social-marketing-long-eng.pdf?PHPSESSID=ljhj1598miofg60imqbk4cl93

¹⁰¹ InfoAsAid. 2011. *Niger. Media and Telecoms Landscape Guide. February 2012*. InfoAsAid Project [BBC media Action, Internews Europe, DFID]. <http://www.infoasaid.org/guide/niger>

¹⁰² VOA Hausa. Kiwon Lafiya." *VOA Hausa* (website). <http://www.voahausa.com/section/kiwon-lafiya/3063.html>

¹⁰³ Farm Radio International. 2014. "Improving maternal, newborn and child health in Burkina Faso." *Farm Radio International* (website). <http://www.farmradio.org/portfolio/improving-maternal-newborn-and-child-health-in-burkina-faso/>

¹⁰⁴ DMI. 2014. "DMI Homepage." *DMI* (website). <http://developmentmedia.net/>

country. The project identified 14 areas where radio penetration is high and where FM radio transmitters are located. In seven of these sites, randomly chosen, the DMI programs are broadcast in a “saturation mode,” with ten radio spots a day and two new 15-minute comedy/drama sketches integrated into the two-hour evening programming five nights a week, with the seven other sites acting as controls. The spots are produced in Ouagadougou in six different local languages and sent to the stations for broadcast, but the two-hour show format and sketch content is sent to the stations in overview form in French. Trained local producers and actors rehearse then perform the show live in their local language, adapting content to the local context. DMI has data showing excellent exposure to and understanding/retention of key health and nutrition radio messages, and qualitative data indicating individual and social behavior change resulting from the program. Results from a mid-line quantitative survey will be available soon.

Population Media Center (PMC) has produced a radio serial drama called *Yam Yankre* (“The Choice” in Moore, the language of Eastern Burkina Faso) that covers issues such as MCH, prenatal counseling, handwashing, breastfeeding, malaria, reproductive health, and gender. The program uses the Sabido methodology to help audiences identify with transitional and aspirational characters in the drama, and to create individual and social change by bringing the audience along as these beloved characters change their attitudes and adopt new behaviors. PMC built a recording studio to record the 156 episodes, which have aired with semiweekly broadcasts on 22 community stations. The show has been widely heard, with an estimated listenership of six million people. In some cases, listening groups are organized at the village level when broadcasts are scheduled. The program, funded by the United Nations Population Fund (UNFPA) and UNICEF, and with Peace Corps’ participation, includes listener’s contests and has had an apparent impact: 52 percent of clinic clients citing radio as their motivation to seek services named *Yam Yankre* as the source.¹⁰⁵ PMC is also in negotiations with UNFPA in Niger for funding of a similar family health program.

Social Networks and Interpersonal Communication

In both countries, social organizations such as women’s, agricultural, and savings groups are another main channel for promoting health and nutrition. Print materials are the most commonly used support tools for group or individual discussions, but many group sensitizations are carried out without supporting visuals or aids because there are none. As reported by project staff and reports, demonstrations on cooking and appropriate technologies such as triple-ply storage sacks for cowpeas are highly valued by the communities. Some efforts have been made to link these community-based groups and interpersonal communications to mass media, especially radio, through listening clubs, feedback mechanisms, etc.

One successful community-based approach is the *Ecole des Maris* (School for Husbands) that UNFPA piloted in Niger to increase male involvement with and approval of birth spacing. A local NGO, SONGES, specializes in setting these up. Men who are seen as “positive deviants” are identified as those whose wives use modern family planning and who are unusually progressive or supportive. These “model husbands” are trained to mentor younger men who are nearing the age for marriage. The approach is being replicated in Burkina Faso, and reportedly the schools have expanded the content to other contexts.

All five USAID FFP DFAPs in Burkina Faso and Niger are working with various mothers’, savings, and farmers’ groups. Mercy Corps’ Sawki project in Niger has trained mother leaders and health promoters

¹⁰⁵ Population Media Center. [No Date]. *Yam Yankre Highlights*. [leaflet]. [No Place Listed]: Population Media Center.

in ENA, SBCC, and community awareness building. These volunteers conduct cooking demonstrations using local foods and lead care groups,¹⁰⁶ men's groups, and other community-wide activities. Under the PASAM-TAI project in Niger, CRS implemented the care group model with selected community groups for microfinance, and is working with schools to use teachers and young children as influencers of health, nutrition, and hygiene social norms. Through LAHIA in Niger, SC uses almost 300 trained peer educators to conduct community "sensitization" on nutrition, family planning, handwashing, etc. They also work with SONGES to implement the School for Husbands approach to support male involvement, and with community groups to create moringa tree nurseries. The FASO project works with two peer educator models, care groups, and village nutrition leaders, linking women from the care groups to savings and international lending community (SILC) activities and celebrating community 'leader mother days.' The ViM project also uses care groups to promote MIYCN, WASH, and other behaviors.

In Burkina Faso, UNICEF is working with the MOH to promote the use of mother-to-mother support groups called *Groupes d'Apprentissage et de Suivi des Pratiques d'ANJE* (GASPA). UNICEF/Niger uses community volunteers to work with existing community groups such as women's, religious, and age-based groups to carry out SBCC activities. They are also arranging competitions between community volunteers and communities to motivate change.

Village-wide meetings and advocacy through traditional, political, and religious leaders are also extensively used. In both Niger and Burkina Faso, participatory community mobilization efforts promote water, sanitation, and hygiene (including the PHAST and CLTS) approaches. Under ViM in Burkina Faso, village WASH committees were formed to conduct CLTS and coordinate these activities in their own villages; these committees were instrumental in promoting family latrine and simplified handwashing station construction. CRS/Niger, under the PASAM-TAI DFAP project, has introduced the PHAST and CLTS approaches in at least 55 communities in Maradi and Zinder. In 2013, more than 35,000 community members were trained on hygiene practices such as handwashing, use of tippy taps, and protection of food from contamination.¹⁰⁷ Also in Niger, LAHIA promotes community sanitation through multiple community-based approaches including PHAST and CLTS.

HKI in Burkina Faso used care groups in their EHFP project. The partner mapping by 3N highlighted work by World Vision that used mother support groups linked to the health centers by relay. These relays conduct SBCC activities with groups of pregnant and lactating women on PFE, which reportedly has increased health service utilization. The report also mentioned that Plan/Niger and CARE International were using positive deviance/HEARTH in an approach they call "*mamans lumières*."¹⁰⁸

A SNV study on improved cook stoves and solar lamps¹⁰⁹ noted that microfinance institutions and savings groups provide easy access to networks of organized groups of people with interest in and access to savings and loans. These groups are excellent targets for focused SBCC efforts, as seen in CRS's linking of care groups and microfinance services. In 2011, Niger's leading microfinance institution, ASUSU SA, had a portfolio of \$9 million in loans,¹¹⁰ while CRS's SILCs, Save the Children's women's

¹⁰⁶ "A care group is 10-15 volunteer community-based health educators who regularly meet with NGO project staff for training and supervision. Each of these volunteers conducts monthly health promotions with a small cohort of mothers of young children." <http://www.caregroupinfo.org/blog/>

¹⁰⁷ USAID. 2014. "Sanitation Reduces Disease, Improves Nutrition in Niger." *USAID* (website). 6 March 2014. <http://www.usaid.gov/results-data/success-stories/cleanliness-makes-authorities-and-community-proud-niger>

¹⁰⁸ GoN. 2012. "3N Initiative Strategic Framework for Sustainable Food Security and Agricultural Development." *Niger Citizens Feed Niger Citizens*. Niamey: Government of the Republic of Niger.

¹⁰⁹ Rippey, Paul. *Improved Cook Stoves And Solar Energy Market and Sector Analysis, July - September 2012*. Niger: SNV and Savings Revolution. <http://www.snvworld.org/en/countries/niger/publications/improved-cook-stoves-and-solar-energy-market-and-sector-analysis>

¹¹⁰ ASUSA SA. 2012. "MFIs in Niger. ASUSA SA." *Microfinance Information Exchange Inc.* (website). <http://www.mixmarket.org/mfi/asusu-sa>

savings and lending groups, Plan Niger’s Village Savings and Loan Associations, and CARE International’s *Mata Masu Dubara* project also have large networks of savings groups that have been used for MIYCN SBCC outreach activities.

In an interesting innovation, Sawki has developed a partnership with Dimagi¹¹¹ to test the CommCare mobile application in certain villages to improve the quality of interpersonal communication when health promoters disseminate information to target audiences and facilitate data collection on health and nutrition status of children under the age of five through lead mothers.

Print Materials

Print materials, especially flipcharts and to a lesser extent posters, appear to be the SBCC product of choice for group discussions and one-to-one discussions in both countries. They are used to “pass the message”—to tell people what to do—or, in best practice, to spark discussions or action.

MOH-approved MIYCN flipcharts (called *boite à images* in French) exist in both countries, but some groups have adapted these and others to create project-specific ones, often because limited copies were printed, additional subjects were needed, guidelines had changed (e.g., the introduction of zinc for diarrhea treatment) or updated technical information was required. In Niger, UNICEF has supported the development of a series of posters on each of the EFP, and is revising the current version of the EFP flipchart, officially endorsed by the MOH for national use.

The Nigerien 3N strategy recommends development of print materials, including flipcharts, posters, and games. Most projects are also providing print materials, usually flipcharts and posters, for use by community volunteer health promoters. These generally show basic instructive images and are accompanied by text, usually in French, although some projects have created local language versions, and some are eliminating text because of low literacy levels.

The 2010 Burkina Faso MOH flipchart¹¹² is also being reviewed in preparation for reprinting. This flipchart covers a spectrum of topics, not only MIYCN-related but also including cards on vaccination, danger signs, father support, GMP, diarrhea management, etc.

GRET has developed a number of high-quality graphic print materials in Niger and Burkina, including posters promoting their enriched cereal mixes, hygiene, and nutrition counseling cards, and games and participatory exercises using pictures to create discussion and participation. In Niger, GRET supported the development of an integrated set of materials, including a flipchart covering prenatal care, MIYCN, WASH, family planning, vaccination, diarrhea, and other themes (a total of 37 cards). A complementary game and posters for use with school children about MCH and nutrition have also been produced. These materials are awaiting national review, but the budget for reproduction is limited.

While waiting for the updated version of the Nigerien MOH/UNICEF flipchart, the Sawki project, in collaboration with the Ministry of Public Health, developed appropriate print materials that will be duplicated and distributed in early 2014 for use by health promoters and leader mothers within communities. Some of the FFP projects are using literacy groups to promote various project components. CRS, under PASAM-TAI, produced a series of posters with images relating to MIYCN and WASH in collaboration with the department of functional literacy that increases women’s ability to

¹¹¹ *Dimagi* is a social enterprise that makes open source software to improve healthcare in developing countries and for the underserved. <http://www.dimagi.com/>

¹¹² Ministère de la Santé, OMS and UNICEF. 2010. *Actions essentielles de santé/nutrition pour la survie de la mère et de l’enfant*. [flipchart]. Burkina Faso : Ministère de la Santé, OMS and UNICEF.

participate in livelihood and other activities. It has been noted that literacy centers would greatly benefit from having additional materials in local languages to help learners to improve their reading skills.

HKI has produced print materials in both countries, including a flipchart and posters on nutrition, hygiene, and vitamin A. Concern Worldwide/Niger developed a set of 16 counseling cards for its child survival project in Tahoua, and printed 380 sets for the 270 care group mother leaders and health facilities to use.¹¹³

There are also flipcharts focusing on hygiene that were produced by projects associated with ministries of water and sanitation, and flipcharts addressing nutrition as part of agriculture that are produced by projects associated with ministries of agriculture. Save the Children/Burkina Faso in their ViM project is finalizing a flipchart that uses agricultural images to convey concepts about child feeding.

Theater and Traditional Media

Theater is extremely popular in Niger and Burkina Faso. SCiNiger reportedly cited in the Niger 3N mapping report that theater-forum in Tessaoua, Maradi increased knowledge about the problems of malnutrition among the population.

Several NGOs reported using community theater, either in the traditional style in which a play is presented and then discussed, or in the “theater-forum” format, which engages the audience directly. At certain points in plays, the action stops and audience members are invited to come on stage and play a role as they think the character should behave.

There is some use of theater, including theater-forum and sketches, in Burkina Faso by *Atelier Theatre Burkinabe*, and in both countries by GRET, HKI, and the DFAP projects. Sometimes theater-forum is filmed and shown as a movie, with facilitated discussion after. Many projects are using other traditional media, such as griots and other musicians, and traditional wrestling as part of their SBCC activities.

Songs on radio and at local performances are being used to promote certain behaviors, and are especially popular in women’s groups and children’s activities. In girls’ radio listening groups conducted in Niger, the songs from the UNICEF Niger-supported *Haske Maganin Duhu* RSD are incorporated into meetings to help link radio to community activities.

A 2003 document upon which the 3N communication strategy drew includes a section on traditional media. It reports that there was some use of theater-forum and activities at weekly market days, around the well where women gather, during funerals, etc. However, it also recommends that these types of activities need to be better linked with broader media campaigns (e.g., on radio). The report also mentions some use on the radio of storytellers adapting traditional stories, which are best broadcast in the evening. In Maradi, singers sang about reforestation, and singers have been used for development communications.¹¹⁴ Other traditional channels, tools, and nonverbal symbols of communication are described in the report.

Animas-Sutura, in preparing its condom social marketing program in Niger, studied traditional values and images, partially because of the previous situation in 1995 when religious leaders (*marabouts*) and their followers rioted and caused the previous USAID-funded SOMARC HIV condom social marketing

¹¹³ Tilford, Kathy, Michele Seibou, Jennifer Weiss, and Joseph Jasperse. 2012. *Yara Child Survival Project Tahoua Niger Mid Term Evaluation Report, October 2012*. Niger: Concern Worldwide and USAID.

¹¹⁴ FAO. 2003. *La Situation de la communication pour le développement au Niger (état des lieux) Tome 1. Politiques et Stratégies de Communication pour le Développement* PNUD, UNICEF, Niger Ministère de la Communication, Le Service de vulgarisation, de l’éducation et de la communication. Rome: FAO.

project to leave the country. Animas-Sutura decided to use the traditional hat (*foula*) as the symbol and name for their condom brand because it represents tradition and culture as well as protection. It showed that image more than they showed pictures of condoms. Other projects have used traditional wrestlers as spokesmen, since traditional wrestling is by far the most popular sport in Niger, even more so than football. They also engaged the First Lady of Niger as part of their HIV campaign to draw the importance of authority figures in local culture.¹¹⁵

UNICEF/Niger used marionettes with school children to do sketches about PFE in its pilot PFE activities.

Television and Video

Despite the potential impact of this highly visual and engaging medium, the use of television and video has been limited in both Niger and Burkina Faso by the cost and relative unavailability of the technologies required for production and broadcast or dissemination. New and emerging technologies, including low-cost filming and projection equipment, however, are making these SBCC tools more available.

In Burkina Faso HKI filmed a theater-forum performance about MIYCN called “*La Santé et la Nutrition de la Mere Enceinte et du Bébé*” and in Niger UNICEF commissioned the *Cinema Numerique Ambulant* to develop a video in Hausa for each of the eight EFP family health topics. The videos run from around 5 to 30 minutes each. They are a mixture of *fada* (group) dramatizations (e.g., a child is taken for treatment of malaria and the family learns about ACTs and long-lasting insecticide-treated net use) and filmed community education and cooking demonstration sessions.

CNA uses mobile video units (MVUs) to bring these and other videos to rural villages. It is working with the above-mentioned UNICEF funding and numerous NGOs and social marketing projects including Animas-Sutura to provide this service and have their own material and staff who are experienced in presenting and facilitating discussions of various films.¹¹⁶ This appears fairly expensive, as the cost per session is reportedly the same if the team drives to villages to conduct several sessions.

Eau Vive/Burkina produced a video called “*Pour Mieux Vivre au Sahel*” with testimonials on improved nutrition and food processing and preservation practices. GRET/Burkina made a number of TV spots and videos on exclusive breastfeeding, complementary feeding, and use of enriched cereal blends.

The *Programme de Marketing Social et de Communication pour la Santé* (PROMACO), a PSI affiliate, has developed TV spots and MVU sessions for social marketing of its products in Burkina Faso. ANIMAS-SUTURA, a social marketing group in Niger, uses videos in similar ways.

Access Agriculture, an international NGO, has a number of downloadable videos in numerous languages that give instruction and motivational testimony about gender, nutrition, and food security-related subjects including one made in Burkina Faso on low-cost drip irrigation systems for tomatoes, fruit and vegetable drying, etc.¹¹⁷ This award-winning group, co-funded by Paul van Mele’s group Agro-Insight, which uses print and video to promote sustainable agriculture,¹¹⁸ launched AgTube in early 2014 to share these kinds of instructional and testimonial videos.

¹¹⁵ Adams, Stuart. 2009. Social marketing for health and family planning: Building on tradition and popular culture in Niger. Eschborn, Germany: The German HIV Peer Review Group. http://www.gender-in-german-development.net/files/images/pdf/Gender_Mainstreaming/social-marketing-long-eng.pdf?PHPSESSID=1jhj1598miofg60imqbk4cl93

¹¹⁶ Personal communication. Mme. Aissata Maïga Ibrahim (Executive Director, CNA). November 26, 2013.

¹¹⁷ Access Agriculture. 2014. “About Access Agriculture.” *Access Agriculture* (website). <http://www.accessagriculture.org>

¹¹⁸ Agro-Insight. 2014. “About Us.” *Agro-Insight* (website). <http://agroinsight.com>

Under the PDEV II project, *Alternatives Espace-Citoyen* has produced a series of 12 26-minute TV episodes about women's empowerment issues.

These popular nutrition, health, and agriculture videos have been shown on television, at community events, through MVUs, at screenings in video kiosks, during trainings, and in schools. In both countries, videos are also being shared between mobile phones using Bluetooth or micro-secure digital (SD) cards, although these videos are mostly clips from Nigerian dramas partially due to lack of alternatives in local languages.

The CR FASO project team has a set of videos about rice production techniques and rice marketing. When screening these videos in villages, the project rents a generator and sound system and uses its own computer/projector. The project also recently developed a series of videos on general farming themes using improved techniques, cultivation, harvesting, storage, and marketing. In producing videos, the program films a theater group performing a script prepared by the program. CRS/Niger reports great effectiveness using pico projectors in isolated rural areas to show pre-existing instructional videos e.g., the ten videos on the fight against Striga made by ICRISAT and other agricultural and health videos, but states that the newer versions of the pico projectors, which have longer battery life, would be more useful. They (as well as almost every key informant) also stated an interest in greatly expanding availability of these new generation pico projectors to screen and discuss films, and to develop locally produced testimonial and instructional videos.¹¹⁹

It appears to CRS/Burkina that of the different forms of media being used video provide the most effective messages. However, the capacity of the program to organize video sessions in villages is limited since the program does not have its own equipment and must organize the renting of equipment. The FASO project midterm evaluation recommended that they should expand messaging through video, get a set of projection equipment for each district, and get pico projectors, which other CRS programs are using.

4. CONCLUSIONS AND RECOMMENDATIONS

This landscape assessment consolidate existing information about the range of actors (government, donors, and implementing partners), relevant policies and programs, formative research, and a number of approaches, tools, and products currently used to support or develop MIYCN and hygiene-related SBCC in Niger and Burkina Faso. Despite the diversity of donor and programming support, as well as varying cultural and societal conditions in the REGIS-ER project's zones of influence, there are a number of issues, opportunities and gaps that are common to both countries. Based on these findings, specific recommendations to REGIS-ER and other programs (existing and future) include the following:

1. Create a project-wide, overarching multisectoral SBCC strategy that integrates and prioritizes MIYCN and hygiene behaviors

Most nutrition SBCC in Niger and Burkina Faso promotes weight gain and timely care seeking when children are ill to avoid acute malnutrition. Not enough emphasis, however, is placed on the prevention

¹¹⁹ Personal communication. Saley Boukari (PASAM-TAI Project Agriculture Team Leader, CRS/Niger). November 19, 2013.

of stunting, and the importance of good nutrition for cognitive and physical development. Although both countries are part of the SUN Movement, the irreversible damage from undernutrition during the first 1,000 days on long-term mental and physical development is not highlighted in the SBCC materials reviewed under this landscape assessment.¹²⁰ A compelling, rallying call to action for the first 1,000 days and/or for integrated agriculture, nutrition, and livelihood programming should be considered. Motivational slogans such as “Make your family smart, healthy, and strong,” “Feed your future,” or “Reach for the good life—through better agriculture and nutrition” have not been tested or embraced, other than the 3N slogan “*Les Nigériens Nourrissent les Nigériens*” (Nigeriens feed Nigeriens), which some key informants suggest is perhaps more associated with the political positioning of the issues.

The development of a project-wide, overarching multisectoral SBCC strategy would facilitate the integration of MIYCN and hygiene into all relevant components of the REGIS-ER project (health and nutrition, income generation and agriculture), using a concept of creating a better life – with a focus on healthy, strong, and smart families - through increased income and agricultural productivity. Program planners should base their project-level SBCC strategy on the findings of this landscape assessment, their knowledge of the project environment, and additional formative research, where necessary, for some of the key behaviors.

In Niger, 3N is working to create a broad multisectoral vision of social and behavior change for food security and nutrition. REGIS-ER’s proposed overarching project SBCC strategy and activities must be aligned with the 3N communication strategy’s vision of integrated, multichannel, and multisectoral efforts. In Burkina Faso, the new Food Security Policy outlines a multisectoral approach, which REGIS-ER’s strategy can support in targeted ways and in targeted geographic areas. Given NSBA CLUSA’s extensive work with agriculture and nutrition integration (e.g., in their Senegal Feed the Future *Yajeende* Project), and URC’s experience with food security programming (e.g., in their work on the Zambia Feed the Future *Mawa* project), REGIS-ER is well-positioned to develop a strong and integrated project SBCC strategy building on these experiences.

In developing the overarching project SBCC strategy, REGIS-ER should review existing formative research findings, while identifying any additional research needed to understand both key barriers and facilitators to behavior change. Considering the cultural and language differences within the zones of influence, additional formative research may need to be conducted throughout the project focus areas to better understand the reasons for low uptake of key behaviors.

This landscape assessment, a snapshot in time, has identified who is doing what where, but REGIS-ER will need to continually seek lessons learned and identify potential overlap and opportunities for synergies as they implement and refine their MIYCN and hygiene SBCC sub-strategy.

SPRING has shared with the REGIS-ER team a few state-of-the-art SBCC campaigns, approaches and products from other countries related to nutrition, integration of nutrition and agriculture, and the integration of nutrition with other sectors such as family planning and reproductive health. These selected examples have several shared characteristics, highlights of which are listed below. Many of the approaches found in Niger and Burkina Faso include some of these:

- Development of an overarching “brand” with motivational slogans targeting defined audiences
- Use of multiple channels linked by branding
- Integration of agriculture, nutrition, and gender

¹²⁰ Victora CG, Adair L, Fall C, et al. 2008. “Maternal and child undernutrition: consequences for adult health and human capital.” *Lancet* 371: 340–57.

- Creation of discussion about MIYCN and hygiene
- Use of emotions to facilitate behavior change through identification, motivation, etc.
- Provision of concrete examples of small doable actions
- Use of image-based take-home materials, as reminders and discussion starters.

SPRING recommends that REGIS-ER focus initially on developing an overarching SBCC strategy and consider a branded multi-channel/multi-media campaign to complement the ongoing interpersonal communication activities that are planned. Such a campaign should target households within the 1,000 days period, using appropriate channels and a variety of informational and motivational materials pertinent to their current situation. Potential SBCC products might be radio spots and other forms of radio programming, community theater, age- and stage-targeted graphic take-home materials (flyers and brochures), facilitation materials provided to community volunteers, possibly on SD chips for use in feature phones, solar radio/MP3 players, and/or community video, using battery-operated pico video projectors.

2. Prioritize MIYCN and hygiene behaviors within a theory-based SBCC framework

Much of the existing nutrition and hygiene-related SBCC effort has focused on increasing knowledge, raising awareness, and/or sharing information rather than using “emotion” triggers to promote change. Both countries need help in identifying and implementing high-quality, targeted interventions that will move household members from knowledge to action. Some SBCC actors are using more participatory approaches to move people beyond awareness by engaging emotions and harnessing motivators. Projects are using formative research to gain greater understanding of the barriers to trial and adoption of new behaviors (e.g., fear of social disapproval, lack of self-efficacy or access), and of the potential facilitators.

However, this is not always translated into effective interventions that are tailored to the needs of people at the stage of trial and adoption, such as modeling couple communication and decisionmaking, facilitating easy trial, providing job aids and reminders, and tapping into the irrational decisionmaking brain. Individuals have differing needs depending on their stage of behavior change. They are influenced by the environment, and may therefore be more or less able or inclined to embrace change.

Using a theory based approach, REGIS-ER must assess where current SBCC efforts need to be strengthened or complemented.

The three SBCC frameworks described below can increase understanding of MIYCN and hygiene social and behavior change and related communication needs. The first framework is the simple, commonly used “Stages of Behavior Change” model that focuses on individual behavior change. It is presented in Figure 8.

Figure 8. Stages of Behavior Change
 Note: Steps rise from the bottom, beginning at Stage 1.

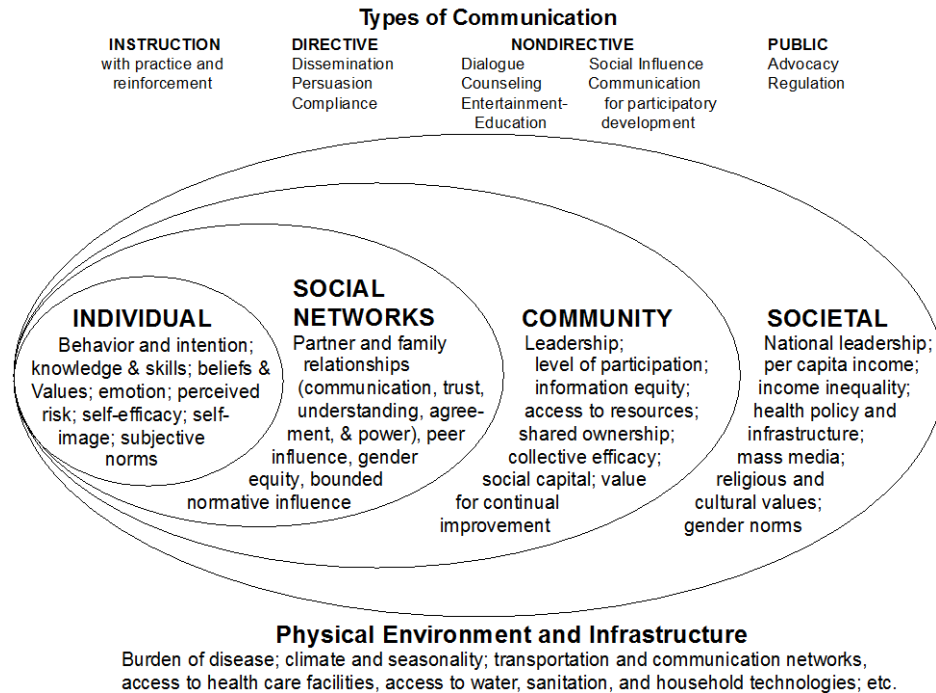
| Steps a person or group takes to change their practices | | |
|---|--------------------------|--|
| SBCC tasks for this stage | Stage of behavior change | |
| Celebrate success, provide support to continue behavior, reminders to continue, social approval, make it a habit | 5 | Maintaining: "Yes, I can do this new practice." |
| Praise/discuss benefits of new practice, provide support and positive feedback ("you are doing it right, you are doing the right thing") | 4 | Taking action: "I am trying the new practice." |
| Help overcome difficulties in trying a new practice- increase feelings of self-efficacy and social approval, decrease barriers to trial ("free sample"), promote small doable steps, show "how-to", provide trigger to action ("discount if you buy today") | 3 | Preparing or planning: "I am ready to try a new practice, but there are difficulties." |
| Provide more information on benefits, how and why to adopt new behavior | 2 | Knowing: "There might be a problem with my current behavior." |
| Help identify problem and desired behaviour | 1 | Not knowing: "I do not see a problem." |

| |
|--|
| <p>Not knowing: Has no knowledge of the problem, thus doesn't think at all about making a change. Or, may know something and is aware of the problem, but is not planning to change a practice or behavior.</p> <p>Knowing: Is aware of the problem with current behavior. Thinks about making the change; recognizes the importance of changing, but is not sure that s/he will change; has doubt about the results or worries about the approval of other people.</p> <p>Preparing or planning: Has decided to do something. May have tried in the recent past without succeeding. Planning to make a change, but only thinking about doing it. Needs a trigger to take the first step.</p> <p>Taking action: Changing, but has not arrived at a permanent state of practicing the new practice or behavior.</p> <p>Maintaining an action: The new behavior is now a habit.</p> |
|--|

Formative research around each key behavior, helps identify and analyze where our target groups are in relation to these stages and ensure that our communication (i.e., content, method, and channel) addresses the stage they are in, preferably using multiple channels. Every communication should encourage a specific action, not just give knowledge.

A weakness of this model is that it does not necessarily take into account the social networks and external environment in which an individual functions. For example, a person may want to try a new behavior but their social or community environment may not facilitate this. This broader vision of the context in which individuals make decisions is better reflected in the Social-Ecological Model of SBCC, presented in in Figure 9.

Figure 9. Social-Ecological Model of SBCC



The third model of interest is the Diffusion of Innovations Model, which reminds us that not everyone will adopt a new behavior at the same time: there are innovators, early adopters, the middle of the pack, late adopters, and hold-outs. This theory holds that the relative advantage, compatibility, complexity, observability, and trialability of a new behavior or innovation will influence how rapidly an innovation is diffused into a social system.¹²¹ It helps target efforts to beginning a social change with those most likely to adopt and influence others to reach a tipping point in social norms. It also allows prioritization of which behaviors to promote first, as potential gateways to more complex behaviors.

In general, SBCC activities identified during this landscape assessment address the social ecology model (Figure 9) and its emphasis on the importance of social networks, community, etc., although interventions that recognize and target the role of husbands and grandmothers have only fairly recently been added. The third model, diffusion of innovations, is addressed by programming that recognizes the need to influence early adopters and achieve a critical mass, as seen in projects that use positive deviance and saturation of SBCC efforts.

The first model is widely known, but the weak link is that most projects seem to focus on the first few steps. Many projects provide information on desired behaviors, the benefits of the behaviors, and even explain or show how to do it. More emphasis and new ways must be found to help people move from the third stage—intent to try—to the fourth stage—actual trial—of the new behavior.

As shown in these models, individuals have differing needs depending on their stage of behavior change, they are influenced by the environment, and may be more or less quick to embrace change. REGIS-ER must assess where current SBCC efforts need to be strengthened or complemented.

¹²¹ Rogers, E. M. 2003. *Diffusion of innovations* (5th ed.). New York, NY: Free Press.

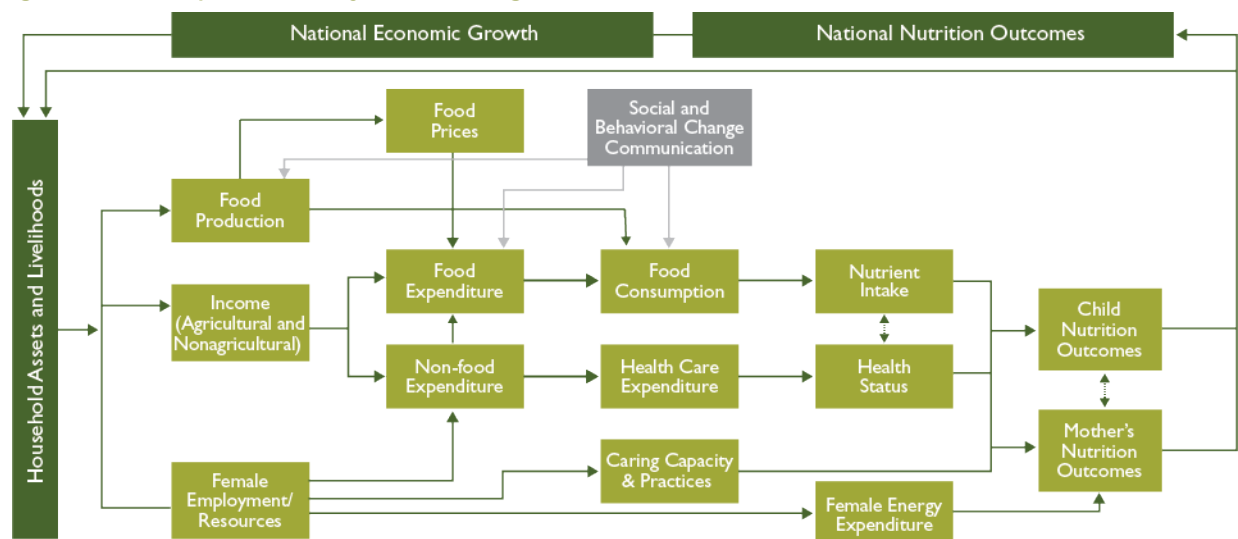
3. Promote MIYCN and hygiene behaviors within a broader nutrition-sensitive context

Programs often focus on income and productivity to combat malnutrition, while forgetting the other critical underlying determinants. Equating undernutrition with poverty and agricultural productivity with nutritional gains overlooks the important issues of intra-household resource allocation and decisionmaking that must be addressed in both sectors. Data shows that undernutrition is not exclusively a poverty issue, as there are well-nourished poor children and undernourished wealthy children. And robust array of scientific literature reaffirms the lack of correlation between increased agricultural production or economic development and improved nutrition.

SPRING has been articulating pathways and principles for the integration of agriculture, livelihoods, and nutrition. The framework presented in Figure 10 depicts various livelihoods investments and activities that could improve access to food and health care; how they impact and are affected by the enabling environment; and how they ultimately affect the nutrition of individual women and children.

These pathways are not always linear, and there are many interactions among them. In general, they can be divided into three main routes at the household level: 1) food production, which can affect the food available for household consumption as well the price of diverse foods; 2) agricultural income for expenditure on food and non-food items; and 3) women's empowerment, which affects income, caring capacity and practices, and female energy expenditure. Acting on all of these routes is the enabling environment for nutrition, including several key components: the natural resources environment; the food market environment; the health, water, and sanitation environment; nutrition and health knowledge and norms; and other factors, such as policy and governance.

Figure 10. Conceptual Pathways between Agriculture and Nutrition



Adapted from: Stuart Gillespie, Jody Harris, and Suneetha Kadiyala, 2012
The Agriculture-Nutrition Disconnect in India, What Do We Know? IFPRI Discussion Paper 01187

These conceptual pathways and principles are a useful framework for guiding current REGIS-ER interventions toward achieving their nutritional goals. Use of this framework can help ensure, for example, that increased income will be spent, at least in part, on improved diets, water, hygiene and sanitation, and health care.

One of the ten key programming principles identified by SPRING for nutrition and agriculture integration is the empowerment of women,¹²² summarized in this document excerpt:

Empirical evidence suggests that empowering women improves nutrition for mothers, their children, and other household members. For example, more than half of reductions in all child stunting from 1970 to 1995 can be attributed to increases in women's status.¹²³ Some studies have found that women's discretionary income has greater impact on child nutrition and food security than men's,^{124,125} and among agriculture interventions that have improved nutrition, women's active involvement has been a consistent element.¹²⁶ Agriculture can also pose threats to family nutrition, especially when women must work at times and in places that interfere with feeding their infants and young children.¹²⁵ Demands for excessive physical activity during a pregnancy may also put unborn babies at risk.¹²⁷ The recent special edition of the *Maternal and Child Nutrition* journal, devoted to technical updates from the WHO Healthy Growth project, presents options for future nutrition programming, including a review article on multisectoral interventions for healthy child growth.¹²⁸

Women's low status in both Burkina Faso and Niger underscores the necessity of targeting both women and men with an overall women's empowerment approach to MIYCN and hygiene that both shapes and is embedded within the agriculture, livelihoods, and health and nutrition components of the project. REGIS-ER has the distinct advantage of being an integrated project, and should therefore integrate nutrition into agriculture and livelihoods, and vice versa, while helping to shift the social attitude toward MIYCN as a key social value. These two issues are especially important given the large amounts of funding being made available in both countries for somewhat monovalent projects in agriculture and the provision of food aid.

SPRING is currently working on an SBCC guidance tool for agriculture and food security implementers to facilitate the integration of nutrition-sensitive behavior change activities into their programs. The REGIS-ER program would be able to benefit from this capacity-building tool.

4. Tailor REGIS-ER MIYCN and hygiene SBCC activities to local conditions and facilitate coordination and harmonization of programming within project zones

Local adaptation:

REGIS-ER enters a complex environment with many players, differing local conditions, and a mix of development and humanitarian activities.

¹²² SPRING. 2014. Understanding the Women's Empowerment Pathway. Brief 4. Improving Nutrition through Agriculture Technical Brief Series. Arlington, VA: USAID/Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project.

¹²³ Smith, Lisa C. and Lawrence Haddad. 2000. Exploring Child Malnutrition in Developing Countries. A Cross-Country Analysis. Research Report 111. Washington, DC: IFPRI.

¹²⁴ UNICEF. 2011. Gender Influences on Child Survival, Health and Nutrition: A Narrative Review. New York: UNICEF; Liverpool, United Kingdom: Liverpool School of Tropical Medicine.

¹²⁵ Smith, Lisa C., Usha Ramakrishnan, Aida Ndiaye, Lawrence Haddad, and Reynaldo Martorell. 2003. The Importance of Women's Status for Child Nutrition in Developing Countries. IFPRI Research Report 131. Washington, DC: IFPRI.

¹²⁶ Ruel, Marie T., and Harold Alderman. 2013. "Nutrition-Sensitive Interventions and Programmes: How Can They Help to Accelerate Progress in Improving Maternal and Child Nutrition?" *The Lancet* 382:536–551.

¹²⁷ Herforth, Anna, and Jody Harris. 2014. Understanding and Applying Primary Pathways and Principles. Brief #1. Improving Nutrition through Agriculture Technical Brief Series. Arlington, VA: USAID/Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project.

¹²⁸ Casanovas, Ma del Carmen Casanovas, Chessa K. Lutter, Nune Mangasaryan, Robert Mwadime, Nemat Hajeebhoy, Ana Maria Aguilar, Ciro Kopp, Luis Rico, Gonzalo Ibieta, Doris Andia and Adelheid W. Onyango. 2013. "Multi-sectoral interventions for healthy growth." *Maternal and Child Nutrition* 9 (Suppl. 2):46–57.

REGIS-ER's SBCC strategy must support the countries' food security and nutrition SBCC strategies and materials, while promoting decentralized initiatives that are tailored to local contexts. Working with line ministry staff (and REACH/UNICEF facilitators in Niger) will also ensure that MIYCN SBCC activities and hygiene integrated with other health activities such as malaria prevention or family planning promotion, as well as with agriculture and livelihoods activities. Although this task is extremely complex, continued efforts must be made through existing working groups or ad-hoc task forces to ensure harmonization of messages and avoid conflicting or redundant activities, such as overlapping support to local radios or geographic coverage. REGIS-ER must locally adapt its relative level of effort in the various channels and platforms (see below) based on existing opportunities and gaps. These decisions should be made in concert with local partners and developed into a coordinated and detailed regional or provincial SBCC road map, into which the local REGIS-ER SBCC work plan should fit.

Channels and platforms:

As described in this landscape analysis, lessons have been learned from many creative SBCC interventions within the region and elsewhere that could inform the REGIS-ER strategy in a constructive manner. In addition to the traditional channels and platforms, new low-cost technologies are emerging. The new generation of mobile phones, low-cost video cameras, computers, editing software, and pico projectors are opening the doors to a massive information influx in previously isolated villages. Agricultural groups have outpaced the health and nutrition sector in seizing the opportunity for sharing testimonial and instructional videos.

Over time, REGIS-ER might aim to work with partners to implement a multimedia approach, ideally a branded one, harnessing radio, theater-forums, video, community groups, print, etc.

The numerous models of women's groups, including care groups, mother-to-mother groups, and women's savings and credit groups, should play a major role in project SBCC activities. For those behaviors for which men or grandmothers are a major determinant to adoption, REGIS-ER should consider focusing on couples communication, engaging men using models such as the *Ecoles des Maris*, and/or activities with grandmothers.

Because literacy levels are so low, especially in Niger, more image- and sound-based tools (print, video, song, theater, and dance) are needed to spark discussion and negotiation. Very little is provided to families in tangible or visual form for use in the home, either as education tools, discussion starters, (e.g., an image of a man feeding a baby mashed greens) or task reminders (e.g., a calendar on which to mark off doses taken of iron folate.)

An important element will be use of traditional media such as griots, ceremonies, and other visual and audio representations of cultural symbols. This may include advocacy with political, traditional, and religious leaders, using social structures such as age-based and producer groups; gathering places such as markets, mosque, and festivals; and social interchange mechanisms such as games, dance, and clothing-based signals.

Because of the importance of communities seeing and hearing about people like them who have tried and adopted new behaviors, much greater use could be made of locally produced and participatory media including radio, video, and mobile phones, especially as technology is changing rapidly. Few systematic studies have been conducted, however, to measure the relative effectiveness of these technologies or combinations of approaches. New strategies for use of these tools need to be developed, implemented, and studied.

As part of the development of the SBCC strategy, REGIS-ER will need to analyze in greater depth than possible existing channels and products in both countries at national and decentralized levels. The

REGIS-ER project should further assess the existing quality and coverage of existing MIYCN and hygiene SBCC activities in project zones, and collaborate with other actors to create opportunities to harmonize, coordinate, and learn through site visits, learning fairs, coordination meetings, etc.

SBCC resources and materials:

Many SBCC print, radio, video, and other materials exist, although some need adapting or updating. There are many graphic print materials and other government-approved SBCC tools, originally developed in accordance with current government standard messages and corresponding images about maternal diet during pregnancy and breastfeeding, and the importance of exclusive breastfeeding, complementary feeding, micronutrients, and WASH behaviors. The quality of these tools, particularly the graphic images found in print materials, varies substantially. Limited resources (human and financial) for the production of professional, high-quality graphics and other products and for printing and reproduction often restricts the distribution, reach, and impact of these materials. Few national programs have achieved the coverage that was anticipated from the donor investments in various SBCC materials development. When interest in reusing an existing material arises, the original graphic or video files often are not available for adaptation or reproduction and many are now technically outdated or no longer reflect national guidance or priorities. Several radio programs in both countries are long-running and have achieved a loyal following and good saturation, using dramatic elements that increase engagement and identification with transitional characters. Other efforts are more scattered, however, and do not achieve the intensity, coverage, or the critical mass needed to reach the so-called tipping point that contributes to social and individual change. Additionally, programs often do not harmonize with or take advantage of links to other initiatives (e.g., linking community groups to print materials and radio programs).

REGIS-ER will need to make some strategic decisions on prioritizing existing MIYCN and hygiene behaviors, resources, and approaches to use within these platforms, and which gaps to fill and how. REGIS-ER faces at least four options of which resources and materials to use within selected channels/platforms, as follows and by increasingly levels of complexity:

1. Reproduce or reuse existing print materials in communities that did not receive them previously; rebroadcast or use existing radio programs in other areas.
2. Repackage radio and video products that can be put onto micro-SD cards and used in feature phones or pico projectors; convert existing MIYCN and hygiene and other sector flipcharts into phased sets of counseling cards that include agriculture, gender, livelihoods, and resilience/climate change topics.
3. Revise or update existing materials, adding the important 1,000 days and stunting concepts to existing nutrition materials, highlighting examples of locally available wild foods, providing better images of breastfeeding attachment, or creating recurring characters in an ongoing dramatic series rather than using a series of individual un-related dramatic radio sketches.
4. Create new channels and/or products such as community-created testimonial videos and use pico projectors for facilitated viewing and discussion, or create 1,000 days/early childhood development modules for use in schools, literacy programs, and women's groups.

Existing materials are available to cover information needs about MIYCN and hygiene at a basic level. Although there may not be adequate quantities of some basic materials and every behavioral challenge and stage of change is not addressed, there may be enough to begin some activities by reproducing and repackaging, while further analyzing behavior barriers, assessing additional SBCC needs, and creating consensus on revisions and new materials needed. Later steps in MIYCN and hygiene SBCC might include greater emphasis on the latter two steps (the revision of existing materials and the creation of new channels or products).

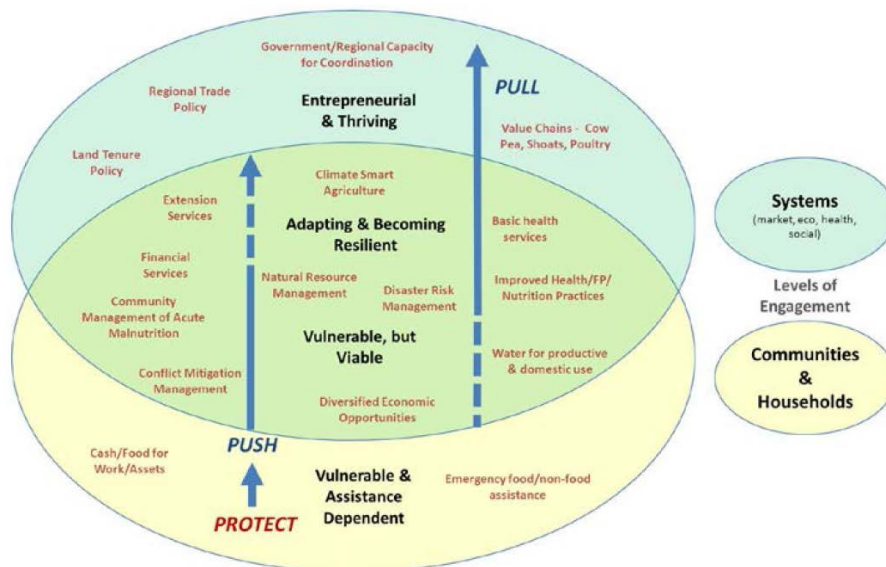
5. Help shift MIYCN and hygiene SBCC priorities and programming to prevention and resilience

Many nutrition-focused projects are already being implemented in the Sahel. Most of the projects still focus on the treatment of acute malnutrition, although some have taken on prevention activities. There are many actors in the field of nutrition, especially in Niger. Because most focus on the treatment of malnutrition, they tend to pull the majority of government and donor attention to this issue too, while many of the important causes of acute malnutrition are not addressed.

Shifting local priorities from identification and case management of acute malnutrition to proactively improving MIYCN and hygiene behaviors for the prevention of chronic and acute malnutrition is a critical goal for REGIS-ER and other resilience programming in the Sahel. Increasing understanding among nutrition actors, opinion leaders, and families about the disastrous and irreversible effects of chronic malnutrition during the first 1,000 days is an important first step. Another task will be to improve the specificity of guidance on prevention. REGIS-ER is well positioned to help local partners increase the perceived feasibility of prevention by linking these recommended behaviors with agriculture, livelihoods, gender, and safety net activities. REGIS-ER also can strengthen linkages between nutritional rehabilitation programs and prevention-oriented activities, including referral and counter-referral.

In order to create an effective program strategy for reducing stunting and especially wasting in the REGIS-ER zones of influence, REGIS-ER should review the USAID JPC resilience strategy, particularly the Relief-Recovery-Development Nexus, with its segmentation and hoped-for progression in resilience, as shown in Figure 11.

Figure 11. Relief-Recovery-Development Nexus



Following this framework, it may be necessary to segment the population into those who may have access to adequate resources for maternal and child nutrition, and those who do not. For those households with more or less adequate resources, the program can focus on SBCC to address the critical elements of intra-household resource allocation, decisionmaking, and other gender issues and behaviors that could improve nutrition. In the case of the households whose level of absolute poverty prevent them from obtaining an adequate supply of food and providing appropriate care for the family, the program may need to work on ensuring targeted subsidies and other support from project, community, and government resources, in addition to addressing household-level behaviors.

6. Invest in capacity building to better design, implement, manage, monitor and evaluate MIYCN and hygiene SBCC programs

The current state of nutrition, and frequent need for external humanitarian assistance in the Sahel, has affected efforts to build long term national capacity to design, implement, manage, monitor and evaluation MIYCN and hygiene SBCC programs. As the REGIS-ER project implementation picks up speed and establishes working relationships with local and national partners, the project should invest in strengthening the capacities of local actors. The project should encourage the use of SBCC experts and social scientists in addition to nutrition, WASH, and agriculture technical specialists in the development of multisectoral campaigns sponsored by the government, NGOs, and private sector to reduce undernutrition in Niger and Burkina Faso.

This capacity-building work might involve ad-hoc learning by doing, a structured mentoring program, and/or a series of hands-on workshops with local institutions to increase skills.

Capacity building could focus on the following competences, among others:

- creating effective SBCC working groups
- developing an action-oriented SBCC strategy for specific MIYCN and hygiene behaviors
- carrying out high-quality formative and operations research
- putting research results into action by tailoring SBCC activities and service delivery to findings
- designing effective SBCC campaigns that go beyond awareness raising to include incentives to action
- making SBCC activities more interactive and locally tailored
- procurement of SBCC products and services (e.g., working with radio stations, creative agencies, producers, journalists, theater groups, and printing houses; developing creative briefs)
- developing community-based radio programming and community-produced videos in local languages
- developing better quality and more engaging graphics materials
- systematic sharing of SBCC-related research, products, and lessons learned by groups implementing in the field
- working with the private for-profit sector, when appropriate, to learn from their successes and to harness their strengths

Appropriate indicators should be created to measure and evaluate the development of local capacities as a result of these activities. The level of effort needed for capacity building must be taken into account by donors and program managers when designing projects and allocating resources in the future.

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Annex 1. Key Stakeholders Consulted

Stakeholders are grouped by location of consultation, then by agency or organization.

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|---|--|--|
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Annex 2. Summary of MIYCN and Hygiene SBCC Channels and Materials, Niger

| Channel | Material tool or product |
|--|--|
| National Radio | MOH/UNICEF spots and magazine programs for EFP, Animas-Sutura social marketing family planning (FP) and Aquatabs; UNICEF <i>Haske Maganin Douhou</i> RSD; Alternatives Espace-Citoyen: <i>Hanunka Mesandar</i> 60 episode radio show; possibly UNFPA-funded PMC child health RSD; P-DEV II new RSD on governance; P-DEV "Boulevard des Jeunes" magazine show, WA-WASH spots to promote WASH and Aquatabs |
| Push SMS and free call-in lines | <i>Haske Maganin Douhou</i> planning a free call-in line, P-DEV using Frontline SMS and Freedom Fone IVR, "flotte" free calling between radio stations and community animators (also used by project and health center staff), Animas-Sutura call-in lines |
| Regional, private and community radios | Animas-Sutura spots and call-in shows, MOH/UNICEF spots for EFP, Sawki, LAHIA, Pasam-Tai, GRET, Concern, HKI all using radio spots and programs on regional or community radios |
| TV and video | MOH/UNICEF with Cinema Numérique Ambulant: videos on each EFP; Animas-Sutura spots, GRET spots: educational and promotion of Misola; Alternatives Espace-Citoyen 12 episodes, 26 minutes each on women's empowerment |
| Mobile video units | Cinema Numerique Ambulant: projection and facilitated discussion; CRS; Animas-Sutura |
| Video, micro-projections | CRS showing instructional films; GRET showing spots and testimonials; CNA showing dramas and instructional films |
| Smart phones | Sawki with CommCare (Dimagi) for showing counseling materials and data collection; Pasam-Tai with DataWinners mostly for M&E |
| Theater | MOH/UNICEF with Reseau des Arts Vivants, CRS with Reseau des Arts Vivants, GRET, P-DEV II: traveling theater-forum group on governance, Save the Children |
| Traditional media | MOH/UNICEF marionettes and praise singers; Animas-Sutura: traditional wrestlers |
| Print | MOH/UNICEF flipchart (revised version in draft) and posters for EFP; HKI flipchart on nutrition, hygiene and vitamin A ; GRET flipchart, posters on MIYCN and WASH, and game ; Concern counseling cards ; Sawki flipchart and posters ; PASAM-Tai posters on MIYCN and WASH ; CLTS manuals and materials |
| Care groups | PASAM-TAI, Sawki, Concern |
| Other community groups | School for Husbands: LAHIA, Sawki Literacy, microfinance: PASAM-TAI, Concern Women's food transformation Groups: GRET Other: LAHIA (peer counselors), Arziki, MSF, ACF |

Annex 3. Summary of MIYCN and Hygiene SBCC Channels and Materials, Burkina Faso

| Channel | Material tool or product |
|---|--|
| National Radio | GRET spots, PMC's RSD ends early 2014 |
| Regional, community, and private radios | Voix du Paysan, PMC's RSD ends early 2014, GRET MIYCN/WASH spots, DMI intensive programming in 7 zones, ViM and FASO MIYCN/WASH, WA-WASH spots for Aquatabs and water supply management; PASME with FRI |
| TV and Video | MSI, Promaco, GRET, HKI (filmed theater-forum performance); Eau Vive |
| Mobile Video Units | MSI and Promaco - projection and facilitated discussions on HIV and FP |
| Video microprojections | GRET shows TV spots in neighborhoods; FASO shows videos in villages |
| Theater | Atelier Théâtral Burkinabe, GRET, ViM |
| Print | MOH/UNICEF flipchart 2010 and new IYCN brochures ; GRET posters on preparation of complementary feeding mixes; ViM draft flipchart ; Plan Burkina Faso toolkit for community-based WASH activities, PHAST and CLTS manuals |
| Promotion of locally produced complementary feeding mixes and supplemental foods | GRET, ACF, InnoFaso, Nununa Federation of Shea Butter Producers |
| Care groups | FASO, ViM |
| Cooking demonstrations | GRET, HKI, ACF, ViM, FASO |
| Community groups for MIYCN (village development or health committees) | ViM advocacy workshops; PADS with local NGOs and CBOs |
| Community groups for WASH (village development committees, health, water management, or hygiene committees) | ViM working with WASH committees for CLTS; WA-WASH for water point maintenance; PADS with local NGOs and CBOs; Plan Burkina Faso community-based WASH activities; SaniFaso PHAST and CLTS; HELVETAS |
| Literacy, microfinance | FASO, ViM, CRS OFDA |



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