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fhi360 THE SCIENCE OF IMPROVING LIVES

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Abbreviations and Acronyms

AIDS	acquired immune deficiency syndrome
ANEMO	Associação Nacional dos Enfermeiros de Moçambique (Mozambique National Nursing Association)
AOR	Agreement Officer's Representative
ARR	annual results report
ART	antiretroviral therapy
BMI	body mass index
CAP	Capable Partners Program (FHI 360)
CBHCP	community-based health care provider
CBO	country backstop officer
CDC	U.S. Centers for Disease Control and Prevention
CHW	community health worker
CMAM	Community-Based Management of Acute Malnutrition
Com-CHASS	Community Care HIV and AIDS Services Strengthening Project (FHI 360)
CONAPLAM	Comisión Nacional para la Promoción de la Lactancia Materna (National Commission on Breastfeeding and Infant Feeding) (Guatemala)
COUNSENUTH	Counselling Nutrition and Health (Guatemala and Tanzania)
CRG	*Commodity Reference Guide* (USAID)
CRS	Catholic Relief Services
CSB	corn-soy blend
CSHGP	Child Survival and Health Grants Program
CSI	Coping Strategies Index
CSO-SUN	Civil Society Organizations forum on Scaling Up Nutrition
CTC	care and treatment clinics
DAI	Development Alternatives, Inc.
DC	District of Columbia
DCHA/FFP	USAID Bureau for Democracy, Conflict, and Humanitarian Assistance Office of Food for Peace
DiscussionTIIME	Discussion for Title II M&E
DPS	Direcção Provincial de Saúde (Provincial Health Directorate) (Mozambique)
DQA	data quality assessment
DRC	Democratic Republic of the Congo
DSW	Department of Social Work (Tanzania)
EBF	exclusive breastfeeding
EFP	emergency food product
ENA	Essential Nutrition Actions
ENGINE	Empowering New Generations to Improve Nutrition and Economic Opportunities
EWR	early warning and response
FAFSA	Food Aid and Food Security Assessment
FAFSA-2	Food Aid and Food Security Assessment-2
FANTA	Food and Nutrition Technical Assistance III Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FAO	Food and Agricultural Organization of the United Nations
FBF	fortified-blended food
FBHCP	facility-based health care provider

FBP	Food by Prescription
FCS	Food Consumption Score
FEWS NET	Famine and Early Warning Systems Network
FFPO	Food for Peace Officer
FHI 360	Family Health International Development 360
FMOH	Federal Ministry of Health (Ethiopia)
FP	focal point
FSCG	Food Security Country Guidance
FTF	Feed the Future
FY	fiscal year
GH/OHA	USAID Bureau for Global Health Office of HIV and AIDS
GHI	Global Health Initiative
GHS	Ghana Health Service
GOB	Government of Bangladesh
HBC	home-based care
HCI	Health Care Improvement project (URC)
HDDS	Household Dietary Diversity Score
HEA	Household Economy Approach
HEBI	High-Energy Protein Bar for Integrated Management of Acute Malnutrition (Vietnam)
HEW	health extension worker
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
HIV	human immunodeficiency virus
HIV-FS	HIV-free survival
HKI	Helen Keller International
I-TECH	International Training and Education Center on HIV (Namibia)
IFA	iron and folic acid
IFPRI	International Food Policy Research Institute
iLiNS	International Lipid-based Nutrient Supplements Project
IMAM	Integrated Management of Acute Malnutrition (Uganda and Vietnam)
INCAP	Instituto de Nutrición de Centro América y Panamá (Institute of Nutrition of Central America and Panama)
IOM	Institute of Medicine of the National Academies
IP	Implementing Partner
IPC	Integrated Phase Classification
IPHN	Institute of Public Health Nutrition (Bangladesh)
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRB	Institutional Review Board
IRT	integrated refresher training
IYCF	infant and young child feeding
JMP	Joint Monitoring Program
LIFT	Livelihoods and Food Security Technical Assistance Project
LNS	lipid-based nutrient supplement(s)
LNSRN	LNS Research Network
LQAS	Lot Quality Assurance Sampling
LSHTM	London School for Hygiene and Tropical Medicine
M&E	monitoring and evaluation

M&R	monitoring and reporting
MAAIF	Ministry of Agriculture, Animal Industries, and Fisheries (Uganda)
MCHIP	Maternal and Child Health Integrated Program
MCHN	Maternal and Child Health and Nutrition
MDG	Millennium Development Goal
MFDI	Media for Development International
MI	Micronutrient Initiative
MISAU	Ministério de Saúde (Ministry of Health) (Mozambique)
MMAS	Ministry of Women and Social Welfare (Mozambique)
MNP	multiple micronutrient powder(s)
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
MOHSS	Ministry of Health and Social Services (Namibia)
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Health and Population) (Haiti)
MSU	Michigan State University
MUAC	mid-upper arm circumference
MVC	most vulnerable children
MYAP	Multi Year Assistance Program
NACP	National AIDS Control Programme (Ghana and Tanzania)
NACS	nutrition assessment, counseling, and support
NGO	nongovernmental organizations
NIH	National Institutes of Health
NIN	National Institute of Nutrition (Vietnam)
NNS	National Nutrition Services (Bangladesh)
NPA	National Planning Authority (Uganda)
NSCN	national sub-committee on nutrition (Uganda)
NUGAG	Nutrition Guidelines Advisory Group (WHO)
OGAC	Office of the Global AIDS Coordinator
OICI	Opportunities Industrialization Centers International
OM	Outcome Monitoring
OR	operations research
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for Aids Relief
PLHIV	people living with HIV
PLW	pregnant and lactating women
PM2A	Preventing Malnutrition in Children under 2 Approach
PMP	Performance Management Plan
PMTCT	prevention of mother-to-child transmission of HIV
PNLT	National Tuberculosis Control Program (Côte d'Ivoire)
PNN	Programme National de Nutrition (National Nutrition Program) (Côte d'Ivoire)
PNOEV	National Tuberculosis Control Program (Côte d'Ivoire)
PNPEC	National Program for Care of PLHIV (Côte d'Ivoire)
PRN	Programa de Reabilitação Nutricional (Nutrition Rehabilitation Program) (Mozambique)
*Pro*PAN	Process for the Promotion of Child Feeding
PVO	private voluntary organization

QI	quality improvement
RCQHC	Regional Centre for Quality of Health Care (Uganda)
REACH	Renewed Efforts Against Child Hunger
RF	Results Framework
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SAM ST	Severe Acute Malnutrition Support Team (Ghana)
SAM SU	Severe Acute Malnutrition Support Unit (Ghana)
SAPQ	Standardized Annual Performance Questionnaire
SBCC	social and behavior change communication
SC	Save the Children
SESAN	Food and Nutrition Security Secretariat (Guatemala)
SFP	supplementary feeding program
SLEAC	Simplified LQAS Evaluation of Access and Coverage
SO	Strategic Objective
SOP	Standard Operating Procedures
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally project
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
SSC	United States Army Natick Soldier Systems Center
SSDS	Social Sectors Development Strategies
SSFP	Smiling Sun Franchise Program (Bangladesh)
SUN	Scaling Up Nutrition
SUSTAIN	Strengthening Uganda's Systems for Treating AIDS Nationally project
TA	technical assistance
TACAIDS	Tanzania Commission for AIDS
TANGO	Technical Assistance to NGOs International
TB	tuberculosis
TEC	Technical Evaluation Committees
TFNC	Tanzania Food and Nutrition Centre
TI	trigger indicator
TOPS	Technical and Operational Performance Support program
TOR	Terms of Reference
TOT	training-of-trainers
TRM	technical reference material
TWG	technical working group
UC Davis	University of California at Davis
UGAN	Uganda Action for Nutrition Society
U.N.	United Nations
UNAP	Uganda Nutrition Action Plan
URC	University Research Co., LLC
US$	United States dollar
USAID	United States Agency for International Development
USG	United States Government
WASH	water, sanitation, and hygiene
WFH	weight-for-height
WFP	World Food Programme
WHO	World Health Organization
WUSTL	Washington University in St Louis

The Food and Nutrition Technical Assistance III Project

The Strategic Objective (SO) of the Food and Nutrition Technical Assistance III Project (FANTA) is "food security and health policies, programs, and systems for improved nutrition strengthened." FANTA meets this objective through the efficient provision of high-quality technical assistance (TA) to scale up evidence-based nutrition interventions, while further building the evidence base for multisectoral approaches. Guided by the principles of the Global Health Initiative (GHI), Feed the Future (FTF), and USAID Forward, FANTA uses a three-pronged approach to improve nutrition.

1. At the global level, FANTA promotes the adoption of policies, standards, and promising practices and develops guidance and tools for monitoring and evaluation (M&E) and capacity building.
2. FANTA expands the evidence base for what works through operations and impact evaluation research.
3. FANTA provides TA to countries, the United States Agency for International Development (USAID) Missions, and implementing partners (IPs) to improve assessments, program design and implementation, and M&E.

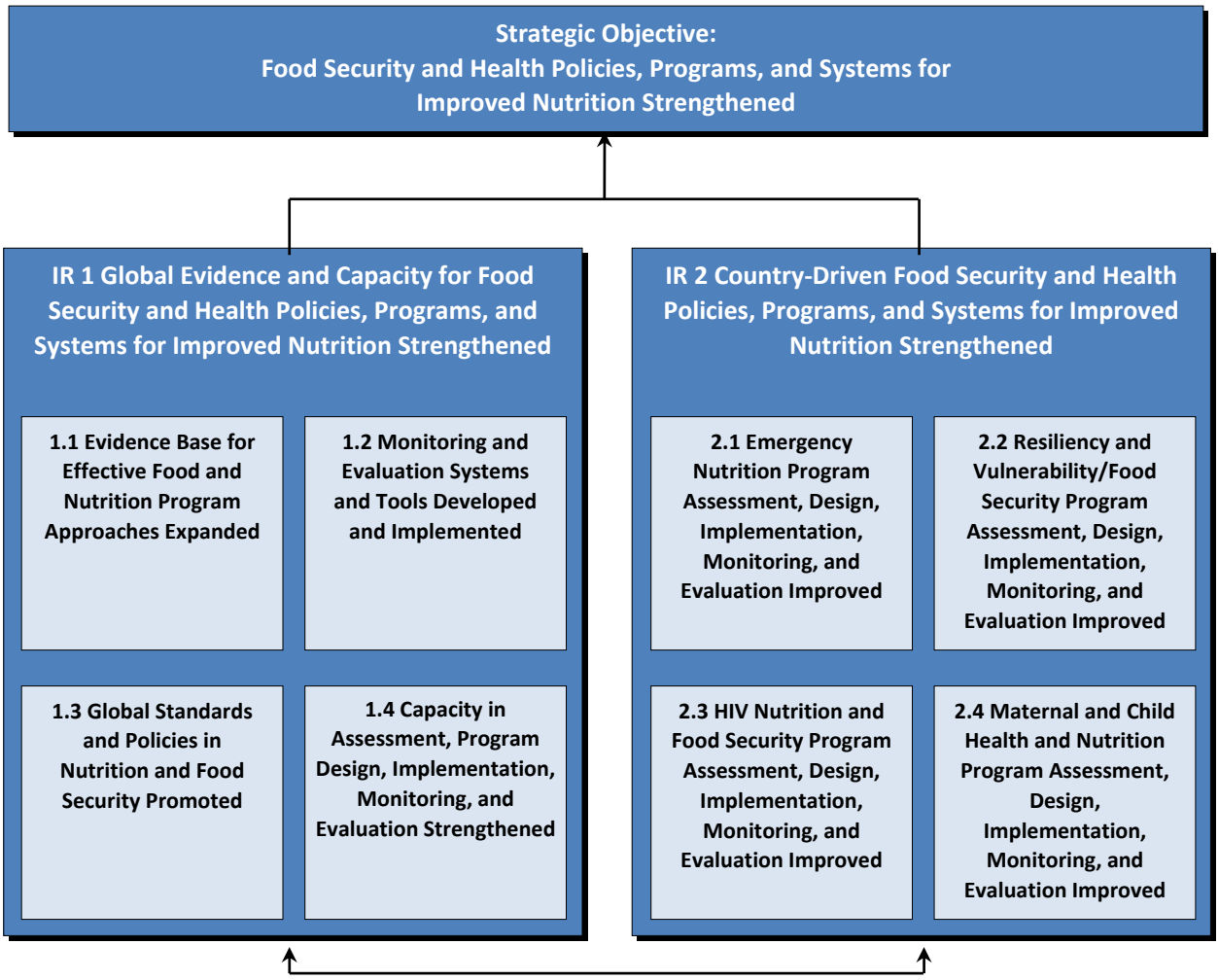
FANTA aims to take research to practice to test and validate approaches in a consistent manner. High-quality implementation at scale will be achieved by:

- Supporting country ownership by building the capacity of national stakeholders to assess, design, implement, and evaluate programs
- Coordinating with other donors, global partners, and programs
- Including an explicit gender perspective in our program research, policy and standards recommendations, tools and guidance, and TA
- Using current evidence and state-of-the art approaches
- Using effectiveness studies, delivery science, operations research (OR), and M&E to innovate and further expand the evidence base

FANTA's work to achieve our SO falls under two Intermediate Results (IRs). FANTA strengthens the global evidence and capacity for food security and health policies, programs, and systems for improved nutrition (**IR 1**) by expanding the evidence base for effective food and nutrition program approaches; developing and implementing M&E systems and tools; promoting global standards and policies in nutrition and food security; and strengthening capacity in assessment, program design, implementation, and M&E. FANTA also strengthens country-driven food security and health policies, programs, and systems for improved nutrition (**IR 2**) by improving the assessment, design implementation, and M&E of emergency nutrition, resiliency and vulnerability/food security, HIV nutrition and food security, and maternal and child health and nutrition (MCHN) programs.

Each IR contains four sub-IRs, as outlined in **Figure 1**. FANTA supports activities in multiple countries under all sub-IRs. **Table 1**, on the next page, outlines each sub-IR and the countries in which FANTA works.

Figure 1. FANTA Strategic Framework



FANTA is implemented by FHI 360. The project is a 5-year cooperative agreement (February 8, 2012 to February 7, 2017). Partners include Centre for Counselling, Nutrition and Health Care (COUNSENUTH); Development Alternatives Inc. (DAI); Helen Keller International (HKI); Instituto de Nutrición de Centro América y Panamá (INCAP); the International Food Policy Research Institute (IFPRI); Media for Development International (MFDI); Michigan State University (MSU); Micronutrient Initiative (MI); Social Sectors Development Strategies (SSDS); Technical Assistance to NGOs (TANGO) International; Tufts University; University of California, Davis (UC Davis); and Washington University in St. Louis (WUSTL).

Table 1. Matrix of Country Activities by Sub-IR

	IR 1 Global Evidence and Capacity for Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened				IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened			
COUNTRIES	**1.1** Evidence Base for Effective Food and Nutrition Program Approaches Expanded	**1.2** Monitoring and Evaluation Systems and Tools Developed and Implemented	**1.3** Global Standards and Policies in Nutrition and Food Security Promoted	**1.4** Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened	**2.1** Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	**2.2** Resiliency and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	**2.3** HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	**2.4** Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved
Bangladesh	X				X			X
Bolivia	X							
Burundi	X							
Côte d'Ivoire							X	
Ethiopia							X	
Ghana					X		X	X
Guatemala	X			X				X
Haiti				X		X	X	
Honduras	X							
India	X							
Kenya	X			X				
Madagascar		X						
Malawi	X							
Mozambique							X	X
Namibia							X	
Niger				X				
Tanzania				X			X	X
Uganda				X			X	X
Vietnam							X	

FANTA Key Operating Approaches

Needs-Driven Agenda

FANTA identifies priority research questions, key areas for tool development, and targets for capacity strengthening based on structured information gathering, rigorous review of program evaluations, and dissemination of research findings. Priority issues are identified in close collaboration with USAID; through annual technical advisory group workshops, project field activities, and country team input; and through participation in international conferences, interagency meetings, and working groups (such as those supported by the USAID Bureau for Democracy, Conflict, and Humanitarian Assistance Office of Food for Peace [DCHA/FFP] Title II Technical and Operational Performance Support [TOPS] project and the USAID Bureau for Global Health-funded CORE Group).

Gender

Understanding gender relations and the socially ascribed roles and responsibilities for men and women in different country contexts and how these affect food security and nutrition form an integral part of the TA FANTA provides. FANTA conducts gender analyses to assess the degree of gender integration into activities, research, and publications and to identify key ways to integrate gender in policy, media, social and behavior change communication (SBCC), and M&E to strengthen food security and nutrition program results. FANTA also develops guidance on gender integration, drawing from prior experience with Title II food aid programming and gender-related materials.

Rigorous Documentation Coupled with Outreach and Dialogue

FANTA is an active participant in the global dialogue on health, nutrition, food security, and gender issues. Findings from project research activities are documented in scientific peer review papers, presented at international conferences, summarized in technical notes, and translated into technical reference materials (TRMs). In addition, FANTA provides workshops, trainings, and mentoring to FANTA stakeholders in Washington, DC, and in priority countries and works closely with host country governments and IPs to develop tools, how-to guides, and training modules that meet country-specific programming and capacity strengthening needs.

Capacity Strengthening for Country Ownership

Reflecting the principles of FTF, GHI, and Scaling Up Nutrition (SUN), FANTA helps to scale up nutrition services and improve sustainability by strengthening the capacity of policy makers, IPs, health and agricultural service providers, managers and supervisors, and community health workers (CHWs) through training, job aids, learning centers, and south-south exchange visits. FANTA also strengthens M&E skills through in-country workshops, TRMs, and input to national M&E systems.

Integration

To sustainably reduce malnutrition, the continuum of care from prevention to treatment must be addressed. Building on promising results from Ethiopia and Malawi that improved multiservice referrals and synergies, FANTA helps governments and IPs link and integrate their Community-Based Management of Acute Malnutrition (CMAM); nutrition assessment, counseling, and support (NACS); MCHN; water, sanitation, and hygiene (WASH); and agricultural extension services at service delivery points by facilitating coordination across ministries, developing joint curricula, carrying out joint trainings of staff, and promoting the use of quality improvement (QI) and gender analysis across platforms.

QI Methods

FANTA adapts and applies QI methods to clinic- and community-based activities, with particular emphasis on maintaining quality services with scale-up and prioritizing services in the face of provider time constraints. Approaches include the establishment of quality standards and indicators for nutrition services, the Collaborative Model for Improvement for scale-up to an entire system, centers of excellence, checklists, and reinforcement of supportive supervision. These in-country activities draw from and inform FANTA's collaboration with the USAID Health Care Improvement Project (HCI)[1] to develop global materials under IR 1.

[1] HCI is implemented by the University Research Co., LLC (URC).

IR 1 Global Evidence and Capacity for Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened

The launch of key global and United States (U.S.) initiatives, including SUN, FTF, and GHI, has inspired renewed momentum for improving nutrition. FANTA builds on the existing evidence base, such as research evidence documented in the landmark *Lancet* series "Maternal and Child Undernutrition," for targeting interventions aimed at preventing undernutrition during the first 1,000 days of life to develop and test methods, tools, and program approaches that inform and support **how** to implement effective programs and policies to improve nutrition, while continuing to strengthen the evidence base on **what** interventions work in key areas. FANTA's strategic research studies inform tool development, M&E, and capacity strengthening activities.

IR 1.1 Evidence Base for Effective Food and Nutrition Program Approaches Expanded

FANTA works to complete research activities initiated under the Food and Nutrition Technical Assistance II Project (FANTA-2) and conducts new research activities in priority areas, including effectiveness studies, delivery science, OR, impact evaluations, cost-effectiveness studies, and secondary data analysis to test and validate new and promising program approaches and strategies. Results from these activities are used to develop practical tools (such as calculators, software, and M&E indicators) and guides (such as TRMs and training modules) to facilitate the adoption of promising practices (see also **IRs 1.2** and **1.4**) and to improve nutrition programs across a range of settings (see also **IRs 2.1** through **2.4**). The results also contribute to the development of global standards and policies in nutrition and food security (see also **IR 1.3**).

1.1.A DCHA/FFP Program Policies and Approaches

The Title II development food aid program is the largest non-emergency food aid program in the world, providing more than US$350 million in Title II development resources on an annual basis to reduce food insecurity among vulnerable populations in Africa, Asia, and Latin America and the Caribbean. In light of this substantial investment by USAID, it is imperative that Title II food and nutrition program approaches reflect state-of-the-art knowledge. FANTA works with DCHA/FFP to carry out desk reviews and field-based studies to build the global evidence base for effective food and nutrition program approaches and policies.

Preventing Malnutrition in Children under 2 Approach (PM2A). PM2A is a food-assisted approach to prevent child malnutrition by targeting a package of health and nutrition interventions during the critical 1,000-day window of opportunity to all pregnant women, mothers of children 0–23 months of age, and children under 2 years of age in food-insecure program areas, regardless of nutritional status. PM2A provides three core services to

participants: conditional food rations[2]; preventive and curative health and nutrition services for children and women, according to national protocol; and SBCC.

A 2007 FANTA, IFPRI, World Vision/Haiti, and Cornell University study in Haiti showed that PM2A is effective in preventing child malnutrition by targeting all children under 2.[3] However, the relatively high program cost of PM2A remains an issue. In FY 2010, USAID initiated two large Title II development food aid programs in Guatemala (implemented by Mercy Corps) and Burundi (implemented by Catholic Relief Services [CRS]) to scale up the model and assess ways of reducing operational costs while maintaining the kind of impact that had been seen in Haiti. FANTA-2 initiated[4] a cluster-randomized trial in each country with the Title II Awardees to further refine PM2A, examining the impact of different types and duration of individual rations and the need for and a size of the household ration. The main research questions and outcomes being investigated are the impact and cost-effectiveness of PM2A on child nutritional status (stunting, underweight, and anemia) and the optimal composition, size, and duration of PM2A food rations.

In Guatemala in Project Year One, FANTA will continue enrolling pregnant women in the study, while collecting longitudinal data among both women and their children. We will also carry out operations research and collect costing data to evaluate the cost-effectiveness of PM2A. In Burundi in Project Year One, FANTA will prepare for the first survey follow-up on the baseline survey carried out under FANTA-2. We will also analyze data from the operations research collected during FANTA-2 and draft a report and continue collecting costing data.

Downstream uses of food aid. Considerable attention is currently given by policy makers and researchers to food aid, specifically the types, quantity, and quality of food used and the criteria for selecting the beneficiaries to be targeted for receiving the food. However, much of this attention focuses on aspects located "upstream" from the distribution point, before beneficiaries are provided the food. Comparatively less consideration is given to what happens to food "downstream," after beneficiaries have received the food. Similarly, there have been few studies to investigate how distributed food gets integrated into the diet households' livelihoods, and communities' economies and if the use of the distributed food differs by commodity.

To increase knowledge in these areas and gain a better understanding of the intended and unintended consequences of food aid on individuals, households, and communities, including implications for gender equity, FANTA will carry out a series of research studies in varied country settings with operational Title II development food aid programs. In Project Year One, FANTA will begin a strategic, consultative process to outline a detailed research agenda to investigate the "Downstream uses of food aid" in the context of development food aid programs. This work will include the facilitation of a workshop for FANTA partners and stakeholders (i.e., DCHA/FFP, Title II Awardees, TOPS) that will aim to identify and prioritize the key areas

[2] A "conditional" ration is one that beneficiaries receive only if they participate in behavior change interventions and attend and receive a minimum package of preventive health services. Each Title II development food aid program defines the specific behavior change and health service requirements for participation based on program context.
[3] Menon, Pernima et al. 2007. *Prevention or Cure? Comparing Preventing and Recuperative Approaches to Targeting Maternal and Child Health and Nutrition Programs: Executive Summary of the Evaluation Report*. http://www.fantaproject.org/pm2a/Haiti_Exec_Summary_Dec07.pdf.
[4] FANTA is partnering with Mercy Corps in Guatemala and with CRS in Burundi on this activity.

where knowledge is needed, collectively derive a consensus on the appropriate methods and research program to explore those priorities, and examine options for operational settings in which to carry out the research. A set of protocols for the proposed research studies will be submitted to Institutional Review Board (IRB) during Project Year Two, with the research likely to begin in Project Year Three.

Effective exit strategies for Title II development food aid programs. One of the persistent challenges of development programs is to ensure that the benefits of their interventions are sustained after they end. All Title II development food aid programs must incorporate a specific exit strategy into their designs that describes how the program intends to withdraw from the program area while ensuring that the benefits of any program achievements are not jeopardized and that progress beyond these achievements continues. A review of documented experience with Title II program exit strategies conducted under the first FANTA[5] found little rigorous evidence on the effectiveness of different types of exit strategies. This represents a critical gap in knowledge about program design and implementation; filling this gap is essential to provide guidance on the design of effective exit strategies.

To explore the effectiveness of exit strategies and to provide guidance to future programs on how to incorporate exit strategies into their design to ensure sustainability of benefits, FANTA-2[6] initiated multi-year studies in Bolivia, Honduras, India, and Kenya. Each country study includes three steps: 1) a review of Awardees' planned exit strategies and the implementation of those strategies in the final program year, 2) a qualitative review 1 year after the program ended to understand processes of change, and 3) in-depth qualitative and quantitative assessments 2 years after exit to assess the extent to which the impacts of the program were sustained or improved and to understand factors of success or failure in the specific exit strategies.

Steps 1 and 2 were carried out for all countries during FANTA-2. Step 3 was also carried out under FANTA-2 in Bolivia, Honduras, Kenya, and the CARE/India sites, but not in the CRS/India sites. In Project Year One, FANTA will complete Step 3 in the CRS/India sites and will draft country reports providing a synthesis of the qualitative and quantitative findings across all rounds of data collection in Bolivia, Honduras, Kenya, and the CARE/India sites.

Food Aid and Food Security Assessment-2 (FAFSA-2). In 2001, DCHA/FFP asked FANTA to conduct a Food Aid and Food Security Assessment (FAFSA) to determine the performance of Public Law 480 (now known as the Food for Peace Act) Title II development food aid programs[7] in improving food security since 1995, when USAID's Food Aid and Food Security Policy Paper was issued. The FAFSA assessed the strengths and limitations of programs, identified promising practices for future undertakings, and made recommendations that became central to the design of the DCHA/FFP 2006–2010 Strategic Plan. As the period covered under the Strategic Plan has ended (though DCHA/FFP continues to follow this Strategic Plan), it was deemed appropriate to assess the extent to which the changes made in DCHA/FFP's SO, IRs, and key approaches have

[5] Rogers, Beatrice Lorge and Macías, Kathy E. 2004. *Program Graduation and Exit Strategies: Title II Program Experiences and Related Research*. http://www.fantaproject.org/downloads/pdfs/Exit_Strategies2004.pdf.
[6] FANTA has been partnering with UC Davis on this study.
[7] At the time the first FAFSA was carried out, Title II development food aid programs were known as Development Activity Programs or DAPs.

translated into more effective, better-adapted programs in the field; assess whether the 2006–2010 Strategic Plan needs to be modified and, if so, in what ways; and provide specific recommendations on the changes needed to improve DCHA/FFP's capacity to fulfill its mandate.

At DCHA/FFP's request, FANTA-2 carried out the research necessary to address the objectives outlined for the FAFSA-2 and organized three meetings to present the key findings and recommendations to DCHA/FFP staff. FANTA expects to complete the FAFSA-2 final report in Project Year One and will prepare a summary of the report to highlight the key findings and recommendations. We will also work closely with DCHA/FFP to develop an appropriate dissemination strategy to share the FAFSA-2 results with DCHA/FFP stakeholders.

1.1.B Specialized Food Products Studies

In recent years, there has been remarkable progress with respect to the development and improvement of specialized food products (SFPs) designed to prevent and/or treat poor nutritional status. FANTA carries out research using state-of-the-art SFPs to assess the acceptability, safety, and effectiveness of these products for preventing malnutrition among children, improving the nutritional status of pregnant and lactating women (PLW) and people living with HIV (PLHIV), and maintaining the nutritional status of non pregnant non lactating adults in emergency contexts.

Lipid-based nutrient supplement (LNS) effectiveness study in Bangladesh. FANTA-2 initiated an effectiveness study to evaluate the impact of LNS for the prevention of chronic malnutrition in children and the improvement of nutritional status among PLW in Bangladesh. This cluster-randomized controlled effectiveness study involves four study arms: LNS to the mother during pregnancy and the first 6 months postpartum plus LNS to the child starting at 6 months of age through 24 months; iron and folic acid (IFA) to the mother during pregnancy and the first 3 months postpartum and LNS to the child starting at 6 months through 24 months; IFA to the mother during pregnancy and the first 3 months postpartum and multiple micronutrient powders (MNP) to the child starting at 6 months through 24 months; and IFA to the mother during pregnancy and the first 3 months postpartum and no additional supplement to the child. The study evaluates the impact of these approaches on nutrition, health, and developmental outcomes of participating children through 24 months of age and measures health and nutrition outcomes of their mothers.

Alongside this study, FANTA is carrying out complementary socioeconomic research activities to assess the willingness to pay for LNS and MNP, the relative and absolute cost and cost-effectiveness of each approach, and public and private benefits of LNS and MNP use. Finally, to understand the operational aspects of delivering these types of supplements through community-based programs, FANTA is also conducting a process evaluation to assess barriers and constraints to optimal delivery and uptake of the LNS and MNP interventions.

FANTA will continue this work in Project Year One. Recruitment and enrollment of study participants will continue until September 2012, when the needed sample size of approximately 3,150 mother-infant pairs will be reached. Ongoing longitudinal data collection in 2012 will include maternal, birth, and child outcomes (e.g., anthropometry, micronutrient status and anemia, maternal depression and motor development of children), as well as data for the

socioeconomic and process evaluation work (e.g., willingness to pay for the nutrient supplements, and health expenditures). Data on research outcomes will start becoming available in late 2013.

The effectiveness of dietary intervention during pregnancy in Malawi. While daily complementary feeding of infants with LNS might have potential to reduce the incidence of severe stunting before the age of 18 months, linear growth retardation often starts before 6 months of age, in the fetal period or as the result of a pre-term birth. Previous studies have shown maternal reproductive tract infections and malaria during pregnancy to be important risk factors for pre-term births and infants born with low birth weight, which are associated with linear growth faltering in early childhood and beyond.

Building on these studies, FANTA-2 initiated a study to investigate the extent to which adverse birth outcomes can be reduced through dietary intervention during pregnancy. The randomized, controlled clinical trial will be carried out in Malawi with 1,400 pregnant women, randomized to receive one of three daily interventions until delivery: IFA supplementation, multiple micronutrient supplementation, or LNS. The results of the study will inform whether the multiple micronutrient supplementation or LNS during pregnancy can reduce the effect of maternal infection during pregnancy on pre-term births and infants born with low birth weight. In Project Year One, pregnant women who meet the eligibility criteria will continue to be enrolled in the study and collection, storage, and analysis of data from enrolled women and their infants will continue. Findings will be available in 2013.

The safety of emergency food products (EFPs). In response to the escalating scale and number of humanitarian emergencies, in 2001, DCHA and the USAID Bureau for Global Health (GH) began a process to develop an EFP that would be nutritionally and culturally appropriate and logistically convenient for delivery to affected populations in the initial stages of an emergency. The EFP was envisaged as a compact, nutrient-dense ready-to-use food that would satisfy the complete nutrient requirements of the recipient population for up to 15 days.

From 2001 to 2005, USAID collaborated with the United States Department of Defense (specifically the United States Army Natick Soldier Systems Center [SSC]), the Institute of Medicine of the National Academies (IOM), and FANTA to develop specifications and prototypes and to test the acceptability of cost-effective, high-energy, nutrient-dense EFPs. The IOM-recommended specifications were published in High-Energy, Nutrient-Dense Emergency Relief Food Product (2002).[8] Based on the IOM specifications, the SSC prepared three prototypes: a wheat-based bar (A-28), a rice-based bar (A-29), and a paste (A-20).

FANTA plans to carry out an efficacy trial with low-normal body mass index (BMI) (18.5–24.0 kg/m^2) adult men and women in the greater Boston area to assess whether the three products perform adequately for the purpose for which they were originally formulated: being the sole source of food for a 14-day period. Pending the production and availability of the EFP, in Project Year One, FANTA will submit the research protocol for IRB approval and begin the process for recruiting study participants.

[8] The information can be found at http://www.nap.edu/catalog/10347.html.

1.1.C Mid-Upper Arm Circumference Studies

Mid-upper arm circumference (MUAC) has become an accepted measure for screening children for acute malnutrition and for determining eligibility for services to manage acute malnutrition in children. Use of MUAC has improved the ability of frontline health workers to screen and assess acute malnutrition among children, increasing the reach and enhancing the quality of CMAM programs/services. MUAC is also used to assess nutritional status and to determine eligibility for nutrition support among adolescents and adults, especially PLW and clients with HIV and/or tuberculosis (TB). As with children, using MUAC among adults and adolescents offers advantages of being a simple measure that can be carried out at both community- and facility-based settings and that requires minimal equipment compared with measuring weight and height. Building on the promise of MUAC as a simple, reliable indicator of nutritional status, FANTA is carrying out a set of research studies to help build the evidence base for expanding the use of MUAC among diverse target groups in various programmatic settings.

Standardized MUAC cutoffs for adolescents and adults. Although MUAC is commonly used to determine the nutritional status of adolescents and adults, globally agreed-to standards to classify acute malnutrition among adolescents and adults using MUAC have not been established by the World Health Organization (WHO). As a result, different countries and programs use different MUAC cutoffs to determine eligibility for program services among these population groups. Establishment of standardized MUAC cutoffs for determining moderate and severe acute malnutrition among adolescents and adults is needed to strengthen and harmonize programming in integrated management of acute illness, HIV, and TB programs, as well as in broader maternal health and nutrition programs.

To address this gap, FANTA-2 initiated a collaborative research project to build the evidence for the use of standardized MUAC cutoffs as indicators of moderate and severe acute malnutrition among adolescents and adults, including pregnant women and lactating women until 6 months postpartum. As part of this initiative, the team will carry out a systematic review of the peer-reviewed literature to compile and synthesize findings across studies that have examined the association of low MUAC with other measures of poor nutritional status or poor functional or clinical outcomes among adults and/or adolescents and will carry out secondary data analysis to explore if standardized MUAC cutoffs can be used to identify moderate and severe acute malnutrition among adolescents and adults.

In Project Year One, FANTA will draft a report on the findings from the systematic literature review and begin identifying and collecting datasets for use in the secondary data analysis. The results from the secondary data analysis will be available in Project Year Three, and, depending on the strength of the findings, may be used to help inform the WHO establishment of standardized MUAC cutoffs for moderate and severe acute malnutrition among adolescents and adults.

Simplification of CMAM discharge criteria. Two of the primary advantages of CMAM programs are wide-scale coverage and the ability of families to return more quickly to their daily lives. Any simplification of the protocol that will save time, complexity, and costs should translate into an ability to provide care for more children while expending the same resources.

CMAM programs currently use weight-for-height (WFH) or the percent weight gain measure to monitor treatment progress and assess eligibility for discharge. However, using MUAC instead could potentially offer significant time savings for program staff, simplifying both monitoring and discharge procedures.

To explore this, FANTA-2 initiated an operational study in Malawi to test the safety of using a MUAC of 125 mm for two consecutive visits as a discharge criterion for children admitted to CMAM programs. Children 6–59 months of age with a MUAC less than 115 mm who presented at select CMAM sites without medical complications were enrolled beginning in March 2011. Once a child attains a MUAC of at least 125 mm for two consecutive visits, the child is discharged from treatment. Recovered children continue to be monitored biweekly for 3 months after discharge to assess if any adverse outcomes (including relapse or death) have occurred. If less than 10 percent of the discharged children experience relapse or non-accidental death in the 3 months following discharge, MUAC greater than or equal to 125 mm will be considered "safe" in the context of this study.

In Project Year One, FANTA will complete enrollment and follow-up of study participants. Draft results from the study are expected toward the end of the project year.

Indicators for IR 1.1

Indicator	Project Year One Target
Impact stories produced about FANTA research being used/applied	FANTA will start producing impact stories in Project Year Two.
Number of research publications produced	<u>FANTA will produce on the following research publications in Project Year One:</u> <u>Research reports:</u> – Safety of using a MUAC Cutoff of ≥ 125 mm as a Discharge Criterion for Children 6–59 Months with Severe Acute Malnutrition without Medical Complications Admitted to CMAM Programs – Report of first-round of PM2A operations research in Burundi – Baseline report of PM2A Study in Burundi, English – Baseline report of PM2A Study in Burundi (French) – Guatemala PM2A formative research report, English – Guatemala PM2A formative research report (Spanish) <u>Technical and research briefs:</u> – Guatemala (ENSMI) food security research brief (English) – Guatemala (ENSMI) food security research brief (Spanish)
Number of research activities that have advanced at least one stage on the *Pathway from Research to Field Implementation and Use*	<u>The expected status by the end of Project Year One of FANTA research activities are:</u> – LNS effectiveness study in Bangladesh- stage 2 – LNS RTI study in Malawi-stage 2 – PM2A study in Guatemala- stage 2

	– PM2A study in Burundi - stage 2 – Title II Exit Strategies Study (Bolivia, Honduras, India, Kenya)- stage 2 – MUAC for CMAM discharge criteria study in Malawi- stage 3 – MUAC cutoffs for adolescents and adults- stage 2 – Safety of emergency food products- stage 2 – Downstream uses of Food aid- stage 1 – Agriculture and Nutrition linkages in Guatemala- stage 2 – Agriculture and Nutrition linkages in Uganda-stage 3 – RUTF acceptability study in Vietnam-stage 3 – MAM/SAM study in Vietnam-stage 2 – FAFSA-2-stage 3 – ENSMI data analysis-stage 3 – Food hygiene review-stage 2 – Optifood tool development-stage 3 – HFIAS indicator documentation-stage 5 – HIV free survival indicator research-stage 2 – IPC food consumption indicators study-stage 1 – Acceptability of specialized foods among PLHIV in Cote d'Ivoire-stage 1 – Evaluation of PNLT in Cote d'Ivoire-stage 2 – Mali FSCG-stage 2 – South Sudan FSCG-stage 2 – Change in nutritional status of PLHIV, as a result of NACS in Namibia-stage 1 – Growth monitoring in Mozambique-stage 4 – Integration of nutrition in SSFP health services in Bangladesh-stage 4

IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented

The development of practical methods and tools to support rigorous M&E systems is a FANTA trademark. The availability of such methods and tools has transformed the types of outcomes that can be measured in low-cost household surveys and has increased the rigor and frequency with which USAID Missions and implementing organizations collect data. FANTA builds on previous experience and draws inspiration from successful methodologies across a wide array of disciplines to develop an expanded set of tools that support the implementation of USAID's evaluation policy.

1.2.A M&E Systems

FANTA couples rigorous science with innovation and field-practicality to develop and refine M&E systems that respond to stakeholders' needs. This work includes the development of tools to support nutrition surveillance, cost-efficient methods for monitoring nutrition and health outcomes on an annual basis, and building the evidence base for indicator cutoffs that are used to define the phase of an acute emergency in the integrated (acute) phase classification (IPC) tool.

Surveillance systems in a development context. Timely, reliable, population-representative data are crucial to routinely monitor the well-being of a population and to detect when a downward trend in nutrition and health status is occurring. Ideally, a surveillance system for nutrition and health monitoring should include a broad suite of appropriate indicators that are collected with reasonable frequency and with a focus on geographic areas of a country that are prone to food insecurity or nutrition and health issues. Such monitoring can allow countries to identify trends in the deterioration of the nutrition, health, or food security situation well before the onset of a crisis and can facilitate the initiation of response and mitigation efforts.

While a variety of surveillance systems have been developed, tested, and applied, no one standard model is appropriate for all contexts. Relatively little attention has been given to surveillance systems in a development context in comparison with surveillance systems in an emergency or highly fragile context. And, the different approaches that have been used to date have not been systematically compiled and reviewed to evaluate their appropriateness for a given context.

To fill this gap, in Project Year One, FANTA will begin carrying out a global review of existing surveillance systems that include a focus on anthropometric indicators and that are appropriate for use in a development and/or emergency context to examine the strengths and weaknesses of the various approaches and to provide recommendations on appropriate uses of each approach. Results will be provided in a technical report in Project Year Two and summarized in a user-friendly matrix that will help implementing organizations determine what type of surveillance system best suits their needs.

Outcome Monitoring (OM) for USAID/Madagascar. Since 2007, FANTA has been providing TA to USAID/Madagascar to conduct annual surveys assessing the outcomes of the food security, health, and family planning services provided by the various Mission-funded programs. In the past, the Mission's primary interest was to determine classifications of success/failure

relative to pre-set targets for a spectrum of indicators spanning a number of target groups of interest. For this purpose, Lot Quality Assurance Sampling (LQAS) was considered the method of choice for OM, given its ability to provide reliable classifications using small sample size surveys. For the FY 2012 round of OM, USAID/Madagascar has decided to move away from classifications as the primary aim of the OM exercise and toward the production of reliable overall estimates of the OM indicators. This necessitates a move toward a more traditional cluster sampling approach, with more substantial sample sizes implied.

In response, in Project Year One, FANTA will develop an appropriate sampling design to achieve this aim and will provide USAID/Madagascar with documentation outlining the elements of the design. We will also manage the OM survey process for FY 2012, including the data collection, analysis, and write-up of results.

Refinement of the IPC approach. The IPC tool aims to provide IPs and decision-makers with timely, comparable, and reliable information on food security conditions and outcomes across geographic areas. The tool consists of a standardized analytic framework that is used to classify the severity of food insecurity conditions for each geographic area where data exist. A multi-agency partnership, including the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP), Oxfam, SC, the Famine Early Warning Systems Network (FEWS NET), and others, developed and continue to implement and refine the IPC. The approach is gaining traction around the world as the primary means of analyzing, classifying, and describing acute food insecurity conditions to prioritize and guide response efforts.

Food consumption is one of four key “outcomes” the IPC uses to comparably measure and rank national and/or sub-national levels of food insecurity severity. The IPC currently uses data for five food consumption-related indicators to measure and classify food consumption among food-insecure populations: Food Consumption Score (FCS), Household Hunger Scale (HHS), Household Dietary Diversity Score (HDDS), Coping Strategies Index (CSI), and Household Economy Approach (HEA) thresholds for survival and livelihoods protection. Though the IPC includes a system for ranking data from each of these food consumption indicators against its food insecurity phases, further evidence is needed to substantiate the current cut-points.

To begin addressing this issue, in collaboration with FEWS NET, FANTA will analyze secondary datasets containing data on at least two of the five food consumption indicators, but ideally containing data on all five food consumption indicators, and reflecting a wide range of geographic settings and contexts. In Project Year One, FANTA will begin identifying datasets for analysis and drafting a data analysis plan. In Project Year Three, the results will be presented in a technical report and shared with the multi-agency group responsible for the development and refinement of the IPC. The results will inform the revision of the cut-points used for classifying and mapping food consumption indicators to each of the five food insecurity phases of the IPC and will allow for improved accuracy in the IPC's food insecurity classification.

1.2.B Indicator Development and Harmonization

In collaboration with USAID, international organizations, and private voluntary organizations (PVOs), FANTA works to advance the M&E metrics adopted by food and nutrition programs.

This work includes the indicator development and validation, the preparation of indicator guides and handbooks to facilitate standardized data collection using recommended and field-verified methods, and the harmonization of indicators across agencies and organizations to allow for consistent and comparable data to be collected across programs and geography.

Harmonized indicators for NACS. Continuing work begun under FANTA-2, FANTA[9] will support the completion of and preparation of guidance on a set of harmonized indicators for NACS in the context of HIV. The set of indicators covers three main areas: nutrition care and HIV, prevention of mother-to-child transmission of HIV (PMTCT) and infant feeding, and food security and HIV. Harmonizing these indicators will promote the adoption of NACS and the services it offers by United States Government (USG) United States President's Emergency Plan for AIDS Relief (PEPFAR) Partners. In Project Year One, FANTA will continue to provide technical support to the PEPFAR Food and Nutrition Technical Working Group (TWG) to review the definitions of and guidance on PEPFAR indicators related to NACS and, if requested, create a secretariat for this initiative with the aim of coordinating the production of materials to support the broad dissemination and adoption of the NACS indicator. Depending on PEPFAR priorities and available opportunities, FANTA might also assist in the process of field testing the indicators and collaborate with partners to promote the integration of the harmonized set of indicator into program- and government-led M&E systems.

Infant feeding and PMTCT. The ultimate objective of PMTCT services, infant feeding interventions, and child survival services is the HIV-free survival (HIV-FS) of HIV-exposed infants and young children. Measuring and reporting on HIV-FS would enable programs to better focus interventions on this objective, however, PEPFAR and other programs do not currently have an indicator to measure this outcome. In response, FANTA-2 initiated the development of an indicator to measure HIV-FS among HIV-exposed children at 18 months of age. Because systematic experience in using this indicator in program settings is not yet available, FANTA will seek opportunities to test and validate the HIV-FS indicator in locations where we have ongoing activity, such as Ghana, Namibia, and Tanzania, to capture lessons learned and promising practices in its collection and to develop guidance on its use and interpretation.

Household Hunger Scale. To follow up on FANTA's multi-year research initiative to develop an experience-based measure of food insecurity for cross-cultural use, FANTA-2 conducted a study to assess the internal, external, and cross-cultural validity of the Household Food Insecurity Access Scale (HFIAS). A total of seven HFIAS datasets were used for the validation study, representing diverse populations and geographic settings. Across the datasets, HFIAS data were collected from both urban and rural populations, from HIV-affected and non-HIV-affected households, and from populations living in conflict and non-conflict areas. The results of the study indicated that a modified scale using a reduced set of questions and a revised tabulation method from that recommended for the HFIAS could achieve the aim of a culturally invariant scale at the population level. The reduced set of questions all focus on the experience of food

[9] FANTA will collaborate with United States Government (USG) United States President's Emergency Plan for Aids Relief (PEPFAR) Implementing Agencies, United Nations (U.N.) agencies, and other partners to carry out this activity.

deprivation; therefore, the name of the scale was changed from the HFIAS to the HHS. The HHS is now an indicator used to measure the progress of FTF.

As part of its dissemination activities for the HHS, FANTA-2 published and disseminated an HHS indicator and tabulation guide. In Project Year One, FANTA will translate the HHS indicator and tabulation guide into Spanish and French. FANTA will also update the HFIAS indicator and tabulation guide to reflect the lessons learned from the HFIAS validation study.

Gender indicators for DCHA/FFP emergency programs. Gender relations between men and women and safety and security for men and women often become much worse during complex emergencies. IPs that provide services in emergencies therefore have an obligation to address and track their progress on ensuring gender equity and promoting gender equality, and M&E of gender indicators is one way by which IPs can track and report progress.

To support this, FANTA-2 began developing a report on integrating gender indicators into the M&E systems of DCHA/FFP-funded emergency programs, specifically those implemented by WFP. The report recommends a set of harmonized indicators on gender in the emergency context that can be used by WFP to report to USAID and other donors on their progress in integrating gender into their emergency operations. In Project Year One, FANTA will complete the report, present the recommendations of the report to WFP in Rome, and support WFP in its adoption of the report's recommendations.

Indicators for IR 1.2

Indicator	Project Year One Target
Impact stories produced about FANTA M&E and other tools being used or applied	FANTA will start producing impact stories in Project Year Two.
Number of tools developed	In Project Year One, FANTA anticipates the following will be developed: – DQA checklists for Title II – Coverage monitoring tool (Ghana) – Update of HIV M&E tool to include nutrition (Ghana) – Costing and Planning Tool for Nutrition and HIV – National tools for the integration of food and nutrition programs (Ethiopia) – Decision algorithm for nutrition care and support of PLHIV and orphans and vulnerable children (OVC) (Cote d'Ivoire) – Supportive supervision tools (Cote d'Ivoire) – Supportive supervision checklist (Mozambique) – Mentoring and supervision tools (Namibia) – Toolkit of SBCC materials – Supervisory tools for IYCF (Bangladesh)

IR 1.3 Global Standards and Policies in Nutrition and Food Security Promoted

Global codification of state-of-the-art, innovative, proven approaches through statements, policy, and guidelines issued by international organizations, such as FAO, UNICEF, WFP, and WHO, is essential to enable widespread and sustainable uptake. FANTA builds on our relationships with key international organizations to facilitate the uptake of FANTA outputs and supports global collaboration to develop and disseminate guidance and training materials and to build the evidence base in relevant project focus areas. FANTA also provides support to the key USAID central offices responsible for the overall management of the programs targeted under FANTA. FANTA assists these offices in strengthening policies and guidelines in key areas of competencies and provides technical information for public communications.

1.3.A Global HIV Efforts

Food and nutrition interventions are critical components of a comprehensive response to the HIV pandemic. HIV compromises the nutritional status of infected individuals, and malnutrition in turn can worsen the effects of the disease. Nutrition interventions can help break this cycle by helping people living with HIV (PLHIV) manage symptoms, reduce susceptibility to opportunistic infections, improve nutritional status, promote response to medical treatment, and improve overall quality of life. The HIV pandemic also significantly compromises the food security of affected households and communities, reducing the availability of productive labor, diverting income, depleting savings and productive assets, overwhelming social networks and safety nets, and impeding intergenerational knowledge transfers.

With support from USAID and PEPFAR, FANTA provides TA to strengthen NACS for PLHIV and to improve food assistance and food security programming in the context of HIV on a global level. FANTA produces and disseminates generic program guidance on nutrition care and support interventions, the nutrient requirements of PLHIV, and food and nutrition implications of antiretroviral therapy (ART). And, to strengthen the evidence base on the impacts of food supplementation on malnourished PLHIV, FANTA supports studies carried out in the field where services to PLHIV are delivered, whose results could have implications across multiple contexts. To accomplish this, FANTA participates in HIV-related international working groups and technical meetings to share the latest evidence-based global guidance.

Nutrition assessment, counseling, and support (NACS). The primary components of NACS are nutrition assessment, counseling, and prescription of specialized food products to clinically malnourished clients based on the results of nutrition assessment and according to clear anthropometric entry and exit criteria. The NACS approach emphasizes clinical care and treatment and has been implemented primarily at clinical health facilities, but opportunities exist to implement the program through community networks for outreach and follow-up to ensure a comprehensive set of services. As NACS becomes increasingly important in the care and treatment of people living with HIV and other infectious diseases, the need for guidance has emerged.

In support, FANTA-2 began developing a generic document to provide guidance on how to integrate NACS into clinical HIV and TB services. The guidance document will describe experiences from different countries to illustrate how NACS has been implemented and identify promising practices. The guidance will also list reference documents, including clinical algorithms and clinical treatment pathways, related to NACS. A final draft is expected by the end of Project Year One.

FANTA will also develop a two-page advocacy and communications tool to raise awareness of, increase commitment to, and mobilize resources for investing in the NACS approach. Its concise format will allow for wide distribution to a variety of stakeholders including government ministry officials, nongovernmental organizations (NGOs), and health care providers.

Formative research to guide SBCC materials development. To maximize the effectiveness of SBCC materials, FANTA will conduct two formative research activities: an assessment of SBCC materials in up to three countries (including Haiti) to determine what is currently working well and what needs to be adjusted and an assessment of key nutrition behavior determinants. For example, the assessment would review if health workers and providers are using the materials to counsel the target audience, if the materials are helping health workers and providers conduct counseling, if the target audience is receiving and understanding the nutrition information, if the target audience is changing/adapting their nutrition behaviors as a result of the counseling, and if the materials are contributing to USAID and PEPFAR indicators. Once the assessment of SBCC materials is completed, FANTA will assess key nutrition behavior determinants in the select countries, barriers to proper nutrition, literacy levels, and needs. As a next step, the assessments will be used to guide the development of a toolkit of SBCC materials for HIV and infectious diseases, including multiple rounds to test concepts and drafts and piloting the materials to determine their relevance and utility, that could be adapted to various country contexts.

Food hygiene in HIV-affected households. PLHIV are particularly susceptible to infections, including water-borne and food-borne infections because of their weakened immune systems. PEPFAR supports WASH interventions to help prevent opportunistic infections among PLHIV, but food safety and hygiene have not been significant components of these interventions. FANTA-2 conducted a literature review that identified critical points of intervention to improve food hygiene for vulnerable groups. Specifically, the review identified priority problem areas and critical points of action in food hygiene at the household level in developing countries and key factors for consideration in household-level interventions to improve food hygiene and decrease the vulnerability of PLHIV to food-borne illnesses.

In Project Year One, FANTA[10] will carry out three activities related to food hygiene for PLHIV. FANTA will prepare a technical brief on food hygiene for program managers and policy makers based on the results of the literature review. We will also explore the development of a tool to assess food hygiene at the household level and support the Hygiene Working Group of the WHO/UNICEF Joint Monitoring Program (JMP) for Water Supply and Sanitation to review hygiene goals, indicator options, and targets. The JMP is part of the work of the United Nations (U.N.) General Assembly in 2013 and aims to decide what development goals the international

[10] FANTA will work with a number of USAID partners on this activity.

community should seek beyond 2015. Decisions on specific food hygiene goals, indicators, and targets on WASH to include in the JMP will be made based on a proposal to be submitted to the General Assembly. In Project Year One, FANTA will participate in at least one meeting of the JMP Hygiene Working Group to develop the first set of proposed indicators and targets and share them with the JMP Core Consultative Group for feedback.

WHO Nutrition Guidelines Advisory Group (NUGAG).[11] At the invitation of WHO, FANTA-2 participated in several NUGAG sub-groups to support the development of evidence-based global guidelines on various topics relating to nutrition. FANTA-2 supported the development of nutrition guidelines on adult and adolescent PLHIV by participating in the NUGAG sub-group on nutrition guidelines for HIV-infected adults and adolescents and by drafting and reviewing sections of the guidelines as needed. The guidelines will provide simple and easy-to-use protocols based on available evidence from research and linked with other standard guidelines.

FANTA-2 also provided technical input to the NUGAG sub-group on nutrition in the life course and undernutrition, area of Acute Malnutrition, which focused on the review of guidelines related to HIV-infected children with severe acute malnutrition (SAM), the management of SAM in children 6–59 months, and the management of SAM in children under 6 months.

FANTA will continue to support both NUGAG sub-groups in Project Year One. FANTA's participation allows the project to remain abreast of critically important developments in state-of-the-art treatment of malnutrition, including when combined with HIV. Following our participation in these working groups to complete the guidelines, we will incorporate them into the NACS and CMAM materials we support and foster their dissemination at all levels through training and capacity strengthening.

The International AIDS Conference. The biannual International AIDS Conference of the International AIDS Society, held this year in Washington, DC, on July 22–27, 2012, is the premier conference for sharing and disseminating the latest research and program developments in the field of HIV and other infectious diseases. As such, it provides a unique opportunity for FANTA to network with key donors, policy makers, researchers, and program designers to further support the development of the NACS approach and advocate for and share technical resources on integrating nutrition as a component of HIV treatment, care, and support. FANTA will participate in this year's conference by organizing a satellite session on NACS that will describe the approach and bring the knowledge and experience gained from field experience to policy makers, donors, program designers, IPs, clinicians, and PLHIV. FANTA will also present a poster entitled "A View from the Ground: What Makes It Difficult for HIV-Positive Mothers to Formula Feed Safely in Viet Nam?"

[11] NUGAG is guided by the WHO Steering Committee for Nutrition Guidelines Development, which includes representatives from all Departments in WHO with an interest in the provision of recommendations in nutrition. Members are appointed to NUGAG for 2 years and include experts from various WHO Expert Advisory Panels and those identified through open calls for experts taking into consideration a balanced mix of genders, multiple disciplinary areas of expertise, and representation from all WHO regions.

1.3.B Specialized Nutrition Products

FANTA participates in international consultations and working groups and engages with researchers and implementing organizations to advance the state of knowledge on specialized food products for the prevention and treatment of malnutrition. As part of this work, FANTA also supports USAID to update its guidelines and documentation to specify the nutrient profile of Title II commodities and outline the recommended use of specialized food products.

LNS Research Network (LNSRN). Because of FANTA-2's research studies investigating the potential of LNS for the prevention of malnutrition, the project was invited to participate in the LNSRN by the International Lipid-based Nutrient Supplements (iLiNS) Project, the consortium that coordinates the LNSRN and that is led by UC Davis and funded by the Bill and Melinda Gates Foundation. The LNSRN is an electronic roundtable to share information about LNS research and contribute to the dissemination of knowledge about formulation, production, ongoing research, and use of LNS products for the prevention of malnutrition among children and other target groups, such as PLHIV and PLW.

FANTA will continue actively participating in the LNSRN in Project Year One as opportunities arise and collaboration is requested. Potential areas for collaboration include updating current research profiles for FANTA's ongoing research studies involving LNS, assisting with the planning of any upcoming LNSRN meetings, and contributing to literature searches and summaries of published research for information sharing among members.

USAID Commodity Reference Guide (CRG). The CRG is used widely by USAID, the Title II development food aid programs, U.N. agencies, and the private sector to determine the selection of commodities and the size of food rations for USG-supported food assistance programming purposes. FANTA supports DCHA/FFP to update the guide when commodities are revised or added and as programming guidance changes. In June 2011, FANTA-2[12] outlined and discussed needed CRG updates and the process for carrying out the proposed updates. In Project Year One, FANTA will provide TA to update priority areas of the CRG as requested through dialogue with DCHA/FFP, Tufts University, and potentially other USAID partners and stakeholders.

1.3.C Knowledge Sharing on Integrated Nutrition Approaches

Populations face a multiplicity of nutrition challenges: inadequate dietary intake leads to chronic malnutrition; economic, social, or environmental shocks generate acute malnutrition crises; nutrient-poor diets lead to hidden hunger, reducing individuals ability to fight infectious diseases and impairing their ability to learn, work, and lead fulfilling lives; and excessive intake augments the risk of chronic diseases later in life. These challenges do not exist in seclusion, but rather at the same time and in the same locations. Providing adequate responses to the multiple facets of malnutrition requires an expansion in the array of nutrition services provided at the community level and in each delivery point so that a continuum of care is provided from the prevention to the treatment of malnutrition. FANTA participates in selected venues to advance this "continuum of care" paradigm, presenting tools and methods that are amenable to integration, disseminating

[12] This work was carried out in partnership with Tufts University and DCHA/FFP. FANTA will continue to work with these partners to update the CRG.

information on integrated nutrition programs through electronic and other media, and fostering the sharing of knowledge on integrated nutrition approaches.

The Child Survival and Health Grants Program (CSHGP). FANTA-2 supported the CSHGP directly and through collaboration with the CORE Group and the Maternal and Child Health Integrated Program (MCHIP). As USAID's flagship programs for the Child Survival and Health Network, the CORE Group and MCHIP play a central role in expanding community-focused public health practices for underserved populations around the world and are important allies in disseminating state-of-the-art practices on nutrition and food security. Following on FANTA-2's participation in the CORE Group's working groups, including M&E, food security, and HIV, FANTA will participate in the CORE Spring Meeting, provide TA for a meeting on state-of-the-art NACS practices, support the development of work plans for the nutrition and SBCC working groups, and provide ad hoc technical guidance to the CSHGP, CORE Group, and MCHIP as requested.

ProNUTRITION. ProNUTRITION, funded by USAID and managed by FHI 360, is an interactive online information resource that supports health care providers, policy makers, and program managers with current, relevant, and practical knowledge and tools for decision making in a number of nutrition contexts, focusing primarily on nutrition and HIV. A wide range of information is available on the ProNUTRITION website,[13] such as e-forums on timely topics, newsletters, online document libraries, links to websites, guidelines, and assessment tools, all offered to assist individuals in the provision of evidence-based care. In October 2011, FANTA-2 assumed responsibility for moderating ProNUTRITION. FANTA will continue to support continuation of these moderation activities.

Integrating gender into USAID programs. Following on previous project support, FANTA will continue to provide DCHA/FFP and other USAID offices with TA in integrating gender into food security and nutrition efforts as requested. Possible activities include identifying gender indicators for use by DCHA/FFP Title II development food aid programs and developing a Title II M&E workshop session to provide guidance on how to approach the design and implementation of Title II interventions with a gender-sensitive lens.

1.3.D Title II Program Support

Continuing a hallmark of FANTA-2 support to DCHA/FFP and the Title II program, FANTA supports the development and refinement of indicators used to monitor Title II Awardee efforts, reviews Title II program applications to ensure technical integrity, monitors and summarizes for the USG the use of Title II funds, and develops guidance to help Awardees meet their M&E requirements under the Title II program.

M&E policies and reporting for DCHA/FFP. DCHA/FFP fulfills its responsibility of reporting on the uses of and results obtained through Title II resources by submitting special reports to and responding to ad hoc information requests from its USG stakeholders, as well as reporting through USAID and U.S. Department of State mechanisms, such as annual performance reports. To support this, the Title II development food aid programs are required to develop M&E

[13] http://www.pronutrition.org/

systems that produce information DCHA/FFP can use in its reporting. FANTA will build on past project activities to continue supporting DCHA/FFP in meeting its reporting responsibilities, including by developing strategic and performance management plans, developing reporting requirements and systems for the Title II Awardees, tabulating Awardee performance data, designing data quality assessments (DQAs), and summarizing annual Awardee accomplishments.

In Project Year One, FANTA will complete the process of designing a DQA process that assesses Awardee M&E systems to ensure that data reported to DCHA/FFP on its Standard Indicators meet the quality standards established by the Automatic Directive System, which regulates USAID activities and concludes that data must be reliable, valid, timely, precise and must have integrity. The DQA instrument and plan will be completed to facilitate DCHA/FFP's FY 2012 DQA exercise.

Also in Project Year One, FANTA will tabulate and submit to DCHA/FFP the results of data reported from Awardees' FY 2011 Standardized Annual Performance Questionnaires (SAPQs). These data reflect the FY 2011 figures for DCHA/FFP's Performance Management Plan (PMP) indicators based on the 2006–2010 Strategy and allow DCHA/FFP to measure progress at achieving its strategic objectives and to report on this to its stakeholders.

In addition, FANTA will compile summaries of how Title II funds were spent in FY 2011 by drawing from the narrative sections of the FY 2011 Title II Awardee Annual Results Reports (ARRs). This will provide DCHA/FFP with descriptive, qualitative information it can use in reporting to its stakeholders. FANTA will also analyze the final evaluations of the Title II development food aid programs that were carried out in FY 2011 and compile "impact stories," which are vignettes from individual programs demonstrating the outcomes and impacts those programs had.

Finally, to assist DCHA/FFP in its efforts to have a robust, standard set of indicators collected by the Title II Awardees, FANTA will continue FANTA-2's work to identify Standard Annual Monitoring Indicators. These indicators will be integrated and streamlined with FTF and Office of U.S. Foreign Assistance Resources (F) indicators to the greatest extent possible, will build on lessons learned using DCHA/FFP required indicators, and will place feasibility of collection, usability, and use for decision making as priorities. To support the adoption and correct use of the indicators, in Project Year One, FANTA will begin developing an accompanying handbook with performance indicator reference sheets and with instructions on data collection and analysis method.

Title II program application reviews. Each year DCHA/FFP receives and evaluates applications for its Title II development food aid programs. FANTA participates in the DCHA/FFP technical evaluation committees (TECs) to review these applications, providing detailed comments on the quality of proposed interventions, the ration sizes proposed for various target groups, the integration of gender considerations into the programs, and the M&E plans. These comments help the TECs make funding decisions and identify issues for applicants to address in the subsequent round of submissions.

In Project Year One, FANTA will participate in the evaluation of development food aid program applications for Guatemala, Haiti, Niger, and Uganda. FANTA will also review the draft issues letters to be sent to the Title II program applicants and the applicants' responses to these issues letters, as requested.

Reframing the discussion around trigger indicators (TIs) in Title II development food aid programs. An ability to address chronic and transitory food insecurity simultaneously is central to DCHA/FFP's current strategic plan, and the identification and monitoring of TIs and the implementation of emergency response plans are key to a comprehensive identification of food insecurity drivers and effects. However, to date the conceptualization and use of TIs has gained little traction. FANTA sees continued, concerted efforts to develop clear, useful, and appropriately scaled program-level early warning and response (EWR) mechanisms as worthwhile and capable of facilitating more context-responsive and efficient TIs. To this end, in Project Year One, FANTA will review and propose an updated purpose for the TI and emergency response planning mechanisms and begin to develop technical guidance for project-level early warning mechanisms and systems that will more effectively serve DCHA/FFP, its Awardees, and other food security early warning stakeholders.

Indicators for IR 1.3

Indicator	Project Year One Target
Number of global normative standards and policies being strengthened	In Project Year One, FANTA will contribute to the development of the following global norms/policies: – DCHA/FFP PMP – FTF M&E – Title II M&E for development food aid programs – Title II M&E for emergency programs (gender indicators for WFP) – Updated WHO guidelines on the management of MAM and SAM – WHO Guidelines for an integrated approach to the nutrition care of HIV-infected adolescents and adults including pregnant women – WHO Guidelines for nutritional management of HIV – WHO Guidelines for nutritional management of TB
Number of posters/ presentations delivered	Targets for this activity cannot be accurately estimated at this time.

IR 1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened

Using results from effectiveness studies, delivery science, OR, and impact evaluations, FANTA reviews capacity strengthening approaches used by different projects and organizations to identify the most promising interventions and helps scale them up by developing guidelines, checklists, protocols, training manuals, and other tools that implementers at different levels can use.

1.4.A Capacity Strengthening Approaches

FANTA aims to strengthen nutrition program assessment, design, implementation, monitoring, and evaluation through capacity building at the individual, institutional, and local levels. Evidence based approaches, such as QI, knowledge sharing, and participatory and adult learning techniques, are cross-cutting methods that FANTA routinely applies across activities with a strong capacity-strengthening focus.

QI. Assuring the quality of program implementation is key to program impact. FANTA-2 began collaborating with HCI to support QI initiatives in various countries. Building on this work, in Project Year One, FANTA will collaborate with HCI to develop global-level guidance on applying QI principles and systems to nutrition care services for PLHIV. FANTA will also explore opportunities to collaborate with the FHI 360 Health Systems Strengthening unit, which develops tools and training and provides TA to support the quality of health systems, to strengthen global QI guidance.

E-learning. GHI and FTF raised the profile of nutrition and increased demand for nutrition skills and knowledge among USAID staff. To meet this gap, at the request of USAID, FANTA-2 developed the first USAID Global Health E-learning Center[14] course on nutrition, which provided an overview of basic nutrition principles. USAID intended this course to be the first in a series of nutrition e-learning courses, including one on program design and one on interventions. Upon request, in Project Year One, FANTA will begin developing follow-on nutrition e-learning courses.

1.4.B Costing and Planning Tools

To mobilize the resources necessary to adopt a nutrition-sensitive policy or program objective, it is critical to have a solid understanding of the cost implications. To help address this need, FANTA develops policy, advocacy, planning, and costing tools to provide national governments and IPs with an estimate of the benefits and financial costs of implementing promising food and nutrition policies and interventions, as well as the costs associated with carrying out supporting program elements, such as M&E, with sufficient rigor. Such tools help to ensure that nutrition sensitive policy and program components that are adopted will be adequately funded and sustainable.

[14] http://www.globalhealthlearning.org/login.cfm.

Costing and planning tool for nutrition and HIV. In collaboration with SSDS, FANTA-2 began developing a tool for planning and costing nutrition and HIV activities at the policy and service-delivery levels and field tested it in Kenya and Tanzania. The tool enables governments, donors, and program managers to assess the financial resources needed for different components of nutrition and HIV activities, including for guideline development, training, materials development, and the provision of assessment, counseling, and nutrition support. FANTA will continue to work with SSDS to test and refine the tool in Project Year One, either through data simulations or by using read data from other locations.

Title II Survey Costing Tool for M&E activities. DCHA/FFP requires Title II development food aid programs to carry out robust baseline and final evaluation surveys. Typically, these are multipurpose household surveys that involve complex sampling designs and, as such, require significant resources. Title II Awardees are required to allocate a portion of their overall program budgets for these data collection activities. However, past experience has shown that the baseline and final evaluation surveys are significantly under-budgeted by Awardees. At times, this insufficient budgeting has resulted in the use methodological shortcuts as cost-savings measures, which has in turn resulted in poor-quality baseline and final evaluation surveys.

To mitigate this problem, FANTA will develop a Title II Survey Costing Tool to help Awardees appropriately budget and plan for all of the elements that must be considered for their population-representative baseline and final evaluation surveys. Preliminary activities in Project Year One will include the collection of costing data to support the development of the tool. An initial version of the Title II Survey Costing Tool is expected in Project Year Two.

PROFILES for advocacy. PROFILES is a tool and process to support nutrition advocacy for policy change that uses spreadsheet models to estimate the functional consequences of malnutrition in terms that policy makers care about and understand. PROFILES estimates the costs of malnutrition (e.g., expressed as lives lost and economic productivity losses) and gains in key development outcomes that could be achieved through investing in nutrition. Building on FANTA-2's experience using PROFILES to support country-level nutrition advocacy efforts, FANTA will explore ways to refine the PROFILES model to facilitate communication about potential benefits of improved nutrition.

Optifood. Optiood is a software tool based on the linear programming approach that allows users to identify locally available nutrient-dense foods that are important for improving dietary quality; test food-based recommendations to determine whether they are likely to ensure a nutritionally adequate diet if they are successfully adopted; identify key problem nutrients, i.e., those that the local food supply are unlikely to provide in adequate amounts; compare alternative food-based strategies on the basis of cost and likely reduction in the prevalence of nutrient inadequacies; and identify the lowest-cost, nutritionally adequate diet. Optifood can be applied to various vulnerable target populations, including children 6–23 months, PLW, adolescents, PLHIV, and others.

FANTA-2 collaborated with WHO, the London School for Hygiene and Tropical Medicine (LSHTM), and Blue Infinity (an information technology company) to complete the development of Optifood and write a deployment guide and draft user's manual. In Project Year One, FANTA will implement Optifood in Guatemala to identify nutrient gaps among PLW and children 6–23

months and test food-based recommendations to reduce or eliminate nutrient gaps in the diet. The results will be used to design food-based interventions to improve nutrient intake among these vulnerable groups. FANTA will also continue collaborating with WHO, LSHTM, and Blue Infinity to further refine Optifood and improve the user manual as necessary based on results from the implementation in Guatemala and from LSHTM-sponsored field work with Optifood in India, Peru, and Thailand.

1.4.C Support to USAID's Title II Program

As one of the largest USG investments in improving nutrition and food security, USAID's Title II program represents an important opportunity to achieve significant and sustainable impacts in reducing household food insecurity and malnutrition. FANTA provides TA to DCHA/FFP and USAID Missions to strengthen approaches throughout the program cycle of assessment, strategy, design, implementation, and M&E.

Title II Awardee M&E documents. FANTA assists Food for Peace Officers (FFPOs) to review the M&E documents produced by Awardees, primarily RFs and IPTTs. These two key documents establish the program's theory of change and system for assessing whether the program is achieving the desired results. In Project Year One, FANTA anticipates reviewing the RFs and IPTTs of the newly awarded development food aid programs in Guatemala, Haiti, Niger, and Uganda as part of preparation for the M&E workshops, as well as any other RFs, IPTTs, or Performance Management Plans (PMPs) requested by DCHA/FFP.

Title II Awardee baseline and final evaluation surveys. DCHA/FFP now requires that Awardee baseline and final evaluation survey plans be approved by DCHA/FFP prior to data collection. This process ensures that these surveys are well designed and that their results are reliable and representative so that DCHA/FFP can report them to its stakeholders. In Project Year One, FANTA will review the survey plans of programs awarded in FY 2011 as requested.

Trainings for DCHA/FFP Country Backstop Officers (CBOs) in M&E. In past years, DCHA/FFP asked FANTA-2 to help build the M&E capacity of FFPOs, DCHA/FFP's main staff in Washington, DC. In Project Year One, FANTA will continue this work at the request of DCHA/FFP by establishing a schedule for providing quarterly trainings to FFPOs. Among the potential topics to be addressed in the trainings are the DQA process, DCHA/FFP annual monitoring indicators, and the qualities of good baseline and final evaluation surveys.

1.4.D Support to Title II Awardees

In addition to supporting the DCHA/FFP, FANTA provides direct TA to the Title II Awardees. This includes the development of technical guidance documents, responding to ad-hoc questions from the Awardees, and delivering workshops to build Awardee capacity for program assessment, strategy, design, implementation, and M&E.

M&E workshops for Title II Awardees. Since FY 2008, FANTA has developed and delivered M&E workshops at the start-up of new Title II development food aid programs. The 5-day workshops are given in-country to the staff of new programs shortly after the Award is made. Workshops help Awardees understand and integrate DCHA/FFP and Mission M&E requirements, improve their program's Results Frameworks (RFs) and Indicator Performance

Tracking Tables (IPTTs), and prepare to conduct their baseline surveys, resulting in higher-quality M&E systems and data reported to DCHA/FFP. Prior to the field workshops, Awardees receive comments from FANTA on how to strengthen their RFs and IPTTs so that they have time to reflect and work on the changes suggested before attending the workshops. Workshop agendas and content are tailored to Awardees' specific needs and the current M&E requirements at DCHA/FFP.

In Project Year One, FANTA will deliver five workshops for the development food aid programs awarded in FY 2012. The first workshop will take place in Washington, DC, in May 2012 for Awardee headquarters staff. The other four workshops will take place in Guatemala, Haiti, Niger, and Uganda 1–2 months after the Awards are signed.

Supporting Title II Awardees on M&E. FANTA works directly with Title II Awardees, providing them with TA as requested. This has been a mutually beneficial relationship because Awardees gain TA to find solutions to simple and complex questions related to indicators, RFs, sampling and evaluation research, while the direct contact helps FANTA stay abreast of Awardees' field challenges and opportunities, keeps FANTA grounded in field realities, and increases our value-added.

In Project Year One, FANTA will continue to respond to Awardees' ad hoc technical questions related to M&E. In addition, we will continue to moderate DiscussionTIIME, or Discussion for Title II M&E, the listserv initiated under FANTA-2. DiscussionTIIME is an online forum specifically for Title II M&E practitioners where the about 150 members from DCHA/FFP focus countries debate relevant M&E questions and reach out to each other for advice.

FANTA will also continue FANTA-2's work in liaising with TOPS's M&E Working Group, which meets quarterly. The working group is an excellent forum for FANTA to maintain relationships with the Awardee community and to participate in TOPS-led M&E activities, such as developing promising practices and delivering trainings. We will participate in the TOPS task forces on nutrition, social and behavior change, and gender; assist in developing task force work plans; and support TOPS' capacity building initiatives in these technical areas. We will also participate in the TOPS Food Security and Nutrition Network Regional Knowledge Sharing Meeting in Ethiopia.

Revision of the FANTA *Sampling Guide*. The FANTA *Sampling Guide* (1997) provides technical guidance to Title II development food aid programs carrying out baseline and final evaluation surveys. The guide supports the M&E efforts of the Title II Awardees and provides methods and instructions for developing the design of a population-based sample survey. FANTA-2 began updating the guide to revise existing guidance and expand the discussion of key issues related to appropriate sampling methods by drafting an addendum to present new guidance on how to translate the sample size calculated for a child-level indicator (e.g., stunting) into a household sample size that will ensure an appropriate number of households are visited to obtain the sample size calculated for the target group of interest (e.g., children under 5 years).

FANTA will continue updating the *Sampling Guide* in Project Year One by drafting a second addendum to provide guidance on how to weight baseline and final evaluation survey data, as is now expected of Title II Awardees. In addition, several key methodological issues have been

identified that may necessitate substantial modification of the original guide. FANTA[15] will vet proposed modifications prior to redrafting the *Sampling Guide*, as modifications may have capacity and resource implications for Title II Awardees.

Global technical guidance on EWR for Title II development food aid programs. In Project Year One, FANTA[16] will review and update, as appropriate, the objective of the TI and emergency response planning mechanism for Title II development food aid programs, given the evolution of the tools and systems available to DCHA/FFP since these mechanisms were initially introduced. Once a policy decision as to the objective of the TI and emergency response planning mechanism is reached, FANTA will begin to prepare global technical guidance to help Title II Awardees understand the overarching purpose of program-level EWR activities, key attributes of these activities, how they are to be integrated into development food aid programs, and how they will be ultimately implemented. To support this activity, FANTA will continue working with the DCHA/FFP- and Awardee-level EWR-focused working groups, initiated under FANTA-2.

Indicators for IR 1.4

Indicator	Project Year One Target
Post-training adoption rate (average and for each training activity)	FANTA will start measuring this indicator in Project Year Two.
Number of men and women trained by FANTA	In Project Year One, FANTA will deliver, at a minimum, the following types of trainings with the indicated numbers of participants: - Three workshops (20 participants each) on PROFILES in Guatemala - One training session (15 participants) on nutrition with journalists in Guatemala at national level - Two training sessions (15 participants) on nutrition with journalists from 5 prioritized departments in Guatemala - FFP M&E workshops in Guatemala, Niger, Uganda, Haiti, and Washington, DC (30 participants each) - Series of training sessions treatment and rehabilitation of malnutrition, community-based IYCF counseling and support, and community-based nutrition for PLHIV in Mozambique (120 participants in total) - IYCF training in Bangladesh (150 participants)
Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)	FANTA will start measuring this indicator in Project Year Two.
Average percentage point change in score between pre- and post-tests of participants of FANTA trainings	FANTA will start measuring this indicator in Project Year Two.

[15] FANTA will work with TOPS's M&E working group to vet proposed modifications.
[16] FANTA will work with DCHA/FFP to carry out this activity.

IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened

Reflecting the Paris principles of country ownership,[17] FANTA supports governments in strengthening food security and health policies, programs, and systems for improved nutrition by strengthening national capacity, improving existing service delivery, and facilitating scale-up. FANTA meets with key government stakeholders to determine priorities and potential synergies with other activities and efforts carried out in the project and moves rapidly to plan work and implement activities. We utilize the methods, tools, and program approaches developed under IR 1 that inform and support **how** to implement effective programs and policies to improve nutrition in four domains: emergency nutrition, resiliency/vulnerability, HIV and other infectious diseases, and MCHN.

IR 2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Acute malnutrition in emergencies exacts a terrible human cost. FANTA strengthens nutrition surveillance and assessment, supports capacity strengthening in emergency nutrition response, and improves and expands CMAM services based on advances in knowledge and practice.

2.1.A CMAM Integration, Learning, and Scale-Up

Both research and program experience attest to the success of CMAM as a highly effective approach in managing severe acute malnutrition (SAM). To strengthen the capacity of countries to manage acute malnutrition in children, FANTA works with USAID Missions and national governments to introduce, integrate, and scale up CMAM services. Support includes TA in policy making, program design, strategic planning, and performance reviews. FANTA also provides support in coordination with UNICEF and private sector subrecipients to facilitate national production of ready-to-use therapeutic food (RUTF).

In Project Year One, FANTA will support CMAM integration, learning, and scale-up activities in Bangladesh and Ghana.

2.1.B Advocacy for CMAM

Populations and policy makers in developing countries may recognize the challenge created by malnutrition, but may not be aware of all the forms under which malnutrition manifests itself within their borders nor of the tools that are available to address the problem. This is particularly problematic with SAM, which can be lethal if not attended to promptly. To address this, FANTA

[17] The five Paris Declaration Principles describe aid effectiveness. Ownership, one of the five principles, states that development "must be done by developing countries, not to them. Policies and institutional reforms will be effective only so far as they emerge out of genuinely country-led processes. External assistance must be tailored toward helping developing countries achieve their own development objectives, leaving donors in a supporting role." For commitments, concerns, and additional information, go to http://www.aideffectiveness.org/Themes-The-Paris-principles.html.

works to increase the understanding of SAM in specific contexts and supports the adoption of tools designed to help advocate for the problem.

In Project Year One, FANTA will support advocacy for CMAM in Bangladesh and Ghana.

2.1.C Training for CMAM

Over the last decade, CMAM has evolved into a well-developed, evidence-based set of tools and practices supported by international guidance and adapted to each country context. FANTA-2 was instrumental in the development of Standard Operating Procedures (SOPs) in this area, particularly in developing specialized training targeting frontline workers at all level of the health system, from pre-/in-service training for medical personnel to clinic-based training for CHWs. FANTA continues to support specialized training in CMAM at all levels of targeted health systems.

In Project Year One, FANTA will support training for CMAM in Ghana.

2.1.D M&E and QI in the Context of CMAM

CMAM's well-defined set of SOPs make the approach relatively easy to monitor using QI methods. FANTA provides training in the use of M&E and QI methods to improve the quality of services at delivery points.

In Project Year One, FANTA will support M&E and QI activities for CMAM in Ghana.

2.1.E Bangladesh

Harmonizing the prevention and management of chronic and acute malnutrition. Providing services to prevent chronic malnutrition that are complemented by services to treat acute malnutrition is essential since the prevalences of both chronic and acute malnutrition are exceedingly high in Bangladesh. However, insufficient efforts have been made to date to provide treatment services for SAM.

In Project Year One, FANTA will begin providing TA to support the National Nutrition Services (NNS) within the Ministry of Health and Family Welfare (MOHFW) to develop and link nutrition services focused on preventing chronic malnutrition and treating acute malnutrition. The intention of the NNS is to be the comprehensive platform for nutrition provided through the MOHFW; it currently covers prevention with a focus on children under 2, treatment of SAM with RUTF and some treatment for MAM, and provision of vitamin A through immunization campaigns and iron folate for pregnant and post-partum women and adolescents girls. As a first step, FANTA will carry out a comparative review of existing CMAM training curricula (such as the curricula developed and implemented by SC/Bangladesh and the Valid International, Concern Worldwide, UNICEF, and FANTA-2 *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)*), to identify gaps in and propose content for a harmonized and updated national CMAM training curriculum for Bangladesh.

In addition, FANTA will provide TA to the Government of Bangladesh (GOB), specifically to the NNS and Institute of Public Health Nutrition (IPHN) of the MOHFW, to identify an approach that could be integrated into the GOB system that addresses the spectrum of acute

malnutrition from prevention to treatment through effective advocacy. FANTA will collaborate with the NNS and the MaMoni project[18] to strengthen one *upazila* (sub-district) hospital in the MaMoni project site of Habiganj as a comprehensive referral center to identify and treat acute malnutrition cases.

Targeting nutrition stakeholders and the media. To date, only locally produced RUTF has been permitted in the treatment of malnutrition in Bangladesh and CMAM has not been fully implemented, only in a handful of instances where it was done under the guise of research. In light of this, FANTA will plan advocacy activities to raise the awareness of key audiences (politicians, civil society, and the media) to ensure understanding of the scale of the problem in Bangladesh and increase demand for quality local services.

In Project Year One, FANTA will advocate for the inclusion of CMAM into the national country framework on nutrition, the incorporation of CMAM into the GOB nutrition services, and increased resources for CMAM. To achieve this, FANTA will bring together leading nutrition experts and key stakeholders to discuss and agree upon the spectrum of services from prevention to treatment of malnutrition in Bangladesh. One-on-one meetings will be conducted with select key stakeholders to discuss the magnitude of the problem and the need for CMAM, alongside preventive measures. To mount public pressure and bring awareness to the high burden of acute malnutrition in Bangladesh and spur government action, workshops with media gatekeepers will include a component on CMAM, and materials will be developed that highlight this issue.

2.1.F Ghana

CMAM scale-up to additional regions. FANTA[19] will facilitate the process of endorsing the national CMAM scale-up strategy and plan by helping to organize a consensus building workshop and by ensuring that the national CMAM scale-up strategy and plan are considered in future plans for scaling up nutrition in Ghana.

FANTA will continue to provide TA to the Ghana Health Service (GHS) to scale up CMAM within Group 1 scale-up regions (Central, Greater Accra, Northern, Upper East, and Upper West). TA will also be provided to Regional SAM Support Teams (SAM STs), who coordinate CMAM integration and scale-up at the regional level, with the aim of ensuring continuous and sustainable QI of CMAM services. This will be done by training regional managers and facilitators who are members of the SAM ST, defining and agreeing on a Terms of Reference (TOR) with the appointed regional SAM STs, and providing support to the SAM STs to implement the agreed upon TOR.

[18] The MaMoni project provides health services focusing on maternal newborn care, but could be an appropriate mechanism through which nutrition services could also be provided. USAID/Bangladesh requested that FANTA work with MaMoni to explore this possibility. MaMoni works within the government health structure in Habiganj, Bangladesh, and strengthens existing government services through training and mentoring. In this context, adding nutrition services to these government services would provide a learning opportunity for the GOB on how it could replicate the integration of nutrition at scale across the country through its health service platform.

[19] In Ghana, FANTA works through the Severe Acute Malnutrition Support Unit (SAM SU), a partnership established in 2008 between FANTA-2 and the Ghana Health Services (GHS) with the aim of strengthening GHS technical and managerial capacities in every step of the integration, scale-up, and QI of CMAM services. UNICEF/Ghana and WHO/Ghana staff joined the SAM SU in 2010. FANTA partner with USAID/Ghana, UNICEF/Ghana, and WHO/Ghana to carry out this activity.

FANTA will also conduct a capacity assessment in Group 2 scale-up regions (Ashanti, Brong-Ahafo, Eastern, Volta, and Western) to assess the functional performance of health systems, prioritize needs for CMAM activities, set up regional SAM STs, and plan the gradual scale-up of CMAM services in those regions. TA to the regions will focus on ensuring that SAM STs have adequate capacity to train, oversee, and ensure the quality of CMAM services and are able to effectively manage CMAM data repositories at the regional levels.

Lessons learned from scaling up. FANTA will continue to document experiences from learning sites to analyze CMAM performance and will disseminate lessons learned as CMAM is scaled up to the rest of the country. FANTA will also explore opportunities to share technical information and new evidence among stakeholders and IPs. Efforts to link up with global CMAM learning forums will include the establishment of a listserv with key stakeholders and the creation of a monthly newsletter to share relevant news and documents.

Integrating CMAM into other interventions. FANTA will continue to ensure that the implementation of CMAM is integrated into other child health and nutrition interventions, such as Integrated Management of Neonatal and Childhood Illness; infant and young child feeding (IYCF); community growth monitoring and promotion; expanded program of immunization; community-based health and planning services; and nutrition and malaria, HIV, and TB. Emphasis will be made during CMAM trainings to ensure that health care providers are able to utilize opportunities in the implementation of the aforementioned child health interventions to identify, refer, and, where possible, treat SAM cases.

Community outreach component. FANTA[20] will strengthen access to and utilization of CMAM services by strengthening community outreach activities in rural, urban, and peri-urban settings. To support this community outreach strategy, a coverage survey will be carried out to identify barriers to access and uptake of CMAM services and to support the development of an SBBC strategy to create demand for and utilization of nutrition services. Community outreach activities will focus on early identification, referral, and follow-up of acute malnutrition cases; creating awareness on the causes and treatment of acute malnutrition; and promoting behavior change for appropriate IYCF practices. The overall aim will also be to create a link between CMAM as a treatment service and interventions geared toward the prevention of undernutrition.

Access to therapeutic food and supplies for CMAM. FANTA will support the appropriate use of RUTF in the country through a number of activities. FANTA[21] will facilitate the integration of a CMAM supply system into the existing GHS logistics system while continuing to advocate for the inclusion of supplies for the treatment of SAM into the essential medical supplies list. FANTA will also coordinate with USAID/DELIVER and UNICEF/Ghana to ensure that CMAM supplies are available within all CMAM implementing regions, districts, and facilities and will explore the use of innovative technology for monitoring, reporting, and requesting of therapeutic food supplies.

[20] FANTA will work through the SAM SU and in close collaboration with the GHS and nutrition partners on this activity.
[21] FANTA will carry out this activity in collaboration with the USAID DELIVER Project and UNICEF/Ghana.

Advocacy for the management of SAM. FANTA will develop advocacy briefs and engage in advocacy activities to ensure that key policy issues for the management of SAM (e.g., free treatment for children with SAM; sustained funding for CMAM supplies, training, and supervision) are discussed and addressed. Advocacy actions will be linked to broader nutrition advocacy activities and will include advocating for the inclusion of CMAM in national and regional annual health work plans and budgets and linking CMAM with broader nutrition advocacy strategy and tools (e.g., PROFILES).

Review of existing training materials for CMAM. FANTA will carry out a review of existing CMAM training materials in Ghana for health managers, outpatient care, and community outreach. Based on the review, FANTA will then update the materials to include new recommendations by the NUGAG sub-group on nutrition in the life course and undernutrition and disseminate them among the Ministry of Health (MOH)/GHS and partners for use during the scale-up of CMAM in Ghana.

CMAM in pre-service training. FANTA will work with academic and training institutions to initiate the process of integrating CMAM into the pre-service training curriculum for various health professions. Initial activity in Project Year One will focus on consulting with key stakeholders through a workshop, setting up a technical pre-service training working group, defining TOR for the working group, and mapping out the process of integrating CMAM into the pre-service training curriculum for nurses, midwives, clinicians, nutritionists, and dieticians.

Monitoring and reporting (M&R) system. FANTA will work with Group 1 and Group 2 scale-up regions to promote adherence to the *Interim National Guidelines for CMAM*. We will accomplish this by continuously mentoring the regional SAM STs to oversee the quality of CMAM services at the regional level. We will ensure that an efficient, standardized M&R system is used and integrated into the health management information system and that the regional SAM STs have the capacity to manage M&R at the district and facility levels. FANTA[22] will also review an existing child health QI system, advocate for integration of CMAM into this system, and explore ways to ensure the continued use of QI methods by frontline health workers involved in CMAM.

Coverage monitoring tool. FANTA will assess CMAM performance by field-testing a coverage monitoring tool for Ghana adapted from the Semi-Quantitative Evaluation of Access and Coverage (SQUEAC)/Simplified LQAS Evaluation of Access and Coverage (SLEAC) methods supported by FANTA-2. The coverage tool will be applied in at least five districts with established CMAM services and will be used to identify barriers to access and to assess coverage to improve service delivery and community outreach. FANTA also will build the capacities of a core group of MOH/GHS health care providers and managers at the national, regional, district, and facility levels that will be able to plan and conduct subsequent coverage investigations within the health system.

[22] FANTA will work closely with the GHS/Institutional Care and Child Health Departments on this activity.

IR 2.2 Resiliency and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

FANTA provides TA to ministries, USAID Missions, DCHA/FFP, and IPs in priority FTF, GHI, and DCHA/FFP countries to help governments better respond to chronic food insecurity and crisis situations.

2.2.A Food Security Analyses and Country Guidance

A solid understanding of national food security conditions is a crucial prerequisite to sound programming. In response to demand, FANTA supports DCHA/FFP, USAID Missions, and governments to plan and implement in-depth food security assessments. FANTA uses existing information to identify the location, nature, and level of food insecurity in targeted countries. Working with DCHA/FFP, USAID Missions, governments, and other stakeholders, FANTA applies the results from these assessments to prepare country-specific Food Security Country Guidance (FSCG) documents with the overarching objective of providing programmatic guidance to applicants to the Title II program. The documents also seek to align closely with FTF and GHI implementation plans in countries where this is relevant.

In Project Year One, FANTA will develop an FSCG document for Mali[23] and a situation analysis or strategy for South Sudan.

2.2.B Guidance on EWR Systems

Vulnerability to food insecurity is often found in regions affected by frequent disasters or shocks. Food security programs designed to offer development resources to such marginalized populations, such as Title II Awards, must take special steps to protect the investments and advances made in reducing food insecurity. Such steps usually involve carrying out analyses of the threats that affect those areas, setting up indicators to warn of impending crises, and establishing modalities that help mitigate the impact of those shocks when they occur. FANTA continues to develop guidance on the establishment of such EWR systems and support their implementation in specific settings.

In Project Year One, FANTA will support EWR systems in Haiti.

2.2.C Haiti

Lessons learned from implementing TIs and emergency response plans. FANTA-2 assisted the Title II Awardees in Haiti on designing and implementing their EWR systems and with institutional coordination (e.g., sharing early warning monitoring and TI information with USAID Missions, FEWS NET, and national food security and early warning stakeholders). Promising practices associated with and lessons learned from these initial efforts have the potential to inform the development of stronger Title II development food aid programming in Haiti, as well as in other Title II priority countries.

[23] The FSCG for Mali is pending the outcome of discussions with DCHA/FFP in light of the ongoing situation in Mali.

In Project Year One, FANTA will carry out a review of the initial TI and emergency response planning work implemented in Haiti. The lessons learned and the potential application of these lessons for future Title II development food aid programs will be summarized in a technical document that will be published in Project Year Two.

IR 2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

FANTA-2 led the integration of food and nutrition into HIV responses at the national, program, clinic, and community levels, culminating in the wide-scale adoption of the NACS approach. FANTA builds on and expands this work by consolidating existing advances and increasing emphasis on areas that offer opportunities to significantly expand impacts, such as strengthening national coordination and policies, expanding and scaling up NACS programs, incorporating QI methods as part of routine systems, extending nutrition care to community-based HIV services, harmonizing nutrition and HIV and CMAM services to maximize impact, and strengthening linkages between clinical NACS services and community nutrition and food security services.

2.3.A Coordinating Mechanisms and Advocacy

An enabling policy environment is critical for effective nutrition and HIV services. In many countries, however, the large influx of HIV resources and the pressure to rapidly roll out treatment services have made it difficult for governments to engage in the systematic, long-term, and multi-pronged approach needed to integrate nutrition into HIV policies and services. To integrate nutrition into a more coordinated and cohesive national HIV response, FANTA works closely with partners to help organize TWGs and establish nutrition focal points (FPs) at the national level and advocates for the incorporation of nutrition in the national HIV response.

In Project Year One, FANTA will support coordinating mechanisms and advocacy for nutrition and HIV in Ethiopia, Ghana, and Namibia.

2.3.B Implementation, Scale-Up, and Program Capacity of NACS

Drawing from FANTA-2 experience in integrating NACS into service delivery, FANTA provides in-country TA to strengthen the capacity of governments and USG PEPFAR Partners to design, implement, and scale up NACS programs. FANTA works closely with USG PEPFAR Partners and government facilities to provide on-site TA in the integration of nutrition assessment and counseling into appropriate client flow systems, information systems, and protocols at HIV treatment and care facilities and in community programs.

In Project Year One, FANTA will support NACS integration, scale-up, and program capacity in Côte d'Ivoire, Ethiopia, Haiti, Namibia, and Tanzania.

2.3.C National Guidelines and Protocols for NACS

NACS has emerged from the Food by Prescription (FBP) model developed in Kenya in 2003 and thereafter. As new knowledge emerged on the role of nutrition in the treatment of HIV, the model was expanded to incorporate new aspects related to assessment, counseling, care, and support. A key element of success in the process of replication to new countries is the adoption of national guidelines and protocols that standardize evidence-based SOPs into a unified body of practices. FANTA works with host country governments and USG PEPFAR Partners to develop or update national guidelines and protocols for the implementation, scale-up, and standardization of NACS based on global evidence and promising practices.

In Project Year One, FANTA will support national NACS guidelines and protocols in Ethiopia, Ghana, Mozambique, Tanzania, and Vietnam.

2.3.D Training to Support NACS Implementation

As recognition of the critical role that food and nutrition play in HIV care and treatment has grown, a clear need has emerged to strengthen ministries of health and USG PEPFAR Partner capacity in NACS. To strengthen these competencies and support nutrition assessment and counseling, FANTA uses existing resources to adapt and roll out national nutrition and HIV training materials.

In Project Year One, FANTA will support NACS training in Côte d'Ivoire, Ethiopia, Ghana, Haiti, Mozambique, Namibia, Tanzania, and Vietnam.

2.3.E M&E Systems for NACS Programs

As nutrition interventions for PLHIV expand, establishing systems that ensure high-quality service delivery becomes critical. Accurate and consistent data on nutritional status and coverage and progress of NACS interventions are needed to refine interventions and strengthen results reporting. To strengthen systems for monitoring, impact assessment, and information sharing, FANTA assists countries to integrate nutrition indicators into national M&E systems; incorporate data collection processes into existing information systems; and adapt, test, and apply M&E tools. FANTA then documents the experience gained in setting up such systems in individual countries to inform future work on surveillance and M&E of NACS.

In Project Year One, FANTA will support NACS M&E systems in Côte d'Ivoire, Ghana, Mozambique, Namibia, and Tanzania.

2.3.F Quality Improvement

With the availability of technical guidelines, training, effective protocols, and materials to support the execution of protocols, a priority need in the nutrition care of PLHIV is the establishment of QI systems to support high-quality implementation of services following agreed-on technical protocols. QI methods are essential to improve the delivery of nutrition services at scale, taking into consideration existing constraints and applying team-based approaches to overcome barriers and constraints.

FANTA-2 began collaborating with URC to support QI initiatives in various countries, specifically Ethiopia and Malawi. FANTA continues to support the adaption of QI tools and application of QI approaches to integrate nutrition into health service systems.

In Project Year One, FANTA will support QI for NACS in Ethiopia, Ghana, Mozambique, Namibia, and Tanzania.

2.3.G Harmonization and Coordination of CMAM and HIV Programs

There are similarities between integrating CMAM into routine health services and delivery points and integrating nutrition into routine HIV care and treatment services. The well-developed approaches used for CMAM integration can serve as models for integration of nutrition and HIV.

Furthermore, CMAM programs and nutrition and HIV programs share a number of common objectives, and several aspects of the two programs could be harmonized and coordinated at the country and global levels to optimize public health outcomes, including treatment protocols, coverage plans, and referrals between services.

Continuing work begun under FANTA-2, FANTA supports the harmonization of protocols and identification of opportunities for synergies and linkages between CMAM and nutrition and HIV services, particularly through the provision of in-country TA to initiate integrated CMAM and nutrition support for programs for PLHIV. Support focuses on protocols, the development of training materials, and a careful documentation of the implementation process and lessons learned.

In Project Year One, FANTA will work to harmonize CMAM and HIV programs in Ghana, Mozambique, and Uganda.

2.3.H SBCC in the Context of Infectious Diseases

People living with HIV and/or TB who understand dietary recommendations related to HIV and can consume a healthy diet are better able to manage symptoms, maximize the benefits of medications, enhance their quality of life, and maintain or improve their nutritional status. Clients who do not know about dietary recommendations may be at greater risk of suffering from the effects of malnutrition and HIV-related symptoms. FANTA supports the development of behavior change strategies that can be used by frontline health workers to help PLHIV better manage their diets and reduce the side effects of ART.

In Project Year One, FANTA will support SBCC for nutrition and infectious diseases in Haiti, Mozambique, and Namibia.

2.3.I Assessment and Evaluation of Programs

NACS is a relatively new component of HIV programming. As such, evidence of the impact of this approach on the disease and on the continuum of nutrition care in general needs to be carefully documented. FANTA takes advantage of opportunities to capture lessons learned from implementation and to expand the scientific bases of this novel approach.

In Project Year One, FANTA will assess or evaluate programs in Côte d'Ivoire and Namibia.

2.3.J Specialized Food Products

Since the development of the "Food by Prescription" approach in Kenya in 2003, SFPs, particularly RUTF and fortified-blended food (FBF), have been recognized as important inputs to successful treatment of HIV. Scaling up the adoption of SFPs in HIV services is challenging, however, including issues related to the acceptability of those products to target populations and production, supply, and distribution at all levels. FANTA supports governments and USAID PEPFAR Partners to evaluate and procure SFPs and incorporate them into their treatment programs, including by developing specifications for local production of RUTF and FBF, preparing guidance to improve supply management chains, and implementing product acceptability trials.

In Project Year One, FANTA will support the procurement and use of SFPs in Côte d'Ivoire, Ethiopia, Ghana, and Vietnam.

2.3.K Côte d'Ivoire

Study of NACS interventions to inform scale-up. NACS implementation in Cote d'Ivoire has been affected by the civil war that ravaged the country after 2010, resulting in an uneven implementation of NACS across the country. To ensure an orderly rollout of NACS services, the eight sites selected for Phase 1 of NACS scale-up were divided into two classes: "Class A," which receive a full food provision protocol (provision of therapeutic and/or supplementary food to moderately and severely malnourished PLHIV adults,[24] adolescents, and PLW, as well supplementary food to orphans and vulnerable children [OVC] 6–23 months of age that are not malnourished), and "Class B," which receive a reduced food provision protocol (no food provision to non-pregnant non-lactating moderately malnourished adults and no provision of supplementary food to OVC 6–23 months of age who are not malnourished). Aside from this, all sites are provided with a full package of training, supervision, and coaching, and all sites fully implement nutrition assessment, nutrition counseling, and hygiene promotion as described in the NACS implementation plan developed in 2010.

Following the TA FANTA-2 provided in establishing the protocols used in all sites, in Project Year One, FANTA will carry out a study to compare clinical outcomes among patients receiving nutrition care under each food provision protocol, potentially leading to an improved evidence base for the provision of food in the context of NACS, as well as other service provision protocols (such as nutrition assessment and counseling, hygiene promotions, and linkages to community-based support activities) and lessons learned for extending NACS throughout the national health system.

Taking into account results from this study, FANTA will provide TA to PNN, the National Program for Care of PLHIV (PNPEC), the National Tuberculosis Control Program (PNOEV), and PEPFAR/Côte d'Ivoire Partners to develop a 1-year action plan for scaling up NACS, which will determine a framework for implementing and extending NACS into the health system over the coming year.

NACS service providers and master trainers. In October 2011, FANTA-2 provided TA to PNN to develop a training module on NACS for service providers. This module was tested during a training-of-trainers (TOT), during which comments on the module were collected. In Project Year One, FANTA will provide TA to PNN to complete the training module, ensuring its technical accuracy and that it reflects promising practices in adult education. The completed module will include a facilitator's guide, a participants' manual, PowerPoint slides, and exercises and will facilitate quality training and ensure the capacity strengthening of service providers in NACS.

[24] Due to the crisis in the aftermath of 2010's disputed presidential election, the RUTF called for in the original protocol for management of severe malnutrition became unavailable for adults. Consequently, the protocol was modified to call for the provision of CSB for all malnourished adults with different dosage for severe and moderate malnutrition.

Decision algorithm for nutrition care and support of PLHIV and OVC. FANTA-2 provided technical input and review to develop a draft decision algorithm as a job aid for NACS service providers to consult when determining appropriate care for a specific patient. The algorithm was developed as a reminder to reinforce health workers' training on nutrition care and support. In Project Year One, FANTA will provide support for the design and layout of the algorithm, a stakeholder input session, and printing the booklet describing the algorithms. In Project Year Two, FANTA will provide training to NACS service providers on the use of these materials.

Database for timely monitoring of NACS activities. In 2009 and 2010, FANTA-2 supported the development of a standardized set of routine data collection and reporting instruments for NACS activities. These are now in use by NACS partners in Côte d'Ivoire. In 2010, FANTA-2 provided PNN with access to equipment to permit the management of reporting data on NACS through a computer-based reporting system. In Project Year One, FANTA will begin providing TA to PNN to convert the current paper-based reporting system into a computer-based one and to establish a database. Once completed (potentially in Project Year Three), this reporting system will permit each site to compile and use its data to improve nutrition services and will permit PNN to improve its supervision and support of NACS activities and to advocate to partners and other donors for support for the scale-up of NACS.

Coaching visits to NACS sites. As per the recommendations of a post-conflict contextual analysis conducted by FANTA-2 and PNN in August 2011, PNN and PEPFAR/Côte d'Ivoire Partners increased the number of NACS sites from eight to 20. FANTA-2 began providing TA and logistical support to PNN to conduct coaching visits at the new NACS sites to ensure that NACS activities there conformed to the NACS protocol. FANTA will continue this support through coaching visits in Project Year One.

Supportive supervision tools. The PNN and PNPEC conduct regular supervision visits to support the proper provision of nutrition services at HIV service facilities across the country. Since NACS is a new package of services, PNN and PNPEC supervisors need TA to conduct routine supportive supervision visits to NACS sites. To address this, FANTA will provide TA to develop supportive supervision tools and will support a stakeholder input meeting on developing the tools, as well as support the tools' printing once they are completed. This tool will consist of a set of questions to ask providers, an observation checklist, and written suggestions to the supervisor for discussing results with service providers, praising providers for the areas in which they are strong, and reaching agreements on how weak points can be strengthened by the subsequent supervision visit.

Evaluation of the National Tuberculosis Control Program's (PNLT) nutrition program for malnourished co-infected patients with TB and HIV. In 2009 and 2010 with Global Fund support, the PNLT provided a package of nutrition services to malnourished patients co-infected with TB and HIV. The package included nutrition assessment, counseling, and the provision of therapeutic foods to those found to be malnourished. In 2011, PNLT, FANTA-2, and PEPFAR/Côte d'Ivoire decided to collaborate on an evaluation of this program and carried out

initial planning activities. In Project Year One, FANTA[25] will carry out the evaluation. Findings will be compiled in Project Year Two to inform the scale-up of NACS in Côte d'Ivoire.

Acceptability of RUTF and corn-soy blend (CSB). While RUTF and FBF (particularly CSB) have been used for many years to treat malnutrition in children under 5, these SFPs have not yet been used routinely by malnourished adults. PEPFAR/Côte d'Ivoire requested that FANTA conduct an OR study to determine the acceptability of these foods and their provision mechanisms among adult PLHIV. The study will inform the scale-up of NACS in FY 2013 and beyond by providing the Government of Cote d'Ivoire and its partners with evidence-based information to accelerate the procurement of appropriate food products for the program. The study will also identify lessons learned and promising practices in food provision, which will inform the implementation of the food provision component of NACS as NACS expands to new sites around the country. This study will be designed and initiated in Project Year One, with results available in Project Year Two.

2.3.L Ethiopia[26]

Support to the national HIV and Nutrition Sub-Committee and Federal Ministry of Health (FMOH). FANTA will help strengthen nutrition coordination in Ethiopia by providing TA to the national HIV and Nutrition Sub-Committee and participating in the national Nutrition TWG. The Sub-Committee meets on a monthly basis with selected PEPFAR/Ethiopia Partners to coordinate all activities being implemented in HIV, such as QI, guideline development, and training. The TWG meets less frequently to provide more substantive input into the development of interventions and the review of guidelines and training materials. FANTA will assist the Sub-Committee in prioritizing activities, organizing meetings, documenting and disseminating minutes, and providing periodic updates on the latest technical developments in nutrition and HIV, including program experience in other countries, research results, and updates in global guidelines, norms, and state-of-the-art program approaches. FANTA will also contribute to other government-led TWGs on TB, nutrition, and potentially nutrition and infection.

FANTA will also participate in coordination meetings within the FMOH and will review key government documents, including strategies, guidelines, policy papers, training materials, and other documents to incorporate nutrition and HIV and strengthen the technical content related to nutrition and HIV.

NACS in TB treatment, care, and support. An initial needs assessment completed in 2011 recommended that the NACS approach should be used to strengthen the treatment, care, and support of people living with TB in Ethiopia. One of the activities identified as crucial during this initial analysis was the development of clear national guidelines on the nutritional management TB. To address this, in Project Year One, FANTA[27] will develop a rapid assessment of the TA priorities for this activity then work to develop elements of the NACS approach within the comprehensive management of people with TB.

[25] FANTA will finish designing and carry out the evaluation in partnership with the PNLT.
[26] Most of the activities that FANTA plans to support in Ethiopia are pending the approval of USAID/Ethiopia.
[27] FANTA will work with the FMOH steering committee, FMOH TB and nutrition divisions, SC, and St. Peter's Hospital to carry out this activity.

Tools for service providers. To ensure care providers are trained with the most current evidence-informed technical knowledge, FANTA[28] will revise and update national tools for the integration of food and nutrition programs, the evaluation of service providers' knowledge and skills in assessment and classification of nutritional status, and the management of nutrition-related issues of PLHIV. As needed, additional materials and tools will be developed in consultation with the FMOH and partners. FANTA will specifically develop and test these materials at the national level. Once the tools are developed, PEPFAR/Ethiopia Partners will roll out their use at the site level.

Update of nutrition and HIV guidelines. FANTA[29] will update the *Ethiopian National Guidelines for HIV/AIDS and Nutrition* (2008) to incorporate recent developments in global knowledge about nutrition and HIV and recent developments in HIV service delivery in Ethiopia, such as the NACS approach.

Clinical care providers. FANTA[30] will update and revise *Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV: A Three-day Training Course for Clinical Care Providers* (2008) to incorporate recent developments in nutrition and HIV in Ethiopia and globally and to structure the training in modular form to allow greater adaptability.

Clinical nutrition care of PLHIV. Since 2004, FANTA has worked with partners, including the FMOH and SC, to train care providers in the nutrition management of PLHIV. Based on need and demand from the FMOH, regional health bureaus, and PEPFAR/Ethiopia Partners, FANTA will support TOTs at the national and regional levels on pedagogical skills and the use of the updated training materials. PEPFAR/Ethiopia Partners will then roll out the training to hospital and health center service providers in nutrition and HIV.

NACS in community-based HIV care and support services for health extension workers (HEWs). In the Ethiopian health system, HEWs have an important role as health educators and advocates for behavior change. These HEWs also provide a valuable link for liaising between PLHIV and affected communities and the health system. FANTA-2 worked with partners to develop training materials and curriculum to train a broad range of care providers in HIV and nutrition. Though HEWs were included in this broader group, materials were not developed that were specific enough to their needs.

FANTA[31] will integrate nutrition into community-based HIV care and support services. In particular, FANTA will work with the FMOH to incorporate nutrition and HIV topics into the Integrated Refresher Training (IRT) that is provided to HEWs. We will adapt existing regional training materials for community- and home-based care providers; develop support in nutrition and HIV, nutrition and TB, or nutrition and infection material development; pilot materials; and translate materials as the need arises in community-based services.

This work will build on initial work that SC carried out as part of the FBP program to develop training materials for community-based service providers. Establishing and strengthening referral

[28] This work will be carried out with the FMOH and PEPFAR/Ethiopia Partners.
[29] FANTA will work with the FMOH, the national Nutrition and HIV Sub-Committee, and partners on this activity.
[30] FANTA will work with the FMOH and partners to carry out this activity.
[31] FANTA will work with the FMOH and PEPFAR/Ethiopia Partners on this activity.

linkages between clinical nutrition services at hospitals and health centers, such as the FBP program, and community- and home-based care services at health posts and through community groups will be a central component of this activity. This work will be carried out in close consultation with the FMOH and with PEPFAR/Ethiopia Partners that are supporting community-based HIV services. Details of the training and follow-up support activities will be determined through consultations and joint planning with these partners.

National pre-service training manual on nutrition and HIV, and training university instructors. FANTA, SC, and the Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE) project are each facilitating pre-service training in nutrition and HIV for medical and nursing schools using *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives* (2008). FANTA[32] will coordinate with SC and ENGINE to coordinate resources and maximize the reach of these trainings. Based on the outcome of this collaboration, FANTA will take the lead in updating and adapting the training materials to the Ethiopian context.

QI systems for nutrition care services. To strengthen the quality of nutrition care and support services provided at clinical and community HIV care and treatment delivery points in Ethiopia, in 2011, FANTA-2[33] initiated a pilot series of QI activities with six health institutions across three regions of the country. FANTA[34] will build on this initial work to incorporate elements of QI in a greater range of institutions and services implementing NACS services by coordinating with partners to ensure QI is integrated within their service delivery platforms.

FANTA will review the lessons learned during the pilot phase of the QI interventions and specifically the recommendations from that activity. Results from this will be presented to the National Sub-Committee on HIV and Nutrition to identify priorities for incorporating QI recommendations in the NACS scaling-up plans of other IPs. FANTA will develop a plan for establishing QI coaches and teams in priority sites identified by the National Sub-Committee on HIV and Nutrition and work with partners to identify the need for additional coaching capacity for data management and compilation, including the instigation of a “maturity index” in selected sites for better targeting support required within each facility. The maturity index is a tool used to classify the maturity of hospital QI systems, defined as the total set of QI activities performed.

SFPs for the management of malnutrition. FANTA will provide TA to develop specifications for the local production of food formulations and commodities that can be used in the management of moderate and severe malnutrition.

2.3.M Ghana

Support to the GHS to coordinate NACS activities. FANTA will provide TA to the GHS to conduct regular planning and feedback meetings for the national TWG on nutrition and HIV, which is convened by the GHS and has a membership including the Ghana AIDS Commission, USAID/Ghana, the PEPFAR/Ghana Partners, UNICEF/Ghana, WHO/Ghana, WFP/Ghana, and

[32] FANTA will work with the FMOH, SC, and Tufts University on this activity.
[33] FANTA-2 initiated this work in partnership with HCI.
[34] FANTA will carry out this work in collaboration with partners, to be identified.

others. FANTA will also work closely with the NACS TWG and nutrition partners to develop a national multi-year implementation plan and ensure that NACS activities feed into and are linked with other established nutrition and HIV multi-sector coordination mechanisms under SUN, the Renewed Efforts Against Child Hunger (REACH)[35] initiative, and the Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Nutrition and HIV guidelines. FANTA will provide TA to the GHS to update, print, and disseminate the Ghana Nutrition and HIV Guidelines, with particular attention paid to the inclusion of NACS and TB treatment. The revised guidelines are expected to reflect NACS as it is currently functioning in Ghana and will be harmonized with existing NACS training materials, job aids, and tools. Emphasis will also be made to strengthen the counseling component of NACS within the guidelines and related training materials, including using an SBCC approach to develop nutrition counseling tools that will be used by service providers. Focused efforts will be made to ensure that NACS guidelines, treatment protocols, and training materials and tools are harmonized with CMAM.

Updating NACS training materials. FANTA will update NACS training materials to harmonize them with the Ghana Nutrition and HIV Guidelines, which we are also updating in Project Year One. To facilitate the update, FANTA will conduct a workshop with the GHS Nutrition Department and the National AIDS Control Program. FANTA will then provide TA to the GHS to conduct a TOT and subsequently train service providers using the training materials to scale up NACS to approximately 29 new care and treatment clinics (CTCs) countrywide.

Update of planning and M&E system and tools. FANTA[36] will review and update existing nutrition and HIV/TB planning, training, M&E, and QI tools and systems to ensure that nutrition is adequately captured within the HIV components.

Supportive supervision and QI. FANTA will work with the GHS at the national and regional levels to develop a plan for the integration of QI into NACS activities and to strengthen the GHS's capacity to conduct supportive supervision and mentoring of frontline workers in service delivery points. Emphasis will be made to ensure that clients receive comprehensive nutrition assessment and counseling as appropriate, not only focusing on the support aspect of NACS. FANTA will also work with the GHS Nutrition Department and the National AIDS Control Programme (NACP).

Linking between NACS services and community-based interventions. FANTA[37] will explore linkages between facility-based NACS services and community-based interventions. Potential linkages at the community level will include screening and referring patients through community-based support groups and HBC, establishing satellite points where NACS beneficiaries can access food support in between clinic visits, and linking beneficiaries with

[35] REACH is a U.N. initiative that works to build government and national capacity to effectively scale up nutrition interventions to improve health and reduce mortality in mothers and children. It is a coordinated initiative of five U.N. agencies in Ghana; UNICEF/Ghana, WHO/Ghana, WFP/Ghana, FAO/Ghana, and UNWomen/Ghana.
[36] FANTA will work with the NACP and the GHS Nutrition Division on this activity.
[37] FANTA will work closely with PEPFAR/Ghana Partners such as FHI360/SHARPER project, WFP/Ghana, Opportunities Industrialization Centers International (OICI), and community-based organizations to carry out this activity.

livelihood and food security activities for continued support during and after treatment. Efforts will also be made to ensure that CMAM community outreach activities and NACS community activities are harmonized and opportunities for integration are utilized where possible. As part of this initiative, In Project Year One, FANTA will conduct a mapping exercise of existing community-based initiatives in Ghana and develop a plan and partnerships to further develop linkages.

Ensuring access to supplies of therapeutic food. FANTA[38] will carry out a set of activities to ensure that all sites implementing NACS in Ghana have access to therapeutic supplies. FANTA will ensure that therapeutic supplies forecasts are accurate and prepared on time, supplies are procured and delivered to the central medical stores, and that accurate data on consumption is available for planning and reporting purposes.

2.3.N Haiti

Introduction of facilities-based NACS at four sites. USAID/Haiti has requested that FANTA collaborate closely with the Strengthening Partnerships, Results and Innovations in Nutrition Globally project (SPRING) to provide TA to the Ministère de la Santé Publique et de la Population (MSPP) (Ministry of Health and Population) and PEPFAR/Haiti Partners as they introduce facilities-based NACS in four PLHIV care and treatment sites identified by MSPP. These sites will focus on introducing the full package of NACS services, including nutrition assessment, nutrition counseling, and the provision of SFPs to malnourished clients, and on establishing linkages to services at the community level. Following an initial assessment that SPRING will carry out in those four sites, FANTA will participate in a stakeholder's meeting to review the results of this assessment and will collaborate with SPRING, USAID/Haiti, and the MSPP to introduce the NACS framework in those four sites.

TA **to PEPFAR/Haiti Partners in community-based NACS.** Following a request from USAID/Haiti, FANTA will provide TA to a group of PEPFAR/Haiti Partners that wish to use community-based NACS into their PLHIV care programs. We will provide support on an ongoing basis in Project Year One by carrying out onsite visits, facilitating training, technically reviewing training materials and job aids, and supporting the use of the newly published nutrition counseling materials for PLHIV known as "Bonjan abitid nan manje ak lijyèn" ("Good Nutrition and Hygiene Habits").

Continued training in nutrition assessment and counseling materials. FANTA-2 supported the MSPP to implement a TOT on nutrition assessment and counseling in four departments using the *National Guidelines on Nutrition Care and Support of PLHIV* and nutrition counseling materials for PLHIV in Haiti that FANTA-2 developed. In Project Year One, FANTA will complete the training process in the remaining six departments by strengthening the capacity of 20 service providers from each department in the use of these nutrition assessment and counseling materials.

[38] FANTA will collaborate with USAID/DELIVER project on this activity. DELIVER is responsible for procuring therapeutic supplies for NACS in Ghana.

2.3.O Mozambique

Integrating nutrition into pre-service and in-service training. The International Training and Education Center on HIV (I-TECH) is the lead partner of the Ministério de Saúde (MISAU) (Ministry of Health) in developing training curricula and in training health professionals in HIV care and treatment. Continuing work begun in FANTA-2, FANTA will collaborate with I-TECH to improve pre-service and in-service training of health professionals in nutrition aspects of the care and treatment of PLHIV. We will also collaborate with MISAU, national universities, and partners to develop a plan for a pre-service nutrition training course that includes the technical areas of the Programa de Reabilitação Nutricional (PRN) (Nutrition Rehabilitation Program), NACS, and IYCF for doctors, nurses, and physician's assistants. These collaborations will ensure that all trainings are in line with PRN protocols and that their nutrition content is complete, relevant, and accurate.

Home-based care (HBC) volunteers. FANTA-2[39] developed nutrition and HIV training materials for HBC volunteers and CHWs. Associação Nacional dos Enfermeiros de Moçambique (ANEMO) (Mozambique National Nursing Association) is, however, the only organization authorized by MISAU to provide training for HBC volunteers. ANEMO trains master trainers who train MISAU, Ministry of Women and Social Welfare (MMAS), and partner staff to be certified trainers. The certified trainers, in turn, train HBC nurses and volunteers. The FHI 360 Community Care HIV and AIDS Services Strengthening Project (Com-CHASS) and FHI 360 Capable Partners Program (CAP), in collaboration with MISAU and MMAS, are currently supporting ANEMO in their training program of HBC volunteers.

In Project Year One, FANTA will develop a plan to guide the integration of nutrition in HBC services in collaboration with ANEMO, Com-CHASS, CAP, MISAU and MMAS. As a first step in this plan, FANTA will facilitate a TOT in community-based nutrition care for PLHIV for ANEMO, Com-CHASS, MISAU, and MMAS. As a second step, we will update the Training Materials for Community-Based Nutrition Care for PLHIV, a standalone training on nutrition for PLHIV developed by FANTA-2, to incorporate lessons learned from the TOT as well as the latest evidence and promising practices on nutrition and HIV.

FANTA will also support the revision of the HBC volunteer integrated training package by participating in the MMAS HBC TWG, which was created specifically to revise the training package. FANTA's participation will ensure that nutrition modules are inserted into the package.

M&E and commodity system for the PRN. FANTA will support the development and implementation of M&E and commodity forecasting systems for the PRN. Activities could include developing data collection instruments, databases, and protocols; developing technical resource materials, including guidelines, manuals, curricula, and job aids; and developing and implementing a plan to train and provide supportive supervision to Direcção Provincial de Saúde (DPS) (Provincial Health Directorate) and USG PEPFAR Partner nutrition FPs.

Supportive supervision checklists and national QI strategy. FANTA-2 assisted the MISAU Department of Nutrition to develop draft supervision checklists to assist provincial and district

[39] FANTA-2 worked with the Mozambique Nutrition and Food Security Association on this activity.

health directorates to assess the inputs necessary to implement nutrition activities, including infrastructure, equipment, supplies, and human resources, and to assess if nutrition activities are being implemented according to national protocols. FANTA will support the MISAU Department of Nutrition and partners to field test the supervision checklists and develop a manual on how to use the checklists to improve the quality of nutrition services. We[40] will also develop and implement QI activities for nutrition services as a part of the larger MISAU National Strategy for Quality and Humanization (*Estratégia Nacional de Qualidade e Humanização*), aimed at improving the quality of health services.

Protocols for treating acute malnutrition in people living with HIV and TB. FANTA-2 supported the development of two volumes of the *Manual for the Treatment and Rehabilitation of Malnutrition* (*Manual de Tratamento e Reabilitação Nutricional*) Volume 1 provides guidance on treating acute malnutrition among children and adolescents 5–15 years of age and on providing nutrition care to children with HIV through the PRN. Volume 2 provides detailed protocols for treating malnutrition and for nutrition care of HIV and TB in adults over 15 years, including PLW.

In Project Year One, FANTA will carry out a set of activities to ensure that the Manual and training activities using the Manual reflect the most up-to-date evidence on and methods for treating malnutrition in the populations it covers. We will revise Volume I and related training materials and job aids as feedback is received from MISAU, DPS, and USG partners. We will participate in a workshop to complete Volume 2, field test[41] the protocols in Volume 2 and revise them as needed, and develop job aids and training materials to support Volume 2. FANTA will then support the MISAU Department of Nutrition in gaining the Minister of Health's approval of Volume 2.

FANTA will also support and facilitate TOTs using the Manual. A national-level TOT on the protocols in Volume I and three regional TOTs using Volume 2 will be held for DPS personnel responsible for training health staff at provincial-level training institutes. To further support this initiative, FANTA will provide supportive supervision when requested to facilitators of PRN trainings using Volume 1.

SBCC as a part of HIV and TB care. The *Manual for the Treatment and Rehabilitation of Malnutrition* Volumes I and II contain information on optimal dietary practices for people living with HIV and/or TB, however, they contain limited instruction on how to perform counseling, interpersonal communication, or other SBCC activities to support behavior change among PLHIV, and no strategies, materials, or job aids to achieve this end have been developed by MISAU or partners.

FANTA will support the integration and improvement of SBCC activities for improving nutrition practices among people living with HIV and/or TB in HIV and TB care and treatment services. FANTA will begin this work in Project Year One by prioritizing key behaviors and SBCC messages for nutrition and HIV and TB. To achieve this, we will first conduct a survey of and

[40] FANTA will carry out this activity in collaboration with MISAU, MCHIP, and partners.
[41] FANTA will work with MISAU and PEPFAR/Mozambique Partners working in HIV care and treatment to field test and revise the protocols.

facilitate a workshop for MISAU and partner staff to complete this prioritization and develop a SBCC strategy for disseminating the key messages. Based on the outcomes of the workshop, FANTA will develop materials, potentially including job aids, display materials, and client education materials aimed at improving the nutritional status of PLHIV.

2.3.P Namibia[42]

Advocating for the incorporation of nutrition. The Food and Nutrition Sub-Division of the Ministry of Health and Social Services (MOHSS) is responsible for providing leadership and technical support for all nutrition interventions through the public and private health sectors. Three senior health program administrators at the national level support program planning. No nutrition FPs are in place at the regional, district, or health facility levels, nor do NGOs or the private sector have nutrition capacity that can be tapped to support the Food and Nutrition Sub-Division. To address this, FANTA will continue to advocate for the incorporation of nutrition in national health, social welfare, and agriculture policy and planning documents to strengthen the MOHSS's role in NACS policy and implementation.

Referral linkages between clinic and community services. In 2011, HEALTHQUAL, which supports ministries of health and implementers to integrate sustainable QI systems, worked with the MOHSS to draft a referral system among clinic-based services and between clinic- and community-based health services to broaden coverage of NACS services. Building on this activity, the Livelihoods and Food Security Technical Assistance (LIFT) project and FANTA[43] will help establish referral linkages between clinic- and community-based services for malnourished people with infectious diseases.

National NACS training manual. I-TECH and the MOHSS are updating their *Nutrition Management for People Living with HIV/AIDS: Resource Guidelines for Clinical Health Workers* (2007). In Project Year One, FANTA will review the revised draft to ensure that it includes the most recent global nutrition guidance. FANTA will use the guidelines to co-facilitate with the MOHSS national training of health care providers in nutrition and HIV.

Community-based health care providers (CBHCPs). FANTA-2 developed a community nutrition and HIV training manual for CBHCPs and provided technical support to the MOHSS to add NACS to the national training curriculum for community counselors based in ART clinics. In Project Year One, FANTA[44] will train additional CBHCPs in NACS to help them manage nutrition and HIV-related issues among PLHIV and strengthen clinic-community referral links for improved nutrition.

IYCF for HIV-positive women. The MOHSS and UNICEF have trained trainers of facility-based providers in IYCF for HIV-positive women based on the 2010 WHO guidelines on IYCF in the context of HIV. If needed, FANTA will support and co-facilitate MOHSS and UNICEF TOTs in IYCF for HIV-positive women for CBHCPs and IYCF training of facility-based health care providers (FBHCPs).

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[42] FANTA will carry out all activities in Namibia in partnership with the Ministry of Health and Social Services (MOHSS).
[43] This work also will be carried out in partnership with PEPFAR/Namibia Partners.
[44] FANTA will work with PEPFAR/Namibia Partners to carry out this training.

National nutrition surveillance system. The MOHSS plans to develop a national nutrition surveillance system to monitor rates of stunting, underweight, and wasting in children under 5 years of age. In Project Year One, FANTA will support the MOHSS in conducting a stakeholder workshop to develop guidelines for piloting this national nutrition surveillance system. This initiative supports the GHI aim of strengthening health systems using HIV resources.

NACS data collection and analysis. Drawing on M&E experience in other countries and programs, FANTA[45] will support NACS data collection and analysis, including by supporting distribution of NACS registers and reporting forms, including the new ART client cards and child health passports, to implementing sites and providing or co-facilitating training of health care providers in their use. In Project Year One, to contribute to the sustainability of NACS data collection and use, we[46] will advocate for integration of nutrition indicators in the national health information system.

Assessment of the quality of NACS services. In Project Year One, FANTA will assess the quality of NACS implementation in 17 implementing districts, including the utility and use of NACS job aids, reasons for clients defaulting from NACS visits, the palatability of FBF, and post-treatment nutritional status of NACS clients. The results will be used to refine and improve NACS services.

Mentoring visits and tools for trained providers. In Project Year One, FANTA will make regular mentoring visits to facility-based providers to assess the quality of the nutrition assessment and counseling they provide and provide supportive supervision as needed. These visits will improve NACS service delivery and strengthen MOHSS capacity to guide and improve clinic-based NACS services. FANTA will also develop tools for mentoring and supervising CBHCPs after training to strengthen the quality of nutrition screening and counseling.

Messages and materials for feasible NACS behaviors. Nutrition messages for PLHIV include the importance of regular nutrition assessment, treatment of severe malnutrition, and prompt treatment of infections. Effective and compelling delivery of these messages aims to increase care-seeking in health care facilities that offer NACS services for PLHIV. To create this community demand for NACS services, FANTA will work with media development partners to conduct formative research, consult with audiences and stakeholders to identify critical nutrition messages and effective delivery mechanisms, and pre-test messages and materials to communicate feasible NACS behaviors to improve nutritional status.

2.3.Q Tanzania

Review of NACS integration experience. NACS has now been integrated into over 100 health facilities in 14 regions in Tanzania. To support the integration of NACS along the continuum of care through the life cycle and in the prevention, care, and treatment of infectious and non-communicable diseases, FANTA will support a review of experience integrating NACS into care

[45] FANTA also will work with PEPFAR/Namibia Partners as needed to carry out this activity.
[46] FANTA also will work with the CDC/Namibia to carry out this activity.

and treatment, including numbers trained and M&E results. The results will be used to improve programming and inform scale-up.

Nutrition action kit for community-level providers. FANTA-2 worked with COUNSENUTH to develop a nutrition action kit for community-based service providers for follow-up of mothers and children in PMTCT programs and OVC. The nutrition action kit includes a trainer's guide and community worker handbook on nutrition screening and counseling; sensitization materials for district and community leaders on nutrition care and support for OVC, PLW, and PLHIV; referral forms to health care facilities; reporting forms to village health committees; and job aids, fact sheets, and client leaflets on different aspects of nutrition.

In Project Year One, FANTA will support COUNSENUTH[47] in completing, field-testing, and printing the kit. FANTA[48] will also support three TOTs using the toolkit's training materials in locations where FBHCPs have been trained in NACS. This training will aim to improve bidirectional referrals between health facilities and communities to prevent and treat malnutrition.

Training of facility-based providers. In FY 2012, FANTA-2 worked with Tanzania Food and Nutrition Centre (TFNC) to develop a package of NACS training and reference materials and job aids for facility-based providers. FANTA will support the dissemination of these materials to all health care facilities with health providers trained in NACS and to PEPFAR/Tanzania managers of ART and PMTCT programs, Tanzania Commission for AIDS (TACAIDS), the NACP, and nutrition partners.

TFNC has trained multiple PEPFAR/Tanzania Partner trainers using the national NACS training manual for FBHCPs. In Project Year One, FANTA[49] will support these trainers in rolling out NACS training to health care providers in their service areas. Following on this training, FANTA[50] will work with TFNC to coach and mentor FBHCPs trained in NACS to assess their on-the-job performance of the nutrition assessment and counseling skills learned in training.

Plan, training curriculum, job aids, and indicators for the national most vulnerable children (MVC) response. Food and nutrition is one of eight service areas in Tanzania's national MVC response. The Ministry of Health and Social Welfare (MOHSW) and Department of Social Work (DSW) are revising the National Costed Plan of Action for MVC with technical support from FHI 360/Systems Strengthening Project. In Project Year One, FANTA[51] will review and help standardize the technical content of the plan's Food and Nutrition Service Area.

WHO, WFP, UNICEF, the World Bank, USAID, Centers for Disease Control and Prevention (CDC), the Office of the Global AIDS Coordinator (OGAC), and implementing organizations developed a set of harmonized global nutrition and HIV indicators for governments, donors, and

[47] COUNSENUTH will complete the kit in collaboration with Pamoja Tuwalee (Together We Care for Children), the USAID consortium for care of most vulnerable children (MVC). The consortium includes four partners (PATH, FHI 360, Africare, and World Education, Inc.), whose activities cover 14 of Tanzania's 21 regions.
[48] FANTA will co-facilitate these trainings with national trainers from TFNC and COUNSENUTH.
[49] This training will be carried out in partnership with three yet to be identified PEFPAR/Tanzania Partners.
[50] FANTA will work with TFNC and PEPFAR/Tanzania Partner NACS FPs to provide coaching.
[51] FANTA will work with the MOHSW, DSW, the Systems Strengthening Project, and other PEPFAR/Tanzania Partners working in community HIV care to carry out this activity.

USG PEPFAR Partners to integrate into program and government M&E systems. In Project Year One, FANTA will provide technical input to MEASURE Evaluation, the lead partner for MVC M&E indicators, to incorporate relevant indicators on nutrition to the harmonized indicator set it is developing.

Also in Project Year One, FANTA[52] will review the nutrition section of the National MVC Facilitators Training Curriculum and draft job aids for MVC care to update these materials with latest global guidance on food and nutrition activities for MVC care.

2.3.R Uganda

Operationalizing Integrated Management of Acute Malnutrition (IMAM) guidelines. In June 2011, Uganda released the updated IMAM[53] guidelines, which FANTA-2 supported. The new guidelines are comprehensive and include management of acute malnutrition in children, adolescents, PLW, adults, and HIV and TB patients, essentially combining CMAM and NACS into an integrated approach. However, CMAM and NACS are managed by different branches at the MOH and have independent task forces. Support is needed to harmonize approaches, integrate the programs at the health facility level, and coordinate among the various PEPFAR/Uganda Partners.

To support this initiative, FANTA will help operationalize the IMAM guidelines by coordinating partners and ensuring harmonization of practices across Uganda, with a special focus on strengthening the community aspects of IMAM. This includes supporting the development of training curricula, job aids, and tools; pre-service and in-service capacity strengthening; and QI of partner programs. This is a multi-year effort that involves country commitment and participation from many partners.

It is important that IMAM practices be harmonized across regions, facilities, and communities. Building on FANTA-2's experience re-establishing and coordinating the National Sub-Committee on nutrition, FANTA will support the establishment of a working group on IMAM, which will oversee the operationalization of the IMAM guidelines, including establishing quality standards and ensuring harmonization of tools and manuals for IMAM. This task force will meet regularly and play a key role in coordinating IMAM efforts. In Project Year One, FANTA[54] will convene the task force and provide TA in the development of its TOR. Task force members will include the Prime Minister's Office, in charge of supporting the UNAP; SPRING, which will begin implementing IMAM activities in the southwest; and Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN), which already supports IMAM in other areas of the country. Close ties with those entities will be established to ensure joint learning and the use of harmonized approaches.

Action plan to strengthen and harmonize the community component. Though essential for case-finding and follow-up, the community component is often the weakest component of

[52] This activity will be carried out in partnership with URC and FHI 360.
[53] In Uganda, "CMAM" is referred to as "IMAM."
[54] FANTA will oversee the task force in collaboration with the MOH.

IMAM and NACS programs. To address this, FANTA[55] will facilitate a comprehensive consensus and planning process to develop an action plan to strengthen and harmonize the IMAM and NACS community components. The planning process will begin in Project Year One, and the action plan will be completed and implemented by stakeholders in Project Year Two.

2.3.S Vietnam[56]

Completion of national *Guidelines for Nutrition Care and Support of PLHIV*. With FANTA-2 support, the National Institute of Nutrition (NIN) drafted *Guidelines for Nutrition Care and Support of PLHIV*, which advocate for the importance of nutrition in HIV treatment and care, guide programs and service providers, and ensure harmonized messages and approaches. FANTA will provide TA to NIN to host a consultative meeting with the MOH to seek approval of these guidelines and integrate them into the national IMAM[57] guidelines. Dissemination of the guidelines will improve the sustainability and QI of NACS in Vietnam.

NACS training manual. With FANTA-2 TA, NIN drafted a NACS training manual and training plan for FBHCPs. In Project Year One, FANTA[58] will support NIN in completing and pre-testing the training manual and in training national and provincial NACS trainers in nine PEPFAR/Vietnam priority provinces using the final version of the training manual. These trainers will then roll out training to FBHCPs to strengthen their capacity to provide NACS as a standard of clinical care for PLHIV.

Protocol and implementation plan for SFPs. In FY 2011, NIN developed a locally produced SFP composed of rice, soy, and mung beans called High-Energy Protein Bar for IMAM (HEBI). That year, FANTA-2 supported a NIN assessment of the prevalence of malnutrition among adult PLHIV at ART sites in Hanoi and Ho Chi Minh City. In Project Year One, FANTA will assist NIN in completing data analysis from this assessment to help USAID/Vietnam plan procurement of SFPs for malnourished PLHIV in PEPFAR-supported sites. FANTA[59] will also develop a protocol and implementation plan to pilot the prescription of HEBI to malnourished clients in selected districts in Vietnam.

Indicators for IR 2.3

Indicator	Project Year One Target
Number of HIV countries reaching Phase 3 in terms of integrating nutrition into national HIV policies/ programs/systems (see **Figure 2** for the phases of integration and appropriate milestones)	The HIV countries and their anticipated stages reached by the end of Project Year One are: Cote d'Ivoire- phase 3; Ethiopia- phase 3; Ghana- phase 3; Haiti- phase 2;Mozambique- phase 2; Namibia- phase 3;Tanzania- phase 3; Vietnam- phase 1

[55] FANTA will develop the action plan in partnership with the IMAM task force, district- and national-level ministries of health, PEPFAR/Uganda Partners, and other stakeholders.
[56] All of FANTA's activities in Vietnam are pending the availability of funding.
[57] In Vietnam, "CMAM is referred to as "IMAM."
[58] FANTA will work with NIN and PEPFAR/Vietnam Partners on this activity.
[59] FANTA will work with the NIN and other FHI 360 partners in Vietnam on this activity.

Figure 2. Phases and Milestones of Integration of Nutrition into the HIV Response

COUNTRIES	**PHASE 1. FANTA Leadership and Coordination** *At least five Phase 1 milestones achieved*	**PHASE 2. FANTA Technical Assistance** *At least five Phase 1 and three Phase 2 milestones achieved*	**PHASE 3. Government Leadership and Coordination** *At least five Phase 1, three Phase 2, and three Phase 3 milestones achieved*
Côte d'Ivoire			
As of 2/2012		✓	
As of 9/2012			✓
Ethiopia			
As of 2/2012			✓
As of 9/2012			✓
Ghana			
As of 2/2012		✓	
As of 9/2012			✓
Haiti			
As of 2/2012	✓		
As of 9/2012		✓	
Mozambique			
As of 2/2012		✓	
As of 9/2012		✓	
Namibia			
As of 2/2012		✓	
As of 9/2012			✓
Tanzania			
As of 2/2012		✓	
As of 9/2012			✓
Vietnam			
As of 2/2012	✓		
As of 9/2012		✓	
STRATEGIC PLANNING for Integrating Nutrition into HIV Facility and Community Services	❑ Gaps and opportunities identified ❑ Nutrition NACS resources (staff, supplies, materials, equipment, storage capacity) assessed ❑ Prevalence of malnutrition among PLHIV known ❑ National strategy developed		

NATIONAL AND REGIONAL COORDINATION for Integrating Nutrition into HIV Facility and Community Services	❑ Nutrition and HIV FP identified in national institution (e.g., MOH) ❑ Group of national stakeholders working on integration, including participating in planning and developing guidelines and training materials ❑ Evidenced-informed advocacy material developed	❑ National and regional stakeholders continue collaboration, including disseminating national nutrition guidelines, developing nutrition care standards, and supporting training and other Phase 2 activities	❑ National and regional stakeholders continue collaboration, including wider dissemination of materials and supporting training and other Phase 3 activities
GUIDELINES	❑ National nutrition guidelines for PLHIV developed[60]	❑ Guidelines disseminated ❑ Nutrition care standards developed for QI	
TRAININGS	❑ National nutrition and HIV training materials, including the topics discussed under the guidelines, developed and/or integrated into other health training materials ❑ National training materials developed for community-based nutrition care for PLHIV ❑ National nutrition and HIV training, supervision, and mentoring plan developed ❑ Trainers of facility-based service providers trained using national nutrition and HIV training materials ❑ Trainers of community-based service providers trained in nutrition for PLHIV	❑ Facility-based service providers trained in initial sites using national nutrition and HIV training materials ❑ Community-based service providers trained in nutrition for PLHIV in initial sites ❑ Trained service providers mentored and supervised	❑ Additional facility-based service providers trained using national nutrition and HIV training course ❑ Additional community-based service providers trained in nutrition for PLHIV ❑ Refresher training conducted for service providers previously trained in NACS ❑ Trained service providers mentored and supervised ❑ Opportunities for nutrition and HIV professional development or ongoing capacity development available ❑ Nutrition and HIV included in pre-service training of health care providers
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC)	❑ Formative research done to inform a SBCC strategy for nutrition and HIV ❑ Nutrition and HIV SBCC strategy developed	❑ SBCC strategy implemented to include SBCC materials (e.g., counseling and client education materials, radio messages) developed	❑ SBCC strategy monitored and evaluated
SUPPLIES, EQUIPMENT, AND MATERIALS	❑ Job aids developed to support national nutrition and HIV guidelines and training materials	❑ Job aids disseminated ❑ MOH and/or partners support procurement of SFPs to treat malnutrition ❑ MOH and/or partners	❑ SFPs procured and distributed as part of MOH supply system

[60] Guidelines should address nutrition assessment, critical nutrition actions for PLHIV, nutrition counseling, treatment of malnutrition, and referral to support services or nutrition for PLHIV integrated into other guidelines (e.g., for management of acute malnutrition, medical treatment of HIV).

		provide NACS supplies, equipment, and materials	
IMPLEMENTATION		❑ Nutritional status of clients assessed in initial sites ❑ Clients counseled in initial sites ❑ SFPs prescribed to treat malnutrition in initial sites ❑ Two-way clinic-community referral system established ❑ QI system in place	❑ NACS services scaled up beyond initial sites ❑ SFPs to treat malnutrition prescribed beyond initial sites ❑ Nutritional status of PLHIV routinely assessed according to care standards ❑ Clients routinely counseled on nutrition according to care standards ❑ Clients routinely referred between clinic and community services
MONITORING AND EVALUATION	❑ Tools developed to collect data on nutrition services for PLHIV	❑ Nutrition and HIV data routinely collected in initial sites ❑ Data monitored and evaluated in initial sites	❑ Data routinely collected in scale-up sites ❑ Data used for decision making ❑ Nutrition and HIV indicator(s) included in the national health management information system

IR 2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

FANTA supports MCHN by helping governments and IPs expand their ability to carry out evidence-based actions at scale. Reflecting on the principles of the SUN movement, FANTA's approach helps strengthen national consensus and enabling environments for priority nutrition issues for women and children; supports the integration and delivery of quality nutrition services in country health programs; and promotes optimal behaviors, such as exclusive breastfeeding (EBF), adequate complementary feeding, and dietary diversification by focusing on critical stages in the life cycle, such as pregnancy and the first 2 years of life), and by targeting hard-to-reach groups, like adolescent girls, or important gatekeepers.

2.4.A Coordinating Mechanisms

Initiatives such as the Lancet series, the popularization of the "1,000 days," and the emergence of the SUN movement have brought considerable attention to nutrition in recent years. Taking full advantage of this opportunity requires that attention be paid to sound technical approaches and to the coordination of interventions, which in-turn demands cohesive policies, harmonized approaches and messaging across IPs and levels of governance, and the empowerment of key coordinating bodies at the global, national, or local levels. FANTA provides TA and support to national coordination bodies to identify areas for consolidation and promote the adoption at the national and local levels of guidance provided by global actions, such as the SUN movement.

In Project Year One, FANTA will support coordinating mechanisms for MCHN in Bangladesh, Ghana, Guatemala, Uganda, and Tanzania.

2.4.B Community Nutrition Programs

The SUN Movement and the *Lancet* series on maternal and child undernutrition have brought to the fore the importance of nutrition prevention and the key role played by the ENA[61] in protecting the life of the mother and her child from the moment of conception until the child reaches 2 years of age. However, countries face challenges in implementing sound MCHN activities because of poor-quality health services and limitations in training, supervision, supplies, and community linkages. FANTA works with partners to develop and support evidence-based community MCHN programs by conducting formative assessments; strengthening capacity in the implementation of ENA and other key MCHN actions; improving coordination in MCHN programming by facilitating dialogue among a range of stakeholders, from the government level to the community level; and developing guidance for the design of community-based approaches.

In Project Year One, FANTA will support community nutrition programs in Bangladesh and Guatemala.

[61] The ENA is a set of seven interventions that promote nutrition and child survival.

2.4.C Consensus Building, Advocacy, and Policy Formulation

FANTA responds to TA requests for PROFILES to support nutrition advocacy on key country priorities and goals for nutrition policy, seeking to make the process accessible to a broad range of stakeholders, including technical and advocacy experts. Using results from PROFILES, we provide TA to strengthen country-led efforts to identify key priorities and goals for nutrition policy formulation and effective strategies and programs. FANTA develops targeted advocacy materials for policy makers, works with journalists to increase the quantity and accuracy of nutrition-related media coverage, and sharpens the understanding of the importance of nutrition over the 1,000 day period.

In Project Year One, FANTA will support consensus building, advocacy, and policy formulation in Bangladesh, Ghana, Guatemala, and Uganda. FANTA will also explore using PROFILES for nutrition advocacy in the Democratic Republic of Congo (DRC).

2.4.D Nutrition and Agriculture Linkages

The launch of three U.S. Presidential initiatives on Global Development (GHI, FTF, and Climate Change) has sparked renewed interest in the role of agriculture as a driver of development, whether as a producer of marketable commodities or of income. The role of agriculture in supporting nutrition is also mentioned in GHI and FTF, but the ways in which agriculture-nutrition linkages will materialize are still largely hypothetical and unproven. Starting from a food-based approach that stresses the role of agriculture in producing local diets, FANTA initiates a range of activities to address the role that agriculture can play in improving diet quality and dietary diversity, especially among the poor. Tools such as Optifood and PROFILES, developed by FANTA in past years, will be combined with additional tools, such as *Pro*PAN,[62] to compose a suite of tools that allows IPs to identify dietary deficiencies, resolve nutrient gaps, and generate consensus among policy makers for coordinated, nutritionally beneficial agricultural actions.

In Project Year One, FANTA will support nutrition and agriculture linkages in Ghana, Guatemala, Tanzania, and Uganda.

2.4.E Analyses and Studies

FANTA conducts assessments to identify gaps and opportunities in nutrition service delivery and formative research to identify barriers to the use of services and opportunities for expanding coverage.

In Project Year One, FANTA will support assessments or studies of MCHN activities in Bangladesh, Guatemala, and Uganda.

[62] *Pro*PAN, or Process for the Promotion of Child Feeding, is a tool for formative research and program planning in IYCF developed between 1998 and 2004 by Pan-American Health Organization (PAHO), Emory University, the Nutrition Research Institute in Peru, and the National Public Health Institute of Mexico. It describes the process for developing an appropriate SBCC strategy for IYCF, provides users with a step-by-step process for investigating nutritional and dietary problems, and provides the tools to design and evaluate interventions to address the problems that have been identified.

2.4.F Bangladesh

The SUN movement. Bangladesh is an early riser country under the SUN movement, and the GOB has signed a set of commitments to support SUN, including to develop a new national plan of action for nutrition. In support of SUN efforts, FANTA (and other stakeholders) will assist the NNS and engage with the GOB to ensure that SUN movement commitments are fulfilled. Support will include tracking progress; following up on government efforts to implement SUN commitments; and supporting coordination between the SUN Global Secretariat, donor community, and SUN civil society group in Bangladesh. One of the commitments is to develop a national plan of action for nutrition; FANTA will assist in this commitment as requested.

Strategy to integrate nutrition into Smiling Sun Franchise Program (SSFP) health services. FANTA will build on work completed under FANTA-2 to integrate nutrition into SSFP's health service delivery. In FY 2011, FANTA-2[63] completed an assessment to identify how nutrition could be integrated into SSFP and developed a phased strategy with short- and long-term recommendations to guide the integration of nutrition into SSFP's services. In Project Year One, FANTA[64] will provide technical and capacity strengthening assistance to support SSFP in implementing phase 1 of the strategy, which focuses on modifying clinic services currently provided by SSFP to include nutrition.

Targeting stakeholders to advocate for nutrition. In Project Year One, FANTA will use a systematic process to develop a comprehensive communication and advocacy strategy. A key event in this strategy will be the formal national dissemination to key stakeholders of the final report on PROFILES and the costing model that FANTA-2 began developing that we will complete in Project Year One. A series of targeted dissemination meetings will also be conducted with key stakeholders to convey the significance of nutrition issues on health, education, family planning, and development and the need for nutrition services and a coordinated national country framework or plan of action for nutrition. Where possible, these meetings will be planned with other key nutrition partners to promote consistent advocacy messages, build synergy, and ensure wider dissemination of these results. Materials tailored to each audience will be developed and disseminated during the meetings.

Prior to the meetings, one-on-one meetings will be conducted with selected stakeholders to begin to foster nutrition champions at various levels and build their understanding and commitment for nutrition in Bangladesh. In addition, to build on the momentum of the dissemination meetings, follow-up will take place with the selected stakeholders who have been identified as potential nutrition champions, and FANTA will support stakeholders to develop action plans that could include steps for parliamentarians/politicians to incorporate nutrition issues into annual meetings, officials at division and district levels to educate their colleagues on nutrition services to be carried out, and policy makers to develop and execute a national plan of action for nutrition.

[63] This assessment was carried out in partnership with Helen Keller International (HKI) and SSFP.
[64] FANTA will work directly with SSFP to carry out this activity.

Media advocacy at the national and district levels. As part of a broader communication and advocacy strategy for Bangladesh, FANTA[65] will organize a 1-day consensus building workshop with key media gatekeepers, including editors and producers of print, broadcast, and online media, to increase their awareness of the importance of reporting on nutrition issues. This is the first step in a comprehensive approach that will encourage the media to accurately report on nutrition issues to increase awareness among the public and create pressure on the government to provide quality nutrition services to reduce malnutrition in Bangladesh.

The workshop will serve as a forum to discuss nutrition issues in Bangladesh and gain consensus from media gatekeepers on the problem, the desired change at the societal level, and the media's role, as well as specific next steps, including commitment to covering one story on nutrition with PROFILES results after the workshop and sending journalists to cover the PROFILES launch event. The workshop will create the foundation for the next phase of media advocacy that will be carried out in Project Year Two.

In addition, a baseline survey will be conducted to determine the amount and accuracy of nutrition messages conveyed by print, broadcast, and online media in Bangladesh. This will support subsequent monitoring of media coverage on nutrition issues and help evaluate the impact of the media advocacy component during the remainder of the project.

Mapping of stakeholder activities. In Project Year One, FANTA will assist the IPHN to carry out a stakeholder mapping exercise for Bangladesh to determine which NGOs are working on nutrition and where they are working in the country, especially in the pilot *upazilas* planned for the initial rollout of the NNS. FANTA will support the mapping exercise in areas where other partners are not carrying out similar activities, but will coordinate with partners, such as REACH and SPRING, that are carrying out similar activities at the district level to ensure that the mapping exercise is comprehensive and complementary to these other ongoing efforts. This information will enable the GOB to better coordinate and leverage the IPs' efforts in nutrition. It will also allow the GOB to identify where there are gaps and needs for capacity strengthening and opportunities to use the IP expertise to strengthen GOB nutrition service provision.

2.4.G Ghana

The National Nutrition Policy. FANTA[66] will facilitate the process of reviewing and updating the technical content and structure of the recently developed National Nutrition Policy to harmonize it with international standards. FANTA[67] will then support the MOH/GHS to develop plans for scaling up nutrition through technical inputs and advice.

Effective implementation of nutrition activities through the National Nutrition Policy will require thorough coordination of the lead sectors, development partners, and donors. FANTA will work closely with MOH/GHS, USAID/Ghana, and development partners to support ongoing coordination efforts through the SUN movement and the REACH initiative. FANTA will also continue to support the interagency coordination forum the National Nutrition Partners

[65] FANTA may work on this activity with additional USAID-funded projects working in nutrition advocacy in Bangladesh.
[66] FANTA will work with the MOH, GHS, and development partners to carry out this activity.
[67] FANTA collaborate with the REACH and WHO/Ghana on this activity.

Coordination Committee, which is responsible for coordinating and harmonizing stakeholders' efforts in nutrition programming, sharing, accountability, strategic planning, and improving technical capacity in nutrition, and the proposed Cross-Sectoral Planning Group, which is mandated by the Government of Ghana to coordinate different sector programs and activities and will be responsible for multisector coordination of nutrition activities in Ghana, through technical inputs in the structure and content of the forums. FANTA will serve as a source of ongoing TA and will help strengthen nutrition capacity within the forums and among participating stakeholders.

Advocacy and communication strategy. In 2011, FANTA provided TA to the GHS and the Ghana PROFILES task team to use PROFILES to estimate the consequences of undernutrition and micronutrient deficiencies. The process led the team to develop a nutrition advocacy and communication plan and nutrition advocacy materials and involved determining key audiences and tailoring messages to each audience based on desired changes and perceived barriers and benefits for each audience. Activities outlined in the nutrition advocacy and communication plan are expected to contribute to increased visibility and resources for nutrition in the legislative, health, agricultural, and education sectors.

A key event in the strategy is the national dissemination of the nutrition advocacy materials with key stakeholders, which will be aligned with the launch of the National Nutrition Advocacy and Communication Strategy. A series of targeted meetings will be conducted with key stakeholders to convey the significance of nutrition issues on health, education, and development and the need for increased resources for nutrition and multisectoral coordination on nutrition. Key stakeholders include policy makers, politicians, civil society, and government officials at various levels. In addition, one-on-one meetings will be conducted with select stakeholders to build a critical mass of nutrition advocates and to promote a coordinated effort on nutrition in Ghana.

Media workshops and coverage. As part of the advocacy and communication strategy in Ghana, FANTA will organize a roundtable discussion or workshop with media gatekeepers and practitioners on the magnitude of the problem of undernutrition in Ghana and its impact, what is needed to reverse this trend, and what role the media can play. These workshops would include consensus on specific next steps, including commitment to covering stories on nutrition after the workshop and sending journalists to cover the National Nutrition Advocacy and Communication Strategy launch event. Work with media gatekeepers will also include selection of "champion journalists" to participate in training workshops, which will also focus on strengthening skills in investigative journalism and linking nutrition to development.

In addition, to accurately monitor media coverage on nutrition issues and evaluate the impact of the media advocacy component of the project in Project Year One, baseline media monitoring of print and broadcast media will be conducted to determine the amount and accuracy of nutrition coverage in Ghana. Continuous media monitoring will be conducted throughout future project years.

2.4.H Guatemala

Capacity and institutional strengthening to support country ownership. Capacity and institutional strengthening as part of country ownership are integral parts of the technical support

FANTA will provide to local partners in the public sector (i.e., the MOH, the Food and Nutrition Security Secretariat [SESAN], NGOs) to strengthen their competencies and upgrade their performance ability to scale up nutrition and food security interventions. To provide this support, FANTA will participate in a number of in-country working groups, including the MOH's working group to develop the Health Sector's National Plan, the National Commission on Breastfeeding and Infant Feeding (CONAPLAM) to complete the National Plan of Breastfeeding and Infant Feeding Practices, the USAID Health and Education partners working group, and the SESAN Hunger Cero Working Group.

E-learning course in nutrition. To assist in reducing levels of chronic malnutrition, FANTA[68] will design an e-learning course to improve the knowledge and skills of first-line health care providers in nutrition, based on a needs assessment FANTA will carry out in Project Year One as input. FANTA will build on past experience under FANTA-2 in the design of a nutrition e-learning course for USAID. The course will address maternal-infant nutrition, micronutrient and deworming interventions, growth monitoring, food-based approaches to increase dietary diversity and diet quality, and behavior change strategies. It will target health, nutrition, and food security personnel and health care providers working in the health sector, as well as additional health personnel that could be identified through the needs assessment. Depending on the level of accessibility of the e-learning platform, the course will be made available through electronic copies distributable in a DVD/CD format. The course will be drafted, completed, and implemented in Project Year Two.

PROFILES. PROFILES has been used for advocacy purposes twice in Guatemala (2002 and 2005). In 2011, USAID/Guatemala identified several additional purposes for using PROFILES for Guatemala: for advocacy purposes, to be used as a policy dialogue tool with, e.g., policy makers, private sector, mayors; to increase investment in nutrition, by showing the costs and consequences of not investing; and to justify the need to implement nutrition interventions.

In Project Year One, FANTA will begin to support conducting PROFILES in Guatemala, based on FANTA-2's experiences in Bangladesh, Ghana, and Uganda. This will consist of a planning phase to identify the desired advocacy outcomes using PROFILES and identify stakeholders to participate in the PROFILES process, followed by a series of meetings with a multidisciplinary group of stakeholders, held over a 6–8-month period to decide on data sources, targets for reduction of malnutrition, key assumptions, and a timeline; discuss a dissemination plan; and develop and complete the PROFILES spreadsheets and results. Formal results will be available in Project Year Two.

National costing model. As a complement to the PROFILES activity, FANTA will support the development of a national costing model for nutrition programs in Guatemala. While PROFILES provides estimates of the economic benefits of investing in nutrition, it does not provide estimates of the costs of providing the services or interventions to improve nutritional status. Under FANTA-2, a national costing model was developed for this purpose in Bangladesh. This experience will guide developing a similar costing analysis in Guatemala.

[68] FANTA will work with Instituto de Nutrición de Centro América y Panamá (INCAP) (Institute of Nutrition of Central America and Panama) in all aspects of developing the e-learning course. INCAP has an existing platform that will house this course.

The costing model that FANTA will develop for Guatemala, which we will begin in Project Year One and complete in Project Year Two, will aim to estimate what it will cost to provide nutrition services at a national level and for the Western Highlands. Such a model will rely on the input of local experts and local data, including local unit costs of goods and services, projected population growth, assumptions about the nutrition program structure, scale at which services are provided, and the types of interventions or services that will be provided.

Strengthen capacity in nutrition and agriculture linkages. In Project Year One, FANTA will begin carrying out activities to increase institutional capacity in linking agriculture, health, and nutrition. Institutions targeted include universities, technical units of line ministries, and municipal authorities. Among the potential activities to be considered are the development of pre-service/in-service training materials for field professionals (e.g., nutritionists, agronomists, health providers), the selection and training of university students to carry out nutrient profiling of locally available foods in prioritized municipalities from selected departments, and the organization of a training activity at INCAP's farm facilities to enhance skills and practices of field professionals and USAID partners in evidence-based agriculture, health, and nutrition interventions.

Implementing Optifood to identify food-based approaches. To understand the current dietary patterns in the Western Highlands and identify options available to improve diet quality, FANTA[69] will pilot Optifood in Guatemala. The tool will be used to enable the formulation of food-based recommendations to identify locally-available nutrient-dense foods that are important for improving diet quality and that may be promoted via agricultural activities; identify key problem nutrients, i.e., those which the local food supply are unlikely to provide in adequate amounts so that alternative strategies can be identified; and develop food-based recommendations, taking cost into consideration that are likely to ensure a nutritionally adequate diet if they are successfully adopted.

Data collection will focus on PLW and children 6–24 months of age from selected municipalities of the prioritized departments participating in FTF/GHI, specifically from families covered by the Government of Guatemala health services and extension of coverage program and families participating in the rural value supply chain alliances in the Western Highlands of Guatemala. As part of this activity, FANTA will train INCAP personnel in the use of Optifood.

Household food security and nutritional status. USAID/Guatemala requested an analysis of the household food security data and its relationship to nutritional status of children under 2 and women of reproductive age, focusing on the five departments of the Western Highlands. This analysis, written as a research brief entitled *Household food insecurity and nutritional status of women of reproductive age and children less than five years of age in five departments of the Western Highlands of Guatemala: An analysis of data from the National Maternal-Infant Health Survey 2008-09 of Guatemala*, was completed under FANTA-2 and will be disseminated in English and Spanish under FANTA.

[69] FANTA will partner with INCAP on this activity.

2.4.I Tanzania

Incorporating nutrition to support FTF. Under the auspices of the Prime Minister's Office, FANTA will carry out advocacy activities to increase policy makers' attention to the malnutrition problems in Tanzania and may initiate contacts with the Agriculture and Health line ministries to discuss ways in which frontline extension workers can implement actions that are mutually supportive of nutrition. If successful, the outcome of such discussions will contribute to the design of nutrition-related FTF activities in country.

Improve agriculture and nutrition linkages. FANTA[70] may initiate a set of activities in Tanzania to help improve nutrition and agriculture linkages under FTF. If requested by USAID/Tanzania, FANTA will convene key partners to demonstrate the use of three tools—Optifood, *Pro*PAN, and PROFILES—to illustrate how they can complement one another to improve linkages between agriculture and nutrition. Specifically, FANTA will demonstrate how *Pro*PAN can be used to collect dietary data, how Optifood can be used to identify nutrient gaps and how such gaps may be reduced by the incorporation of new crops in the food-based diet, and how PROFILES can be used to foment the necessary dialogue between agriculture and health line ministries to support the cultivation and consumption of those additional agricultural products. If initiated, FANTA will continue this activity in Project Year Two by implementing data collection and analysis and initiating a policy dialogue with appropriate line ministries.

2.4.J Uganda

National sub-committee on nutrition. The Uganda national sub-committee on nutrition (NSCN) holds quarterly meetings during which nutrition stakeholders discuss the coordination of nutrition programs in the country, identify gaps in programming, share technical updates on key topics, and determine the direction of nutrition activities. While the NSCN, chaired by the MOH, had existed for years, meetings were not held regularly due to lack of human and financial resources. In 2009, FANTA-2 provided support to reinvigorate the NSCN. Since then, the NSCN has played a pivotal leadership role in nutrition advocacy and planning. FANTA will continue to support NSCN meetings in Project Year One. This will keep nutrition prominent on the Uganda national agenda and ensure that programming is coordinated among agencies.

Implementing the Uganda Nutrition Action Plan (UNAP). FANTA-2 supported the Uganda National Planning Authority (NPA), a parastatal agency that supports national coordination of multisectoral activities, in developing and launching the UNAP and conducting a nutrition capacity assessment to roll out the UNAP. In Project Year One, FANTA will support the NPA in the process of transitioning nutrition coordination and leadership in implementing the UNAP to Office of the Prime Minister.

FANTA will also support UNAP-related coordination meetings to support financing and implementation of the UNAP at the national and regional levels. This may include supporting the establishment of a Food and Nutrition Sub-Secretariat within the Office of the Prime Minister to

[70] To carry out this activity, FANTA will work with stakeholders and key partners, including the Mwanzo Bora (Beginning is Best) Project, which supports the 1,000 days concept.

roll out the UNAP, as well as providing technical advice and logistical support for the Secretariat's technical meetings.

Coordination of advocacy activities. To maximize the effectiveness of advocacy in Uganda, the Government of Uganda and IPs should have a unified and harmonized approach. A consultative workshop with the government, USAID partners, and U.N. agencies at national, regional, and district levels is needed to develop a comprehensive advocacy strategy that would align with the priorities and outcomes outlined in the UNAP. This process would focus on coordinating activities and resources for a multilayered advocacy approach and would include segmenting target audiences (e.g., media, policy makers, politicians, civil society) and determining desired changes, barriers to change, and communication objectives to address those barriers. In addition, this strategy would include an implementation plan, building on lessons learned from worked carried out during FANTA-2, which would outline activities, materials, and messages for each target audience.

In addition, FANTA will host task force meetings, work with professional bodies, such as the Uganda Action for Nutrition Society (UGAN) and the Civil Society Organizations forum on Scaling Up Nutrition (CSO-SUN), to build capacity for nutrition advocacy.

District-level capacity strengthening in advocacy, negotiation, planning, and budgeting for nutrition. Because Uganda has a decentralized system, planning and decision-making on nutrition programs and funding are made at the district level. However, there are limited materials available for district-level nutrition officers to use to advocate for funding or to help them plan or budget for nutrition. In response, FANTA-2[71] trained district-level government officials, academia, and development partners to advocate for improved financial and human resource allocation to nutrition at the district level as well as to create demand for nutrition services at the community level.

FANTA[72] will build on this activity to support district-level planning and budgeting for nutrition. In Project Year One, FANTA will work with stakeholders to develop nutrition planning and budgeting guidelines, which will be disseminated, tested, and refined in Project Year Two.

Contextual analysis of the role of agriculture in nutrition goals. FANTA-2 conducted formative research for the Ministry of Agriculture, Animal Industries, and Fisheries (MAAIF) on considerations for leveraging agriculture for improved nutrition outcomes in three districts in northern Uganda and seven districts in southwestern Uganda. This included secondary analysis of existing quantitative data as well as data collection and analysis of qualitative data on the possible causes of malnutrition with the aim of identifying linkages and planning integration among health, nutrition, and agriculture programs. FANTA-2 also drafted preliminary results and shared with stakeholders. In Project Year One, FANTA will complete the research, including additional data collection to make the report more comprehensive, and produce the final report.

[71] This activity was carried out in collaboration with MOH Nutrition Unit and other key stakeholders.
[72] FANTA will collaborate with the NPA and partners on this activity.

Indicators for IR 2.4

Indicator	Project Year One Target
Number of MCHN countries reaching Phase 3 in any thematic focus area in the process of improving their MCHN policies/advocacy/ systems/capacities (see **Figure 3** for the technical areas and phases of strengthening)	The MCHN countries and their anticipated phases reached by the end of Project Year One are: Bangladesh - phase 3/stage 2 (for advocacy and capacity strengthening); Uganda - phase 3/stage 1 (for advocacy); Ghana - phase 3/stage 2 (for advocacy); Guatemala - phase 1 (for advocacy)

Figure 3. Phases in FANTA's Process of Strengthening MCHN Policies, Advocacy, Systems, and Capacities

COUNTRIES	POLICY				ADVOCACY				SYSTEMS STRENGTHENING				CAPACITY STRENGTHENING			
	PHASE 1. Assess	PHASE 2. Plan	PHASE 3. Implement A-B-C-D-E	PHASE 4. Evaluate	PHASE 1. Assess	PHASE 2. Plan	PHASE 3. Implement A-B-C-D-E	PHASE 4. Evaluate	PHASE 1. Assess	PHASE 2. Plan	PHASE 3. Implement A-B-C-D-E	PHASE 4. Evaluate	PHASE 1. Assess	PHASE 2. Plan	PHASE 3. Implement A-B-C-D-E	PHASE 4. Evaluate
Bangladesh																
As of 2/2012							A		✓				✓ (GOB)		A (SSFP)	
As of 9/2012							B		✓				✓ (GOB)		B (SSFP)	
Ghana																
As of 2/2012	✓						A				A					
As of 9/2012		✓					B									
Guatemala																
As of 2/2012					✓								✓			
As of 9/2012					✓											
Uganda																
As of 2/2012			A				A						✓			
As of 9/2012							A									

Explanation of Phases

Phase 1. Assess	Phase 2. Plan	Phase 3. Implement					Phase 4. Evaluate
		A	B	C	D	E	
Identify gaps, challenges and opportunities.	Develop an approach (e.g., strategy, implementation plan, protocol).	Review existing materials.	Revise existing or develop new materials.	Hold trainings, workshops, or meetings in support of the materials.	Follow-up and coordinate.	Monitor and evaluate the approach.	**Policy:** A favorable policy environment exists. **Advocacy:** Demand for, visibility of, and resources for nutrition are increased. **Systems Strengthening:** Government and nongovernment entities are aligned and provide a common platform of nutrition services. **Capacity Strengthening:** The capacity of the country to coordinate on a multi-sectoral level and improve the quality of nutrition services from prevention to treatment is strengthened.

Annex 1 FANTA Monitoring and Evaluation Plan

FHI 360 brings in-depth expertise in M&E and holds itself accountable to high standards in this area. The FANTA M&E system provides client USAID offices with necessary information for their own reporting requirements, demonstrates responsible stewardship of public resources, and, most importantly, helps project staff identify when and how activities need to be modified to maximize results.

The FANTA M&E approach focuses on measuring the **increased capacity and adoption** (of tools and skills) levels, the **improved performance and quality** of the clients we serve, and our clients' levels of satisfaction with our TA. For research activities, we track the extent to which research findings are used **and applied** for strengthening nutrition and food security policies and programs.

Performance Monitoring

Our illustrative Performance Management Plan (PMP) is in **Annex 2**. The PMP contains indicators that measure achievement against the project's objectives, as well as indicator definitions, type, source, and data collection methodologies. The PMP also specifies Project Year One targets for most project indicators. Data collection for the indicators marked in gray in the PMP will start in Project Year Two, as FANTA will develop the methodology for these indicators in Project Year One.

The PMP indicators measure the project's immediate outputs, such as numbers of publications produced, numbers of tools and guides produced, numbers of people trained, numbers of countries receiving TA, and numbers of policies/programs/systems being strengthened. The PMP also includes outcome indicators to measure the effects of training, the application of research findings, and the degree to which nutrition is integrated into national policies. A list of FANTA TA activities, tools, research, and publications will also be assessed annually starting at Project Year Two for the degree of integration of gender considerations; FANTA will develop the gender indicator methodology in Project Year One.

All FANTA trainings under IR 1 and IR 2 will use a standardized approach for measuring results. This approach consists of standard evaluation forms that training participants will be asked to fill out after each training session, pre- and post-tests to assess participant knowledge before and after attending a FANTA training event, and follow-up with participants several months after the training event to assess the behavior change or application of new skills. As an example, after FANTA trains new Title II Awardees in M&E, we will assess the application of the new M&E skills by using a standard score sheet to evaluate the quality of revised RFs, indicators, and survey plans, which Awardees must submit to DCHA/FFP within 45 days of the training event. FANTA will develop the methodology to measure the training outcomes described above across both IRs in Project Year One.

To track research activities under IR 1, each distinct research effort will be assessed annually for its progress in terms of the "Pathway from Research to Field Implementation and Use," a GH scale that assesses the extent to which research findings become widely adopted by programs and

policies. We will also use impact stories to document examples of FANTA research that has affected global normative standards and how FANTA tools and TA have helped strengthen food security and nutrition programs and policies. The methodology for impact stories will be developed in Project Year One.

Country activities under IR 2 will be measured with scales that assess the level of progress each recipient country is making in terms of integrating nutrition into national HIV policies and programs; and/or improving their MCHN policies/advocacy/systems/capacities. Each integration process is anticipated to go through a set of agreed-upon predetermined milestones/stages (defined in the PMP), which enable the evaluation of the stage of progress achieved by each country each year. FANTA country staff and partners will collect information on the content and scale of nutrition integration and specifically which milestones have been met to measure the integration indicators.

Evaluation

Per the new USAID Evaluation Policy, we expect USAID will evaluate FANTA externally. To facilitate this process FANTA, will guarantee it is “evaluation ready” by ensuring that there is a sound causal model, the RF, in place. For select areas of FANTA work (e.g., NACS, CMAM, SBCC), we will develop more specific causal models or process diagrams to illustrate how the design of FANTA activities is expected to lead to the desired outcomes. We will also collect, organize, and make available to the evaluators data documenting the activities of staff and clients.

In addition to the external evaluation, FANTA will conduct an internal Mid-Term Performance Review in Project Year Three. Results on monitoring indicators will be reviewed by project staff; staff will revisit the original program objectives and M&E data to-date to identify any improvements or modifications that need to be made in their approach. The mid-term review will also be informed by the results of a FANTA Customer Satisfaction Survey to be conducted several months prior to the review. The online customer satisfaction survey will be sent to a randomly selected sample of FANTA stakeholders to assess perceived quality and usefulness of FANTA TA, tools, research, and publications.

Workplans and Reports

FHI 360 will prepare and submit to USAID approval annual workplans that describe the FANTA planned activities for the FY, including level of effort and funding sources associated with activity categories, by IR. Workplans will describe specific objectives and expected results of anticipated activities. In addition, FHI 360 will submit quarterly SF425s and any other required financial reports to the Agreement Officer’s Representative (AOR) and M/FM/CMP-LOC.

Annex 2 Combined Performance Management Plan with Targets for Project Year One

	PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS YEAR ONE FEB 2012 - SEPT 2012
PROJECT OBJECTIVE: Food security and health policies, programs and systems for improved nutrition strengthened				
1	**Number of assisted countries that have advanced at least one phase in the integration of nutrition approaches (e.g. HIV and nutrition, MCHN strengthening)**	This indicator is a summary compilation of the IR 2 indicators below. For MCHN, the indicator has a subset of thematic focus areas per phase (policy, advocacy, capacity strengthening, systems strengthening. FANTA will develop phases for this indicator for CMAM in Project Year One.	In an annual participatory process, FANTA staff will assess the integration milestones and corresponding phases reached by each country.	The assisted countries and their anticipated milestones reached by the end of Project Year One are: **HIV** Cote d'Ivoire- phase 3; Ethiopia- phase 3; Ghana- phase 3; Haiti- phase 2; Mozambique- phase 2; Namibia- phase 3; Tanzania- phase 3; Vietnam- stage 1 **MCHN** Bangladesh - phase 3/stage 2 (for advocacy and capacity strengthening); Uganda - phase 3/stage 1 (for advocacy); Ghana - phase 3/stage 2 (for advocacy); Guatemala - phase 1 (for advocacy).
2	**Impact stories produced about nutrition policies/programs/systems being strengthened by FANTA**	Evidence in the form of qualitative impact stories of selected nutrition policies/programs/systems that have been strengthened through FANTA assistance. FANTA "impact stories" will be more rigorous and have a more widespread audience than the traditional success story. FANTA impact stories will follow a defined protocol to ensure stories are objective and are fully supported by data. Impact stories may look retrospectively at the project's actions/interventions and how these actions inform future activities at FANTA. FANTA will develop a standard template, process and quality criteria for impact stories during Project Year One. See also indicators #4 and #7 for specific impact stories on research and tools being used/ applied.	During annual work plan activities, the FANTA Sr. M&E Advisor along with the Senior Management Team will meet to identify potential impact stories and assign responsibility for researching and writing the stories.	FANTA will start producing impact stories in Project Year Two.

	PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS YEAR ONE FEB 2012 - SEPT 2012
CROSS-CUTTING GENDER INTEGRATION				
3	**Average gender integration score across all FANTA TA activities**	FANTA will develop a methodology for the gender integration score in Project Year One.		FANTA will start measuring gender integration in Project Year Two.
INTERMEDIATE RESULT 1: Global evidence and capacity for food security and health policies, programs and systems for improved nutrition strengthened				
4	**(IR1.1) Impact stories produced about FANTA research being used/applied**	This is a specific type of impact story described in indicator #3. These stories must detail the impact of FANTA research findings. FANTA will develop a standard template, process and quality criteria for impact stories during Project Year One.		FANTA will start producing impact stories in Project Year Two.
5	**(IR1.1) Number of research publications produced**	List of research publications issued "Research publication" includes: - peer reviewed publications - research-related publications (research reports, occasional papers, technical briefs, articles) that are published by FANTA and disseminated via the website	Routine project records of research publications	FANTA will produce on the following research publications in Project Year One: Research reports: – Safety of using a MUAC Cutoff of ≥ 125 mm as a Discharge Criterion for Children 6–59 Months with Severe Acute Malnutrition without Medical Complications Admitted to CMAM Programs – Report of first-round of PM2A operations research in Burundi – Baseline report of PM2A Study in Burundi, English – Baseline report of PM2A Study in Burundi (French) – Guatemala PM2A formative research report, English – Guatemala PM2A formative research report (Spanish) Technical and research briefs: – Guatemala (ENSMI) food security research brief (English) – Guatemala (ENSMI) food security research brief (Spanish)
6	**(IR1.1) Number of research activities that have advanced at least one stage on the *Pathway from Research to Field Implementation and Use***	A research activity is defined as an activity in which a defined methodology or protocol is followed to systematically collect and/or analyze information to advance knowledge, the results and/or recommendations of which are generally made available to the general public, or a specific target audience via a presentation, technical report, peer review article, or other dissemination vehicle.	For each of the principle research activities, FANTA specialists in consultation with the AOR will identify targets during work planning and will determine whether activity reached intended target during annual reporting.	The expected status by the end of Project Year One of FANTA research activities are: – LNS effectiveness study in Bangladesh- stage 2 – LNS RTI study in Malawi-stage 2 – PM2A study in Guatemala- stage 2 – PM2A study in Burundi - stage 2 – Title II Exit Strategies Study (Bolivia, Honduras, India, Kenya)- stage 2 – MUAC for CMAM discharge criteria study in Malawi- stage 3 – MUAC cutoffs for adolescents and adults- stage 2

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS YEAR ONE FEB 2012 - SEPT 2012
	Status of each of FANTA's current research activities on the *Pathway from Research to Field Implementation and Use Pathway from Research to Field Implementation and Use* is adapted from *USAID/GH's Health-Related Research and Development Activities at USAID- Report to Congress,* May 2006. FANTA's proposed adapted version of the Pathway contains six stages: 1) Problem Identification (Strategic planning, problem identification and priority setting) 2) Design and Development (Review of evidence and formulation of program theory; applied research and testing to create tools, approaches, and interventions) 3) Releasing documentation (Packaging and release of written documents (policy, guidelines, tools) 4) Implementation (Facilitation of adoption of approach, country-level program/policy rollout/diffusion into regular use, monitoring of program rollout) 5) Assessment (Evaluate, refine program theory, revise documentation) 6) Consensus (Agreement between researchers and practitioners that approach should be the norm) Note: FANTA plans to update the steps of Pathway during Project Year One.		– Safety of emergency food products- stage 2 – Downstream uses of Food aid- stage 1 – Agriculture and Nutrition linkages in Guatemala- stage 2 – Agriculture and Nutrition linkages in Uganda-stage 3 – RUTF acceptability study in Vietnam-stage 3 – MAM/SAM study in Vietnam-stage 2 – FAFSA-2-stage 3 – ENSMI data analysis-stage 3 – Food hygiene review-stage 2 – Optifood tool development-stage 3 – HFIAS indicator documentation-stage 5 – HIV free survival indicator research-stage 2 – IPC food consumption indicators study-stage 1 – Acceptability of specialized foods among PLHIV in Cote d'Ivoire-stage 1 – Evaluation of PNLT in Cote d'Ivoire-stage 2 – Mali FSCG-stage 2 – South Sudan FSCG-stage 2 – Change in nutritional status of PLHIV, as a result of NACS in Namibia-stage 1 – Growth monitoring in Mozambique-stage 4 – Integration of nutrition in SSFP health services in Bangladesh-stage 4
7 **(IR1.2) Impact stories produced about FANTA M&E and other tools being used or applied**	This is a specific type of impact story described in indicator #3. These stories must be about the impact of FANTA tools. FANTA will develop a standard template, process and quality criteria for impact stories during Project Year One.		FANTA will start producing impact stories in Project Year Two.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS YEAR ONE FEB 2012 - SEPT 2012
8 **(IR1.2) Number of tools developed**	List of the new tools developed. A tool is defined broadly as any sort of approach or methodology or instrument designed to demonstrate how to do something or facilitate getting something done. It can be a worksheet, a checklist, a set of steps, guidelines, technical reference materials, indicator guidelines, etc.	FANTA and USAID will discuss list of tools to be developed at work planning time. FANTA will report on tools actually produced at reporting time.	In Project Year One, FANTA anticipates the following will be developed: – DQA checklists for Title II – Coverage monitoring tool (Ghana) – Update of HIV M&E tool to include nutrition (Ghana) – Costing and Planning Tool for Nutrition and HIV – National tools for the integration of food and nutrition programs (Ethiopia) – Decision algorithm for nutrition care and support of PLHIV and OVC (Cote d'Ivoire) – Supportive supervision tools (Cote d'Ivoire) – Supportive supervision checklist (Mozambique) – Mentoring and supervision tools (Namibia) – Toolkit of SBCC materials – Supervisory tools for IYCF (Bangladesh)
9 **(IR 1.3) Number of global normative standards and policies being strengthened**	List of new/developing global normative standards and policies to which FANTA is contributing Global normative standards and policies are criterion/models/rules that have been publically accepted or supported or promoted by respected international institutions, like U.N.-affiliated bodies. They are usually codified in a formal publication.	The global norms and policies for FANTA to participate in each year will be identified in discussions between FANTA and USAID at work planning time. At reporting time, FANTA will report on global norms and policies where FANTA actually participated.	In Project Year One, FANTA will contribute to the development of the following global norms/policies: – DCHA/FFP PMP – FTF M&E – Title II M&E for development food aid programs – Title II M&E for emergency programs (gender indicators for WFP) – Updated WHO guidelines on the management of MAM and SAM – WHO Guidelines for an integrated approach to the nutrition care of HIV-infected adolescents and adults including pregnant women – WHO Guidelines for nutritional management of HIV – WHO Guidelines for nutritional management of TB
10 **(IR1.3) Number of posters/ presentations delivered**	List of professional meetings and events at which posters/presentations of FANTA work delivered This includes formal professional meetings/ workshops/conferences for which a formal report would come out of and **not** routine presentations made as a part of offering technical assistance. Presentations/posters could have been delivered by non-FANTA staff, as long as presentations/posters were about FANTA work or research/presentation was funded by FANTA.	Simple count of events where presentations/posters were delivered. Tracking spreadsheet includes: title of event, title of presentation/ poster, FANTA staff name, location, date, audience.	Targets for this activity cannot be accurately estimated at this time.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS YEAR ONE FEB 2012 - SEPT 2012
11 **(IR1.4) Post-training adoption rate (average and for each training activity)**	As part of its standard approach to training, all FANTA trainings will include a follow-up with trainees to assess whether the skills imparted during the training, or the tasks/steps covered during the workshop, have been adopted, used, applied, or resulted in behavior change, as expected. The post-training adoption measurement for each training event will be appropriately adapted to the specific objectives of each training and the expected change. Levels of post-training adoption: – High adoption – Medium adoption – Low adoption FANTA will develop the methodology to measure this indicator during Project Year One.	The measurement of adoption rate depends on the specific objective of the training. FANTA staff delivering the training will keep records on the post-training adoption rates and submit these for aggregation. Aggregation methodology is TBD.	FANTA will start measuring this indicator in Project Year Two.
12 **(IR1.4) Number of men and women trained by FANTA**	This is a count of participants attending trainings given by FANTA. This will be disaggregated by funding source, topic, and sex.	Attendance sheets from trainings will be tabulated for this indicator.	In Project Year One FANTA will deliver, at a minimum, the following types of trainings with the indicated numbers of participants: - Three workshops (20 participants each) on PROFILES in Guatemala - One training session (15 participants) on nutrition with journalists in Guatemala at national level - Two training sessions (15 participants) on nutrition with journalists from 5 prioritized departments in Guatemala - FFP M&E workshops in Guatemala, Niger, Uganda, Haiti and Washington DC (30 participants each) - Series of training sessions treatment and rehabilitation of malnutrition, community-based IYCF counseling and support, and community-based nutrition for PLHIV in Mozambique (120 participants in total) - IYCF training in Bangladesh (150 participants)
13 **(IR1.4) Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)**	FANTA will use a standardized approach to all its capacity building activities which includes having participants fill out evaluation forms at the end of each training session. FANTA will develop the methodology to measure this indicator in a systematic way across training sessions during Project Year One.	FANTA will ask training participants to fill out evaluation forms at the end of the training. The scores of the evaluation forms will be tabulated across all FANTA trainings each year.	FANTA will start measuring this indicator in Project Year Two.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS YEAR ONE FEB 2012 - SEPT 2012
14 **(IR1.4) Average percentage point change in score between pre- and post-tests of participants of FANTA trainings**	FANTA will use a standardized approach to all its capacity building activities which includes beginning all formal trainings with a pre-test and ending with a post-test. The average improvement between the tests will be tabulated. FANTA will develop the methodology to measure this indicator in a systematic way across training sessions during Project Year One.	Pre- and post-tests will be given to participants at all FANTA trainings each year. Scores can be tabulated from both tests and the average improvement between pre- and post-test scores can be calculated. This will be averaged across all FANTA trainings each year.	FANTA will start measuring this indicator in Project Year Two.
INTERMEDIATE RESULT 2: Country-driven food security and health policies, programs and systems for improved nutrition strengthened			
15 **(IR2.3) Number of HIV countries reaching Phase 3 in terms of integrating nutrition into national HIV policies/programs /systems**	Status of each assisted country in terms of integrating nutrition into national HIV policies/programs/systems. There are 17 initial (phase 1), 19 intermediary (phase 2) and 18 advanced milestones (phase 3) in the HIV and Nutrition integration process, making up 3 phases. See **Figure 2** in the section "Indicators for IR 2.3" for a fuller description of the phases and milestones.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration milestones reached by each country.	The HIV countries and their anticipated stages reached by the end of Project Year One are: Cote d'Ivoire- phase 3; Ethiopia- phase 3; Ghana- phase 3; Haiti- phase 2;Mozambique- phase 2; Namibia- phase 3;Tanzania- phase 3; Vietnam- phase 1
16 **(IR2.4) Number of MCHN countries reaching Phase 3 in any thematic focus area in the process of improving their MCHN policies/ advocacy/ systems/ capacities**	MCHN measures the number of assisted countries that have advanced at least one phase in any of the *following thematic focus areas*: – Policy – Advocacy – Systems Strengthening – Capacity Strengthening There are 4 phases. See the **Figure 3** under the section "Indicators for IR 2.4" for a fuller description of the phases.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration phases reached by each country.	The MCHN countries and their anticipated phases reached by the end of Project Year One are: Bangladesh - phase 3/stage 2 (for advocacy and capacity strengthening); Uganda - phase 3/stage 1 (for advocacy); Ghana - phase 3/stage 2 (for advocacy); Guatemala - phase 1 (for advocacy).

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS YEAR ONE FEB 2012 - SEPT 2012
17 (IR 2.1) Place holder for CMAM indicator on phases of integration continuum	FANTA will develop a phases of integration continuum indicator (which is used by the HIV and MCHN clusters) for CMAM.		
USAID Offices' Reporting Indicators for Annual Operational Plans and Performance Reports			
18+ TBD	FANTA anticipates that USAID client offices (DCHA/FFP, GH/OFDA, Missions) will ask FANTA to report on specific standard and custom indicators at the end of each FY.		

Annex 3 Publications under Development in Project Year One

IR 1 Global Evidence and Capacity for Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened
IR 1.1 Evidence Base for Effective Food and Nutrition Program Approaches Expanded
Burundi First Round of PM2A Operations Research Report
Burundi Baseline Report of PM2A Study, French
Food Aid and Food Security Assessment-2 Report
Food Aid and Food Security Assessment-2 Summary
Guatemala ENSMI Food Security Research Brief, English
Guatemala ENSMI Food Security Research Brief, Spanish
Guatemala PM2A Formative Research Report, English
Guatemala PM2A Formative Research Report, Spanish
Literature Review on the Use of MUAC as an Indicator of Acute Malnutrition among Adolescents and Adults
Technical Report on the Safety of Using a MUAC Cutoff of ≥ 125 mm as a Discharge Criterion for Children 6–59 Months with Severe Acute Malnutrition without Medical Complications Admitted to CMAM Programs
IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented
HIV-Free Survival Indicator Pilot Testing Replication Report
Madagascar Outcome Monitoring 2012 Report
Survey Protocol for Madagascar Outcome Monitoring 2012
Report on Integrating Gender Indicators into the M&E Systems of DCHA/FFP-funded Emergency Programs Implemented by the World Food Programme
Household Food Insecurity Access Scale for Measurement of Food Access: Indicator Guide version 4
Household Hunger Scale: Indicator Definition and Measurement Guide, French
Household Hunger Scale: Indicator Definition and Measurement Guide, Spanish
IR 1.3 Global Standards and Policies in Nutrition and Food Security Promoted
Literature Review on Building the Evidence Base for Using MUAC to Assess Adults and Adolescents for Malnutrition
Literature Review: Evidence Base for Effective Food Hygiene Interventions for Households and Communities in Developing Countries
NACS Advocacy and Communication Tool
Generic NACS Guidance on Integrating NACS into Clinical HIV and TB Services
NACS Unified Global Model PowerPoint

NUGAG Meeting Report on Guidelines on Nutrition for HIV-Infected Adults and Adolescents
NUGAG Meeting Report on Guidelines on Nutrition in the Life Course and Undernutrition: Nutrition and Tuberculosis
Commodity Reference Guide (Update)
Summaries of FY 2011 Annual Results Reports for DCHA/FFP
Impact Stories from DCHA/FFP FY 2011 Final Evaluations
DCHA/FFP Data Quality Assessment (DQA) Instrument and Plan
Handbook for the Revised Standard Indicators (Update)
FFP Information Bulletin on Annual Monitoring Indicators
Technical Note/Guidance on Project-Level Early Warning and Response Mechanisms and Systems
IR 1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened
Addendum to the FANTA Sampling Guide: Correction to Section 5.2 “Weighting the data”
Addendum to the FANTA Sampling Guide: Determining the Number of Households that Need to be Contacted, Spanish
Addendum to the FANTA Sampling Guide: Determining the Number of Households that Need to be Contacted, Spanish
Costing and Planning Tool for Nutrition and HIV
Title II Survey Costing Tool for M&E Activities
Optifood Tool
Global Technical Guidance on Early Warning and Response
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened
IR 2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved
Ghana Costed National CMAM Scale-up Strategy
Ghana CMAM Advocacy Brief
Ghana Pre-Service Consultation Workshop Report
Ghana Community Outreach Materials and Tools
Ghana Coverage Investigation Report
TOR for a Core Team of Reviewers of the Ghana CMAM Training Materials

Mali Food Security Country Guidance
Situation Analysis/Strategy for South Sudan
Report on Lessons Learned from Implementing Trigger Indicators and Emergency Response Plans in Haiti's Title II Development Food Aid Programs
IR 2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved
Food Security and HIV Report: Collaboration with the LIFT Project
Haiti Formative Research to Guide SBCC Material Development Report
Côte d'Ivoire Report of Study of Acceptability of Ready-to-Use Therapeutic Foods (RUTF) and Corn-Soy Blend (CSB) and their Provision Mechanisms Among Adult PLHIV
Côte d'Ivoire PNLT Evaluation Report for PNLT, PNN, and PEPFAR
Côte d'Ivoire Development of Software/Database for Monitoring NACS Activities
Côte d'Ivoire NACS Phase 1 Evaluation Protocol for PNN and PEPFAR (Update)
Côte d'Ivoire NACS Phase 1 Evaluation Report for PNN and PEPFAR
Côte d'Ivoire 1-Year Action Plan for the Scale-Up of NACS
Côte d'Ivoire Training Module for NACS Service Providers (Update)
Côte d'Ivoire Decision Algorithm for Nutrition Care and Support of PLHIV and OVC
Côte d'Ivoire NACS Supervision Tools
Ethiopia National Guidelines for HIV/AIDS and Nutrition, Third Edition (Update)
Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV Trainers Manual (Update)
Ethiopia Report on Clinical Training of Trainers Activities
Ethiopian Guide to Community-Based Nutrition Care for Children and Adults with HIV Trainers Manual
Ethiopia Report on Community-Based Training of Trainers Activities
Ethiopia Working Group Strategy for the Implementation of NACS in TB Programs
Ethiopia National Guidelines on the Management of Nutrition and TB
Ghana NACS Multi-Year Implementation Plan
Ghana Nutrition and Infectious Diseases Guidelines
Ghana NACS Training Materials
Ghana Counseling Materials
Ghana NACS Community Linkages Mapping Report

Mozambique Community-Based Nutrition Care for PLHIV, Training Materials: Facilitator's Guide and Participant Handouts (Update)
Namibia Review of NACS Implementation
Namibia Guidelines for Nutrition Care of People with Non-Communicable Diseases
Namibia National Nutrition SBCC Strategy
Tanzania NACS Community Package: Training Materials, Counseling Cards, Job Aids, Nutrition and Food Security Assessment Tools, Referral Tools, M&E Forms, Registers, Brochures
Tanzania NACS Implementation Guide (Update)
Tanzania National Nutrition and HIV Guidelines (Update)
Tanzania Summary Report of FBP/NACS Activities to Date in Tanzania
Tanzania Review of the Food and Nutrition Service Area of the National Costed Plan of Action for MVC
Tanzania Guidelines for the Food and Nutrition Service Area of the National Costed Plan of Action for MVC
Tanzania Review of the Food and Nutrition Service Area of the National MVC Report
Tanzania Review of the Food and Nutrition Service Area of the National MVC Training Facilitators Manual
Tanzania Guidance for Community Care Partners on Selecting Food and Nutrition Activities for Households and Communities
Vietnam Training Manual on NACS for Facility-Based Health Care Providers, Vietnamese
Vietnam National Guidelines for Nutrition Care and Support of PLHIV, Vietnamese
IR 2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved
Bangladesh PROFILES and Costing Report
Bangladesh Advocacy Materials
Ghana Advocacy Materials
Ghana Media Monitoring Report
Ghana PROFILES PowerPoint Presentation and Script
Guatemala PROFILES Spreadsheets and PowerPoint presentations
Guatemala PROFILES and Costing Stakeholder Meeting Reports (2)
Guatemala Report on Approach and Methods for National Costing Model
Guatemala Database of Feeding Practices of Mothers and Children 6–24 Months of Age
Guatemala Database of Agricultural Practices
Guatemala Market Study Report
Guatemala Nutrition e-Learning Needs Assessment Report

Mozambique Manual for the Treatment and Rehabilitation of Malnutrition, Volume II
Mozambique Manual for the Treatment and Rehabilitation of Malnutrition, Volume II Training Materials: Facilitator's Guide and Participant Handouts
Mozambique Manual for the Treatment and Rehabilitation of Malnutrition, Volume II Job Aids
Uganda Formative Research Report on Agriculture and Nutrition
Uganda Capacity Assessment Report

Annex 4 Planned Trainings and Workshops for Project Year One

Planned Trainings

Tentative Title/ Subject Matter	Planned Date	Location	Target Audience
IR 1 Global Evidence and Capacity for Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened			
IR 1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened			
DCHA/FFP M&E Workshop	July 2012	Washington, DC	Awardee headquarters staff
DCHA/FFP M&E Workshop	August–September 2012	Haiti	Staff of new Awards in Haiti
DCHA/FFP M&E Workshop	August–September 2012	Niger	Staff of new Awards in Niger
DCHA/FFP M&E Workshop	August–September 2012	Uganda	Staff of new Awards in Uganda
DCHA/FFP M&E Workshop	August–September 2012	Guatemala	Staff of new Awards in Guatemala
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened			
IR 2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved			
CMAM Inpatient Care Training of Facilitators	April 2012	Tamale, Ghana	Pediatricians and senior medical officers
Inpatient Care Case Management, Korle-bu Teaching Hospital	May 2012	Accra, Ghana	Pediatricians, medical officers/assistants, nurses, nutritionists and dieticians
CMAM Outpatient Care, Greater Accra Region, Dagbwe West	May 2012	Dodowa, Ghana	Nurses, midwives, nutritionists, and dieticians
CMAM Community Outreach	May 2012	Dodowa, Ghana	CHWs and volunteers
CMAM Community Outreach	June 2012	Amasama, Ghana	CHWs and volunteers

Group 2 Regional Managers Training	June 2012	Kumasi, Ghana	Regional nutrition officers, public health nurses, health promotion officers and disease control officers.
CMAM Inpatient Care Training of Facilitators	June 2012	Accra, Ghana	Pediatricians and senior medical officers
Inpatient Care Case Management, Greater Accra Region	June 2012	Accra, Ghana	Pediatricians, medical officers/assistants, nurses, nutritionists and dieticians
CMAM Outpatient Care, Greater Accra Region, Ga West	June 2012	Amasama, Ghana	Nurses, midwives, nutritionists, and dieticians
CMAM Outpatient Care, Greater Accra Region	July 2012	Accra, Ghana	Nurses, midwives, nutritionists, and dieticians
CMAM Inpatient Care Training of Facilitators, Group 2 Regions	August 2012	Kumasi, Ghana	Pediatricians and senior medical officers
CMAM Outpatient Care, Western Region	August 2012	Takoradi, Ghana	Nurses, midwives, nutritionists, and dieticians
CMAM Community Outreach	August 2012	Weija, Ghana	CHWs and volunteers
CMAM Outpatient Care, Ashanti Region	August 2012	Kumasi, Ghana	Nurses, midwives, nutritionists, and dieticians
CMAM Outpatient Care, Volta Region	September 2012	Ho, Ghana	Nurses, midwives, nutritionists, and dieticians
IR 2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved			
Clinical Inpatient Management of Severe Malnutrition	May 2012	Rundu, Namibia	MOHSS doctors and nurses
NACS Training for CBHCPs	May 2012	Mariental, Namibia	CBHCPs
TOT in Community-Based Nutrition Care for PLHIV	June 2012	Maputo, Mozambique	ANEMO, Com-CHASS, MISAU, and the Ministry of Women and Social Welfare (MMAS)
Clinical Inpatient Management of Severe Malnutrition	June 2012	Oshakati, Namibia	MOHSS doctors and nurses
NACS Training for CBHCPs	June 2012	Keetmanshoop, Namibia	CBHCPs

Clinical Nutrition and HIV Care Training	July 2012	Addis Ababa, Ethiopia	Expert trainers
NACS Training for FBHCPs	July 2012	Otjiwarongo, Namibia	MOHSS nurses
TOT of CBHCPs in IYCF	July 2012	Keetmanshoop, Namibia	MOHSS senior health program administrators
TOTs on the use of the NACS Training Package (2)	August 2012	Abidjan, Côte d'Ivoire	Master trainers from PNN, PNPEC, PNOEV, and PEPFAR/Côte d'Ivoire Partners at the national level and from each region
Community-Based Nutrition and HIV Care Training	August 2012	Addis Ababa, Ethiopia	Expert trainers
Clinical Nutrition and HIV Care Training	August 2012	Gonder, Ethiopia	Expert trainers
IYCF Training	August 2012	Oshakati, Namibia	MOHSS nurses
NACS Training for FBHCPs	August 2012	Mariental, Namibia	MOHSS nurses
Clinical Nutrition and HIV Care Training	September 2012	Jima, Ethiopia	Expert trainers
NACS Training for FBHCPs	September 2012	Oshakati, Namibia	MOHSS nurses
NACS Training for CBHCPs	September 2012	Oshakati, Namibia	CBHCPs
Training of National and Provincial NACS Trainers	September 2012	Hanoi and nine provinces, Vietnam	Health care providers working in outpatient clinics providing ART
TOT in the Protocols of the Manual for the Treatment and Rehabilitation of Malnutrition, Volume 1	May 2012	Maputo, Mozambique	Provincial-level personnel responsible for training health staff at provincial-level training institutes
Regional TOT in the Protocols of the Manual for the Treatment and Rehabilitation of Malnutrition, Volume II	September 2012	Maputo, Mozambique	USG-supported HIV care and treatment services, MISAU and provincial-level health staff

IR 2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved			
IYCF training	May–September 2012	Bangladesh	Health providers at the SSFP
Optifood	September 2012	Guatemala City, Guatemala	INCAP personnel and university students
Training at INCAP's Farm Facilities to Enhance Skills and Practices	August 2012	San Raymundo, Guatemala	MOH, SESAN delegates, agricultural organization representatives

Planned Workshops

Tentative Title/ Subject Matter	Planned Date	Location	Target Audience
IR 1 Global Evidence and Capacity for Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened			
IR 1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened			
DCHA/FFP Annual Monitoring Indicators	June 2012	Washington, DC	DCHA/FFP CBOs
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened			
IR 2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved			
Developing Guidance for Community Care Partners on Selecting Food and Nutrition Activities for Households and Communities (two workshops)	April–May 2012	Tanzania	MOHSW; DSW; ART, PMTCT, MVC, HBC, nutrition, and economic strengthening partners; and community care providers
Review of NACS Community Package (three workshops)	April–May 2012	Tanzania	MOHSW; local government authorities; DSW; ART, PMTCT, MVC, HBC, nutrition, and economic strengthening partners; community care providers
Stakeholder Workshop to Provide Input on the Decision Algorithm for Nutrition Care and Support of PLHIV and OVC	May 2012	Abidjan, Côte d'Ivoire	Nutrition stakeholders

Stakeholder Workshop to Provide Input on Draft NACS Supervision Tools	May 2012	Abidjan, Côte d'Ivoire	Ministre de la santé publique et de lutte contre le Sida, PEPFAR/Côte d'Ivoire Partners, and other NACS stakeholders
National Working Group in Nutrition and HIV Planning Workshop	May 2012	Addis Ababa, Ethiopia	FMOH, USAID, SC, and other PEPFAR/Ethiopia Partners, working group members
National Working Group in Nutrition and TB Activities Workshop	May 2012	Addis Ababa, Ethiopia	FMOH, USAID, SC, and other PEPFAR/Ethiopia Partners, working group members
Planning Workshop Quality Improvement Activities in NACS Facilities	May 2012	Addis Ababa, Ethiopia	FMOH, USAID, SC, and other PEPFAR/Ethiopia Partners
National Nutrition SBCC Strategy Development Workshop	May 2012	Swakopmund, Namibia	MOHSS chief health program administrators, senior health program administrators, C-Change, I-TECH, WHO, Synergos
Review of Food and Nutrition Service Area of training materials for National MVC Facilitators	May 2012	Tanzania	MOHSW, MVC partners
Nutrition Assessment and Counseling (six departmental workshops)	May – September 2012	Cap Haïtien, Port de Paix, Fort Liberté, Miragoâne, Hinche, Nippes, and Petit Goâve, Haiti	PLHIV care service providers from MSPP facilities, NGO facilities, and NGO community-based programs
Prioritization of Key Behaviors and SBCC Messages and Development of SBCC Strategy for Improving Nutrition Practices among People living with HIV and/or TB	June 2012	Maputo, Mozambique	MISAU and partners
NACS Implementation Review Report Dissemination	June 2012	Windhoek, Namibia	MOHSS chief health program administrators, USAID, CDC, I-TECH, UNICEF, WHO, Synergos
Workshop to revise National Nutrition and HIV Guidelines	June 2012	Tanzania	MOHSW; ART, PMTCT, MVC, HBC, and nutrition partners

Workshop to Validate Results of Field Testing of NACS Community Package	July 2012	Tanzania	MOHSW; DSW; ART, PMTCT, MVC, HBC, nutrition, and economic strengthening partners; community care providers; Pamoja Tuwalee partners
Stakeholder Review to Update the Basic Documents on Nutrition and HIV	August 2012	Abidjan, Côte d'Ivoire	Nutrition stakeholders
Stakeholder Review of a 1-Year Action Plan for the Scale-Up of NACS	August 2012	Abidjan, Côte d'Ivoire	Nutrition stakeholders
Introduction to Advocating for the Adoption of the Training Materials for NACS Service Providers into Pre-Service Training	August 2012	Abidjan, Côte d'Ivoire	Directors of pre-service training institutions
Nutrition Surveillance Guidelines Development Workshop	August 2012	Swakopmund, Namibia	MOHSS chief health program administrators, senior health program administrators, I-TECH, UNICEF, WHO, Synergos
Validation of the NACS Implementation Guide	August 2012	Tanzania	MOHSW; ART, PMTCT, MVC, HBC, and nutrition partners; health care providers; community care providers
The Development of a District-Level DIP to Integrate NACS into HIV and TB care	September 2012	Bouaké, Bouaflé, Oumé, Abengourou, Côte d'Ivoire	Service providers at NACS sites and their corresponding MOH health officers at the district level
Planning Workshop for *Nutrition and HIV/AIDS: A Training Manual for Academic Facilities*	September 2012	Addis Ababa, Ethiopia	FMOH, USAID, SC, and other PEPFAR/Ethiopia Partners, university administrators and instructors, and training and curriculum specialists
Workshop to Develop Guidelines for Nutrition Care of People with Non-Communicable Diseases	September 2012	Swakopmund, Namibia	MOHSS chief health program administrators, senior health program administrators, I-TECH, WHO, Synergos
Review and Completion of the Protocols of the Manual for the Treatment and Rehabilitation of Malnutrition, Volume 2	March 2012	Maputo, Mozambique	MISAU and partner health staff

IR 2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved			
Scope of PROFILES 2012	May 2012	Guatemala City, Guatemala	Key stakeholders from the public sector, NGOs, private sector, and academia
Planning Workshop for the Nutrition E-Learning Course	May–June 2012	Guatemala	INCAP, MOH, and USAID/Guatemala
Consensus Building Workshop	June–July 2012	Bangladesh	Media gatekeepers
Review of Preliminary Results for the National and Departmental Levels (Western Highlands) Using the PROFILES Model	September 2012	Guatemala City, Guatemala	Key stakeholders from the public sector, NGOs, private sector, and academia