

FANTA III

FOOD AND NUTRITION
TECHNICAL ASSISTANCE



USAID
FROM THE AMERICAN PEOPLE

FANTA Work Plan Project Year 2
October 1, 2012–September 30, 2013

Cooperative Agreement Number
AID-OAA-A-12-00005

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Abbreviations and Acronyms

AFTP-2	Agricultural Sector Development program (Tanzania)
AIDS	Acquired Immunodeficiency Syndrome
ANEMO	Associação Nacional dos Enfermeiros de Moçambique (Mozambique National Nursing Association)
ANSA	Associação de Nutrição e Segurança Alimentar (Mozambique Nutrition and Food Security Association)
APE	<i>agentes polivalentes elementare</i> (Mozambique)
ARR	Annual Results Report
ARV	antiretroviral (drug)
ART	antiretroviral therapy
ATOMM	AIDS/Tuberculosis/Opportunistic Infections/Malaria/Malnutrition (Mozambique)
BFHI	Baby-Friendly Hospital Initiative
BFS	Bureau of Food Security (USAID)
BMI	body mass index
C-Change	Communication for Change Project (FHI 360)
CBHCP	community-based health care provider
CD4	cluster of differentiation 4
CD8	cluster of differentiation 8
CDC	U.S. Centers for Disease Control and Prevention
CHW	community health worker
CMAM	Community-Based Management of Acute Malnutrition
CNSA	National Food Security Coordination Unit (Haiti)
CONAPLAM	National Commission on Breastfeeding and Infant Feeding (Guatemala)
COP	Country Operational Plan
COUNSENUITH	Centre for Counselling, Nutrition and Health Care
CRG	Commodity Reference Guide (USAID)
CRS	Catholic Relief Services
CSB	corn-soy blend
CSO	civil society organization
CSHGP	USAID Child Survival and Health Grants Program
DAI	Development Alternatives, Inc.
DDS	Direcções Distritais da Saúde (District Health Directorates) (Mozambique)
DNAM	Direcção Nacional de Assistência Médica (Department of Medical Assistance) (Mozambique)
DPS	Direcções Provinciais da Saúde (Mozambique)
DQA	data quality assessment
DRC	Democratic Republic of Congo
EBF	exclusive breastfeeding
EC	external contractor
eMTCT	elimination of mother-to-child transmission of HIV
ENA	Essential Nutrition Actions
ENGINE	Empowering New Generations to Improve Nutrition and Economic Opportunities

ENSMI	National Maternal and Child Health Survey (Guatemala)
EWR	early warning and response
F	U.S. Department of State Office of U.S. Foreign Assistance Resources
FAFSA	Food Aid and Food Security Assessment
FAFSA-2	Second Food Aid and Food Security Assessment
FANTA	Food and Nutrition Technical Assistance III Project
FANTA-1	Food and Nutrition Technical Assistance Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FAO	Food and Agricultural Organization of the United Nations
FBF	fortified-blended food
FBP	Food by Prescription
FEWS NET	Famine and Early Warning Systems Network
FFP	USAID Office of Food for Peace
FFPO	Food for Peace Officer
FMOH	Federal Ministry of Health (Ethiopia)
FP	focal point
FSCF	Food Security Country Framework
FSCG	Food Security Country Guidance
FTF	Feed the Future
FY	fiscal year
GAC	Ghana AIDS Commission
GAIN	Global Alliance for Improved Nutrition
GFDRE	Government of the Federal Democratic Republic of Ethiopia
GH	USAID Bureau for Global Health
GHI	Global Health Initiative
GHS	Ghana Health Service
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMP	growth monitoring and promotion
GOB	Government of Bangladesh
GOG	Government of Guatemala
GOV	Government of the Socialist Republic of Vietnam
GRM	Government of the Republic of Mozambique
GRN	Government of the Republic of Namibia
HBC	home-based care
HCI	Health Care Improvement Project
HEBI	High-Energy Protein Bar for IMAM (Vietnam)
HEO	Health and Education Office (Guatemala)
HEW	health extension worker
HIV	human immunodeficiency virus
HIV-FS	HIV-free survival
HKI	Helen Keller International
HMIS	health management information system
I-TECH	International Training & Education Center for Health (Namibia)
IFA	iron/folic acid
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition (Uganda and Vietnam)

INCAP	Instituto de Nutrición de Centro América y Panamá
INFAS	Institut national de formations des agents de santé (National School for Nurses and Midwives) (Côte d'Ivoire)
INFS	Institut national de formation sociale (National School for Social Work) (Côte d'Ivoire)
IP	implementing partner
IPC	integrated phase classification
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRB	Institutional Review Board
ISMS	Institute of Social and Medical Studies (Vietnam)
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition Project
LAM	Lactational Amenorrhea Method
LIFT	Livelihoods and Food Security Technical Assistance Project
LNS	lipid-based nutrient supplement(s)
LNSRN	LNS Research Network
M&E	monitoring and evaluation
M&R	monitoring and reporting
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries (Uganda)
MAGA	Ministry of Agriculture (Guatemala)
MAM	moderate acute malnutrition
MCHIP	Maternal and Child Health Integrated Program
MCHN	maternal and child health and nutrition
MFDI	Media for Development International
MI	Micronutrient Initiative
MISAU	Ministério de Saúde (Ministry of Health) (Mozambique)
MMAS	Ministério da Mulher e Acção Social (Ministry of Women and Social Welfare) (Mozambique)
MNP	multiple micronutrient powder(s)
MOE	Ministry of Education
MOGLSD	Ministry of Gender, Labor and Social Development (Uganda)
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)
MOU	memorandum of understanding
MRDI	Management and Resources Development Initiative
MSLS	Ministère de la Santé et de la Lutte contre le Sida (Ministry of Health) (Côte d'Ivoire)
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population) (Haiti)
MSU	Michigan State University
MUAC	mid-upper arm circumference
MVC	most vulnerable children
N-CRSP	Nutrition Collaborative Research Study Program (Uganda)

NACP	National AIDS Control Programme (Ghana, Tanzania)
NACS	nutrition assessment, counseling, and support
NGO	nongovernmental organization
NIN	National Institute of Nutrition (Vietnam)
NNIDS	National Nutrition and Infectious Disease Subcommittee (Ethiopia)
NNP	National Nutrition Plan (Ethiopia)
NNS	National Nutrition Services (Bangladesh)
NPA	National Planning Authority (Uganda)
NPDA	Nutrition Program Design Assistant
NTCP	National TB Control Program (Ghana)
NTWG	Nutrition Technical Working Group (Ethiopia)
OHA	USAID Bureau for Global Health Office of HIV/AIDS
OPM	Office of the Prime Minister (Uganda)
OR	operations research
OSCE	Objective Structured Clinical Examination
OVC	orphans and vulnerable children
PAC	Provincial AIDS Committee (Vietnam)
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PLANOCC	Plan estratégico de seguridad alimentaria y nutricional para Occidente (Food and Nutrition Strategic Plan for the Western Highlands) (Guatemala)
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	Programme National de lutte contre la Tuberculose (National Program to Fight against Tuberculosis)
PNN	Programme National de Nutrition (National Nutrition Program) (Côte d'Ivoire)
PNOEV	Programme National des Orphelins et Enfants Vulnérable (National Program for OVC) (Côte d'Ivoire)
PNPEC	Programme National de la Prise en Charge des PVVIH (National Program for Care of PLHIV) (Côte d'Ivoire)
PNSI	Programme National de la Santé Infantile (National Program on Child Health) (Côte d'Ivoire)
PRN	Programa de Reabilitação Nutricional (Nutrition Rehabilitation Program) (Mozambique)
<i>Pro</i> PAN	Process for the Promotion of Child Feeding
PRONANUT	National Nutrition Programme (DRC)
PSNP	Productive Safety Net Program
PVO	private voluntary organization
QA	quality assurance
QI	quality improvement
RCHS	Reproductive and Child Health Services (Tanzania MOH)
REACH	Renewed Efforts Against Child Hunger

RF	Results Framework
RHB	Regional Health Bureau (Ethiopia and Lesotho)
RUSF	ready-to-use supplementary food(s)
RUTF	ready-to-use therapeutic food(s)
SAM	severe acute malnutrition
SAM SU	SAM Support Unit
SAPQ	Standardized Annual Performance Questionnaire
SBC	social and behavior change
SBCC	social and behavior change communication
SC	Save the Children
SDM	standard-days method
SESAN	Food and Nutrition Security Secretariat (Guatemala)
SFP	specialized food product
SLEAC	Simplified LQAS Evaluation of Access and Coverage
SMART TA	Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project (FHI 360)
SO	Strategic Objective
SOP	standard operating procedure
SP	sulfadoxine pyrimethamine
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
SSDS	Social Sectors Development Strategies
SSFP	Smiling Sun Franchise Program (Bangladesh)
ST	support team
SUN	Scaling Up Nutrition
TA	technical assistance
TACAIDS	Tanzania Commission for HIV/AIDS
TANGO	Technical Assistance to NGOs
TB	tuberculosis
TDY	temporary duty
TEC	technical evaluation committee
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 materials
TWG	technical working group
UDHS	Uganda Demographic and Health Survey
U.N.	United Nations
U.S.	United States
UC Davis	University of California – Davis
UCCO-SUN	Uganda Civil Society Coalition for Scaling Up Nutrition
UFR-SM	Unité de Formation et de Recherche-Sciences Médicales (National Medical School) (Côte d'Ivoire)

UGAN	Uganda Action for Nutrition Society
UGP	Urban Gardens Program (DAI)
UNAP	Uganda Nutrition Action Plan
URC	University Research Co., LLC
USAID	U.S. Agency for International Development
USG	United States Government
VAAC	Vietnam Administration of HIV/AIDS Control
WASH	water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization
WUSTL	Washington University in St. Louis

The Food and Nutrition Technical Assistance III Project: Project Overview

The Strategic Objective (SO) of the U.S. Agency for International Development (USAID)-funded Food and Nutrition Technical Assistance III Project (FANTA) is “food security and health policies, programs, and systems for improved nutrition strengthened.” FANTA will meet 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) (the U.S. Government [USG] Global Food Security and Hunger Initiative), and USAID Forward, FANTA uses a three-pronged approach to improve nutrition.

- 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.
- FANTA expands the evidence base for what works through delivery science and impact evaluation research.
- FANTA provides TA to countries, USAID Missions, and implementing partners (IPs) to improve assessments, program design and implementation, and M&E.

FANTA aims to take research to practice by testing and validating food security and nutrition approaches in a consistent manner. High-quality implementation at scale will be achieved by:

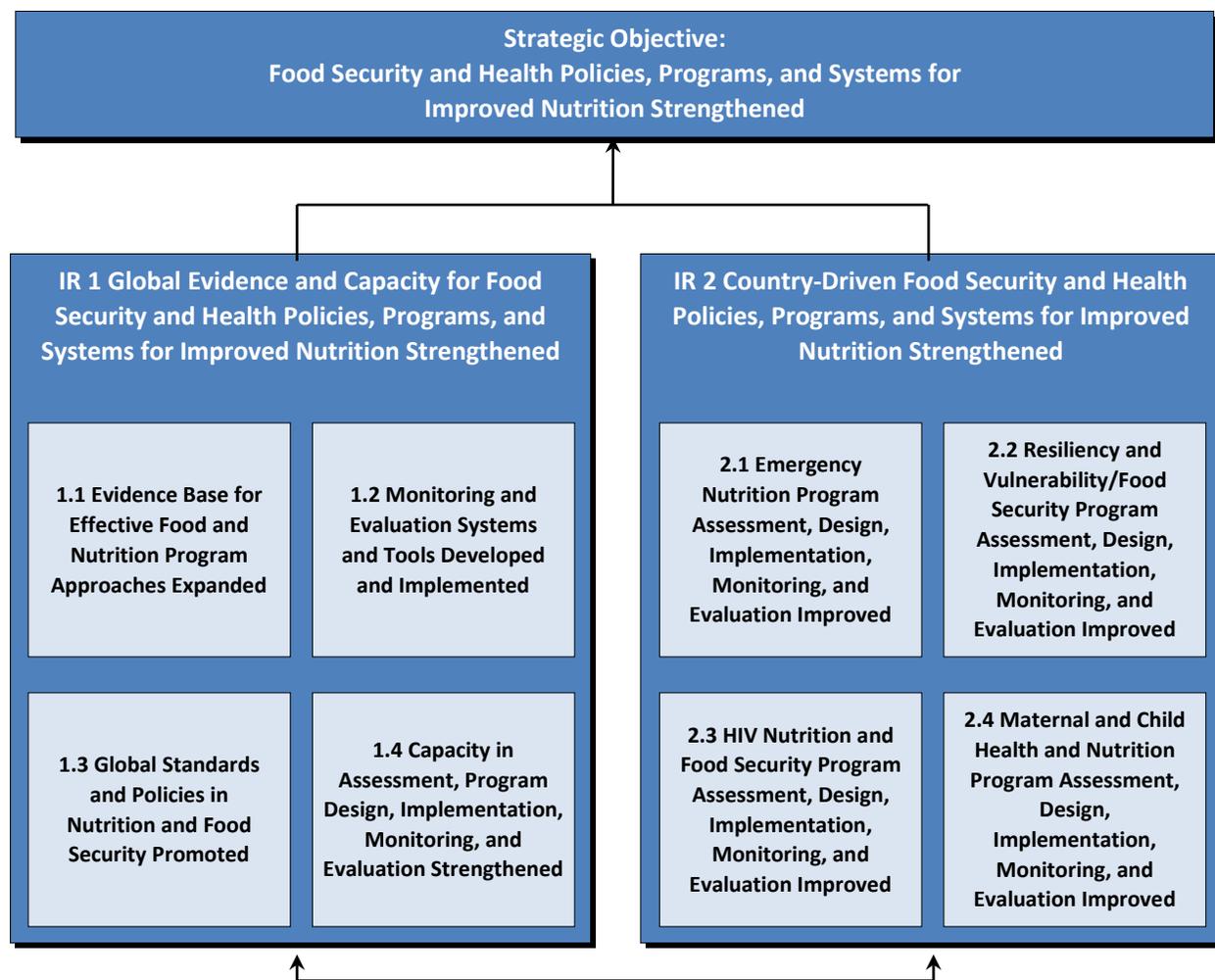
- Supporting country ownership by building the capacity of national stakeholders to assess, design, implement, and evaluate programs
- Coordinating with other donors, global partners, and programs
- Including an explicit gender perspective in our program research, policy and standards recommendations, 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 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 security and nutrition program approaches; developing and implementing M&E systems and tools; promoting global standards and policies in food security and nutrition; 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 programs focusing on food security and nutrition in the context of emergency situations, HIV and other infectious diseases, maternal and child health and nutrition (MCHN), and agriculture and nutrition linkages.

Each IR contains four sub-IRs (see **Figure 1**). FANTA supports activities in multiple countries under all sub-IRs. **Table 1** displays activities by sub-IR in 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 the Centre for Counselling, Nutrition and Health Care (COUNSENUH); 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); Tufts University; University of California – Davis (UC Davis); and Washington University in St. Louis (WUSTL).

Table 1. Matrix of Country Activities by Sub-IR

COUNTRIES	IR 1				IR 2			
	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			
Bolivia	X							
Burundi	X							
Côte d'Ivoire		X	X	X			X	
DRC							X	
Ethiopia				X			X	X
Ghana			X		X		X	X
Guatemala	X					X		X
Haiti		X				X	X	X
Honduras	X							
India	X							
Kenya	X						X	
Lesotho							X	
Madagascar	X							
Malawi	X						X	
Mozambique			X	X			X	X
Namibia				X			X	
Nepal	X							
South Sudan						X		
Tanzania				X			X	
Uganda		X	X		X		X	
Vietnam					X		X	
Zambia							X	

Key Operating Approaches

Needs-Driven Agenda

FANTA identifies priority research questions, areas where the development of tools is important, 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 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-funded Technical and Operational Performance Support Program [TOPS] and the USAID Bureau for Global Health-funded CORE Group).

Capacity Strengthening for Country Ownership

Reflecting the principles of FTF, GHI, and Scaling Up Nutrition (SUN), FANTA helps 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, technical reference materials (TRM), and input to national M&E systems.

Integration

To sustainably reduce malnutrition, the continuum of care from prevention to treatment must be addressed. 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 gender analysis and quality improvement (QI) across platforms.

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 FANTA’s TA. 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.

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.

Rigorous Documentation Coupled with Outreach and Dialogue

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

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 FTF, GHI, and SUN, has inspired renewed momentum for improving nutrition. FANTA builds on the existing evidence base, such as research evidence documented in the landmark *Lancet* “Maternal and Child Undernutrition” series, for targeting interventions aimed at preventing undernutrition during the 1,000-day window 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 also inform the development of tools, M&E, and capacity strengthening activities.

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

FANTA conducts 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 TRM 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**).

USAID/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 USAID/FFP to carry out desk reviews and field-based studies to build the global evidence base for effective food security and nutrition program approaches and policies.

Preventing Malnutrition in Children under 2 Approach (PM2A) (FFP, start date 10/2010 – end date 3/2016). 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 supports the provision of three core services to participants: conditional food rations; 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. 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 a cluster-randomized trial in Guatemala and Burundi 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 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 2, FANTA will complete the enrollment of pregnant women in the study and will continue to collect longitudinal data among already enrolled women and their children, and will also continue to collect program costing data. We will also complete the first round of OR in Guatemala and organize a workshop in Guatemala with stakeholders to discuss the results.

In Burundi in Project Year 2, FANTA will carry out the first survey to follow-up on the baseline survey carried out under FANTA-2, with a focus on children 0–24 months. We will also complete the first round of OR in Burundi and continue collecting program costing data to be used in the cost effectiveness analysis at the end of the study.

In addition, FANTA will host a PM2A stakeholder event in Washington, DC, in Project Year 2. The event will involve the participation of CRS, FANTA, and IFPRI. The focus of this event will be an overview of the research questions that the PM2A studies are designed to answer, along with OR results from the Burundi study and the opportunities these findings may present for future program modification.

Downstream uses of food aid (FFP, proposed). 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 household diets and community economies, the impact it has on household livelihoods, 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 2, we will begin a strategic, consultative process to outline a detailed research agenda to investigate downstream uses of food aid in the context of development food aid programs. This work will include the facilitation of a workshop for FANTA research partners and stakeholders (i.e., USAID/FFP, Title II Awardees, and TOPS) that will aim to identify and prioritize the key areas 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. One key priority in designing the research is that the findings from the studies provide results that can be generalized. A set of protocols for the proposed research studies will also be submitted to the appropriate Institutional Review Boards (IRBs) during Project Year 2, with the research targeted to begin in Project Year 3.

Effective exit strategies for Title II development food aid programs (FFP, start date 3/2009 – end date 7/2013). One of the persistent challenges of development programs is to ensure that the benefits of the interventions are sustained after the programs end. All Title II development food aid programs must incorporate into their designs a specific exit strategy 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 continues. A review of documented experience with Title II program exit strategies conducted under the Food and Nutrition Technical Assistance Project (FANTA-1) 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 that ensure sustainability of benefits into program design, FANTA-2 initiated multiyear studies in Bolivia, Honduras, India, and Kenya. Each country study includes three components:

- A review of Awardee planned exit strategies and the implementation of those strategies in the final program year
- A qualitative review 1 year after the program ended to understand processes of change
- An 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

All three components of the study were completed in all countries by the end of Project Year 1. In Project Year 2, FANTA will prepare individual country reports, as well as a summary report providing a synthesis of the qualitative and quantitative findings across all rounds of data collection in the four countries. Prior to finalizing the reports from the study, FANTA will also host a stakeholder meeting in Washington, DC, at which preliminary findings from the study will be presented for stakeholder feedback and input.

Second Food Aid and Food Security Assessment (FFP, start date 10/2010 – end date 4/2013). At USAID/FFP's request, FANTA-2 undertook research to inform the Second Food Aid and Food Security Assessment (FAFSA-2). The primary objective of FAFSA-2 was to document the

overall achievements of Title II development food aid programs since the 2002 FAFSA. This included assessing the approaches adopted and results achieved in the principal technical sectors, and identifying promising practices, innovations, lessons learned, strengths, weaknesses, and constraints to achieving results. During the FANTA-2 Bridge, we began disseminating the FAFSA-2 findings by first sharing the key findings and recommendations with USAID/FFP staff over the course of three meetings. In FANTA Project Year 1, we organized two stakeholder events to present the FAFSA-2 findings for the five technical sectors reviewed (Agriculture/Natural Resources Management, Infrastructure, MCHN, WASH, and HIV), and submitted the draft FAFSA-2 report for USAID/FFP review. In addition, we submitted the final abridged FAFSA-2 report for USAID/FFP approval. During Project Year 2, FANTA will deliver two webinar sessions to present the FAFSA-2 findings across the five technical sectors to remote-based stakeholders, and will also hold a stakeholder event to present FAFSA-2 findings related to performance management and multisector program integration. In addition, FANTA will submit the full version of the FAFSA-2 final report for USAID/FFP approval, and the final version of the abridged version of the FAFSA-2 report.

Specialized Food Product Studies

In recent years, there has been remarkable progress in the development and improvement of specialized food products (SFPs) designed to prevent and/or treat poor nutritional status. FANTA conducts 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), people living with HIV (PLHIV), and tuberculosis (TB) clients; and maintaining the nutritional status of non-pregnant, non-lactating adults in emergency contexts.

Effectiveness of lipid-based nutrient supplements (LNS) in Bangladesh (GH, start date 9/2011 – end date 3/2016). 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 continues to be carried out in FANTA and 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/folic acid (IFA) to the mother during pregnancy and the first 3 months postpartum, and LNS to the child starting at 6 months of age 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 of age through 24 months
- 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 on the health and nutrition outcomes of their mothers.

Along with 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.

Ongoing longitudinal data collection during Project Year 2 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). Also in Project Year 2, a report of the process evaluation of the baseline assessment for the study will be completed, as will a report on supplement adherence among pregnant women enrolled in the study.

Effectiveness of dietary interventions during pregnancy in Malawi (GH, start date 3/2011 – end date 12/2014). 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 preterm birth. Previous studies have shown maternal reproductive tract infections and malaria during pregnancy to be important risk factors for preterm 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, which FANTA is continuing, to investigate the extent to which adverse birth outcomes can be reduced through dietary intervention during pregnancy. The randomized, controlled clinical trial is being carried out in Malawi with 1,391 pregnant women, randomized to receive one of three daily interventions until delivery: LNS, multiple micronutrient supplementation, or IFA supplementation. The results of the study will inform whether LNS or multiple micronutrient supplementation—in comparison to the standard of care (IFA supplementation)—during pregnancy can reduce the effect of maternal infection during pregnancy on preterm births and infants born with low birth weight. In Project Year 1, enrollment in the study was completed. In Project Year 2, data from enrolled women and their infants will be collected, stored, and analyzed, and a draft report of preliminary study findings (group comparisons on clinical outcomes, not including laboratory sample data) will be prepared. The final study report, with laboratory results included, will be completed in Project Year 3.

Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from moderate acute malnutrition (MAM) (GH, proposed). Research completed in Project Year 1 of FANTA showed that more than 30 percent of children in Malawi that successfully recovered from MAM after treatment either relapsed or died within a 12-month follow-up period. This finding suggests that children successfully treated for MAM remain vulnerable and might benefit from additional interventions and/or a longer period of food supplementation. To investigate the possibility to improve the long-term effectiveness of MAM

treatment, FANTA will undertake a study to examine the effectiveness of a longer period of food supplementation, along with provision of four common interventions, for sustaining good nutritional status among children in the year following recovery from MAM. The study will be carried out in Malawi as an add-on study to an externally funded study that will investigate the relative effectiveness of whey vs. soy ready-to-use supplementary food (RUSF) for treatment of MAM among children. The FANTA add-on study will randomize, by site, children that have recovered from MAM into either an intervention or a control group. The intervention group will receive whey RUSF for 8 weeks beyond their recovery for MAM, along with malaria chemoprophylaxis for 3 months, a 14-day course of zinc to improve environmental enteropathy, a one-time albendazole treatment for deworming, and a single insecticide treated bed net. The control group will receive only bed nets after recovery from MAM. The study will allow for assessing the effectiveness of the follow-up intervention for sustained recovery from MAM, and will also enable comparisons of sustained recovery by initial MAM treatment assignment (i.e., whey vs. soy RUSF). In Project Year 2, the protocol for the study will be finalized and submitted for IRB approval. Shortly thereafter, FANTA will begin enrolling participants into the study, following their recovery from MAM in the externally funded study, which is due to begin in November 2012.

Interventions to effectively treat MAM among HIV-positive and HIV-negative women during pregnancy (GH, proposed). Malnutrition during pregnancy is more common in poor women in the developing world due to inadequate dietary intake combined with increased nutrient requirements. In addition, pregnancy risk is more consequential among poor women than among other demographic groups, with increased risk of maternal and infant mortality and lifelong effects of fetal malnutrition. HIV infection exacerbates the risk of poor outcomes associated with malnutrition during pregnancy. Internationally, there is no agreement on the method of diagnosis or treatment of moderate or severe malnutrition during pregnancy, therefore the World Health Organization (WHO) currently does not have guidelines for diagnosis or nutritional treatment of pregnant women with moderate or severe malnutrition. In addition, the benefits of treatment of MAM during pregnancy remain undocumented.

To respond to this gap in evidence-based treatment protocols, FANTA will initiate a study to test the hypothesis that providing either a fortified flour plus a multiple micronutrient tablet, or a RUSF designed to replenish the nutrient deficits during pregnancy, will result in improved MAM recovery rates among pregnant women and higher infant birth weights and lengths compared to the current standard of care in Malawi, which is a ration consisting of CSB and IFA supplementation. Enrollment in the study will be through antenatal clinics in rural and peri-urban southern Malawi, and, in an effort to enrich the study population with HIV-positive women, urban clinics with higher HIV prevalence pregnancy will be included. During Project Year 2, FANTA will finalize the protocol for the study and submit it for IRB approval. Study enrollment is scheduled to begin in Project Year 3.

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 TB. As with children, using MUAC among adults and adolescents offers the advantages of being a simple measure that can be carried out at both community- and facility-based settings and that requires minimal equipment compared to 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. In Project Year 2, FANTA plans to carry out the following studies.

Standardized MUAC cutoffs for adolescents and adults (OHA, 8/2012 – 3/2014). Although MUAC is commonly used to determine the nutritional status of adolescents and adults, global standards to classify acute malnutrition among adolescents and adults using MUAC have not been established by 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 MAM and severe acute malnutrition (SAM) 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 MAM and SAM among adolescents and adults, including pregnant women and lactating women until 6 months postpartum. As part of this initiative, FANTA 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. In addition, FANTA will carry out secondary data analysis to explore if standardized MUAC cutoffs can be used to identify MAM and SAM among adolescents and adults.

In Project Year 2, FANTA will complete a report on the findings from the systematic literature review and identify and collect datasets for use in secondary data analysis. The results from the secondary data analysis will be available in Project Year 3, and, depending on the strength of the findings, may be used to help inform the WHO establishment of standardized MUAC cutoffs for MAM and SAM among adolescents and adults.

Simplification of CMAM discharge criteria (GH, start date 3/2011 – end date 12/2012). 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 and costs and reduce complexity should translate into an ability to provide care for more children while expending the same resources. CMAM programs currently use weight-for-height 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 that 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. The findings from this study will be available early in Project Year 2.

Delivery Science Studies

FANTA carries out delivery science research to understand how to implement effective, efficient, and equitable food and nutrition programs. FANTA’s delivery science research covers all aspects of program delivery, including identification of the most appropriate platform for delivering an intervention; investigation of the context required for an intervention to be successful; and assessment of the human and financial resources, and supporting processes and materials, that are needed to achieve effective programming. Through delivery science research, FANTA aims to bridge the gap between proven interventions and the effective delivery of those interventions in a programmatic setting.

Lessons learned from integrating family planning into nutrition and food security programming (PRH, proposed). A key pathway by which USG programs contribute to the Millennium Development Goal of eradication of extreme poverty and hunger is through addressing household food security and improving the nutritional status of children. Core programming under FTF, GHI, and the Title II development food aid program includes a mix of sector-specific interventions (e.g., health, nutrition, or agriculture) as well as integrated cross-sector programming. Though often overlooked, one key intervention to addressing household food security and nutritional status in this context is family planning. Family planning can positively affect household food security through a reduction in a country’s population growth, which in turn can decrease the country’s food supply needs and result in increased availability of food per capita. Similarly, family planning can benefit children’s nutritional status through increased household food security and the improved dietary practices that are likely to result. Family planning can also improve children’s nutritional status through the benefits conferred by appropriate birth spacing, which include the reduced risk for a preterm and low weight birth, both important contributing factors of linear growth retardation among children (i.e., stunting).

Despite these links, to date there has been little programmatic experience in integrating family planning into food security and nutrition programming. In addition, what little programmatic

experience has been acquired has not yet been comprehensively documented or reviewed. As a result, little is known about what has and has not worked operationally in these programs. To build the evidence base in this area, in Project Year 2, FANTA will undertake a review, compilation, and synthesis of programmatic experiences integrating family planning into food security and/or nutrition programming. The review will focus on compiling examples of linkages between family planning and food security and nutrition programming, various approaches that have been used to integrate family planning within a given programmatic platform, and programmatic evidence of the effectiveness (or lack thereof) of the various approaches operationalized. Title II development food aid programs will be of particular focus for this activity. Additional programs included in this review will be identified primarily through existing gray literature (e.g., program reports) and key informants (e.g., FANTA and USAID staff). FANTA will also disseminate a request through appropriate communications mechanisms for programs meeting the review criteria to identify themselves and participate in the review.

Mixed-methods lactation amenorrhea method (LAM) delivery science study

(USAID/Madagascar, proposed). LAM is a highly effective contraceptive method determined to be more than 98 percent effective during the 6 months following delivery. In Madagascar, the use of LAM is extremely low, having declined from 1.6 percent in 2003/4 to 1 percent in 2008/9. There is evidence to suggest that uptake of modern family planning methods is much slower in Muslim communities, with anecdotal information that natural methods (namely the standard-days method [SDM] and LAM) are more acceptable than hormonal methods. This is attributable to beliefs that associate menstrual bleeding with cleansing; concerns that hormonal methods are unnatural and associated with negative health consequences; side-effects; and the undesirability of limiting family size. It is hypothesized that natural family planning methods may, however, serve as a gateway method in predominantly Muslim communities in Madagascar. Once Muslim women, their families, and communities understand and benefit from natural family planning methods, especially the health benefits, they may reconsider the advantages of other family planning methods. To further explore the potential of LAM as a gateway family planning method in Madagascar, FANTA will carry out a small, focused research study in Project Year 2. To complement this study, FANTA will also carry out an assessment of USAID/Madagascar LAM programs, to identify specific actions to strengthen LAM implementation primarily at the community level.

Assessment of growth monitoring and promotion programs (USAID/Madagascar, proposed).

In Madagascar, one in 10 children die before reaching their first birthday, and one in six children die before the age of 5. Malnutrition is an underlying cause in 54 percent of all deaths in children under 5. Among 19 sub-Saharan African countries for which Demographic Health Survey data are available, Madagascar has the highest proportion of children under 3 who are stunted. WHO defines growth monitoring and promotion (GMP) as “not only to measure and chart weight of children, but use this information on physical growth to counsel parents in order to motivate actions that improve growth” (WHO 1986). USAID/Madagascar recently expanded GMP activities through the provision of an additional 3,000 baby weighing scales supplied to community health volunteers. In late 2011, USAID completed a Nutrition Improvement Framework for Madagascar. One recommendation from that report was the completion of a GMP assessment.

To assist USAID/Madagascar to respond to this recommendation, in Project Year 2, FANTA will assess current child GMP activities, with a focus on USAID/Madagascar programs, and identify specific steps to strengthen GMP implementation, primarily at the community level. The use of GMP as a platform to educate mothers about key life-saving notions, including Essential Nutrition Actions (ENA)¹ and family planning, will be explored as part of this assessment.

Child Development Studies

There is a growing consensus that weight and length gain—although in many ways good proxies for positive outcomes—do not necessarily capture all critical aspects of healthy growth. Analysis of child development outcomes has often been suggested as an alternative, but the assessment of motor development is quite cumbersome, crude, and prone to measurement errors; and the assessment of cognitive development is most reliably carried out among school-aged children, which means a long follow-up time and significant cost when carried out in relation to a nutrition intervention targeted to infants and young children. Recognizing that positive development outcomes are the ultimate goal for food and nutrition programs, but that knowledge about the relationship between child growth and cognitive development is fairly nascent, FANTA will carry out a set of research activities to advance the existing evidence in this area, including elucidation of interventions during pregnancy that may improve child growth and development outcomes, and validation of a new methodology for improving the measurement of early child development.

Analysis of the association between preterm birth, growth failure, child development, and a promising prenatal health intervention (GH, proposed). Approximately 10 percent of all newborns are born preterm each year. Preterm births are estimated to account for 10 percent of all child deaths worldwide, and are associated with growth failure, developmental problems, and many other adverse outcomes. Yet surprisingly little is known about the aetiology of preterm birth and the exact association between it and the adverse health outcomes or about cost-effective prevention or management alternatives for low-income settings where the problem is most common. FANTA will investigate some of these issues through two existing databases, collected earlier (2003–2006) as part of a randomized clinical trial in Malawi. The trial involved 1,320 pregnant women that received one of three interventions during pregnancy: standard care, monthly malaria treatment with sulfadoxine pyrimethamine (SP), or monthly SP and two doses of azithromycin antibiotics. The main result—a one-third lower incidence of preterm birth and low birth weight in the SP-azithromycin group than in the control group—was published in the *American Journal of Tropical Medicine and Hygiene* in 2010. The growth of the children delivered in this study was monitored up to the age of 5 years (at 3, 6, 9, 12, 15, 18, 24, 30, 36, 48, and 60 months), and their development was assessed at the age of 5 years. The results from these data have not yet been analyzed. In Project Year 2, FANTA will use these data to investigate both the impact of the interventions on childhood growth, development, and mortality and the association between preterm birth, growth failure, and development. The results of the analysis will be available in Project Year 3.

¹ The ENA is a set of seven interventions that promote nutrition and child survival.

Field-testing of a new method to measure early childhood cognitive development (GH, proposed). Research that has examined the association between nutritional status and cognitive development among children has been constrained by the lack of rigorous methods available for objective measurement of cognitive development outcomes among infants and young children. Recently, however, a new method to study infant cognition, based on recording eye movements and visual fixation after various visual or other stimuli, was developed. The method is noninvasive and field-friendly, and can be used to assess sensory and cognitive processes in infants 4–18 months of age. These tests target the development of early cognitive processes that are of critical importance for healthy development and lifetime functional outcomes. Because these tests rely on pictorial instead of verbal material, they can be similarly administered across cultures.

This new method has the potential to advance nutrition and child health research in important ways, allowing critical aspects of healthy growth in children living in low-income countries to be compared to the most up-to-date body of knowledge on healthy child development. The method will facilitate monitoring the impact of intervention programs by providing more sensitive and earlier tests of developmental outcomes and by radically shortening the duration of follow-up, and hence the costs, of intervention studies.

In Project Year 2, FANTA will field-test this new cognitive development measurement technique with 20 6-month-old infants in rural Malawi. The aim of this feasibility study will be to document any adjustments that are required for conducting eye-tracking studies in low-resource settings and preliminary comparisons of data collected among infants in a high- and low-income setting (Finland and Malawi). Following completion of the feasibility study, FANTA will consult with USAID to determine if an observational study to examine how maternal and child nutrition and the duration of pregnancy at birth is associated with children's cognitive development would be a useful next step to advance the development and validation of the tool. Together, these studies will make an important contribution to the development and validation of a robust method to study infant cognition at a very early age and in a wide range of environments, which will facilitate early identification and management of infants requiring special support and research examining the relationship between nutrition, health, and cognitive development in infancy and early childhood.

IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented

The development of practical systems and tools to support rigorous M&E systems is a FANTA trademark. The availability of such systems 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. Our work under FANTA builds on previous experience and draws inspiration from successful methodologies across a wide array of disciplines to develop an expanded set of systems and tools that support the implementation of USAID's evaluation policy.

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 in development and emergency settings 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. In Project Year 2, FANTA plans to carry out the following activities.

Review of nutrition surveillance systems (AFR). Nutrition surveillance is defined as the tracking and forecasting of nutrition-related health events and determinants. 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 timely 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 the given context.

To fill this gap, in Project Year 2, FANTA intends to carry 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. FANTA will begin a global search for nutrition surveillance systems that have been developed and applied in various developing country contexts. Once the search is completed, key attributes of the various surveillance system approaches will be described, as will the relative strengths and weaknesses of the approaches in terms of appropriateness for application in development and/or emergency contexts. The results of the global review will be provided in a technical report and

will be summarized in a user-friendly matrix that will help implementing organizations determine what type of surveillance system best suits their needs.

IPC food consumption indicators study (AFR). IPC is a technical approach designed to provide food security technicians and decision makers with timely, reliable, comparable, and accessible information on food security conditions and outcomes at household and/or area (e.g., livelihood zone, administrative unit) levels. The approach consists of several resources, including an analytical framework for classifying the severity of food insecurity and tools and protocols for integrating and classifying existing food security information at national and subnational levels according to a standard scale.

The Famine and Early Warning Systems Network (FEWS NET) has played a key role in the initial application of the IPC scale, and has contributed substantially to technical discussions regarding revisions to the scale. FANTA-2 has also contributed technical expertise to the development of the IPC's technical materials, as some of the household food consumption indicators the IPC uses are indicators FANTA-2 developed (e.g., household hunger scale, household dietary diversity score). In addition, both FEWS NET and FANTA are members of the IPC Technical Advisory Group.

In Project Year 2, FEWS NET and FANTA will collaborate to initiate a study to more closely examine the food consumption indicators that the IPC uses for household-level food insecurity phase classification. In particular, to determine more precisely how the ranges of food insecurity measured by each indicator relate to one another and to the phases of food insecurity severity set out in the IPC scale, the study will examine the following household food consumption indicators: household hunger scale, household dietary diversity score, coping strategies index, food consumption score, and outcome analysis from the household economy approach. The study will be completed in Project Year 3, with the results allowing for more a precise understanding and classification of acute food insecurity severity in the IPC.

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

Continuing work initiated under FANTA-2, FANTA will support the completion 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. In Project Year 2, FANTA plans to carry out the following activities.

Harmonized indicators for NACS (OHA). FANTA will work with OHA to identify a core set of harmonized indicators for NACS. Harmonizing NACS indicators will facilitate the understanding of NACS outputs and its adoption by PEPFAR Partners as a programmatic approach to a broader framework for nutrition interventions in the HIV context. Also, in consultation with other stakeholders and key partners, FANTA will act as the coordinating body to move the technical input and review process forward and to finalize a draft list of indicators. 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 indicators into program- and government-led M&E systems. .

PMTCT and infant feeding indicators (OHA). The ultimate objective of PMTCT services, infant feeding interventions, and child survival services in the HIV context 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 require that an indicator of HIV-FS be measured and reported because of the lack of systematic experience in using such an indicator in program settings. To help document the feasibility of collecting data on HIV-FS, FANTA will field-test the HIV-FS indicator developed under the WHO/PEPFAR nutrition/HIV M&E consultation related to PMTCT and infant feeding. FANTA will also participate in meetings to identify key steps related to rollout and adoption of the other indicators developed as part of the PMTCT and infant feeding M&E consultation, and may take responsibility for implementing some of these steps. Potential activities related to PMTCT and infant feeding include working with OHA and national ministries of health to develop indicator guidebooks, data collection tools, associated trainings, and training materials.

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, policies, and guidelines issued by international organizations, such as the Food and Agricultural Organization of the United Nations (FAO), UNICEF, the World Food Programme (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.

Anthropometric Indicators Measurement Guide (GH)

In 2003, FANTA-1 published the *Anthropometric Indicators Measurement Guide*. The guide was targeted to USAID/FFP, the USAID Child Survival and Health Grants Program (CSHGP), and other programs to guide measurement of their programmatic anthropometric indicators, and it remains the key document used by these programs. However, the current guide is out of date and through TOPS, USAID/FFP Awardees have requested an update to the guide. Since its release, standard indicators for USAID/FFP have been updated, WHO has released new child growth standards, and MUAC has become a key indicator for CMAM, among other changes. FANTA will review and revise the *Anthropometric Indicators Measurement Guide* to include up-to-date information and evidence and practical guidance.

Specialized Food Products

FANTA participates in international consultations and working groups and engages with researchers and implementing organizations to advance the state of knowledge on SFPs 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 to outline the recommended use of SFPs. In Project Year 2, FANTA plans to carry out the following activities.

LNS Research Network (LNSRN) (GH). The LNSRN is an electronic roundtable established to share information about LNS research and to contribute to the dissemination of knowledge about the 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. At the invitation of the International Lipid-based Nutrient Supplements Project, the UC Davis-led and Bill and Melinda Gates Foundation-funded consortium that coordinates the LNSRN, FANTA-2 participated in the network.

In Project Year 2, FANTA will continue to actively participate in the LNSRN 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) (FFP). The CRG is widely used by USAID, Title II development food aid programs, United Nations (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 USAID/FFP to update the guide when commodities are revised or added or as programming guidance changes. In June 2011, FANTA-2 outlined and discussed needed CRG updates and the process for carrying out the proposed updates. In Project Year 2, FANTA will provide TA to update priority areas of the CRG, as requested, through dialogue with USAID/FFP, Tufts University, and potentially other USAID partners and stakeholders.

Title II Program Support

Continuing a hallmark of FANTA-2 support to USAID/FFP and the Title II program, FANTA will support the development and refinement of indicators used to monitor Title II Awardee efforts, review Title II program applications to ensure technical integrity, and develop guidance to help Awardees meet their M&E requirements under the Title II program. Specifically, in Project Year 2, FANTA plans to carry out the following activities.

M&E policies and reporting for USAID/FFP (FFP). USAID/FFP fulfills its responsibility of reporting on Title II-supported activities by submitting special reports and responding to ad hoc information requests from its USG stakeholders. To support this, Title II development food aid programs are required to develop M&E systems that produce information that USAID/FFP can use in its reporting. FANTA will build on past project activities to continue supporting USAID/FFP in meeting its reporting responsibilities, including developing reporting requirements and systems for Title II Awardees, tabulating Awardee performance data, designing data quality assessments (DQAs), and summarizing annual Awardee accomplishments.

Specifically, in Project Year 2, FANTA will provide TA to USAID/FFP to develop and compile a Monitoring, Evaluation, and Reporting Policy and Guidance manual. This includes work with USAID/FFP to consolidate FFP Information Bulletins into one document, and to finalize USAID/FFP's DQA policy. Once the policy and vision for DQAs is final, FANTA will also revise and update the DQA tool and instructions that were originally developed in earlier project years.

Also in Project Year 2, FANTA will prepare an updated Standardized Annual Performance Questionnaire (SAPQ) to take into account new reporting requirements for FY 2012. In addition, FANTA will tabulate and submit to USAID/FFP the results of data reported from Awardees' FY 2011 SAPQs. These data reflect the FY 2011 figures for USAID/FFP's Performance Management Plan (PMP) indicators based on the 2006–2010 Strategic Plan and allow USAID/FFP to measure progress toward achieving its strategic objectives and report on this progress to 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 USAID/FFP with descriptive, qualitative information that it can use in reporting to its stakeholders. FANTA will also undertake a summary of midterm and final evaluation impacts, synthesizing findings from across each program and presenting a written summary to USAID/FFP.

Following up on the menu of annual monitoring indicators that FANTA prepared for USAID/FFP's consideration in Project Year 1, FANTA will develop an annual monitoring indicator handbook that contains standard indicator definitions and notes on data collection and analysis for the final list of agreed-upon annual monitoring indicators. FANTA will also support PVOs to incorporate new annual monitoring indicators in their Indicator Performance Tracking Tables (IPTTs) and Results Frameworks (RFs), and will address technical questions related to collection of these indicators.

The USAID/FFP Indicator Handbook will also be updated in Project Year 2. This handbook provides the definitions, questionnaires, and tabulation instructions for each of the USAID/FFP indicators to be collected at baseline and final evaluation. Since USAID/FFP adopted additional indicators after the release of the handbook, FANTA will revise the handbook to incorporate the new indicators, including annual monitoring and gender indicators, and to update the document based on lessons learned from the first year of use in the field.

Title II program application reviews and pre-application review technical sessions for USAID/FFP (FFP). Each year USAID/FFP receives and evaluates applications for its Title II development food aid programs. In Project Year 2, upon request, FANTA will hold pre-application review technical sessions for USAID/FFP and participate in the FY 2013 USAID/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 USAID make funding decisions and identify issues for applicants to address in the subsequent round of submissions

Early warning and response (EWR) “vision” document (FFP). An ability to simultaneously address chronic and transitory food insecurity is central to USAID/FFP's current strategic plan, and the identification and monitoring of trigger indicators (TIs) and the implementation of commensurate emergency response plans within development food aid programs are key components of a program's capacity to address the various types of food insecurity to which Title II programming beneficiaries are prone. However, to date, conceptualization and use of TIs has gained little traction, and development of *ex ante* emergency response plans within development food aid programs is atypical. FANTA sees continued, concerted efforts to develop clear, useful, and appropriately scaled food security EWR mechanisms within development food aid programs as worthwhile and an effective means of facilitating more context-responsive and efficient programming. However, effective implementation of the EWR mechanism requires some rethinking and reframing of the tools and their purpose away from structural program response (injecting emergency resources into development programs) and toward monitoring of

program context (tracking and responding to the evolution of key food security conditions in areas of implementation). To this end, FANTA has reviewed TIs and emergency response planning mechanisms currently in place and, in Project Year 2, will develop a series of recommendations for USAID/FFP to consider with respect to reframing EWR to make it as useful and applicable as possible to USAID/FFP, its Awardees, and other food security early warning stakeholders. Upon completion of the document and further consultation with USAID/FFP, additional activities related to the promotion of promising EWR practices may be undertaken, such as preparing an EWR manual for Title II Awardees and/or technical guidance documents to address specific EWR-related challenges.

Operationalization of standard gender indicators for Title II development food aid programs (FFP). Building on previous project support, FANTA will continue to provide guidance to USAID/FFP and its IPs on how to apply a gender-sensitive lens to M&E. In Project Year 1, FANTA identified a menu of draft gender indicators for use by Title II development food aid program Awardees. FANTA will advance this work in Project Year 2 by holding consultations with USAID/FFP and other USAID staff, gender experts, and IPs in collaboration with TOPS to obtain consensus on the indicators. The proposed gender indicators will draw on standard, internationally accepted, validated indicators suited for collection through population-based surveys; take into consideration the feasibility, logistics, and financial implications of data collection; and align with U.S. Department of State Office of U.S. Foreign Assistance Resources (F) and FTF indicators to the greatest extent possible.

Also during Project Year 2, FANTA will disseminate the final list of gender indicators through various forums, including drafting relevant policy language for USAID/FFP, updating the USAID/FFP Indicators Handbook to include gender indicators, and delivering gender indicator sessions at M&E workshops targeting Awardees and the USAID external evaluation firm for baseline and endline surveys. FANTA will also begin developing standard annual monitoring indicators to correspond to the gender indicators included in the Standard Indicators Handbook.

Support to the CORE Nutrition, HIV, and Social and Behavior Change Working Groups

FANTA has supported the CSHGP directly on an ad hoc basis and through collaboration with the CORE Group, particularly the Nutrition, M&E, Social and Behavior Change (SBC), and HIV Working Groups and the Maternal and Child Health Integrated Program (MCHIP). FANTA will continue to provide this support by attending the CORE fall and spring meetings; participating in working group meetings; supporting the development of work plans for the Nutrition, HIV, and Social and Behavior Change (SBC) working groups; and taking on specific work plan tasks. FANTA has committed to supporting the following specific activities in Project Year 2.

Nutrition Program Design Assistant (GH). FANTA will support the Nutrition Working Group in the continued rollout and updates to the Nutrition Program Design Assistant (NPDA), a workbook and reference guide to help PVOs design context-specific nutrition programs. The NPDA, developed by CORE, FANTA, and Save the Children (SC), was released in 2010. FANTA co-hosted a recent NPDA technical advisory group meeting with end users and other stakeholders to determine next steps for the NPDA. Based on the meeting, FANTA will support CORE's efforts to make the tool more user-friendly, including collaboratively developing a

“quick-start guide,” and may also support the development of a computer-based version of the NPDA that uses menu-driven, prompted questions to create NPDA outputs, depending on priorities set during the fall 2012 Nutrition Working Group meeting and commitments of other partners to support this activity. In addition, FANTA, CORE, and TOPS will begin working together to develop a new section of the NPDA on nutrition and agriculture linkages, focused on dietary diversity.

“Make Me a Change Agent” training manual (GH). FANTA will collaborate with the SBC Working Group to contribute to lesson plans for the development of a new SBC resource, the “Make Me a Change Agent” training manual for CHWs. The manual will include a series of short training modules for essential behavior change skills, such as persuasion, negotiation, emotion-based counseling, and group facilitation techniques. FANTA will organize and sponsor a presentation on Optifood² at the CORE spring meeting (March 2013) to share the tool and experiences with its use. FANTA-2 collaborated with WHO, the London School of Hygiene and Tropical Medicine, and an information technology company (Blue Infinity) to develop the Optifood software, which has been tested in several countries. There is a great deal of interest in Optifood in the international nutrition community and in applying the tool to develop food-based recommendations based on locally available and affordable foods. The CORE spring meeting offers the opportunity to share the tool with various experts, donors, and practitioners in nutrition and health.

Additionally, FANTA may support other CORE working group activities if requested, as appropriate.

² Optifood is a simple and robust software application that allows public health professionals to rapidly formulate and test population-specific food-based recommendations.

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 for practitioners at different levels.

Capacity Strengthening Approaches

FANTA aims to strengthen nutrition program assessment, design, implementation, and M&E 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. In Project Year 2, FANTA plans to carry out the following activities.

E-learning course for integrating nutrition into agriculture programming (BFS). The RF for FTF includes improved nutritional status of children under 5 outcomes as a key program objective to be monitored and evaluated. There is increasing recognition, however, that agriculture interventions alone are unlikely to lead to notable gains in nutritional status. To improve nutritional status in agriculture-focused programs, it is generally agreed that “nutrition-sensitive” programming is needed. FANTA will develop a targeted e-learning module to help FTF agriculture program officers design such programming. The module will specifically address the nexus of agriculture and nutrition, and will lead program officers through a typical program cycle (e.g., strategy, design, implementation) to identify potential entry points for nutrition-sensitive programming. FANTA’s work on the e-learning module will begin in Project Year 2. The module will be completed and ready to be made available online in Project Year 3.

Costing and Planning Tools (OHA)

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 costs associated with carrying out supporting program elements, such as M&E, with sufficient rigor. Such tools help ensure that nutrition-sensitive policy and program components that are adopted will be adequately funded and sustainable. In Project Year 2, FANTA will refine the ability to use costing and planning tools by carrying out a review of the relevance of the NACS costing tool elements by FANTA country-based staff; pretesting the NACS costing tool in Kenya, in collaboration with the FHI 360 Nutrition and HIV Program; and making the final version of the NACS costing tool available for broad use on FANTA’s website use.

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 USAID/FFP and USAID Missions to strengthen approaches throughout the program cycle of assessment, strategy, design, implementation, and M&E. In Project Year 2, FANTA plans to carry out the following activities.

Title II Awardee M&E documents (FFP). FANTA assists Food for Peace Officers (FFPOs) in reviewing 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 2, FANTA anticipates reviewing the RFs and IPTTs of the FY 2013 newly awarded Title II development food aid programs as part of preparation for the M&E workshops, as well as any other RFs, IPTTs, or PMPs requested by USAID/FFP.

Trainings for USAID/FFP (FFP). In our role as a technical resource to USAID/FFP, one key area of FANTA support to USAID/FFP includes providing trainings and TA to FFP staff, as requested. This includes sharing information on food security, nutrition, and M&E topics of interest to USAID/FFP. In the first quarter of Project Year 2, in consultation with USAID/FFP training staff, FANTA will undertake a needs assessment among USAID/FFP staff to identify the training topic areas of most interest and will use this information to plan the content of four trainings (one per quarter) to be delivered through the year.

Updating of the FANTA *Sampling Guide* (FFP). 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 Title II Awardees and provides methods and instructions for developing the design of population-based sample surveys. During FANTA-2 and Project Year 1 of FANTA, several key methodological issues that would necessitate substantial modifications to the original guide were identified, and the proposed modifications were vetted through TOPS and USAID/FFP. Updating the guide began with the 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). The addendum was published on the FANTA website.

In Project Year 2, a first draft of the updated *Sampling Guide* that takes into account the proposed modifications will be completed. This draft will include, as an appendix, guidance on how to construct and apply appropriate complex survey weights to the data for use in analytical work. Additionally, in light of the new USAID Evaluation Policy, USAID/FFP has decided to fully fund and centrally manage an external evaluation firm to undertake the baseline study for countries with new Title II awards in FY 2012, rather than having Title II Awardees conduct the baseline studies themselves, as has been the case in previous years (also see next activity). Before writing on the updated *Sampling Guide* begins, FANTA will engage with USAID/FFP to determine if the audience for the guide should remain the Title II Awardees or should instead be the external evaluation firm, given the shift in policy.

Provide support to USAID/FFP for 2012 Title II baseline studies (FFP). In light of the new USAID Evaluation Policy, USAID/FFP has decided to fully fund and centrally manage an external evaluation firm to undertake baseline studies for countries with new Title II awards, rather than having Title II Awardees conduct the baseline studies themselves, as has been the case in previous years. This shift in policy coincides with the findings from the FAFSA-2, which has created a demand for increased quality in the Title II baseline and final evaluation data to facilitate future metadata analyses that would allow comparisons across programs, countries, and time.

USAID/FFP has requested FANTA's assistance in the 2012 round of implementation of USAID/FFP Title II baseline studies. In Project Year 2, FANTA will conduct a workshop that will bring together the external evaluation firm and Title II development food aid program Awardees in each country to discuss all relevant baseline study inputs required and to facilitate an exchange of information on contextual country information, of which the external evaluation firm needs to be aware to conduct a successful baseline study. FANTA will also provide technical assistance for the implementation of the baseline studies, including the monitoring of enumerator training and baseline survey data collection processes, if requested by USAID/FFP and review of deliverables submitted by the evaluation firm for the mixed method baseline study, as requested.

Provide support to USAID/FFP as requested to integrate gender indicators in Title II emergency programs (FFP). In Project Year 1, FANTA completed a draft of a report on gender integration entitled *From Policy to Practice: Integrating Gender into the Monitoring and Evaluation of USAID FFP and WFP Emergency Food Aid Programs*. The draft has been submitted to USAID/FFP for review. In Project Year 2, FANTA will finalize this report and prepare a summary for wider external distribution. We anticipate submitting the full report and summary to WFP for review in Project Year 2 and, subsequently, that the proposed recommendations will be adopted by WFP. FANTA will continue to provide TA as requested to support this process.

Support to Title II Awardees

In addition to supporting USAID/FFP, FANTA provides direct TA to Title II Awardees. This includes developing technical guidance documents; responding to ad hoc questions; and delivering workshops to build Awardee capacity for program assessment, strategy, design, implementation, and M&E. In Project Year 2, FANTA plans to carry out the following activities.

M&E workshops for Title II Awardees (FFP). Since FY 2008, FANTA has developed and delivered M&E workshops at the start-up of new Title II development food aid programs. Starting in FY 2012, FANTA conducted two M&E workshops for each country where a Title II development food aid award is made. The first M&E workshop was for PVOs that received a new Title II award that year. The second M&E workshop was primarily for the M&E external firm that conducts Title II baseline surveys for new awards.

In Project Year 2, FANTA will hold a PVO M&E workshop in Niger in October 2012 for Title II food aid development programs awarded in FY 2012 and will deliver PVO M&E workshops in each country where FY 2013 Title II awards will be made. FANTA will also conduct a PVO M&E workshop in Washington, DC, in July 2013 for headquarters staff of FY 2013 Awardees.

Also in Project Year 2, FANTA will deliver workshops for the external evaluation firm conducting baseline surveys for the FY 2012 Title II Awardees in Guatemala (November 2012), Uganda (December 2012), and Niger (December 2012).

Supporting Title II Awardees on M&E (FFP). FANTA works directly with Title II Awardees, providing them with TA as requested. This has been a mutually beneficial relationship: Awardees receive TA and can obtain answers to both 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.

In Project Year 2, FANTA will continue to respond to Awardees' ad hoc technical questions related to M&E. In addition, we will continue to moderate DiscussionTIME (Discussion for Title II M&E), the listserv that operates as an online forum specifically for Title II M&E practitioners, providing a venue for the about 150 members from USAID/FFP focus countries to debate relevant M&E questions and reach out to each other for advice.

In Project Year 2, FANTA will also continue interacting 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, SBC, and gender; assist in developing task force work plans; and support TOPS's capacity building initiatives in these technical areas.

Promoting the use of promising methods for annual monitoring of Title II programs (FFP). To follow up on the technical assistance FANTA has provided for identifying a new and expanded set of annual monitoring indicators for Title II Awardees, in Project Year Two, FANTA will give increased attention to the identification and dissemination of promising methods for annual monitoring of Title II development food aid programs. This work may include exploring the possibility of venue-based time and space sampling for representative monitoring in the Title II context; the promotion of the use of qualitative methods for routine monitoring; and/or the review of available QI/quality assurance approaches to support Title II development food aid program implementation. The exact focus of the work will be determined through further consultation and discussion with USAID/FFP and the TOPS M&E Taskforce.

Toolkit on integration of gender into Title II development food aid programs (FFP). The requirement for Title II Awardees to integrate a gender lens into their program design is relatively new within the FFP context. As a result, it is expected that Title II Awardees might need some additional guidance in this area. In Project Year 2, FANTA will conduct a needs assessment with Title II Awardees to inform the development of a toolkit on *Gender Integration in FFP Title II Development Programs*. It is currently envisioned that the toolkit will include

several briefs that respond to the needs of IPs and will further unpack the concepts included in FFP Occasional Paper 7 in a user-friendly format. Examples include a brief on how to conduct a gender analysis, and another on M&E that would cover the list of agreed-upon standard gender indicators.

Formative research with FY 2012 Title II Awardees for family planning integration (FFP).

The Request for Applications (RFA) for Title II development food aid programs awarded in FY 2012 included a requirement that family planning be addressed and integrated in the design of new Title II programs. A total of seven new development food aid programs were awarded in FY 2012, including two programs in Guatemala, three in Niger, and two in Uganda. During Project Year 2, FANTA will work closely with the new Awardees in one selected country by providing in-country TA to help the programs carry out formative research to understand how best to operationalize family planning activities in the context of their program. Remote TA will be provided to the Awardees in countries not selected for in-country TA, by sharing the tools and methods developed for in-country TA with the Awardees in other countries. As a result of the formative research work, in Project Year 3, FANTA will prepare project implementation guidance or an implementation method to allow programmers a sound way to bring family planning into food security and/or nutrition services.

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

Reflecting the Paris Declaration on Aid Effectiveness,³ FANTA supports governments in strengthening food security and health policies, programs, and systems for improved nutrition by strengthening national capacity, improving existing service delivery, facilitating the scale-up of nutrition programs. FANTA will meet with key government stakeholders to determine priorities and potential synergies with other activities and efforts carried out in the project and will move rapidly to plan work and implement activities. We will use 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. Examples of how FANTA plans to provide TA in these four domains in each priority country in Project Year 2 can be found in the **IR 2 Countries** section of this work plan.

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 individual's 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 isolation, 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 care is provided everywhere along the continuum 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 integrative, disseminating information on integrated nutrition programs through electronic and other media, and fostering the sharing of knowledge on integrated nutrition approaches.

In Project Year 2, FANTA plans to carry out the following activities.

- Organization of brown bags and Journal Club sessions to share, critique, and synthesize technical information on NACS
- Dissemination of results of recent research related to nutrition and infectious and non-communicable diseases to staff and partners
- Moderate and enhance the ProNUTRITION forum to make it more user-friendly
- Document the scientific bases that underly NACS program theory and impact pathways

³ The Paris Declaration principles describe aid effectiveness. One of the five principles—Ownership—states that countries should commit to exercising effective leadership over their own development policies and to taking the lead in coordinating aid at all levels in conjunction with other development resources, while donors should commit to respecting partner country leadership and help strengthen their capacity to exercise it. The entire declaration can be found at <http://www.oecd.org/dac/aideffectiveness/34428351.pdf>.

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

Acute malnutrition exacts a terrible human cost. FANTA expertise helps strengthen national capacities for nutrition surveillance and assessment, builds capacity for emergency nutrition response, and improves and expands CMAM services based on advances in knowledge and practice. During Project Year 2, FANTA will focus its work on emergency nutrition and CMAM in **Bangladesh, Ghana, Uganda, and Vietnam**.

Integration, Learning, and Scale-Up

Both research and program experience attest to the success of CMAM as a highly effective approach in managing 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 for policy making, program design, strategic planning, and performance reviews. FANTA also provides support for coordination with UNICEF and private sector subrecipients to facilitate national production of ready-to-use therapeutic food (RUTF).

Advocacy

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 or of the tools available to address the problem. This is particularly problematic with SAM, which can be lethal if not attended to promptly. To address this, FANTA works to increase the understanding of SAM in specific contexts, including through improved communications among gatekeepers, such as policy makers and media officials, and better assessment tools to estimate the gravity, scope, and location of the problem.

Training

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 country contexts. 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 levels of the health system, from pre-/in-service training for medical personnel to clinic-based training for CHWs. FANTA will continue to support specialized training in CMAM at all levels of targeted health systems.

M&E and QI

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

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

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

Food Security Analyses and Country Guidance

A solid understanding of national food security conditions is a crucial prerequisite to sound food security programming. In response to demands from USAID/FFP, USAID Missions, and governments, FANTA implements in-depth national food security assessments. FANTA uses existing information to identify the location, nature, and level of food insecurity in targeted countries. Working with USAID/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 Title II development food aid program Awardees on the objectives, approaches, and institutional partnerships needed to ensure effective use of resources in reducing food insecurity in the country. The assessments also seek to align closely with FTF and GHI implementation plans in countries where this is relevant. In prior years, FANTA developed Food Security Country Frameworks (FSCFs) for Bangladesh, Burkina Faso, the Democratic Republic of Congo (DRC), Liberia, Malawi, Mozambique, and Sierra Leone, among others. In Project Year 2, FANTA will carry out one FSCF in South Sudan. Preliminary discussions have been held with FFP about several other possible countries, including Burma, Burundi, Cambodia, Malawi, Madagascar, and Nepal.

South Sudan Food Security Country Framework. USAID/South Sudan has requested that FANTA develop an FSCF for South Sudan during Project Year 2. The FSCF will provide USAID/South Sudan and partners with guidance on the necessary program components and elements, geographic focus, and resources to improve food availability, access, and utilization in the country; and on the alignment and integration of USAID programs to achieve food security objectives. FANTA will undertake an initial desk review and conduct consultations with USAID/FFP; the USAID Bureau for Global Health (GH); the USAID Bureau for Economic Growth, Agriculture, and Trade; and the Africa Bureau, as appropriate. FANTA will then conduct an in-country consultation and field visits to meet with a wide range of stakeholders, including the USAID/South Sudan, government of South Sudan officials, and nongovernmental organizations (NGOs) to gather information on the food security situation, trends, and underlying factors in South Sudan. The FSCF will be available in report form and will present country-specific recommendations for food security programming in Project Year 2.

Burundi Food Security Country Guidance. USAID/Burundi made preliminary contacts with FANTA to examine the possibility of drafting FSCG for a new round of Title II Awards in Burundi, centered on the objective of reducing chronic malnutrition in children under 5 years of age. The guidance should emphasize a multisectoral approach that includes health and nutrition activities and also livelihoods activities. It is expected that programming guidance will consider

coordination between the Title II development food aid programs and other USAID/Burundi initiatives, including those carried out by the USAID/Burundi Global Health and Economic Growth teams. Discussions are currently pending on the precise details of this activity and whether it will use the standard FSCF format or a different model.

Guidance on EWR Systems

Vulnerability to food insecurity is often found in regions affected by frequent disasters or shocks. Food security programs, such as Title II development food aid programs, designed to offer development resources to such marginalized populations 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 mechanisms 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.

TA for Title II EWR Systems. In Project Year 1, FANTA supported implementation of EWR systems in Haiti. In Project Year 2, FANTA will expand its TA in this area by providing support to the implementation of EWR systems across Title II development food aid programs, and among other food security early warning stakeholders, as requested. Discussions are also ongoing with USAID/Haiti's Title II office on extending FANTA support to analyze options for alternate means of improving resilience and reducing vulnerability to shocks, such as the use of vouchers and/or conditional transfer programs that target the most vulnerable populations. If successful, e plans will be incorporated into FANTA's Project Year 2 work plan at a later date.

Documentation of promising EWR practices among Title II Awardees in Haiti. FANTA-2 assisted the Title II development food aid program Awardees in Haiti to design and implement EWR systems in an institutionally coordinated manner (e.g., sharing early warning monitoring and TI information with the USAID Mission in Haiti, the FEWS NET/Haiti country office, the Government of Haiti's national food security commission, and other early warning stakeholders). Promising practices associated with and lessons learned from these initial efforts have informed the development of stronger Title II development food aid programming in Haiti, and have the potential to do the same in other Title II priority countries. In Project Year 1, FANTA carried out a review of the initial TI and emergency response planning work implemented in Haiti. The lessons learned and potential application of these lessons for future Title II development food aid programs will be summarized in a technical document to be published in Project Year 2.

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

FANTA will build on and expand previous work on 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, 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; expanding our work on HIV to other infectious diseases, such as TB and malaria; harmonizing nutrition and HIV and CMAM services to maximize impact; and strengthening linkages between clinical NACS services and community nutrition and food security services.

In Project Year 2, FANTA will support HIV and other infectious diseases nutrition and food security programs in **Côte d'Ivoire, DRC, Ethiopia, Ghana, Haiti, Lesotho, Mozambique, Namibia, Tanzania, Uganda, Vietnam, and Zambia.**

Coordinating Mechanisms and Advocacy

An enabling policy environment is critical for effective nutrition and HIV services. In many countries, however, the large influx of PEPFAR resources and the pressure to rapidly roll out treatment services have made it difficult for governments to engage in the systematic, long-term, and multipronged approach needed to integrate nutrition into HIV policies and services.

To integrate nutrition into a more coordinated and cohesive national HIV response, FANTA will work closely with partners to help organize technical working groups (TWGs) and establish nutrition focal points (FPs) at the national level.

Implementation, Scale-Up, and Program Capacity of NACS

FANTA will provide in-country TA to strengthen the capacity of governments and USG PEPFAR Partners to design, implement, and scale up NACS programs. FANTA will work closely with USG PEPFAR Partners and government facilities to provide on-site TA in the integration of NACS into appropriate client flow systems, information systems, and protocols at HIV treatment and care facilities and in community programs.

National Guidelines and Protocols for NACS and HIV

NACS emerged from the Food by Prescription (FBP) model developed in Kenya in 2003. As knowledge on the role of nutrition in the care and treatment of PLHIV has increased and improved, the model has been 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 will work with governments and USG PEPFAR Partners to develop or update national guidelines and protocols for the implementation, scale-up, and standardization of the NACS approach based on global evidence and promising practices. We will also support the design of tools for dissemination of NACS guidance. In addition, FANTA will provide technical support for and participate in WHO's Nutrition Guidelines Advisory Group activities to develop and finalize guidelines on nutrition for HIV-infected adolescents and adults, including PLW.

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 to support nutrition assessment and counseling, FANTA will use existing resources to incorporate nutrition concepts and approaches into national HIV programs and to roll out NACS training materials at all levels.

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 the nutritional status and progress of individuals covered by NACS interventions are needed to refine interventions and strengthen results reporting. As part of our support to OHA, FANTA will work with OHA and its stakeholders to identify TA needs at both the global and national levels for developing M&E systems for NACS programs. This may include facilitating workshops and meetings to develop consensus around a strategy and work plan. We will then use the work plan to guide our implementation of any activities falling under FANTA's purview, which may include development of data collection tools and systems, development of training materials, and implementation of trainings on M&E for NACS programs.

Quality Improvement

With the availability of technical guidelines, training, effective protocols, and materials to support the execution of SOPs, 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 SOPs. In collaboration with the University Research Co., LLC, (URC) Health Care Improvement Project (HCI), FANTA designed QI approaches to improve the delivery of nutrition services at scale, taking into consideration existing constraints and applying team-based approaches, such as HCI's "Collaboratives," to overcome barriers and constraints. FANTA will continue to support the adaptation of QI tools and application of QI approaches to support the integration of nutrition tools and approaches into NACS and national health service delivery systems.

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 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.

FANTA will support the harmonization of protocols and the identification of opportunities for synergies and linkages between CMAM and NACS services, particularly through the provision of in-country TA to initiate integrated CMAM and nutrition support into programs for PLHIV. Support will focus on the harmonization of protocols; the development of TRM; training of frontline workers, including medical doctors, nurses, midwives, and CHWs; and careful documentation of the implementation process and lessons learned.

SBCC in the Context of Infectious Diseases

PLHIV and/or TB clients that 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. PLHIV and TB clients that do not know about dietary recommendations may be at greater risk of suffering from the effects of malnutrition and HIV-related symptoms.

FANTA will support the development of behavior change strategies that can be used by frontline health workers to help PLHIV and TB clients better manage their diets and reduce the side effects of ART. We will also conduct a comprehensive assessment of the relevance and utility of current SBCC materials to identify gaps; develop a toolkit of SBCC materials for priority countries, including testing messages concepts, pretesting the draft materials to determine their relevance and utility, and finalizing the materials for dissemination; and tailor SBCC materials to different country contexts.

Assessment and Evaluation of Programs

NACS is a relatively new component of HIV programming but is fast becoming a key component of the treatment and care provided to PLHIV. With the likely scale-up of NACS to expanded country settings and additional programmatic platforms, evidence of the impact of this approach on the disease and on the continuum of nutrition care in general needs to be carefully documented and lessons learned from implementation and delivery of NACS documented.

FANTA will support the development of tools, methods, and systems that improve the capacity of health ministries to monitor and evaluate the progress of NACS-related activities, and will take advantage of all resulting opportunities to capture lessons learned from implementation and to expand the scientific bases of this novel approach. An effort will also be made to compile existing scientific evidence to identify what is known, and what still needs to be demonstrated, in terms of the causal chains that link NACS activities to particular health and nutrition outcomes. In addition, the possibility of articulating specific research questions to gaps in knowledge will be examined. Specific research activities would not begin until Project Year 3.

Table 2 lists the phases and milestones, divided into eight categories of tasks (not all phases have milestones in all eight categories), used to measure progress in the process of integrating nutrition into the HIV programming.

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

TASK	PHASE 1. FANTA Leadership and Coordination	PHASE 2. FANTA Technical Assistance	PHASE 3. Government Leadership and Coordination
STRATEGIC PLANNING for Integrating Nutrition into HIV Facility and Community Services	<ol style="list-style-type: none"> 1. Gaps and opportunities identified 2. Nutrition NACS resources (staff, supplies, materials, equipment, storage capacity) assessed 3. Prevalence of malnutrition among PLHIV known 4. National strategy developed 		
NATIONAL AND REGIONAL COORDINATION for Integrating Nutrition into HIV Facility and Community Services	<ol style="list-style-type: none"> 5. Nutrition and HIV FP identified in national institution (e.g., MOH) 6. Group of national stakeholders working on integration, including participating in planning and developing guidelines and training materials 7. Evidenced-informed advocacy material developed 	<ol style="list-style-type: none"> 1. National and regional stakeholders continue collaboration, including disseminating national nutrition guidelines, developing nutrition care standards, and supporting training and other Phase 2 activities 	<ol style="list-style-type: none"> 1. National and regional stakeholders continue collaboration, including wider dissemination of materials and supporting training and other Phase 3 activities
GUIDELINES	<ol style="list-style-type: none"> 8. National nutrition guidelines for PLHIV developed⁴ 	<ol style="list-style-type: none"> 2. Guidelines disseminated 3. Nutrition care standards developed for QI 	

⁴ 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).

TASK	PHASE 1. FANTA Leadership and Coordination	PHASE 2. FANTA Technical Assistance	PHASE 3. Government Leadership and Coordination
TRAININGS	<ul style="list-style-type: none"> 9. National nutrition and HIV training materials, including the topics discussed under the guidelines, developed and/or integrated into other health training materials 10. National training materials developed for community-based nutrition care for PLHIV 11. National nutrition and HIV training, supervision, and mentoring plan developed 12. Trainers of facility-based service providers trained using national nutrition and HIV training materials 13. Trainers of community-based service providers trained in nutrition for PLHIV 	<ul style="list-style-type: none"> 4. Facility-based service providers trained in initial sites using national nutrition and HIV training materials 5. Community-based service providers trained in nutrition for PLHIV in initial sites 6. Trained service providers mentored and supervised 	<ul style="list-style-type: none"> 2. Additional facility-based service providers trained using national nutrition and HIV training course 3. Additional community-based service providers trained in nutrition for PLHIV 4. Refresher training conducted for service providers previously trained in NACS 5. Trained service providers mentored and supervised 6. Opportunities for nutrition and HIV professional development or ongoing capacity development available 7. Nutrition and HIV included in pre-service training of health care providers
SBCC	<ul style="list-style-type: none"> 14. Formative research done to inform a SBCC strategy for nutrition and HIV 15. Nutrition and HIV SBCC strategy developed 	<ul style="list-style-type: none"> 7. SBCC strategy implemented to include SBCC materials (e.g., counseling and client education materials, radio messages) developed 	<ul style="list-style-type: none"> 8. SBCC strategy monitored and evaluated
SUPPLIES, EQUIPMENT, AND MATERIALS	<ul style="list-style-type: none"> 16. Job aids developed to support national nutrition and HIV guidelines and training materials 	<ul style="list-style-type: none"> 8. Job aids disseminated 9. MOH and/or partners support procurement of SFPs to treat malnutrition 10. MOH and/or partners provide NACS supplies, equipment, and materials 	<ul style="list-style-type: none"> 9. SFPs procured and distributed as part of MOH supply system

TASK	PHASE 1. FANTA Leadership and Coordination	PHASE 2. FANTA Technical Assistance	PHASE 3. Government Leadership and Coordination
IMPLEMENTATION		<ul style="list-style-type: none"> 11. Nutritional status of clients assessed in initial sites 12. Clients counseled in initial sites 13. SFPs prescribed to treat malnutrition in initial sites 14. Two-way clinic-community referral system established 15. QI system in place 	<ul style="list-style-type: none"> 10. NACS services scaled up beyond initial sites 11. SFPs to treat malnutrition prescribed beyond initial sites 12. Nutritional status of PLHIV routinely assessed according to care standards 13. Clients routinely counseled on nutrition according to care standards 14. Clients routinely referred between clinic and community services
MONITORING AND EVALUATION	<ul style="list-style-type: none"> 17. Tools developed to collect data on nutrition services for PLHIV 	<ul style="list-style-type: none"> 16. Nutrition and HIV data routinely collected in initial sites 17. Data monitored and evaluated in initial sites 	<ul style="list-style-type: none"> 15. Data routinely collected in scale-up sites 16. Data used for decision making 17. Nutrition and HIV indicator(s) included in the national health management information system

Table 3 defines the criteria for each phase process and lists the status of countries that are in the process of integrating nutrition into their HIV responses.

Table 3. Phases and Milestones of Integration of Nutrition into the HIV Response

COUNTRY/TASK	PHASE 1. FANTA Leadership and Coordination <i>At least five Phase 1 milestones achieved</i>	PHASE 2. FANTA Technical Assistance <i>At least five Phase 1 and three Phase 2 milestones achieved</i>	PHASE 3. Government Leadership and Coordination <i>At least five Phase 1, three Phase 2, and three Phase 3 milestones achieved</i>
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		✓	

IR 2.4 MCHN 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 period of time from the moment of conception until the child reaches 2 years of age (the “1,000 days” concept), and by targeting hard-to-reach groups (e.g., adolescent girls) or important gatekeepers.

In Project Year 2, FANTA will support MCHN activities in **Bangladesh, Ethiopia, Ghana, Guatemala, Mozambique, Uganda**, and possibly **Haiti and Tanzania**.

Coordinating Mechanisms

Initiatives such as the *Lancet* series, the popularization of the “1,000 days” concept, 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, and local levels. FANTA provides TA and support to national coordination bodies to identify areas for consolidation and promotes the adoption at the national and local levels of guidance provided by global actions, such as the SUN movement.

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 in protecting the life of the mother and her child during the first 1,000 days. 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 will work 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.

Consensus Building, Advocacy, and Policy Formulation

FANTA responds to TA requests for PROFILES⁵ 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 during the 1,000-day window.

Update materials, brochures, and website on PROFILES and costing. In response to interest in the PROFILES and nutrition costing model by USAID/DC and Mission staff, as well as stakeholders in country, in Project Year 1, FANTA developed a “Frequently Asked Questions” document to describe the nutrition advocacy process and details of using the two models. In Project Year 2, FANTA will develop a presentation to be given to stakeholders on the nutrition advocacy process and an updated brochure on PROFILES and the nutrition costing model. The PROFILES and nutrition costing model website will be revised to reflect updated versions of the models and how to use PROFILES and nutrition costing results to establish a platform for developing and implementing a comprehensive advocacy and communication approach.

Revise and further develop PROFILES spreadsheet models. The PROFILES spreadsheet workbook comprises models related to various nutrition problems that estimate costs related to issues that matter most to policy makers, such as productivity and educability. Recognizing the constant need for such concrete information to aid decision-making, FANTA is prioritizing the development of new modules, including one that will link nutrition to cognitive development and educational performance.

PROFILES and nutrition costing model in Ethiopia and Haiti. PROFILES has been used by FHI 360 in more than 20 countries since the early 1990s, and over time the approach has evolved. Recently, the FANTA project used PROFILES with country stakeholders as a comprehensive platform for advocacy campaigns in Ghana and Uganda. In Bangladesh, PROFILES was combined with the nutrition costing model. In response to requests by USAID Missions and ministries of health in Ethiopia and Haiti, in Project Year 2, FANTA will undertake PROFILES and nutrition costing in these two countries. Based on the results, and in collaboration with national stakeholders, an advocacy strategy and plan will then be developed and implemented, after which FANTA will help develop and implement a nutrition advocacy and communication plan to promote a demand for nutrition services and thus increase the accountability of the government in supplying those services. FANTA will also conduct assessments to identify gaps and opportunities in nutrition service delivery and formative research to identify barriers to the use of services and opportunities.

⁵ PROFILES is an evidence-based advocacy tool and process, developed by FHI 360 with USAID funding, for nutrition policy analysis and advocacy that uses spreadsheet models to estimate the functional consequences of malnutrition on important development outcomes, such as mortality, morbidity, fertility, school performance, and labor productivity, in terms that policy makers understand and care about.

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 and as a producer of food, marketable commodities, and 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. During Project Year 2, FANTA will continue to elaborate its approach to ensure that the potential links between agriculture and nutrition are realized. This approach will address multiple strands. First, FANTA will examine what aspects of agricultural sector policies may affect nutrition outcomes, and how policies should be adapted to foster positive nutrition outcomes. Second, FANTA will continue to promote the use of a food-based approach in stressing the role of agriculture in improving diet quality and dietary diversity, especially among the poor. Optifood and PROFILES will be combined with other tools, such as the Process for the Promotion of Child Feeding⁶ (*ProPAN*), to compose a suite of tools that allows USAID IPs to identify dietary deficiencies, resolve nutrient gaps, and generate consensus among policy makers for coordinated, nutritionally beneficial agricultural actions. Third, FANTA will continue to work with the Global Alliance for Improved Nutrition (GAIN) in the development of the “Nutritious Agriculture by Design, a Tool for Program Planning.” This tool, which aims to steer the development and/or implementation of interventions primarily directed at enhancing agricultural incomes and/or productivity toward demonstrated nutritional improvements, will be used specifically to interface with FTF existing programs, to enhance their potential for improving nutrition of producers and consumers. Lastly, FANTA will continue to collaborate with the Bureau of Food Security (BFS) in the development of e-learning modules aimed at introducing nutrition concepts to agricultural project managers.

Integrating Gender in MCHN Activities

FANTA’s MCHN activities focus on policy development, nutrition advocacy, system strengthening, and capacity building. In each of these areas of work in country-specific activities, FANTA will integrate a gender lens in the TA we provide to ensure that nutrition policies and nutrition advocacy integrate and address gender issues. Similarly, FANTA will ensure that gender issues are addressed in system strengthening and capacity building activities to promote gender equality and overcome gender constraints that affect the quality of service provision and utilization of nutrition services.

⁶ *ProPAN* is a tool for formative research and program planning in IYCF. *ProPAN* was developed between 1998 and 2004 by the Pan American Health Organization, 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.

Figure 2. 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 As of 9/2012							A B		✓ ✓				✓ (GOB) ✓ (GOB)		A (SSFP) B (SSFP)	
Ghana As of 2/2012 As of 9/2012	✓						A B				A					
Guatemala As of 2/2012 As of 9/2012					✓ ✓								✓			
Uganda As of 2/2012 As of 9/2012			A				A 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.	<p>Policy: A favorable policy environment exists.</p> <p>Advocacy: Demand for, visibility of, and resources for nutrition are increased.</p> <p>Systems Strengthening: Government and nongovernment entities are aligned and provide a common platform of nutrition services.</p> <p>Capacity Strengthening: The capacity of the country to coordinate on a multisectoral level and improve the quality of nutrition services from prevention to treatment is strengthened.</p>

IR 2 Countries

More detailed work planning information for each country is available upon request.

Bangladesh

Since 2009, FANTA has been assisting USAID/Bangladesh to strengthen and integrate maternal and child nutrition programming in Bangladesh. Key focus areas have included the initiation of PROFILES and nutrition costing exercises, and the dissemination of results to highlight the necessity of and to advocate for country investment in nutrition. In addition, FANTA has engaged in strengthening the capacity of the Smiling Sun Franchise Program (SSFP) and the MaMoni project (two USAID/Bangladesh Global Health partners) to integrate ENA and key hygiene practices into the health services that they provide. FANTA also collaborates with the Government of Bangladesh (GOB) to identify an approach to establish preventive nutrition services and CMAM within the GOB system, especially at the community level, to help prevent SAM among children under 5. In carrying out those actions, FANTA collaborates with the Ministry of Health and Family Welfare (MOHFW); the National Nutrition Services (NNS) within MOHFW; SSFP; RTM International; HKI; Management and Resources Development Initiative (MRDI); the MaMoni project; and other stakeholders to provide TA to GOB.

FANTA Project Year 2 objectives in Bangladesh will continue prior work and focus on achieving the objectives listed below.

Objective 1: Deepen the advocacy process in support of nutrition.

FANTA will build on the PROFILES and nutrition costing model analyses, to advocate for increased attention and government support of nutrition from prevention to treatment, and to create movement toward implementation and integration of nutrition services. Specifically, FANTA will:

- Building on advocacy activities started in Project Year 1, work with nutrition champions (e.g., parliamentarians, policy makers, donors, development partners) to support the implementation and expansion of nutrition services at scale through the GOB. We will also continue working with development partners and donors to ensure a consistent and coordinated implementation of NNS by the GOB.
- Establish a partnership with a media partner to strengthen the capacity of the mass media to offer quality nutrition coverage and investigative pieces on nutrition, with a focus on the continuum of care, from prevention to treatment of malnutrition. This collaboration aims to provide nutrition materials that are easily usable by mass media; orient media houses on the scale of the nutrition problem in Bangladesh, to encourage more in-depth reporting and coverage; and mentor a subset of trained journalists through a fellowship program⁷ to deepen their skills in investigative reporting for nutrition. FANTA will also collaborate with USAID

⁷ Media fellowship programs are a proven approach that has been successfully used to strengthen investigative journalism skills in developing country contexts on specific topics, including nutrition, family planning, HIV, and malaria.

media partners, such as Voice of America/Bangladesh, to ensure synergy in nutrition reporting.

- Support USAID to undertake an evidence-based literature review of the best practices for the treatment and management of severe and moderate acute malnutrition in South Asia. Recent evidence suggests that the prevalence of severe acute malnutrition is increasing in Bangladesh, in particular. A literature review for the region will form the foundation for dialogue between GOB and its partners on how treatment and management services should be provided, based on current evidence.
- Work with a national partner to develop a nutrition curriculum to train religious leaders in nutrition. This will serve the dual purpose of raising men's awareness of maternal, child, and adolescent nutrition issues, while also serving as a broad platform to enable social and behavior change among men and male gatekeepers. In Project Year 2, FANTA will develop the core curricula for this activity and begin training on a pilot scale.

Objective 2: Integrate ENA and key hygiene practices in the SSFP project.

FANTA will continue to provide SSFP with TA and capacity strengthening to integrate ENA and key hygiene practices into its health services at facility and community levels. FANTA will:

- Replicate and expand the IYCF training that was completed in 30 SSFP clinics in Project Year 1, to USAID/Bangladesh's Feed the Future (FTF) project sites (approximately 50 clinics). FANTA will also monitor quality of service provision and will partner with SSFP to integrate QI and supervision monitoring with a focus on capacity strengthening.
- Partner with HKI to develop and test a comprehensive nutrition curriculum based on the ENA to be integrated across all SSFP clinics, that will widen the maternal and child nutrition services available through the SSFP network over the long term.

Objective 3: Continue to strengthen the capacity of key local institutions, including GOB, in nutrition, as requested.

Specifically, FANTA will:

- Continue to build on the technical support it provided to GOB during Project Year 1. FANTA will continue to support MOHFW in implementing the NNS. Some of these TA activities for GOB will also support the MaMoni project, as it is implemented in partnership with MOHFW.
- Continue to support the NNS within MOHFW to implement a set of nutrition services that focus on preventing chronic malnutrition and treating acute malnutrition. In Project Year 2, FANTA will collaborate with partners to complete the National CMAM Guidelines in Bangla, and to prepare, update, and harmonize a training package for CMAM in Bangla.
- In collaboration with the MaMoni project and other partners, continue to work with the NNS to develop a system to identify cases of SAM in children in three unions of Habiganj and to strengthen one *upazila* hospital in Habiganj as a comprehensive referral center to identify and treat MAM/SAM cases.

Côte d'Ivoire

FANTA has long been associated with efforts to introduce nutritional care and support concepts, tools, and methods for PLHIV in Cote d'Ivoire. For Project Year 2, PEPFAR/Côte d'Ivoire has again requested FANTA's support to assist Ministère de la Santé et de la Lutte contre le Sida (MSLS) (Ministry of Health) and PEPFAR/Côte d'Ivoire Partners introduce NACS into HIV care and treatment services and ensure the quality of implementation. In Project Year 1, FANTA was asked to help adapt current nutrition services to address the nutrition and feeding needs of infants and young children born to HIV-positive mothers. To accomplish this, FANTA will provide TA to a variety of national stakeholders, including the Programme National de Nutrition (PNN) (National Nutrition Program), the Programme National de la Prise en Charge des PVVIH (PNPEC) (National Program for Care of PLHIV), and PEPFAR/Côte d'Ivoire Partners. FANTA's work will support the achievement of the following three objectives in Côte d'Ivoire.

Objective 1. Integrate nutrition into HIV and TB services.

FANTA will strengthen care and support for PLHIV and TB patients by helping MSLS integrate nutrition more fully into its HIV and TB services. To accomplish this objective, FANTA will:

- Finalize the training materials for NACS service providers.
- Train a pool of regional trainers on the use of the NACS training materials.
- Advocate for the incorporation of nutrition into pre-service training materials.

Objective 2. Improve national capacity to deliver quality NACS services.

FANTA will improve the capacity of MSLS and PEPFAR Partners to train providers and support facilities in the provision, scale up, monitoring, and quality assurance of NACS services by carrying out the following activities:

- Improve MSLS and PEPFAR Partners' ability to introduce and carry out NACS services at the district level by supporting "micro-planning" workshops to develop district-level implementation plans for integrating NACS into HIV and TB care services, and by training partners in providing coaching to new sites.
- Contribute to the development of tools and guidelines to support facilities in the provision of NACS services. Tools and guidelines will include decision algorithms for the care and support of PLHIV and orphans and vulnerable children (OVC); NACS supervision tools; and an update of the National Guidelines and protocols for the nutritional care and support of PLHIV and TB patients.
- Improve the capacity to monitor NACS activities, by helping national stakeholders establish a digital database to monitor activities on a monthly basis and by integrating selected NACS indicators into the HMIS.
- Support the scale-up of NACS by helping national stakeholders understand the current state of NACS implementation in the country. This will include (1) an assessment of the nutrition program for malnourished patients co-infected with TB and HIV; (2) an implementation evaluation of selected NACS sites to inform scale-up actions; (3) an evaluation of specific clinical outcomes related to the use of SFPs in NACS services; and (4) Centre de Prise en Charge, de Recherche et de Formation (CEPREF), a research firm, will partner with FANTA to conduct operations research to determine the acceptability of RUTF and CSB among adult

PLHIV. FANTA will also support the development of an SBCC strategy and toolkit to promote nutrition for PLHIV and TB patients.

Objective 3: Incorporate new WHO Guidelines in PMTCT and IYCF programs.

FANTA will strengthen the capacity of national PMTCT stakeholders to provide high-quality counseling by incorporating recent WHO guidelines on HIV and infant feeding and on the proper nutritional care of malnourished OVC, through the following:

- Support a coverage assessment of IYCF services in health facilities to determine where and how the services introduced by the Infant and Young Child Nutrition Project (IYCN) are still being offered, to help guide the planning of new IYCF activities.
- Provide TA to review, finalize, reproduce, and disseminate the *National Recipe Guide for Complementary Feeding Foods for Children 6 to 24 Months Old* (developed with the support of IYCN).
- Support the reproduction and dissemination of a draft facilitation guide for support groups working on PMTCT and IYCF.
- Help national stakeholders build the capacity of health care providers to provide counseling on breastfeeding, complementary feeding, and food hygiene to conform with Côte d'Ivoire's recently revised recommendations on the feeding of infants and young children born to HIV-positive mothers.

Democratic Republic of Congo

In 2011, USAID/DRC requested FANTA support for the first time to incorporate a NACS component into the work currently done by PEPFAR Partners on PMTCT, OVC, ART, and TB. Specifically, the Mission requested TA in developing a set of evidence-based, cost-effective nutrition actions for PLHIV; inserting “positive living” elements in its programs; supporting the specification of specialized foods for malnourished clients; and developing a process to provide food assistance to PLHIV not on ART. In preparation, FANTA and its sister Livelihoods and Food Security Technical Assistance Project (LIFT) carried out three temporary duties (TDYs) to the DRC during Project Year 1 to identify needs and lay out key priorities. Aspects identified as having the greatest need for action include low-service coverage, siloed programming, the unavailability of data for decision making, weak screening, poor coordination between nutrition and ART activities, and unstable supplies of specialized foods. These findings served as a basis for a plan of action that was presented to, and then approved by, USAID and the Government of DRC. Eleven health facilities in nine Kinshasa Province health zones were selected as NACS pilot sites. FANTA will sign a memorandum of understanding (MOU) with the Kinshasa Province MOH services, as well as with NGOs supporting the NACS pilot sites, such as BDOM, and private nonprofit organizations involved in supporting these health facilities.

In Project Year 2, FANTA’s work will focus on the following main objective and supporting activities.

Objective 1: Incorporate NACS in the work done by PEPFAR Partners in DRC.

To achieve this, FANTA will:

- Finalize the technical review and disseminate the national protocol for nutrition care and treatment of PLHIV. FANTA will provide technical feedback to the final draft protocol and support the National Nutrition Programme (PRONANUT) and its partners for the organization of a national workshop for final adoption of the document. In addition, we will support PRONANUT and partners in the dissemination of the protocol to Kinshasa’s health facilities, along with a brief technical orientation for its use.
- Conduct a baseline study for NACS rollout. FANTA will conduct a baseline study to assess, among other factors, the care and treatment process and the quality of PLHIV services offered; the profile of the actors involved in PLHIV services; the extent to which the facilities used for PLHIV services are adequate; and the nutritional status of clients.
- Develop a NACS SBCC strategy in collaboration with FHI 360’s Communication for Change Project (C-Change). FANTA will collaborate with C-Change to develop a comprehensive SBCC strategy for NACS, including conducting a formative study to identify key appropriate messages for NACS; designing and producing relevant counseling materials; and identifying additional channels for reaching out to PLHIV and other target audiences.
- Implement a training plan for health services providers. FANTA will develop training materials, including those for SBCC. In addition, we will conduct TOT for MOH and partners, and provide additional support as needed in the training of service providers.

Ethiopia

FANTA has worked closely in the past with the Government of the Federal Democratic Republic of Ethiopia (GFDRE), USAID, and IPs to integrate NACS) into HIV treatment, care, and support services in Ethiopia. FANTA has also supported two PROFILES analyses in the past, and worked in close collaboration with the Title II Office in Ethiopia as it designed USG's contribution to the Productive Safety Net Program (PSNP).

To build on the strength of this experience and progress made over the past decade, FANTA has identified three areas of focus and supporting activities for its Project Year 2 work.

Objective 1: Strengthen NACS integration in Ethiopia for the care and treatment of people with infectious diseases, including HIV and TB.

FANTA will:

- Support the strengthening of national nutrition response to infectious disease by helping to coordinate the National Nutrition and Infectious Disease Subcommittee (NNIDS) and by participating in the national Nutrition Technical Working Group (NTWG).
- Help NNIDS and NTWG prioritize activities, document meeting outcomes, and disseminate minutes. In addition, we will provide periodic updates on the latest technical developments in nutrition and HIV, including program experience from other countries, research results, and updates in global guidelines, norms, and state-of-the-art approaches.
- Participate in coordination meetings within the Federal Ministry of Health (FMOH) aimed at incorporating NACS for PLHIV by providing written input to key government documents, including strategies, guidelines, policy papers, training materials, and other documents.
- Strengthen the FMOH and Regional Health Bureau (RHB) institutional capacity to provide oversight of the facilities that manage NACS, so they can take over the role formerly played by SC and other IPs in that regard.
- Work with FBP and GFDRE institutions to develop strategies for maintaining the quality of NACS services, integrate NACS indicators into national HMIS, and identify areas in NACS where continued TA may be needed.
- Work closely with FBP and FMOH to support the integration of elements of the NACS approach in TB services, particularly on the advocacy and TA fronts, and on the construction of an evidence base to help streamline operations.
- Support FMOH to build awareness of the RHB's role in integrating elements of the NACS approach as part of TB care and treatment services.
- Help develop national-level policy and training material, tools, and resources.
- Work with NACS IPs to extract lessons learned about the relationship between nutrition interventions, health, and treatment outcomes.

Objective 2: Promote the implementation of the revised NNP to improve the health of groups most at risk of malnutrition.

FANTA will:

- Work with FMOH and Empowering New Generations in Nutrition and Economic Development (ENGINE) to implement a PROFILES review and a costing of the nutrition interventions outlined in the NNP.

- Assist the USAID/Ethiopia Nutrition Committee to draft the Nutrition Action Plan, discuss the plan in a committee retreat, and finalize the document.
- Review program documents, draft segments of the Nutrition Action Plan, meet with key stakeholders, and conduct a retreat to develop key strategic sections of the plan.

Objective 3: Strengthen capacities in harmonizing agricultural interventions with nutrition- and health-based activities.

FANTA will:

- Work with partners, including ENGINE, to strengthen the linkages between USAID agricultural, nutrition, and health programming in Ethiopia.
- Work with ENGINE to adapt technical materials produced by FANTA and other FHI 360 partners, such as SPRING, using e-learning platforms and other tools, such as N-GLEE). FANTA will develop locally tailored training packages targeting USAID Mission staff, to improve their knowledge and capacity in harmonizing agriculture, nutrition, and health projects.
- Implement a review of DAI's Urban Gardens Program (UGP) and identify options for transitioning/sustaining the activities it initiated. The assessment will include a review of the project documentation; an in-country review of UGP sites; and interviews of key stakeholders and beneficiaries on the merits of the program.

Ghana

Since 2007, USAID/Ghana has funded FANTA TA in Ghana to integrate and scale up CMAM; design and scale up NACS into routine HIV and/or TB services; and strengthen nutrition advocacy and coordination activities.

During Project Year 2, FANTA will continue to provide TA to USAID/Ghana, MOH, and its implementing agencies such as the Ghana Health Service (GHS), teaching hospitals, and the Nurses and Midwives Council to ensure that a continuum of care, from prevention to treatment of malnutrition, is provided. Specifically, FANTA will conduct nutrition advocacy activities for increased investment and commitment to nutrition; strengthen nutrition capacity of MOH and its implementing agencies; support the integration and scale-up of CMAM within the health system by strengthening the enabling environment and competencies for sustainable, quality services and enhancing access to and utilization of CMAM services. FANTA will also strengthen capacities of GHS to integrate and scale up quality NACS services as part of routine HIV and/or TB health service delivery.

FANTA objectives in Ghana and the activities to achieve the objectives are listed below.

Objective 1: Strengthen maternal and child health and nutrition programming in Ghana.

FANTA will:

- Work with targeted “media champions” to increase visibility and media reporting on nutrition issues in Ghana. Specifically, FANTA will hold targeted trainings and workshops for the selected media partners to assist them to report frequently and accurately on key nutrition issues in Ghana. FANTA will also conduct regular media monitoring to assess media coverage on nutrition.
- Conduct a series of meetings with politicians and policy makers as key stakeholders and government officials at the national, regional, and district levels to convey the significance of nutrition for health, education, and economic development and the need for increased resources and multisectoral coordination on nutrition. We will also promote consistent messages and more coordinated advocacy efforts for nutrition among civil society and explore ways of working with private sector companies in advocacy and communication.
- Continue to provide TA to 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 will then collaborate with development partners to assist MOH/GHS to develop plans for scaling up nutrition through technical inputs and advice. For effective implementation of nutrition activities through the National Nutrition Policy, FANTA will also coordinate with the lead sectors, development partners, and donors.
- Collaborate with MCHIP to strengthen nutrition in pre-service education for nurses and midwives. Specifically, FANTA will co-facilitate a stakeholder consultation; design and conduct an assessment to identify current gaps in the training curriculum on nutrition; and make recommendations for updates. Using existing nutrition technical materials and tools, FANTA will work with MOH agencies and academic institutions to design technical reference materials for use by tutors; train 150 tutors in 32 nursing and midwifery schools

across the country; and conduct follow-on supportive supervision ensuring effective delivery and understanding of technical updates.

- Work with GHS and partners to define quality standards and indicators for nutrition service delivery and design a QI system using approaches such as the collaborative approach, centers of excellence mentoring, and supportive supervision. Specifically during Project Year 2, FANTA will identify potential partners; hold consultations with the key stakeholders at the national level and with selected regions to define quality standards and indicators for nutrition service delivery; and design a QI system. QI will not only be limited to CMAM and NACS but will be expanded to cover general nutrition service delivery.

Objective 2: Support the integration and scale-up of CMAM as part of routine health service delivery.

FANTA will:

- Work with GHS to facilitate the process of finalizing the national CMAM scale-up strategy. Specifically, FANTA⁸ will facilitate a 3-day workshop to review and refine CMAM costing, which was developed using the FANTA costing tool. Then FANTA and GHS will facilitate the process of reviewing the draft scale-up strategy and facilitate a consensus building workshop. FANTA will also work with GHS, WHO/Ghana, and REACH to ensure that the CMAM scale-up strategy is part of and harmonized with the overall national plans for scaling up nutrition in Ghana.
- Work with GHS to 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.
- Continue to work through the SAM Support Unit (SAM SU) and regional-level SAM support teams to strengthen competencies of service providers through in-service training, mentoring, and supportive supervision and to promote learning and information sharing within implementing districts⁸ and regions. As described in Objective 3, FANTA will work with MCHIP to strengthen nutrition (including CMAM) in pre-service training for nurses and midwives.
- Work with GHS and USAID/DELIVER to support the appropriate use of RUTF in the country, ensure that CMAM supplies are available within CMAM implementing regions, districts, and facilities in Ashanti, Brong Ahafo, Greater Accra, Volta, and Western regions and explore the use of innovative technology for monitoring, reporting, and requesting of therapeutic food supplies. FANTA will facilitate any necessary actions with Project Peanut Butter to facilitate the process of establishing a production unit in Ghana.
- 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 four districts with established CMAM services and

⁸ In Ghana, FANTA works through the SAM Support Unit (SAM SU), which refers to the partnership established in 2008 between FANTA and the Ghana Health Service (GHS) with the aim of strengthening GHS technical and managerial capacities in every step of the integration, scale-up, and quality improvement of CMAM services. Since 2010, UNICEF/Ghana and WHO/Ghana staff are occasionally co-opted into the SAM SU.

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.

- Work with regions implementing CMAM to promote adherence to the *Interim National Guidelines for CMAM*. We will accomplish this by continuously mentoring the regional SAM support teams to oversee the quality of CMAM services at the regional level. We will also ensure that an efficient, standardized M&R system is used and that the regional SAM support teams have the capacity to manage M&R at the district and facility levels. CMAM QI activities will also be integrated into the broader nutrition QI.

Objective 3: Strengthen the capacities of GHS to integrate and scale up quality NACS services as part of routine HIV and/or TB health service delivery.

FANTA will:

- Continue to provide TA to GHS to conduct regular coordination, planning, and feedback meetings for the national TWG on nutrition and HIV and/or TB, which is convened by GHS and has a membership including the National Aids Control Program (NACP), National TB Control Program (NTCP), Ghana AIDS Commission (GAC), USAID/Ghana, and PEPFAR/Ghana Partners.
- Build on work started during Project Year 1, when FANTA in collaboration with GHS/Nutrition, NACP, NTCP, GAC, USAID/DELIVER, and WFP/Ghana reviewed and updated NACS training materials to strengthen the nutrition counseling component of NACS, ensure harmonization with *Interim National Guidelines for CMAM*, Global Nutrition and TB references, and national commodity management training materials. In Project Year 2, FANTA will provide TA to GHS to update the 2006 *Ghana Nutrition and HIV Guidelines*, ensuring that the revised guidelines reflect NACS as it is currently functioning in Ghana and are harmonized with existing NACS training materials, job aids, and tools.
- Continue to strengthen competencies of the trained core team of regional trainers to plan, conduct trainings, and oversee the quality of NACS service delivery. FANTA will also conduct in-service training for service providers within 40 new NACS facilities, and conduct mentoring and supportive supervision visits to the existing 40 NACS implementing facilities. Emphasis will be made to ensure that a comprehensive NACS approach is applied within all implementing facilities.
- Build on work started in Project Year 1, when FANTA assisted GHS to review the HIV M&E system and make suggestions for integrating nutrition indicators into the system. As a follow on, FANTA will continue to work with GHS/Nutrition, NACP, GAC, and NTCP to advocate for routine and accurate nutrition data collection, reporting, and analysis as part of routine HIV and TB systems.

- Continue to work with USAID/SHARPER to refine the nutrition component of the “models of hope”⁹; develop simplified job aids; and train IPs, community-based service providers, and “models of hope” on the updated NACS training for “models of hope.” FANTA will also work with USAID/SHARPER project to strengthen linkages between facility-based NACS services and community-based interventions. The overall aim will be to increase access to the number of people who access NACS services.
- FANTA¹⁰ will ensure that NACS 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.
- FANTA will work with MCHIP to strengthen nutrition into pre-service education of nurses and midwives and will also work with GHS to ensure continuous and sustainable QI approaches are used within NACS implementing facilities.

⁹ The “models of hope” for PLHIV are PLHIV that are living positively and that participate in HIV case management and act as peer counselors and a liaison between other PLHIV and health care providers. The models of hope concept is supported by USAID/Ghana and PEPFAR Partners.

¹⁰ FANTA will collaborate with USAID/DELIVER project on this activity. DELIVER is responsible for procuring therapeutic supplies for NACS in Ghana.

Guatemala

Building on lessons learned from its past activities in Guatemala, FANTA will seek to strengthen and support national efforts to reduce the high levels of chronic malnutrition in the five prioritized departments of the Western Highlands (Totonicapan, Quetzaltenango, San Marcos, Huehuetenango, and Quiche) and support national and USG priorities to improve food and nutrition security within the context of Guatemala’s Hunger Zero Initiative. In Project Year 2, FANTA will focus on building awareness and attention in the population and among decision-makers on the nutrition problems that affect the country; finding approaches to bring various sectors and ministries—including health, nutrition, agriculture, and local governance, among others—to collaborate in addressing those problems; and supporting national plans to eradicate hunger, particularly in the areas of the Western Highlands that have been declared as priority areas for action by USAID. FANTA’s key objectives and supporting activities for Project Year 2 are as follows.

Objective 1: Use a policy advocacy process to raise national attention about malnutrition.

FANTA will use its well-established nutrition advocacy process to raise awareness, attention, and support to address malnutrition (especially chronic malnutrition) in Guatemala. This process uses a consensus-building consultative process to develop advocacy platforms at the national and regional (the five Western Highlands departments most affected by chronic malnutrition) levels, using estimates from PROFILES and a nutrition costing model. Planned activities include:

- Three stakeholder meetings to include representatives from the Government of Guatemala (GOG), including Food and Nutrition Secretariat (SESAN), Social Affairs Ministry, MOH, the Ministry of Agriculture (MAGA), and the Ministry of Finance; USAID partners, including the Bureau for Economic Growth, Agriculture, and Trade (EGAT), the Health and Education Office (HEO), local governance and Title II food aid development programs); members of civil society, the media, the private sector, and academia; and local authorities from the five prioritized departments, to determine the scope, targets, data source, and advocacy objectives for PROFILES and the costing tool exercises.
- Elaborate the PROFILES and costing estimates, and determine the advocacy approach to be used.
- Disseminate the PROFILES and costing estimates to appropriate audiences.

Objective 2: Foster multisectoral collaboration in actions aimed at reducing malnutrition.

FANTA will seek to strengthen collaboration between agriculture, health, and nutrition sectors to improve national and local capacities to implement food-based approaches to reduce malnutrition. Planned activities include:

- In collaboration with INCAP, develop food-based recommendations to improve the nutrition of mothers and children, using the Optifood tool. Optifood identifies nutrients that cannot easily be provided in adequate amounts by the local food supply and formulates food-based recommendations to improve nutrient intake. During Project Year 1, FANTA collected dietary data on children 6–24 months of age and PLW, as well as market data on foods commonly consumed in Quiche and Huehuetenango. During Project Year 2, FANTA will train INCAP staff and develop food-based recommendations.

- Adapt and apply “Nutritious Agriculture by Design: A Tool for Program Planning” developed by GAIN, to assess how agriculture interventions supported by USAID partners can be used to improve nutrition outcomes. Findings will be used to develop recommendations for enhancing agriculture and nutritional linkages in FTF and Title II programs.
- In partnership with INCAP, establish four demonstration sites to improve the production and consumption of agricultural/livestock products in ways that improve dietary diversity and quality and help prevent malnutrition in the first 1,000 days.
- Continue to provide TA and support as needed to Title II Awardees and other FFP activities in Guatemala, as requested by USAID/Guatemala.

Objective 3: Strengthen the maternal, infant, and young child health and nutrition content of the GOG’s “Hunger Zero Initiative.”

FANTA will provide TA to national stakeholders aimed at ensuring that maternal, infant, and young child health and nutrition are appropriately considered in the context of the GOG’s Hunger Zero Initiative. This will be done through the following activities:

- In collaboration with INCAP, design an e-learning course and associated in-service/pre-service trainings to enhance the nutrition knowledge, competencies, and skills of front-line MOH personnel. The technical contents, available via the Internet or DVD, will cover maternal-infant nutrition, micronutrient and deworming interventions, growth monitoring, food-based approaches to increase diet quality, and SBCC strategies.
- Continue to be an active participant in the National Commission on Breastfeeding and Infant Feeding (CONAPLAM) and the USAID Health and Education partners working group, and organize periodic brown bags/literature review sessions with key stakeholders.
- Carry out and publish additional analyses of *Encuesta Nacional de Salud, Materno Infantil* (ENSMI) (National Maternal and Child Health Survey, designed by the U.S. Centers for Disease Control and Prevention [CDC]) dataset focusing on the five targeted departments, to analyze the relationships between nutrition outcomes and the wide array of factors that may affect them.

Haiti

FANTA has provided TA to USAID/Haiti and to the Government of Haiti since 2000. This work initially focused on supporting the implementation of Title II programs and to develop early warning systems in collaboration with national entities such as the National Food Security Coordination Unit (CNSA). The scope of activity was expanded under FANTA-2 and FANTA-2 Bridge, with the addition of a component aimed at improving the ability of national stakeholders to provide nutritional care and support for PLHIV. These activities will continue under FANTA, with Project Year 2 objectives and supporting activities as follows.

Objective 1: Promote the integration of NACS into HIV programming in Haiti.

FANTA-2 and FANTA-2 Bridge provided TA to USAID/Haiti, PEPFAR Partners, and MOH in developing and disseminating the national guidelines and nutrition counseling materials for PLHIV. During Project Year 1, training workshops were carried out for frontline service providers in the use of the National Guidelines and the nutrition counseling materials for PLHIV. During Project Year 2, FANTA will continue to provide TA to MOH and PEPFAR Partners to promote the integration of NACS into HIV programming in Haiti. Specifically, FANTA will:

- Continue to disseminate the toolkits developed by FANTA-2 for nutrition counseling of PLHIV.
- Collaborate with SPRING to introduce NACS at four hospitals. This will include providing support to a NACS stakeholders' workshop; identifying a standard package of NACS services; developing NACS job aids and data collection tools; developing materials for a NACS training module (trainer's manual, participant's manual, and resource manual) to be used to train service providers at four hospitals in NACS; providing TA for TOT on NACS and the use of NACS training module; and including newly developed NACS indicators into the Haitian health management information system (HMIS).

Objective 2: Increase national support for nutrition in Haiti.

MOH has long showed interest in strengthening national awareness and capacity for nutrition action, and FANTA-2 had initiated discussions with USAID/Haiti and various national and multilateral partners to carry out a PROFILES workshop in Haiti. Those plans were suspended by the 2010 earthquake, and events such as the cholera epidemic, food price crises, and national elections further delayed progress in this area. Thanks to recent USG leadership, however, this stalemate is being unlocked and initiatives to increase the visibility of nutrition problems, and national support for nutrition actions, are being revived. FANTA support is being sought again for the implementation of a strong advocacy program that will include PROFILES and a nutrition costing analysis. Specifically, in Project Year 2, FANTA will:

- Support the implementation of a PROFILES and nutrition costing analysis for Haiti. This will involve the creation of a PROFILES and Nutrition Costing Steering Committee, as well as a 1-day PROFILES and Nutrition Costing Stakeholder Meeting, followed by a 5-day PROFILES workshop.
- Findings from the PROFILES and nutrition costing analyses will be presented to national stakeholders, and a workshop will be carried out to develop a nutrition advocacy and communication strategy.

- During Project Year 3, and depending on the availability of funding, FANTA will facilitate the implementation of the nutrition advocacy and communication plan for Haiti.

Objective 3: Strengthen nutrition services targeting adults and adolescents vulnerable to malnutrition.

FANTA's production of guidelines and supportive materials for nutrition care and support of PLHIV created interest in MOH for guidance and materials that address the needs of other vulnerable groups, particularly for adults and adolescents vulnerable to malnutrition.

USAID/Haiti requested FANTA support in carrying out this adaptation. To this end, in Project Year 2, FANTA will:

- Develop a long-term SBCC strategy and tools to promote improved nutrition practices among individuals vulnerable to malnutrition, by conducting a desk review to identify target population and nutrition issues to be addressed; forming a consultative working group to steer a formative assessment of key behaviors and messages to be promoted; and developing an SBCC strategy and identifying appropriate communication channels.
- Use those inputs to carry out further work in Project Year 3, including developing SBCC tools, and carrying out, monitoring, and evaluating the strategy.

Objective 4: Assist USAID/Haiti's Title II program as it moves toward a new cycle of awards.

FANTA has been associated with Title II programs in Haiti since 2000. This has been a fertile collaboration that has led to such signature FANTA products such as PM2A, Layers, the Outcome Monitoring methodology, and to conceptual advances in early warning systems and emergency trigger indicators. FANTA-2 also carried out a Food Security Country Assessment, to help USAID/Haiti design a new cycle of Title II awards. Depending on funding availability, this collaboration may continue, particularly in examining the possibility of bringing T-III resources back to the USAID/Haiti food aid program portfolio, and in designing a voucher system to address the needs of the bottom 10 percent of the population, as related to income. Preliminary discussions were held on those opportunities, and will continue as per Mission request.

Lesotho

Lesotho has been identified as a priority country for the OHA Acceleration Fund plan, particularly in light of the Partnership for HIV-Free Survival (PHFS). With Lesotho having the third highest prevalence of HIV in the world, with just under one in four adults 15–49 years of age infected with HIV, national stakeholders see the elimination of infant HIV infections as a priority, and recognize that integrating elements of the NACS approach in maternal and child health services can play an important role in the elimination of transmission of HIV from mother to child through its contribution to reducing postnatal transmission of HIV and improving maternal and infant survival.

In Project Year 1, a team comprising technical advisors from FANTA, HCI, and LIFT collaborated on the formulation of a combined work plan to develop strategies focusing on improving the health and nutritional outcomes of mothers and children at risk of HIV. The team met with various stakeholders, including representatives from government, the U.N., NGOs, and service implementers, to identify key priorities for the joint work plan. In addition, three districts were selected to implement the initial phase of the NACS approach.

The main objective and supporting activities for FANTA's work in Lesotho during Project Year 2 are as follows.

Objective 1: Improve MCHN outcomes contributing to the elimination of mother-to-child transmission of HIV (eMTCT).

FANTA's role in Lesotho will focus on TA and coordination. FANTA will work with MOH counterparts to review and update national training materials and resources available to clinical- and community-based services. Additionally, FANTA will work with IPs at the clinic and community levels to strengthen technical skills and resources in the delivery of NACS. FANTA will also work with government-based partners within MOH and RHBs, as well as service providers, to strengthen the coordination of elements of the NACS approach. This coordination includes the systems and resources available to ensure monitoring of appropriate nutrition-related indicators to make informed decisions about individual programs and to support the timely and efficient reporting of nutrition-related data. Specifically, FANTA will:

- Review and update key national-level training resources, tools, and job aids for NACS.
- Review project-related indicators and outcome data from implementing and coordinating stakeholders, to harmonize them with international reporting standards.
- Implement technical training updates for partners responsible for coordination and implementation of HIV capacity development.
- Liaise with FANTA partners to integrate nutrition indicators and service data information at district and national levels.

Mozambique

Since FY 2009, FANTA has helped integrate nutrition into HIV care and treatment services in Mozambique. FANTA-2 provided support to strengthen the Ministério da Saúde (MISAU) (Ministry of Health) and provincial health systems to implement the national Programa de Reabilitação Nutricional (PRN) (Nutrition Rehabilitation Program) through TA provided directly to MISAU, Direcções Provinciais da Saúde (DPS) (Provincial Health Directorates), Direcções Distritais da Saúde (DDS) (District Health Directorates), and USG partners. As part of this work, FANTA-2 developed the PRN *Manual for the Treatment and Rehabilitation of Malnutrition, Volume I* for treating acute malnutrition among children and adolescents 0–14 years of age and providing nutrition care to children with HIV through PRN; developed the attendant training materials, M&E tools, and job aids; trained more than 1,000 MISAU and provincial health staff and community members; and provided supportive supervision on site. FANTA-2 also worked on QI, assisting MISAU in drafting and field-testing supervision checklists for nutrition services, and developing performance standards for nutrition services. At the request of USAID/Mozambique, FANTA also collaborated with the Clinical HIV/AIDS Services Strengthening (CHASS) Niassa project to conduct the first phase of applying a QI approach to improve PRN service delivery. In addition, FANTA-2 and partners developed training materials for home-based care (HBC) and community health workers (CHWs) on nutrition care for PLHIV.

During Project Year 2, FANTA will continue to collaborate with and support many partners in addition to MISAU, including USAID/Mozambique, the CDC, and PEPFAR/Mozambique Partners. FANTA objectives and supporting activities in Mozambique for Project Year 2 are as follows.

Objective 1: Improved food and nutrition program design, implementation, and M&E for PLHIV and/or TB patients in MISAU care and treatment services supported by USG.

FANTA will:

- Support the PRN by supporting MISAU to hold a PRN workshop for stakeholders to assess the current status of PRN implementation and develop work plans for 2013; finalizing and submitting for MISAU approval the PRN *Manual for the Treatment and Rehabilitation of Malnutrition, Volume II*; field-testing protocols in collaboration with MISAU and USG/PEPFAR HIV care and treatment partners; and developing job aids, training materials, and an implementation strategy. In addition, we will support and facilitate provincial-level TOTs in selected provinces for PRN *Volume II*, and provide supportive supervision of PRN *Volumes I* and *II* as requested. FANTA will support the development of indicators for PRN *Volume II*, train MISAU staff, and provide supportive supervision of replication trainings and its implementation.
- Promote QI. FANTA will revise the supervision checklists for nutrition services in health centers based on the field tests conducted in Project Year 1, and will develop a user manual. We will also continue our collaboration with the MISAU Direcção Nacional de Assistência Médica (DNAM) (Department of Medical Assistance), MCHIP/Johns Hopkins University Program for International Education in Gynecology and Obstetrics (JHPIEGO), and partners to test and finalize the draft performance standards for nutrition services as a part of the

National Strategy for Quality and Humanization. Finally, FANTA will conduct the second phase of the QI and PRN activity with CHASS Niassa.

- Support nutrition in HBC services. In Project Year 1, FANTA supported and facilitated a workshop with MOH and partners to obtain feedback on the training materials for nutrition care for PLHIV. In Project Year 2, FANTA will update those materials and collaborate with the Department of Nutrition to gain MISAU approval. FANTA will continue participation in an HBC TWG to revise a home-based volunteer integrated training plan, and to develop a guide for integration of nutrition into HBC services.
- Support counseling for PLHIV and/or TB patients. In Project Year 1, FANTA developed a survey for MISAU and partner staff to harmonize and prioritize nutrition counseling messages for people living with HIV and/or TB. FANTA will analyze the results of the survey; facilitate a workshop with MISAU and partner staff to present the results and finalize prioritization of behaviors and messages for nutrition counseling; and develop a strategy for disseminating the key counseling messages.

Objective 2: Improved MCHN program design, implementation, and M&E in MISAU health services and community-based programs supported by USG.

FANTA will:

- Revise and finalize the National Infant and Young Child Feeding Policy. FANTA-2 assisted the Infant and Young Child Nutrition Project (IYCN) in the revisions of the National IYCF Policy. In Project Year 2, FANTA will support MISAU to finalize the policy and will develop and reproduce a pamphlet policy brief.
- Support the Baby-Friendly Hospital Initiative (BFHI). FANTA will support MISAU to update BFHI materials to include the latest national and international guidance; train staff in two hospitals; provide TA to one hospital to gain certification; and develop a plan for training additional hospitals.
- Finalize and disseminate the community-based IYCF counseling materials. MISAU, UNICEF, and IYCN drafted tools for IYCF counseling, including counseling cards, a facilitator's guide, participant handouts, and a brief orientation guide. In Project Year 2, FANTA will support MISAU to finalize and reproduce the materials; develop key indicators; develop a plan to implement the materials; conduct a TOT with USG-supported community-based nutrition and health programs in key provinces; and supervise the rollout.
- Strengthen the nutrition content of MCHN materials. MISAU Department of Nutrition requested the assistance of FANTA to improve the nutrition components of key clinical and community-level MCHN documents. In Project Year 2, FANTA will review and strengthen the nutrition content of three modules of the integrated training package of reproductive, maternal, neonatal, child, and adolescent health as well as the *agente polivalente elementar* (APE) (community health worker) curriculum.

Namibia

FANTA has provided TA on nutrition care and support for PLHIV to USAID/Namibia and to the Ministry of Health and Social Services (MOHSS) since 2008. A FANTA-2 supported assessment of gaps and opportunities for integrating nutrition into HIV services carried out in 2008 informed the preparation of job aids, training materials, and national nutrition and HIV guidelines, used later to train hundreds of health managers, CHWs, and other providers on NACS topics such as antenatal, postnatal, and primary health clinical services; strengthening HBC; and linking clinic and community HIV services. FANTA-2 and FANTA-2 Bridge also supported the development and dissemination of NACS registers and monthly report forms and of NACS M&E tools; provided TA and funding to the MOHSS to conduct a Nutrition Landscape Analysis of opportunities to scale up nutrition; supported development of a nutrition social and behavior change communication (SBCC) strategy with C-Change/Namibia; and supported the MOHSS in updating and printing the national child health passport, to be used in following up with HIV-positive mothers and their infants to monitor HIV-free survival (HIV-FS) of HIV-exposed infants up to 2 years of age. FANTA also helped the MOHSS distribute updated national IYCF guidelines, including those for HIV-positive mothers, to health care facilities during regular mentoring and supervision visits.

During Project Year 2, FANTA activities will link with USAID/Namibia's aims to strengthen service effectiveness and improve client outcomes through targeted, time-limited nutrition support and contribute to Partnership Framework goals and objectives through the areas of food and nutrition policy, tools and service delivery, and human resources for health. In Project Year 3, FANTA will continue to work with the Government of the Republic of Namibia (GRN) and PEPFAR/Namibia to strengthen national capacity to integrate NACS into prevention, care, and treatment of infectious and noncommunicable diseases; support scale-up of NACS to strengthen links between facility- and community-based services; and integrate nutrition into MCH programming. The Project Year 2 objectives and supporting activities are listed below.

Objective 1. Strengthen national capacity to integrate NACS into prevention, care, and treatment of PHLIV.

FANTA will:

- With the MOHSS, make regular mentoring and supervision visits to facility-based providers trained in NACS.
- Assist the MOHSS and International Training & Education Center for Health (I-TECH)/Namibia in revising the 2007 national nutrition and HIV training curriculum.
- Work with the MOHSS, PEPFAR/Namibia, and CDC/Namibia to integrate nutrition indicators into the national HIV M&E information system.

Objective 2. Support NACS scale-up.

FANTA will:

- Work with the MOHSS to assess the quality of NACS services in implementing districts to inform QI and scale up NACS interventions country-wide.
- Work with the MOHSS to develop a QI process to improve NACS implementation.

- Co-facilitate training of health care providers in NACS in additional districts.
- Provide MUAC tapes and body mass index (BMI) wheels to the MOHSS for facility-based health care providers trained in NACS.
- Work with the MOHSS to update NACS jobs aids in accordance with global guidance.

Objective 3. Strengthen links between facility-based NACS and community services.

FANTA will:

- Conduct formative research on determinants of malnutrition and barriers to uptake of NACS services; consult audiences and stakeholders to identify critical nutrition messages and effective delivery mechanisms; pretest messages and materials; and develop media or materials to promote behaviors that result in improved nutritional status.
- Train and supervise community-based health care providers (CBHCPs) in NACS to strengthen community demand for NACS, NACS knowledge, and clinic-community referral links for improved nutrition.
- Develop tools for mentoring and supervising CBHCPs trained in NACS to assess the quality of nutrition screening and counseling.
- Work with the MOHSS to integrate NACS into pilot training of HEWs.
- Work with LIFT, the MOHSS, and PEPFAR implementing mechanisms to establish referral linkages between clinic and community services for malnourished people with infectious diseases.

Objective 4. Integrate nutrition into maternal and child health programming.

Support and co-facilitate a MOHSS TOT in IYCF for HIV-positive women for CBHCPs and facility-based health care providers.

Tanzania

Starting in FY 2008, FANTA-2 has helped integrate nutrition into health care services in Tanzania, focusing on the integration of NACS into the National HIV Care, Treatment, and Support Programme. Past activities included TA to develop guidelines, training materials, and job aids for a FBP pilot in five regions; support to the Tanzania Food and Nutrition Centre (TFNC) to train and supervise health care providers in a growing network of sites that integrated NACS into HIV care and treatment; and support to help establish a Technical Coordinating Group for NACS to strengthen coordination and prepare for national scale-up. FANTA also worked with the Centre for Counselling, Nutrition and Health Care (COUNSENUTH) to develop a nutrition action kit for community-based service providers. NACS has now been integrated into more than 100 health facilities in 14 regions, and TFNC has trained multiple IPs to roll out training to health care providers in their service areas.

FANTA activities link with USAID/Tanzania's aims to strengthen service effectiveness and improve client outcomes through targeted, time-limited nutrition support. FANTA provides TA to the Ministry of Health and Social Welfare (MOHSW), the Department of Social Welfare, the Tanzania Commission for HIV/AIDS, the National AIDS Control Programme (NACP), and TFNC to strengthen policy, program implementation guidance, capacity building, and M&E related to nutrition and infectious and noncommunicable diseases, with the aim to strengthen national capacity to prevent and treat malnutrition in people with infectious and noncommunicable diseases and support the integration and scale-up of NACS in health facilities and community services to prevent and treat malnutrition.

FANTA's objectives and supporting activities for Project Year 2 are as follows.

Objective 1: Strengthen national capacity to implement NACS.

FANTA will continue to provide TA to MOHSW, the Department of Social Welfare, Tanzania Commission for HIV/AIDS (TACAIDS), NACP, and TFNC to roll out NACS interventions in health facilities to prevent and treat of malnutrition in people living with HIV, TB, and noncommunicable diseases; pregnant and post-partum women; and children. Activities include:

- Collaboration with national stakeholders to develop a guide for implementing NACS, including costing, training, provision of SFPs, and M&E.
- TA to national stakeholders to update the 2003 "National Guide on Nutrition Care and Support for People Living with HIV/AIDS" using recent evidence and global guidance.
- Support the dissemination of the package of NACS training and reference materials and job aids for facility-based providers to all health care facilities with health providers trained in NACS and to IP managers of ART and PMTCT programs, TACAIDS, NACP, and nutrition partners.
- Support TFNC and IP NACS FPs in coaching and mentoring health care providers trained in NACS, to improve their nutrition assessment and counseling skills.
 - Support the review of experiences in integrating NACS into care and treatment to improve programming and to inform scale-up. This work may include field-testing the new global NACS indicators.

Objective 2: Integrate NACS at the community level and strengthen clinic-community linkages and referrals for nutrition care.

FANTA provides TA to develop NACS materials for community care providers, including the national network of most vulnerable children (MVC) and HBC providers, and to strengthen bidirectional referrals and linkages between facility-based NACS and community support services to improve or maintain nutritional status. Activities include:

- Collaboration with *Pamoja Tuwalee* (Together We Care for Children, USAID’s consortium for care of MVC) to finalize and field-test the NACS nutrition action kit for community-based service providers that was developed earlier with COUNSENUH.
- Fund and co-facilitate (with national trainers from TFNC and COUNSENUH) regional TOT courses for community care providers using the NACS nutrition action kit. This training will improve bidirectional referrals along the continuum of care from health facilities and communities to prevent and treat malnutrition.

Objective 3: Strengthen the postnatal continuum of PMTCT care under PHFS.

In 2010, WHO provided an important new set of guidelines on infant feeding in the context of HIV, which are central to the Partnership for HIV-Free Survival (PHFS) initiative. FANTA will partner with WHO and the MOH Reproductive and Child Health Services (RCHS), in providing TA to PEPFAR/Tanzania IPs to operationalize those new guidelines. Activities include:

- Demonstrating how postnatal HIV interventions (including preventive and therapeutic antiretroviral drugs [ARVs], and promotion of optimal infant feeding 6–18 months) can reduce maternal and child mortality.
- Providing TA to Tanzania PHFS partners to apply the community NACS tools developed under FANTA-2 to improve IYCF practices.
- Facilitate the application of the Measure Evaluation framework for PHFS evaluation in the selected sites.

Objective 4: Support linkages between nutrition and agriculture (pending discussion).

Tanzania is a focus country for FTF. Initial discussions have been held with USAID/Tanzania staff to obtain FANTA’s help in integrating nutrition in the national Agricultural Sector Development program (AFTP-2), which is currently under review. Support would focus on the development of a nutrition-sensitive agricultural policy, and on the insertion of nutrition indicators to the policy. Support may also be requested to help align the National Food and Nutrition Policy (which dates back to 1982) with the more recent National Nutrition Strategy.

Uganda

FANTA has a long history of working in Uganda to strengthen maternal and child nutrition programs. Originally this involved extensive collaboration with MOH and other health and nutrition stakeholders. More recently, with the advent of FTF, FANTA has worked across sectors, supporting the Ministry of Health, Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), parastatals (National Planning Authority), and other stakeholders and partners by providing TA to produce a nutrition situation analysis, nutrition strategies, guidelines, job aids, and work plans; formative research to facilitate guideline development and program design of key nutrition partners; coordination of stakeholders at the national level; and advocacy to raise the profile of nutrition.

In Project Year 2, FANTA will continue to support efforts to strengthen maternal and child nutrition programming along the prevention to treatment continuum, with a particular focus on providing support for the rollout of the Uganda Nutrition Action Plan 2011-2016 (UNAP), and contributing to the “collaborating, learning, and adapting” approach of USAID/Uganda. Partners include government agencies such as the Office of the Prime Minister (OPM), National Planning Authority (NPA), MOH, Ministry of Gender, Labor and Social Development (MOGLSD), MAAIF, and Ministry of Education (MOE); UN agencies, such as UNICEF, World Food Program (WFP), and Renewed Efforts Against Child Hunger (REACH); civil society organizations such as Uganda Action for Nutrition Society (UGAN), Uganda Civil Society Coalition for Scaling Up Nutrition (UCCO-SUN); and USAID IPs such as SPRING, Nutrition CRSP, Community Connectors, and SCORE.

To support USAID/Uganda’s Development Objective 3: Improved health and nutrition status in focus areas and population groups, particularly IR 3.1.2: Improved quality of health services, FANTA will pursue the following three main objectives and supporting activities in Project Year 2.

Objective 1: Increase awareness and commitment to address malnutrition.

FANTA will:

- Work with OPM, REACH, UNICEF, SPRING, WFP, and multisectoral stakeholders to develop a coordinated nutrition advocacy and communication strategy. In Project Year 2, the focus will be on developing the advocacy strategy and tools through consultative workshops. FANTA will also coordinate a desk review of the SBCC literature in Uganda, as background for the development of a broader communication strategy.
- Work with stakeholders to update PROFILES using the 2011 Uganda Demographic and Health Survey (UDHS) data and to develop a costing model for regional-level nutrition packages. These activities will support advocacy at the national, regional, and district levels.
- Work with partners to conduct an in-depth analysis of UDHS data to better understand the factors associated with the improvement in nutritional status from 2006–2011, to help highlight effective interventions to support the UNAP.

Objective 2: Strengthen leadership capacity to deliver integrated nutrition services along the prevention to treatment continuum.

FANTA will:

- In collaboration with the MOH, continue the IMAM/NACS health system assessment, planning, and consensus-building process that will identify strengths and gaps in IMAM and NACS and lead to the development of an action plan to improve implementation of IMAM and NACS
- In collaboration with MOH, conduct health systems assessment, planning, and consensus-building process for nutrition promotion and malnutrition prevention activities.
- Work to strengthen nutrition capacity and integrate nutrition across sectors through support to nutrition committees, leadership in working groups, training, technical guidance, tool development, and presentations for MAAIF, MOGLSD, MOH, and OPM, as requested.
- Work with key partners, including UGAN, the Nutrition Collaborative Research Study Program (N-CRSP), OPM, SPRING, and academic institutions, to develop and implement a Nutrition Leadership Fellows Program in which fellows will be placed for 1 year in key sectors and receive ongoing capacity development.
- Continue to support the OPM in developing guidelines for nutrition planning and budgeting, and for integrating nutrition into agriculture and gender activities.
- Strengthen the capacity of service providers to deliver quality nutrition services through a review of current pre- and in-service, sector-specific curricula (health, agriculture, education, and gender), training of district-based trainers in IMAM/NACS, and support to professional bodies and civil society coalitions.
- TA and consultation will continue to be provided to USAID and IPs, as requested.

Objective 3: Improve coordination, knowledge-generation, and information sharing.

FANTA will:

- Convene and participate in regular coordination and an experience-sharing forum for UNAP progress.
- Contribute to USAID nutrition partners' coordination meetings.
- Disseminate research findings on capacity needs for implementation of UNAP and formative research on aligning agriculture for improved nutrition programming.
- In collaboration with UGAN, develop a knowledge and information-sharing platform.

Vietnam

At the request of USAID/Vietnam, FANTA supports the National Institute of Nutrition (NIN) and the Vietnam Administration of HIV/AIDS Control (VAAC) in incorporating NACS into HIV services in the nine PEPFAR/Vietnam priority provinces (An Giang, Can Tho, Dien Bien, Hai Phong, Hanoi, HCMC, Lao Cai, Nghe An, and Quang Ninh). The aim is to strengthen the capacity of government health care providers to provide effective and sustainable nutrition support at HIV care and treatment sites to help reduce malnutrition and optimize treatment outcomes. TA focuses on collaborating with PEPFAR/Vietnam Partners to provide training and improving the quality of NACS interventions. The National Nutrition Strategy 2011–2012 includes targets for the rollout of NACS for vulnerable populations, including PLHIV and TB patients in all provincial hospitals.

FANTA's objectives and supporting activities for Project Year 2 are as follows.

Objective 1: Strengthen NACS service effectiveness to improve client outcomes.

FANTA will support NIN to coordinate a National Nutrition Program for PLHIV and integrate NACS into HIV services for adults and children through the following activities:

- Finalize national NACS training materials, train trainers in NACS, and roll out NACS training in the nine PEPFAR/Vietnam priority provinces in collaboration with PEPFAR/Vietnam Partners to reduce malnutrition and optimize treatment outcomes.
- Pilot the integration of nutrition assessment, nutrition counseling, and prescription of SFPs for malnourished PLHIV into existing health infrastructures and improve nutrition practices among PLHIV in Dak Lak Province through targeted SBCC activities.

Objective 2: Build on previous work carried out under FANTA-2 to consolidate policies and guidance in the provision of nutrition services to PLHIV.

Specifically, FANTA will:

- Provide TA to NIN to roll out the National Guidelines for Nutrition Care and Support of PLHIV. These guidelines advocate for the importance of nutrition in HIV treatment and care, guide programs and service providers, and ensure harmonized messages and approaches.
- Support NIN in finalizing data from a 2011 analysis of the prevalence of malnutrition among ART and pre-ART clients to help USAID/Vietnam plan its procurement of SFPs for malnourished PLHIV in PEPFAR-supported sites.
- Develop a protocol and implementation plan to pilot prescription of a locally produced RUTF (High-Energy Protein Bar for IMAM, or HEBI) to severely malnourished clients in Dak Lak Province in collaboration with NIN and the FHI 360 Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project (SMART TA). The results will inform PEPFAR/Vietnam procurement decisions and scale-up of NACS in the country.
- Work with NIN and PEPFAR/Vietnam Partners to finalize, pretest, and revise the NACS training manual.
- Support NIN and PEPFAR/Vietnam Partners in training national, provincial, and district NACS trainers and rolling out NACS training to facility-based health care providers.

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 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 2 targets for most project indicators.

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 2 for the degree of integration of gender considerations; FANTA will develop the gender indicator methodology in Project Year 2.

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 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 2.

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 2.

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 that 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 to 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.

Work Plans and Reports

FHI 360 will prepare and submit to USAID for approval annual work plans that describe the FANTA planned activities for the fiscal year, including level of effort and funding sources associated with activity categories, by IR. Work plans 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. Performance Management Plan with Targets for Project Year 2

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
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)	<p>This indicator is a summary compilation of the IR 2 indicators below.</p> <p>For MCHN, the indicator has a subset of thematic focus areas per phase (policy, advocacy, capacity strengthening, systems strengthening).</p>	In an annual participatory process, FANTA staff will assess the integration milestones and corresponding phases reached by each country.	<p><u>Project Year 2 Targets:</u> 5 countries</p> <p>HIV Côte d'Ivoire – Phase 2 to Phase 3; Ethiopia - Phase 3 (no change); Ghana - Phase 2 to Phase 3; Haiti – Phase 1 to Phase 2; Mozambique - Phase 2 (no change); Namibia – Phase 2 to Phase 3; Tanzania – Phase 2 to Phase 3; Vietnam - Phase 1 (no change)</p> <p><u>Project Year 2 Targets:</u> 4 countries</p> <p>MCHN Bangladesh – Phase 3/Stage 2 to Phase 3/Stage 4 (for advocacy and capacity strengthening); Uganda – Phase 3/Stage 1 to Phase 3/Stage 2 (for advocacy); Ghana – Phase 3/Stage 2 to Phase 3/Stage 3 (for advocacy); Guatemala – Phase 1 to Phase 2 (for advocacy).</p>
2 Impact stories produced about nutrition policies/ programs/systems being strengthened by FANTA	<p>Evidence in the form of qualitative impact stories of selected nutrition policies/programs/systems that have been strengthened through FANTA assistance.</p> <p>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.</p> <p>See also indicators #4 and #7 for specific impact stories on research and tools being used/applied.</p>	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.	<u>Project Year 2 Targets:</u> 1 impact story
CROSS-CUTTING GENDER INTEGRATION			
3 Average gender integration score across all FANTA TA activities			FANTA will start measuring gender integration in Project Year 2, with targets TBD.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
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.		<u>Project Year 2 Targets:</u> 1 impact story
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	<u>Project Year 2 Targets:</u> 1 research publication

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
<p>6 (IR1.1) Number of research activities that have advanced at least one stage on the Pathway from Research to Field Implementation and Use</p>	<p>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.</p> <p>Status of each of FANTA’s current research activities on the <i>Pathway from Research to Field Implementation and Use Pathway from Research to Field Implementation and Use</i> is adapted from <i>USAID/GH’s Health-Related Research and Development Activities at USAID- Report to Congress, May 2006</i>.</p> <p>FANTA’s proposed adapted version of the Pathway contains six stages:</p> <ol style="list-style-type: none"> 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) 	<p>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.</p>	<p><u>Project Year 2 Targets:</u> 20 activities</p> <ol style="list-style-type: none"> 1. Title II exit strategies study Stage 2 to Stage 3 2. MUAC for CMAM discharge criteria study in Malawi Stage 2 to Stage 3 3. MUAC cut-offs for adolescents and adults Stage 2 to Stage 3 4. Downstream uses of food aid Stage 1 to Stage 2 5. Agriculture and nutrition linkages in Guatemala Stage 1 to Stage 2 6. Agriculture and nutrition linkages in Uganda Stage 2 to Stage 3 7. RUTF acceptability study in Vietnam Stage 2 to Stage 3 8. FAFSA-2 Stage 3 to Stage 4 9. Optifood tool development Stage 2 to Stage 3 10. HIV-free survival indicator research Stage 1 to Stage 2 11. IPC food consumption indicators study Stage 1 to Stage 2 12. Acceptability of specialized foods among PLHIV in Côte d’Ivoire Stage 1 to Stage 2 13. Evaluation of PNN in Côte d’Ivoire Stage 1 to Stage 2 14. South Sudan FSCF Stage 1 to Stage 3 15. Quality of NACS service assessment in Namibia Stage 1 to Stage 2 16. Data analysis of relationship between growth and development Stage 1 to Stage 2 17. Post-MAM recovery study Stage 1 to Stage 2 18. Field testing of new tool to measure infant cognition Stage 1 to Stage 2 19. Treatment of MAM during pregnancy study Stage 1 to Stage 2 20. Namibia NACS assessment Stage 1 to Stage 2
<p>7 (IR1.2) Impact stories produced about FANTA M&E and other tools being used or applied</p>	<p>This is a specific type of impact story described in indicator #3. These stories must be about the impact of FANTA tools.</p>		<p><u>Project Year 2 Targets:</u> 1 impact story</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
<p>8 (IR1.2) Number of tools developed</p>	<p>List of the new tools developed.</p> <p>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.</p>	<p>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.</p>	<p><u>Project Year 2 Targets:</u> 15 tools</p> <ol style="list-style-type: none"> 1. DQA checklists 2. Calculator for sample size inflation 3. Tools for formative research for integrating FP into Title II programs 4. Annual monitoring standard indicator handbook 5. Gender indicator handbook 6. Formative research tools for the integration of family planning into food security and nutrition programs 7. Coverage monitoring tool (Ghana) 8. Update of HIV M&E tool to include nutrition (Ghana) 9. Costing and planning tool for nutrition and HIV 10. National tools for the integration of food and nutrition programs (Ethiopia) 11. Decision algorithm for nutrition care and support of PLHIV and OVC (Côte d’Ivoire) 12. Supportive supervision tools (Côte d’Ivoire) 13. Supportive supervision checklist (Mozambique) 14. Mentoring and supervision tools (Namibia) 15. Supervisory tools for IYCF (Bangladesh)
<p>9 (IR 1.3) Number of global normative standards and policies being strengthened</p>	<p>List of new/developing global normative standards and policies to which FANTA is contributing</p> <p>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.</p>	<p>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.</p>	<p><u>Project Year 2 Targets:</u> 9 standards/policies</p> <ol style="list-style-type: none"> 1. USAID/FFP PMP 2. FTF M&E 3. Title II M&E for non-emergency programs 4. Title II M&E for emergency programs 5. Global NACS indicators 6. WHO guidelines for an integrated approach to the nutritional care of HIV-infected adolescents and adults, including pregnant women 7. Updated WHO guidelines on the management of MAM and SAM 8. WHO Guidelines for nutritional management of HIV 9. WHO Guidelines for nutritional management of TB

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
<p>10 (IR1.3) Number of posters/presentations delivered</p>	<p>List of professional meetings and events at which posters/presentations of FANTA work delivered</p> <p>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.</p>	<p>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.</p>	<p>Project Year 2 Targets: 2 posters/presentations</p>
<p>11 (IR1.4) Post-training adoption rate (average and for each training activity)</p>	<p>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.</p> <p>Levels of post-training adoption:</p> <ul style="list-style-type: none"> – High adoption – Medium adoption – Low adoption 	<p>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.</p>	<p>FANTA will start measuring this indicator in Project Year 2, with targets TBD.</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
<p>12 (IR1.4) Number of men and women trained by FANTA</p>	<p>This is a count of participants attending trainings given by FANTA. This will be disaggregated by funding source, topic, and sex.</p>	<p>Attendance sheets from trainings will be tabulated for this indicator.</p>	<p>Project Year 2 Targets: 6,708 total people trained Under IR1 activities: 100 total people trained (FFP funding)</p> <p>Under IR2 country activities: 2,307 total people trained through OHA funding 4,301 total people trained through Mission/GH funding</p> <ul style="list-style-type: none"> – 1,000 people trained – Bangladesh (Mission/GH funding) – 80 people trained – Cote d’Ivoire (OHA funding) – 270 people trained – Ethiopia (240 OHA, 30 Mission/GH funding) – 3,736 people trained – Ghana (525 OHA, 3,211 Mission/GH funding) – 60 people trained – Guatemala (Mission/GH funding) – 40 people trained – Haiti (OHA funding) – Mozambique targets TBD – 150 people trained – Namibia (OHA funding) – 940 people trained – Tanzania (OHA funding) – 100 people trained – Uganda (OHA funding) – 232 people trained – Vietnam (OHA funding)
<p>13 (IR1.4) Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)</p>	<p>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.</p>	<p>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.</p>	<p>FANTA will start measuring this indicator in Project Year 2, with targets TBD.</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
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.	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 2, with targets TBD.
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 three phases in the HIV and Nutrition integration process. See Table 2 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.	<u>Project Year 2 Targets:</u> 5 countries The HIV countries and their anticipated phases reached by the end of Project Year 2 are: Côte d'Ivoire – Phase 2 to Phase 3; Ethiopia - Phase 3 (no change); Ghana - Phase 2 to Phase 3; Haiti – Phase 1 to Phase 2; Mozambique - Phase 2 (no change); Namibia – Phase 2 to Phase 3; Tanzania – Phase 2 to Phase 3; Vietnam - Phase 1 (no change)
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 <i>following thematic focus areas</i> : <ul style="list-style-type: none"> – Policy – Advocacy – Systems Strengthening – Capacity Strengthening 	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration phases reached by each country.	<u>Project Year 2 Targets:</u> 0 countries No countries will newly enter Phase 3 in Project Year 2 (some are already in Phase 3, they will just advance within the phase).
17 (IR 2.1) Number of countries reaching Phase TBD in the process of integrating CMAM into their policies/programs/systems	FANTA will develop a “phases of integration” continuum indicator (which is used by the HIV and MCHN clusters) for CMAM.		FANTA will start measuring this indicator in Project Year 2, with targets TBD.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
USAID Offices' Reporting Indicators for Annual Operational Plans and Performance Reports			
18 # people trained in child health and nutrition through USG-supported health area programs, during the FY (GH/HIDN indicator)			<u>Project Year 2 Targets:</u> TBD
19 # female IP staff trained in M&E funded by FFP (FFP indicator)			<u>Project Year 2 Targets:</u> TBD
20 # male IP staff trained in M&E funded by FFP (FFP indicator)			<u>Project Year 2 Targets:</u> TBD
21 # female USAID staff trained in M&E funded by FFP (FFP indicator)			<u>Project Year 2 Targets:</u> TBD
22 # male USAID staff trained in M&E funded by FFP (FFP indicator)			<u>Project Year 2 Targets:</u> TBD
23 # of evaluations, undertaken during the FY, partially or fully funded by FFP (FFP indicator)	Evaluation involves a systematic collection of information on the performance and impacts of on-going or completed USG-funded projects, programs, or sub-sets of activities.		<u>Project Year 2 Targets:</u> 1 1. FAFSA-2
24 # Sector Assessments, undertaken during the FY (FFP indicator)	Sector assessments are undertaken to provide comprehensive analyses of needs and opportunities in a particular sector so that informed strategic and programmatic decisions can be made. A sector is broadly defined to include gender, environment, agriculture, industry, food security, health, education, and democracy.		<u>Project Year 2 Targets:</u> 6 1. Burma 2. Burundi 3. Cambodia 4. Madagascar 5. Malawi 6. Nepal

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
<p>25 # countries with introduction OR expansion of cutting edge nutrition interventions, during the FY (CMAM for FANTA) (GH/HIDN indicator)</p>			<p>Project Year 2 Targets: TBD</p>
<p>26 # information gathering or research activities, during the FY (GH/HIDN indicator/FFP indicator)</p>	<p>FANTA anticipates that USAID client offices (FFP, OFDA, Missions) will ask FANTA to report on specific standards and custom indicators at the end of each fiscal year.</p>		<p><u>Project Year 2 Targets (partially or fully funded by GH/HIDN):</u> 7 activities</p> <ol style="list-style-type: none"> 1. LNS effectiveness study in Bangladesh 2. LNS-RTI study in Malawi 3. MUAC for CMAM discharge study 4. Analysis of the association between preterm birth, growth failure, child development, and a promising prenatal health intervention 5. Field testing of a new method to measure early childhood cognitive development 6. Interventions to effectively treat MAM among HIV-positive and HIV-negative women during pregnancy 7. Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from MAM <p><u>Project Year 2 Targets (partially or fully funded by FFP):</u> 8 activities</p> <ol style="list-style-type: none"> 1. PM2A study in Burundi 2. PM2A study in Guatemala 3. Exit strategy study in Bolivia 4. Exit strategy study in Honduras 5. Exit strategy study in India 6. Exit strategy study in Kenya 7. FAFSA-2 8. Downstream uses of food aid

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 2 Oct. 1, 2012–Sept. 30, 2013
<p>27 # technologies and tools under development during the FY (GH/HIDN indicator)</p>			<p><u>Project Year 2 Targets: 17</u></p> <ol style="list-style-type: none"> 1. FFP indicators handbook for baseline and final evaluation indicators (revised 2012) 2. SAPQ (revised 2012) 3. DQA checklists 4. Supportive supervision checklist (Mozambique) 5. Tools for nutrition counseling for PLHIV (Mozambique) 6. Supervisory tools for IYCF (Bangladesh) 7. FFP indicators handbook 8. FFP M&E policy manual 9. SAPQ 10. DQA checklist 11. Gender toolkit 12. Ag/nutrition e-learning tool 13. Quick start guide for Nutrition Program Design Assistant tool 14. Make me a change agent training manual 15. Updated FANTA sampling guide 16. Coverage monitoring tool (Ghana) 17. Toolkit of SBCC materials
<p>28 # countries engaged in capacity building activities, during the FY, to strengthen assessment, design, and implementation of Title II programs (FFP indicator)</p>	<p>Countries are Title -2 intervention countries receiving TA assistance from FANTA-2. This includes food security country frameworks (FSCF); regional and country-specific M&E workshops; baseline, midterm and final evaluation support; Layers; early warning and response (EWR)/Trigger indicators; and indicators performance tracking table (IPTTs)/results frameworks (RF) and multi-year assistance program (MYAP) reviews.</p>		<p><u>Project Year 2 Targets: 11 countries</u></p> <ol style="list-style-type: none"> 1. Burma 2. Burundi 3. Cambodia 4. Guatemala 5. Haiti 6. Madagascar 7. Malawi 8. Nepal 9. Niger 10. Uganda 11. Zimbabwe

Annex 3. Publications and Deliverables under Development in Project Year 2

Publication/Deliverable Title	Anticipated Project Year of Completion
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	
Safety of MUAC for discharge criterion in CMAM programs: An operational study in Malawi	Project Year 2
Bangladesh LNS effectiveness study process evaluation	Project Year 2
Bangladesh LNS effectiveness study compliance assessment report	Project Year 2
Guatemala PM2A operations research report	Project Year 2
Bolivia exit strategy study report	Project Year 2
Honduras exit strategy study report	Project Year 2
India exit strategy study report	Project Year 2
Kenya exit strategy study report	Project Year 2
Exit strategy synthesis report	Project Year 2
Literature review on the association of MUAC with other nutritional outcomes and indicators of disease progression and/or clinical outcomes	Project Year 2
FAFSA-2 abridged report	Project Year 2
FAFSA-2 full report	Project Year 2
Report of an assessment of growth monitoring and promotion programs	Project Year 2
Report of an assessment of LAM programs	Project Year 3
IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented	
Nutrition surveillance review	Project Year 2
HFIAS indicator guide update	Project Year 2
IPC food consumption indicators analysis report	Project Year 3
IR 1.3 Global Standards and Policies in Nutrition and Food Security Promoted	
Anthropometry guide	Project Year 3
IR 1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened	
PROFILES materials, brochure, and website (update)	Project Year 2
PROFILES facilitator guide	Project Year 2
Update of the FANTA sampling guide	Project Year 2
Annual monitoring indicator handbook	Project Year 2

Publication/Deliverable Title	Anticipated Project Year of Completion
Gender indicators handbook	Project Year 2
Review of promising practices for integration of family planning into food security and nutrition programs	Project Year 3
E-learning course to promote nutrition and agricultural linkages	Project Year 3
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened	
From Policy to Practice: Integrating Gender into the Monitoring and Evaluation of USAID FFP and WFP Emergency Food Aid Programs	Project Year 2
Nutrition Program Design Assistant, quick-start guides	Project Year 3
Nutrition Program Design Assistant, module on nutrition and agriculture linkages	Project Year 3
Bangladesh materials for division- and district-level dissemination	Project Year 2
Bangladesh nutrition materials for media	Project Year 2
Bangladesh CMAM-focused advocacy materials	Project Year 2
Bangladesh nutrition curricula for imams	Project Year 2
Bangladesh nutrition curriculum for integration in SSFP	Project Year 2
Bangladesh summary report on the technical consultation on an approach to CMAM	Project Year 2
Bangladesh summary report on the roundtables on the continuum of care	Project Year 2
Bangladesh report of nutrition mapping	Project Year 2
Ethiopia national guidelines in management of nutrition and TB	Project Year 2
Ethiopia USAID Action Plan bibliography of desk review documents	Project Year 2
Ethiopia USAID Action Plan draft sections of the Nutrition Action Plan	Project Year 2
Ethiopia USAID Action Plan agenda for Nutrition Committee Retreat	Project Year 2
Ethiopia USAID Action Plan final draft Nutrition Action Plan	Project Year 2
Ethiopia nutrition and agriculture linkages training outline	Project Year 2
Ethiopia nutrition and agriculture linkages training package	Project Year 2
Ethiopia nutrition and agriculture linkages summary report	Project Year 2
Ethiopia assessment of DAI's UGP report	Project Year 2
Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV, trainer's manual	Project Year 2
Ethiopia report on clinical TOT activities	Project Year 2
Ethiopian Guide to Community-Based Nutrition Care for Children and Adults with HIV, trainer's manual	Project Year 2
Ethiopia report on community-based TOT activities	Project Year 2
Ethiopia working group strategy for the implementation of NACS in TB programs	Project Year 2

Publication/Deliverable Title	Anticipated Project Year of Completion
Ethiopia summary report of the National Sub-Committee on HIV and Nutrition	Project Year 2
Ethiopia National Guidelines for HIV/AIDS and Nutrition, 3 rd Edition	Project Year 2
Ethiopia PROFILES implementation plan	Project Year 2
Ethiopia PROFILES introduction workshop summary	Project Year 2
Ethiopia Preliminary PROFILES findings report	Project Year 2
Ethiopia finalized PROFILES and nutrition costing report	Project Year 2
Ethiopia PROFILES advocacy material	Project Year 2
Ghana technical reference materials for nursing and midwifery schools	Project Year 2
Ghana National Nutrition Policy (update)	Project Year 2
Ghana National Nutrition Communication Plan with BCC and social mobilization (update)	Project Year 2
Guatemala report on food-based recommendations using Optifood	Project Year 2
Guatemala strategy and implementation plan for the local demonstration sites	Project Year 2
Guatemala e-learning needs assessment report	Project Year 2
Guatemala e-learning course and final report	Project Year 2
Guatemala report of the results and recommendations from the adapted GAIN program planning tool	Project Year 2
Guatemala technical report on PROFILES and nutrition costing	Project Year 2
Guatemala agriculture and nutrition training curriculum and materials	Project Year 2
Haiti early warning and response promising practices	Project Year 2
Haiti PROFILES and nutrition costing report	Project Year 2
Mozambique <i>Manual for the Treatment and Rehabilitation of Malnutrition, Volume II</i>	Project Year 2
Mozambique <i>Manual for the Treatment and Rehabilitation of Malnutrition, Volume II</i> , training materials: facilitator's guide and participant handouts	Project Year 2
Mozambique <i>Manual for the Treatment and Rehabilitation of Malnutrition, Volume II</i> , job aids	Project Year 2
Implementation strategy for the Mozambique <i>Manual for the Treatment and Rehabilitation of Malnutrition, Volume II</i>	Project Year 2
Mozambique Community-Based Nutrition Care for PLHIV, training materials: facilitator's guide and participant handouts	Project Year 2
Mozambique National Infant and Young Child Feeding Policy brief	To be determined
Mozambique Baby-Friendly Hospital Initiative (BFHI) training materials: facilitator's guide and participant handouts	To be determined
Mozambique community-based IYCF counseling and support materials: facilitator's guide, participant handouts, and counseling cards	To be determined

Publication/Deliverable Title	Anticipated Project Year of Completion
Namibia revised NACS job aids	Project Year 2
Namibia NACS review report	Project Year 2
Namibia messages and media or materials to promote NACS behaviors to improve nutritional status	Project Year 2
Namibia mentoring and supervision tools for CBHCP	Project Year 2
South Sudan Food Security Framework	Project Year 2
Tanzania NACS Implementation Guide	Project Year 2
Tanzania final NACS community package	Project Year 2
Tanzania Guidance for Community Care Partners on Selecting Food and Nutrition Activities for Households and Communities (with DAI)	Project Year 2
Tanzania updated National Nutrition and HIV Guidelines	Project Year 2
Uganda IMAM and NACS HSS assessment report	Project Year 2
Uganda prevention and promotion HSS assessment report	Project Year 2
Uganda draft UNAP nutrition advocacy materials	Project Year 2
Uganda pre-service training curricula	Project Year 4
Uganda planning and budgeting tools	Project Year 2
Uganda in-service training materials for community development officers	Project Year 3
Uganda Collaborating, Learning and Adaptation Pilot	Project Year 5
Uganda Leveraging Agriculture for Improved Nutrition Outcomes	Project Year 2
Vietnam NACS training manual (facilitator's guide, participant workbook, and reference manual)	Project Year 2
Vietnam National Guidelines for Nutrition Care and Support of PLHIV	Project Year 2
Vietnam report nutritional status of adult PLHIV	Project Year 2

Annex 4. Planned Trainings for Project Year 2

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			
M&E workshops for new Title II Awardees	August-November 2013	Countries where new Title II awards will be made	Title II Awardees, USAID Mission staff, and FFP/Washington staff
M&E workshop for new Title II Awardees	August 2013	Washington, DC	Title II Awardee headquarter staff and FFP/Washington staff
Trainings to FFP on selected topics of interest	On a quarterly basis	Washington, DC	FFP/Washington
Title II RFA pre-review technical sessions	January 2013	Washington, DC	FFP/Washington
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened			
Bangladesh media trainings	6 in Project Year 2	Dhaka, Bangladesh	Media gatekeepers and reporters
Bangladesh nutrition training for religious leaders	June 2013 onwards	Bangladesh	Religious leaders
Bangladesh IYCF training of trainers for SSFP	ongoing	Bangladesh	Health service trainers
Ethiopia clinical nutrition and HIV care training	November 2012 and May 2013	Addis Ababa, Ethiopia	Government partners
Ethiopia clinical nutrition and HIV care training	February 2013–June 2013	Addis Ababa, Ethiopia	PEPFAR IPs
Ethiopia community-based nutrition and HIV care training	June 2013	Addis Ababa, Ethiopia	Expert trainers
Ethiopia nutrition and agriculture linkages training for USAID staff	January 2013 – March 2013	Addis Ababa, Ethiopia	USAID Mission staff

Tentative Title/Subject Matter	Planned Date	Location	Target Audience
Ethiopia stakeholder review of DAI UGP report	November 2013	Addis Ababa, Ethiopia	USAID Mission staff
Ghana media trainings	3 in Project Year 2	Districts to be determined	Media gatekeepers and reporters
Guatemala Optifood training	October 2012	Guatemala	Technical staff at INCAP
Mozambique provincial TOT in the protocols of the <i>Manual for the Treatment and Rehabilitation of Malnutrition, Volume II</i>	May/June 2013	Provinces to be determined	USG-supported HIV care and treatment services, MISAU and Provincial-level health staff
Mozambique PRN workshop to review implementation, lessons learned, constraints, and opportunities	November 2012	Maputo, Mozambique	MISAU partners, PEPFAR clinical partners, community partners, and other key stakeholders
Mozambique prioritization of key behaviors and counseling messages, and develop strategy for improving nutrition counseling for PLHIV and/or TB clients	To be determined	Maputo, Mozambique	MISAU and partners
Mozambique - Finalize National Infant and Young Child Feeding Policy	To be determined	Maputo, Mozambique	MISAU Department of Nutrition TWG
Mozambique TOT for community-based IYCF counseling and support	To be determined	Niassa, Manica, and Sofala Provinces, Mozambique	USG-supported community-based nutrition and health program staff
Namibia CBHCP NACS training	June 2013	Swakopmund, Namibia	CBHCP
Namibia CBHCP NACS training	August 2013	Gobabis, Namibia	CBHCP
Namibia CBHCP NACS training	October 2013	Windhoek, Namibia	CBHCP
Namibia community IYCF training	October 2013	Swakopmund, Namibia	Nurses

Tentative Title/Subject Matter	Planned Date	Location	Target Audience
Uganda training on budgeting and planning for nutrition at district level	October 2012, August 2013	Districts to be determined	District planning officers and other district-level staff in charge of planning for nutrition
Uganda nutrition training for community development officers	March, May, August 2013	Districts to be determined	Community development officers
Vietnam community service providers trained in nutrition screening and referral	April 2013– June 2013	Dak Lak Province, Vietnam	Community service providers
Vietnam training of national trainers in NACS	February 2013	Hanoi, Vietnam	MOH, VAAC
Vietnam provincial trainers trained in NACS	March 2013	PEPFAR provinces, Dak Lak Province	MOH, VAAC at provincial level
Vietnam district trainers trained in NACS	April 2013	PEPFAR provinces, Dak Lak Province	MOH, VAAC at district level