

FANTA III

FOOD AND NUTRITION
TECHNICAL ASSISTANCE



USAID
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Abbreviations and Acronyms

ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immunodeficiency Syndrome
ANEMO	Associação Nacional dos Enfermeiros de Moçambique (Mozambique National Association of Nurses)
ANL	agriculture and nutrition linkages
AOR	Agreement Officer's Representative
ARR	Annual Results Report
ART	antiretroviral therapy
BFHI	Baby-Friendly Hospital Initiative
CBHCP	community-based health care provider
CBO	country backstop officer
CDC	U.S. Centers for Disease Control and Prevention
CHAMP	Community Health and AIDS Mitigation Project
CHASS	Clinical HIV/AIDS Services Strengthening (Mozambique)
CHW	community health worker
CMAM	Community-Based Management of Acute Malnutrition
COP	Country Operational Plan
COUNSENUITH	Centre for Counselling, Nutrition, and Health Care
CRG	<i>Commodity Reference Guide</i> (USAID/FFP)
CRS	Catholic Relief Services
CSB	corn-soy blend
CSHGP	Child Survival and Health Grants Program
CSI	Coping Strategies Index
CSO-SUN	Civil Society Organizations forum on Scaling Up Nutrition
CTC	care and treatment clinic
DAI	Development Alternatives, Inc.
DCHA	USAID Bureau for Democracy, Conflict, and Humanitarian Assistance
Discussion-TIIME	Discussion for Title II M&E
DPS	Direcção Provincial de Saúde (Provincial Health Directorate) (Mozambique)
DQA	data quality assessment
DRC	Democratic Republic of the Congo
DSW	Department of Social Work (Tanzania)
EBF	exclusive breastfeeding
EFPP	emergency food product
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
ENA	Essential Nutrition Actions
ENGINE	Empowering New Generations to Improve Nutrition and Economic Opportunities
EWR	early warning and response
FAFSA	Food Aid and Food Security Assessment
FAFSA-2	Second Food Aid and Food Security Assessment

FANTA	Food and Nutrition Technical Assistance III Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FAO	Food and Agriculture Organization of the United Nations
FAQR	Food Aid Quality Review
FBF	fortified-blended food
FBHCP	facility-based health care provider
FBP	Food by Prescription
FCS	Food Consumption Score
FEWS NET	Famine and Early Warning Systems Network
FFP	USAID Office of Food for Peace
FFPO	Food for Peace Officer
FMOH	Federal Ministry of Health (Ethiopia)
FP	focal point
FSCG	Food Security Country Guidance
FTF	Feed the Future
FY	fiscal year
GH	USAID Bureau for Global Health
GHI	Global Health Initiative
GHS	Ghana Health Service
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GMP	growth monitoring and promotion
GOB	Government of Bangladesh
GOV	Government of Vietnam
HBC	home-based care
HCI	Health Care Improvement Project (URC)
HDDES	Household Dietary Diversity Score
HEA	Household Economy Approach
HEBI	High-Energy Protein Bar for IMAM (Vietnam)
HEW	health extension worker
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
HIV	human immunodeficiency virus
HIV-FS	HIV-free survival
HKI	Helen Keller International
HMIS	health management information system
HSS	Health Systems Strengthening
I-TECH	International Training and Education Center on HIV (Mozambique and Namibia)
ICAP	International Center for AIDS Care and Treatment Programs at Columbia University's Mailman School of Public Health
IFA	iron and folic acid
IFPRI	International Food Policy Research Institute
iLiNS	International Lipid-based Nutrient Supplements Project
IMAM	Integrated Management of Acute Malnutrition (Uganda and Vietnam)

INCAP	Instituto de Nutrición de Centro América y Panamá (Institute of Nutrition of Central America and Panama)
IOM	Institute of Medicine of the National Academies
IP	implementing partner
IPC	Integrated Food Security and Humanitarian Phase Classification
IPHN	Institute of Public Health Nutrition (Bangladesh)
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRB	Institutional Review Board
IRT	integrated refresher training
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition Project
JMP	Joint Monitoring Program
LIFT	Livelihoods and Food Security Technical Assistance Project
LNS	lipid-based nutrient supplement(s)
LNSRN	LNS Research Network
LQAS	Lot Quality Assurance Sampling
LSA	landscape analysis
LSHTM	London School for Hygiene and Tropical Medicine
M&E	monitoring and evaluation
M&R	monitoring and reporting
MAAIF	Ministry of Agriculture, Animal Industries, and Fisheries (Uganda)
MCHIP	Maternal and Child Health Integrated Program
MCHN	maternal and child health and nutrition
MEPI	Medical Education Partnership Initiative (Ethiopia)
MFDI	Media for Development International
MI	Micronutrient Initiative
MIS	management information system
MISAU	Ministério de Saúde (Ministry of Health) (Mozambique)
mm	millimeter(s)
MMAS	Ministério da Mulher e Acção Social (Ministry of Women and Social Welfare) (Mozambique)
MNP	multiple micronutrient powder(s)
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
MOHSS	Ministry of Health and Social Services (Namibia)
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MSP	Ministère de la Santé Publique et de la Population (Ministry of Health and Population) (Haiti)
MSH	Management Sciences for Health
MSU	Michigan State University
MUAC	mid-upper arm circumference
MVC	most vulnerable children
NACP	National AIDS Control Programme (Ghana and Tanzania)

NACS	nutrition assessment, counseling, and support
NEPI	Nursing Education Partnership Initiative (Ethiopia)
NGO	nongovernmental organization
NHP	Nutrition and HIV Program (Kenya)
NIN	National Institute of Nutrition (Vietnam)
NNS	National Nutrition Services (Bangladesh)
NPA	National Planning Authority (Uganda)
NSCN	National Sub-Committee on Nutrition (Uganda)
NTCP	National Tuberculosis Control Programme (Ghana)
NUGAG	Nutrition Guidelines Advisory Group (WHO)
OGAC	Office of the Global AIDS Coordinator
OHA	USAID Bureau for Global Health Office of HIV/AIDS
OM	Outcome Monitoring
OPM	Office of the Prime Minister
OR	operations research
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for Aids Relief
PLHIV	people living with HIV
PLW	pregnant and lactating women
PM2A	Preventing Malnutrition in Children under 2 Approach
PMP	performance management plan
PMTCT	prevention of mother-to-child transmission of HIV
PNN	Programme National de Nutrition (National Nutrition Program) (Côte d'Ivoire)
PNOEV	National Tuberculosis Control Program (Côte d'Ivoire)
PNPEC	National Program for Care of PLHIV (Côte d'Ivoire)
PRN	Programa de Reabilitação Nutricional (Nutrition Rehabilitation Program) (Mozambique)
<i>Pro</i> PAN	Process for the Promotion of Child Feeding
PVO	private voluntary organization
QI	quality improvement
REACH	Renewed Efforts Against Child Hunger
RF	Results Framework
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SAM ST	Severe Acute Malnutrition Support Team (Ghana)
SAM SU	Severe Acute Malnutrition Support Unit (Ghana)
SAPQ	Standardized Annual Performance Questionnaire
SBCC	social and behavior change communication
SC	Save the Children
SESAN	Secretariat Food and Nutrition Security (Guatemala)
SFP	specialized food product
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SO	Strategic Objective

SOP	standard operating procedure
SOW	scope of work
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally project
SSC	United States Army Natick Soldier Systems Center
SSDS	Social Sectors Development Strategies
SSFP	Smiling Sun Franchise Program (Bangladesh)
SUN	Scaling Up Nutrition
TA	technical assistance
TACAIDS	Tanzania Commission for AIDS
TAHEA	Tanzania Home Economics Association
TANGO	Technical Assistance to NGOs
TB	tuberculosis
TEC	technical evaluation committee
TFNC	Tanzania Food and Nutrition Centre
TI	trigger indicator
TMP	traditional medical practitioner (Ghana)
TOPS	Technical and Operational Performance Support Program
TOR	terms of reference
TOT	training of trainers
TRM	technical reference materials
TWG	technical working group
UC Davis	University of California – Davis
UGAN	Uganda Action for Nutrition Society
UMATI	Chama Cha Uzazi na Malezi Bora Tanzania
U.N.	United Nations
U.S.	United States
UNAP	Uganda Nutrition Action Plan
UNFPA	United Nations Population Fund
URC	University Research Co., LLC
US\$	United States dollar
USAID	United States Agency for International Development
USG	United States Government
WASH	water, sanitation, and hygiene
WEI	World Education, Inc.
WFH	weight-for-height
WFP	World Food Programme
WHO	World Health Organization
WUSTL	Washington University in St. Louis

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

- 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 operations 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 approaches in a consistent manner. High-quality implementation at scale will be achieved by:

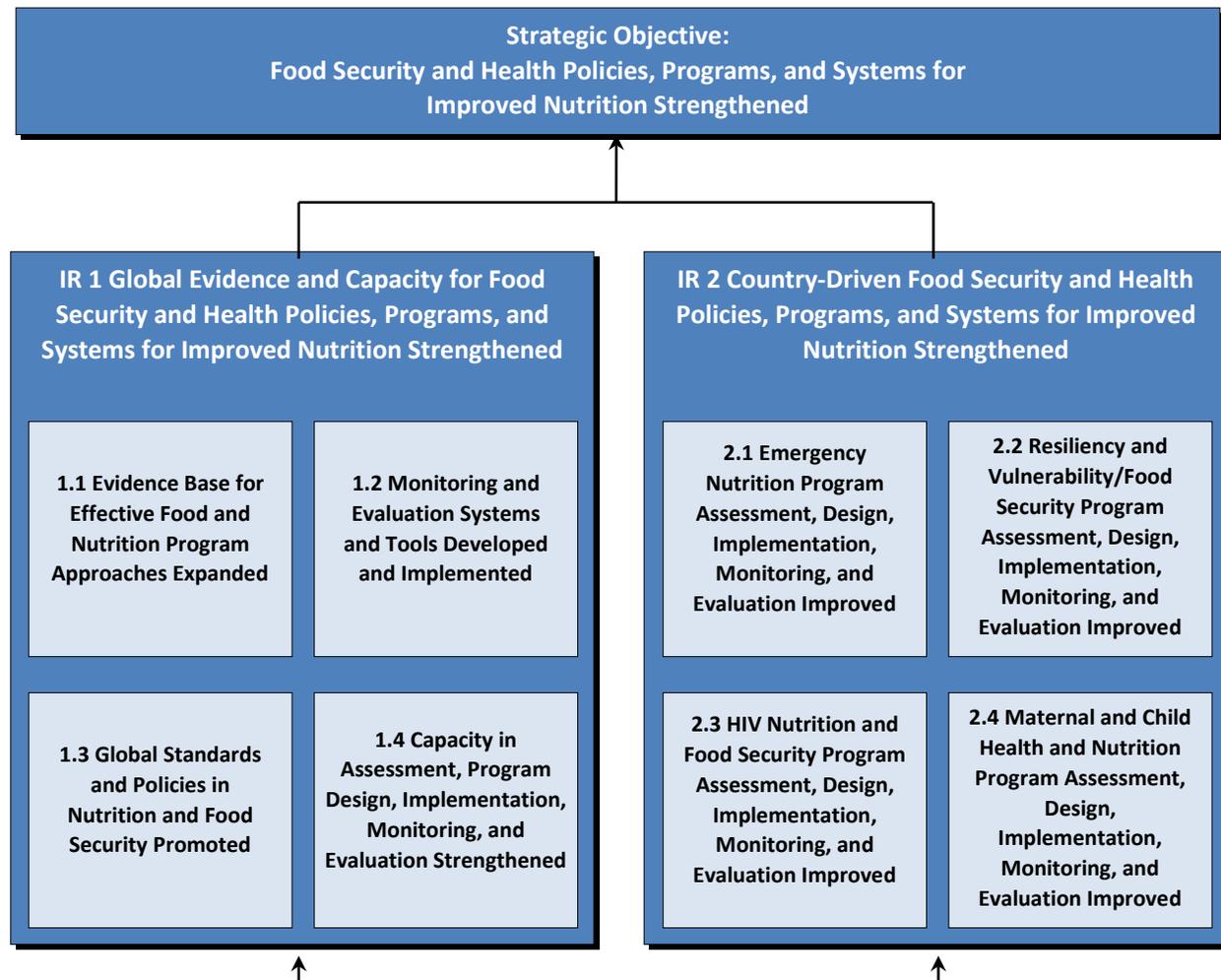
- Supporting country ownership by building the capacity of national stakeholders to assess, design, implement, and evaluate programs
- Coordinating with other donors, global partners, and programs
- Including an explicit gender perspective in our program research, policy and standards recommendations,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

FANTA’s work to achieve our SO falls under two Intermediate Results (IRs). FANTA strengthens the global evidence and capacity for food security and health policies, programs, and systems for improved nutrition (**IR 1**) by expanding the evidence base for effective food security and nutrition program approaches; developing and implementing M&E systems and tools; promoting global standards and policies in nutrition and food security; and strengthening capacity in assessment, program design, implementation, and M&E.

FANTA also strengthens country-driven food security and health policies, programs, and systems for improved nutrition (**IR 2**) by improving the assessment, design implementation, and M&E of 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 (**Figure 1**). FANTA supports activities in multiple countries under all sub-IRs. **Table 1**, on the next page, outlines each sub-IR and the countries in which FANTA works.

Figure 1. FANTA Strategic Framework



FANTA is implemented by FHI 360. The project is a 5-year cooperative agreement (February 8, 2012–February 7, 2017). Partners include 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) (Institute of Nutrition of Central America and Panama); 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							
Lesotho							X	
Malawi	X						X	
Mozambique			X	X	X		X	X
Namibia				X			X	
South Sudan						X		
Tanzania				X			X	
Uganda		X	X		X		X	
Vietnam					X		X	

Key Operating Approaches

Needs-Driven Agenda

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

Gender

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

Rigorous Documentation Coupled with Outreach and Dialogue

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

Capacity Strengthening for Country Ownership

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

QI Methods

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

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

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

The launch of key global and United States (U.S.) initiatives, including SUN, FTF, and GHI, has inspired renewed momentum for improving nutrition. FANTA builds on the existing evidence base, such as research evidence documented in the landmark *Lancet* series “Maternal and Child Undernutrition,” for targeting interventions aimed at preventing undernutrition during the 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**).

1.1.A 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 and nutrition program approaches and policies.

Preventing Malnutrition in Children under 2 Approach (PM2A). PM2A is a food-assisted approach to prevent child malnutrition by targeting a package of health and nutrition interventions during the critical 1,000-day window of opportunity to all pregnant women, mothers of children 0–23 months of age, and children under 2 years of age in food-insecure program areas, regardless of nutritional status. PM2A provides three core services to participants: conditional food rations²; preventive and curative health and nutrition services for children and women, according to national protocol; and SBCC.

² A “conditional” ration is one that beneficiaries receive only if they participate in behavior change interventions and attend and receive a minimum package of preventive health services. Each Title II development food aid program defines the specific behavior change and health service requirements for participation based on program context.

A 2007 FANTA, IFPRI, World Vision/Haiti, and Cornell University study in Haiti showed that PM2A is effective in preventing child malnutrition by targeting all children under 2.³ However, the relatively high program cost of PM2A remains an issue. In FY 2010, USAID initiated two large Title II development food aid programs in Burundi (implemented by Catholic Relief Services [CRS]) and Guatemala (implemented by Mercy Corps) 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 initiated⁴ a cluster-randomized trial in Burundi and Guatemala with the Title II Awardees to further refine PM2A, examining the impact of different types and duration of individual rations and the need for and a size of the household ration. The main research questions and outcomes being investigated are the impact and cost-effectiveness of PM2A on child nutritional status (stunting, underweight, and anemia) and the optimal composition, size, and duration of PM2A food rations.

In Burundi, in Project Year 1, FANTA completed the report of the findings of the baseline study, began preparations for the first follow-up survey to the baseline study, and continued collecting program costing data. In addition, FANTA completed analysis of the OR data collected and presented the findings to CRS and USAID/Burundi at a workshop in Burundi on September 27, 2012.

In Guatemala, in Project Year 1, FANTA continued enrolling pregnant women in the study and collecting longitudinal data among women and their children. The report of the formative research carried out at the start of the study was also completed. In addition, work on the OR and collection of program costing data, which will be used to evaluate the cost-effectiveness of PM2A at the end of the study, continued.

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

To increase knowledge in these areas and gain a better understanding of the intended and unintended consequences of food aid on individuals, households, and communities, including implications for gender equity, FANTA will carry out a series of research studies in varied country settings with operational Title II development food aid programs. In Project Year 1, FANTA had initially planned to begin a strategic, consultative process to outline a detailed research agenda to investigate the downstream uses of food aid in the context of development food aid programs. However, due to the time required to fill gaps in project staffing, this work

³ Menon, Pernima et al. 2007. “Prevention or Cure? Comparing Preventing and Recuperative Approaches to Targeting Maternal and Child Health and Nutrition Programs: Executive Summary of the Evaluation Report.” http://www.fantaproject.org/pm2a/Haiti_Exec_Summary_Dec07.pdf.

⁴ FANTA is partnering with CRS in Burundi and with Mercy Corps in Guatemala on this activity.

was postponed and is now targeted to begin in Project Year 2, after an initial review of the literature on this topic is completed.

Effective exit strategies for Title II development food aid programs. One of the persistent challenges of development programs is to ensure that the benefits of their interventions are sustained after they end. All Title II development food aid programs must incorporate a specific exit strategy into their designs that describes how the program intends to withdraw from the program area while ensuring that the benefits of any program achievements are not jeopardized and that progress beyond these achievements continues. A review of documented experience with Title II program exit strategies conducted under the first FANTA⁵ found little rigorous evidence on the effectiveness of different types of exit strategies. This represents a critical gap in knowledge about program design and implementation; filling this gap is essential to provide guidance on the design of effective exit strategies.

To explore the effectiveness of exit strategies and to provide guidance to future programs on how to incorporate exit strategies into their design to ensure sustainability of benefits, FANTA-2⁶ initiated multiyear studies in Bolivia, Honduras, India, and Kenya. Each country study includes three steps: 1) a review of Awardees' planned exit strategies and the implementation of those strategies in the final program year, 2) a qualitative review 1 year after the program ended to understand processes of change, and 3) in-depth qualitative and quantitative assessments 2 years after exit to assess the extent to which the impacts of the program were sustained or improved and to understand factors of success or failure in the specific exit strategies.

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

Second Food Aid and Food Security Assessment (FAFSA-2). 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. In Project Year 1, FANTA organized two stakeholder events in Washington, DC, on July 24, 2012, and Sept. 25, 2012, to begin disseminating the findings of the FAFSA-2 to private voluntary organizations (PVOs) and USAID. In addition, we submitted the draft FAFSA-2 report, and an abridged version of the FAFSA-2 report, for USAID/FFP review.

1.1.B Specialized Food Products Studies

In recent years, there has been remarkable progress with respect to the development and improvement of specialized food products (SFPs) designed to prevent and/or treat poor

⁵ Rogers, Beatrice Lorge and Macías, Kathy E. 2004. "Program Graduation and Exit Strategies: Title II Program Experiences and Related Research." http://www.fantaproject.org/downloads/pdfs/Exit_Strategies2004.pdf.

⁶ FANTA has been partnering with UC Davis on this study.

nutritional status. FANTA carries out research using state-of-the-art SFPs to assess the acceptability, safety, and effectiveness of these products for preventing malnutrition among children, improving the nutritional status of pregnant and lactating women (PLW) and people living with HIV (PLHIV), and maintaining the nutritional status of non-pregnant, non-lactating adults in emergency contexts.

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

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

In Project Year 1, FANTA completed the recruitment and enrollment of participants into the study. In addition, we continued collecting longitudinal data collection, including data on 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).

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

Building on these studies, FANTA-2 initiated a study to investigate the extent to which adverse birth outcomes can be reduced through dietary intervention during pregnancy. The randomized, controlled clinical trial will be carried out in Malawi with 1,400 pregnant women, randomized to receive one of three daily interventions until delivery: IFA supplementation, multiple micro-nutrient supplementation, or LNS. The results of the study will inform whether the multiple

micronutrient supplementation or LNS during pregnancy can reduce the effect of maternal infection during pregnancy on pre-term births and infants born with low birth weight. In Project Year 1, enrollment of pregnant women into the study was completed. In addition, collection, storage, and analysis of data from enrolled women and their infants continued.

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

From 2001 to 2005, USAID collaborated with the United States Department of Defense (specifically the United States Army Natick Soldier Systems Center [SSC]), the Institute of Medicine of the National Academies (IOM), and FANTA to develop specifications and prototypes and to test the acceptability of cost-effective, high-energy, nutrient-dense EFPs. The IOM-recommended specifications were published in *High-Energy, Nutrient-Dense Emergency Relief Food Product* (2002).⁷ Based on the IOM specifications, the SSC prepared three prototypes: a wheat-based bar (A-28), a rice-based bar (A-29), and a paste (A-20).

FANTA had initially planned to carry out an efficacy trial in the greater Boston area to assess whether the three products perform adequately for the purpose for which they were originally formulated: being the sole source of food for a 14-day period. However, USAID later requested that this activity be removed from FANTA's work plan and instead be carried out through a direct agreement that USAID has with Tufts University as a follow-up to the Food Aid Quality Review (FAQR).

1.1.C Mid-Upper Arm Circumference Studies

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

Standardized MUAC cutoffs for adolescents and adults. Although MUAC is commonly used to determine the nutritional status of adolescents and adults, globally agreed-to standards to

⁷ The information can be found at <http://www.nap.edu/catalog/10347.html>.

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

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

In Project Year 1, FANTA began reviewing the available peer-reviewed literature. A draft report of the findings is expected in early 2013.

Simplification of CMAM discharge criteria. Two of the primary advantages of CMAM programs are wide-scale coverage and the ability of families to return more quickly to their daily lives. Any simplification of the protocol that will save time, complexity, and costs should translate into an ability to provide care for more children while expending the same resources. CMAM programs currently use weight-for-height (WFH) or the percent weight gain measure to monitor treatment progress and assess eligibility for discharge. However, using MUAC instead could potentially offer significant time savings for program staff, simplifying both monitoring and discharge procedures.

To explore this, FANTA-2 initiated an operational study in Malawi to test the safety of using a MUAC of 125 mm for two consecutive visits as a discharge criterion for children admitted to CMAM programs. Children 6–59 months of age with a MUAC less than 115 mm 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.

In Project Year 1, FANTA completed enrollment and follow-up of the study participants and began drafting the study report, which will be completed in Project Year 2.

IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented

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

1.2.A M&E Systems

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

Surveillance systems in a development context. Nutrition surveillance entails the monitoring and forecasting of nutrition-related health outcomes and their 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, 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. In Project Year 1, a concept note, outlining the background, objectives, proposed methods, and anticipated timeline for the activity, was drafted and shared with USAID/Africa Bureau. In Project Year 2, 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, the results of the global review—including key attributes of the various surveillance system approaches and the relative strengths and weaknesses of the approaches in terms of appropriateness for application in development and/or emergency contexts—will be provided in a technical report. Results will

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

Outcome Monitoring (OM) for USAID/Madagascar. Since 2007, FANTA has been providing TA to USAID/Madagascar to conduct annual surveys assessing the outcomes of the food security, health, and family planning services provided by the various Mission-funded programs. In the past, the Mission's primary interest was to determine classifications of success/failure, relative to pre-set targets for a spectrum of indicators spanning a number of target groups of interest. For this purpose, Lot Quality Assurance Sampling (LQAS) was considered the method of choice for OM, given its ability to provide reliable classifications using small sample size surveys. For the FY 2012 round of OM, USAID/Madagascar has decided to move away from classifications as the primary aim of the OM exercise and toward the production of reliable overall estimates of the OM indicators. This necessitates a move toward a more traditional cluster sampling approach, with more substantial sample sizes implied.

In Project Year 1, FANTA developed and shared with USAID/Madagascar a Sampling Protocol document, which outlined the elements of the design. The original intention was that FANTA would manage the entire OM survey process during Project Year 1, including data collection, analysis, and write-up of the final results. However, USAID/Madagascar ultimately decided to terminate this activity before data collection commenced because of a new opportunity to implement the OM survey for 2012 by "piggybacking" onto another larger survey vehicle already under way, sponsored by the United Nations Population Fund (UNFPA).

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

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

To begin addressing this issue, in collaboration with FEWS NET, FANTA has initiated efforts to collect secondary datasets containing data on at least two of these food consumption indicators, ideally containing data on all listed food consumption indicators that reflect a wide range of

geographic settings and contexts. It is anticipated that the secondary datasets collected will be analyzed in Project Year 2; in Project Year 3, we will present the results in a technical report shared with the multi-agency group responsible for the development and refinement of the IPC. The results will inform the revision of the cut-points used for classifying and mapping food consumption indicators to each of the five food insecurity severity phases of the IPC, and will allow for improved accuracy in the IPC's food insecurity classification.

1.2.B Indicator Development and Harmonization

In collaboration with USAID, international organizations, and PVOs, FANTA works to advance the M&E metrics adopted by food and nutrition programs. This work includes the indicator development and validation, the preparation of indicator guides and handbooks to facilitate standardized data collection using recommended and field-verified methods, and the harmonization of indicators across agencies and organizations to allow for consistent and comparable data to be collected across programs and geography.

Harmonized indicators for NACS. Continuing work begun under FANTA-2, FANTA⁸ will support the completion of and preparation of guidance on a set of harmonized indicators for NACS in the context of HIV. The set of indicators covers three main areas: nutrition care and HIV, prevention of mother-to-child transmission of HIV (PMTCT) and infant feeding, and food security and HIV. Harmonizing these indicators will promote the adoption of NACS and the services it offers by United States President's Emergency Plan for AIDS Relief (PEPFAR) Partners. In Project Year 1, FANTA continued to provide technical support to the PEPFAR Food and Nutrition Technical Working Group (TWG) to review the definitions of and guidance on PEPFAR indicators related to NACS. FANTA also created an inventory of forms for harmonized global indicators for HIV and nutrition, including a spreadsheet for each indicator with the types of data needed, and we completed the worksheet for the Nutrition Care Impact Indicator and Nutrition Care Output Indicator.

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

Household Hunger Scale. To follow up on FANTA's multiyear research initiative to develop an experience-based measure of food insecurity for cross-cultural use, FANTA-2 conducted a study to assess the internal, external, and cross-cultural validity of the Household Food Insecurity

⁸ FANTA will collaborate with United States President's Emergency Plan for Aids Relief (PEPFAR) Partners, United Nations (U.N.) agencies, and other partners to carry out this activity.

Access Scale (HFIAS). A total of seven HFIAS datasets were used for the validation study, representing diverse populations and geographic settings. Across the datasets, HFIAS data were collected from both urban and rural populations, from HIV-affected and non-HIV-affected households, and from populations living in conflict and non-conflict areas. The results of the study indicated that a modified scale using a reduced set of questions and a revised tabulation method from that recommended for the HFIAS could achieve the aim of a culturally invariant scale at the population level. The reduced set of questions all focus on the experience of food deprivation; therefore, the name of the scale was changed from the HFIAS to the HHS. The HHS is now an indicator used to measure the progress of FTF.

As part of its dissemination activities for the HHS, FANTA-2 published and disseminated an HHS indicator and tabulation guide. In Project Year 1, FANTA translated the HHS indicator and tabulation guide into Spanish and French. In addition, FANTA has begun drafting an update of the HFIAS indicator and tabulation guide to reflect the lessons learned from the validation study.

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

To support this, FANTA-2 began developing a report on integrating gender indicators into the M&E systems of USAID/FFP-funded emergency programs, specifically those implemented by WFP. The report recommends a set of harmonized indicators on gender in the emergency context that can be used by WFP to report to USAID and other donors on their progress in integrating gender into their emergency operations.

In Project Year 1, FANTA completed this report and submitted it to USAID/FFP. Once USAID/FFP has finished its review, we will plan next steps to finalize and disseminate the recommendations. In April 2012, FANTA facilitated a workshop in Rome, Italy, to share the results of the report with WFP staff and facilitated a discussion on how to integrate these recommendations within the WFP system.

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

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

1.3.A Global HIV Efforts

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

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

Nutrition assessment, counseling, and support. The NACS approach includes prescription of SFPs to clinically malnourished clients based on the results of nutrition assessment and according to clear anthropometric entry and exit criteria. The NACS approach also emphasizes clinical care and treatment and has been implemented primarily at clinical health facilities, but opportunities exist to implement the program through community networks for outreach and follow-up to ensure a comprehensive set of services. As NACS becomes increasingly important in the care and treatment of people living with HIV and other infectious diseases, the need for guidance on how to integrate NACS into clinical HIV and TB services has emerged. During FANTA-2, we developed a comprehensive NACS guidance document, which was restructured in Project Year 1 into a modular format for electronic access. The following modules have been completed:

- Module 1 – What Is NACS?
- Module 2 – Nutrition Assessment
- An advanced draft of Module 3 – Nutrition Counseling

In addition, a Technical Note entitled “Defining Nutrition Assessment, Counseling, and Support” was developed and disseminated at the July 2012 International AIDS Conference and posted on the FANTA website.

Formative research to guide SBCC materials development. To maximize the effectiveness of SBCC materials, in Project Year 1, FANTA initiated planning to conduct two formative research activities: an assessment of SBCC materials in up to three countries to determine what is currently working well and what needs to be adjusted and an assessment of key nutrition behavior determinants. These assessments will help determine, for example, if health workers and providers are using the materials to counsel the target audience, if the materials are helping health workers and providers conduct counseling, if the target audience is receiving and understanding the nutrition information, if the target audience is changing/adapting their nutrition behaviors as a result of the counseling, and if the materials are contributing to USAID and PEPFAR indicators. Global funds would supplement funding at the country level in each of the three locations. Project Year 1 planning included development of a concept note, a timeline, and a draft research protocol. Planning for the research also included holding meetings with USAID Mission staff in various countries and reviewing current available research to determine interest and relevance for this activity. Country selection will be finalized and partners in each country will be identified in Project Year 2.

In addition, once the assessment of SBCC materials is complete, in Project Year 2, FANTA will assess key nutrition behavior determinants in the select countries, barriers to proper nutrition, literacy levels, and needs. The assessments will then be used to guide the development of a toolkit of SBCC materials for HIV and infectious diseases, including multiple rounds to test concepts and drafts and piloting the materials to determine their relevance and utility for adapting to various country contexts. Workshops and meetings to develop a study protocol with partners in the selected countries will also be undertaken in Project Year 2.

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

In Project Year 1, FANTA⁹ carried out three activities related to food hygiene for PLHIV. We prepared a detailed outline for a technical brief on food hygiene for program managers and policy makers, based on the results of the literature review. We also developed a draft plan for

⁹ FANTA worked with a number of USAID partners on this activity.

the development and testing of a tool to assess food hygiene at the household level. FANTA supported the Hygiene Working Group of the WHO/UNICEF Joint Monitoring Program (JMP) for Water Supply and Sanitation by developing and reviewing hygiene goals, indicator options, and targets, including those for food hygiene. The JMP is part of the work of the United Nations (U.N.) General Assembly in 2013 and aims to decide what development goals the international community should seek beyond 2015. Decisions on specific food hygiene goals, indicators, and targets on WASH to include in the JMP will be made based on a proposal to be submitted to the General Assembly. In Project Year 1, FANTA participated in one 2-day meeting of the JMP Hygiene Working Group held May 15–16, 2012, in Washington, DC, to develop the first set of proposed indicators and targets and share them with the JMP Core Consultative Group for feedback.

WHO Nutrition Guidelines Advisory Group (NUGAG).¹⁰ At the invitation of WHO, FANTA-2 participated in several NUGAG sub-groups to support the development of evidence-based global guidelines on various topics relating to nutrition. FANTA-2 supported the development of nutrition guidelines on adult and adolescent PLHIV by participating in the NUGAG sub-group on nutrition guidelines for HIV-infected adults and adolescents and by drafting and reviewing sections of the guidelines as needed. The guidelines will provide simple and easy-to-use protocols based on available evidence from research and linked with other standard guidelines.

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

FANTA planned to continue to support both NUGAG sub-groups in Project Year 1. However, we were not invited to any meetings of the group. We plan to participate in meetings in Project Year 2, if they are held. FANTA's participation allows us to remain abreast of critically important developments in state-of-the-art treatment of malnutrition, including treatments for malnourished PLHIV. Following our participation in these working groups to complete the guidelines, we will incorporate them into the NACS and CMAM materials we support and foster their dissemination at all levels through training and capacity strengthening.

The International AIDS Conference. The biannual International AIDS Conference of the International AIDS Society, held this year in Washington, DC, July 22–27, 2012, is the premier conference for sharing and disseminating the latest research and program developments in the field of HIV and other infectious diseases. FANTA participated in the conference by, among other things, organizing a satellite session in collaboration with OHA and global Bureau staff. FANTA made two presentations, “The Elements of NACS” and “Integrating Nutrition into HIV Programs: The NACS Approach,” in the satellite sessions and presented a poster on infant

¹⁰ NUGAG is guided by the WHO Steering Committee for Nutrition Guidelines Development, which includes representatives from all departments in WHO with an interest in the provision of recommendations in nutrition. Members are appointed to NUGAG for 2 years and include experts from various WHO Expert Advisory Panels and those identified through open calls for experts taking into consideration a balanced mix of genders, multiple disciplinary areas of expertise, and representation from all WHO regions.

feeding and HIV entitled “A View from the Ground: What Makes It Difficult for HIV-Positive Mothers to Formula Feed Safely in Vietnam?”

1.3.B Specialized Nutrition Products

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

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

FANTA continues to participate in the LNSRN as opportunities arise and collaboration is requested. However, during Project Year 1, there were no scheduled LNSRN meetings or requests for collaboration. This was likely due, in part, to FANTA’s abridged Project Year 1 period.

USAID/FFP Commodity Reference Guide (CRG). The CRG is used widely by USAID, the Title II development food aid programs, U.N. agencies, and the private sector to determine the selection of commodities and the size of food rations for U.S. Government (USG)-supported food assistance programming purposes. FANTA supports USAID/FFP to update the guide when commodities are revised or added and as programming guidance changes. In June 2011, FANTA-2¹¹ outlined and discussed needed CRG updates and the process for carrying out the proposed updates. FANTA had initially planned to update priority areas of the CRG in Project Year 1, but did not receive any requests for updates from USAID and therefore did not undertake any related work on the CRG during this period.

1.3.C Knowledge Sharing on Integrated Nutrition Approaches

Populations face a multiplicity of nutrition challenges: inadequate dietary intake leads to chronic malnutrition; economic, social, or environmental shocks generate acute malnutrition crises; nutrient-poor diets lead to hidden hunger, reducing 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 seclusion, but rather at the same time and in the same locations. Providing adequate responses to the multiple facets of malnutrition requires an expansion in the array of nutrition services provided at the community level and in each delivery point so that a continuum of care is provided from the

¹¹ This work was carried out in partnership with Tufts University and USAID/FFP. FANTA will continue to work with these partners to update the CRG.

prevention to the treatment of malnutrition. FANTA participates in selected venues to advance this “continuum of care” paradigm, presenting tools and methods that are amenable to integration, disseminating information on integrated nutrition programs through electronic and other media, and fostering the sharing of knowledge on integrated nutrition approaches.

The Child Survival and Health Grants Program (CSHGP). FANTA-2 supported the CSHGP directly and through collaboration with the CORE Group and the Maternal and Child Health Integrated Program (MCHIP). As USAID’s flagship programs for the Child Survival and Health Network, the CORE Group and MCHIP play a central role in expanding community-focused public health practices for underserved populations around the world and are important allies in disseminating state-of-the-art practices on nutrition and food security. Following FANTA-2’s participation in the CORE Group’s working groups, including M&E, nutrition, and HIV, FANTA participated in the CORE Spring Meeting, as an active member of both the nutrition and SBCC working groups. Specifically, FANTA supported the development of work plans for the CORE nutrition and SBCC working groups; provided technical input to documents, such as the SBCC Guidance for Title II USAID/FFP Grantees; and co-hosted a Technical Advisory Group meeting on the Nutrition Program Design Assistant tool. In addition, FANTA provided ongoing technical guidance to the CSHGP, CORE Group, and MCHIP, as requested.

ProNUTRITION. ProNUTRITION, funded by USAID and managed by FHI 360, is an interactive online information resource that supports health care providers, policy makers, and program managers with current, relevant, and practical knowledge and tools for decision making in a number of nutrition contexts, focusing primarily on nutrition and HIV. A wide range of information is available on the ProNUTRITION website,¹² such as e-forums on timely topics, newsletters, online document libraries, links to websites, guidelines, and assessment tools, all offered to assist individuals in the provision of evidence-based care. In October 2011, FANTA-2 assumed responsibility for moderating ProNUTRITION, and FANTA intends to continue to support its moderation of this active online resource.

1.3.D Title II Program Support

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

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

¹² <http://www.pronutrition.org/>.

developing reporting requirements and systems for the Title II Awardees, tabulating Awardee performance data, designing data quality assessments (DQAs), and summarizing annual Awardee accomplishments.

In Project Year 1, FANTA began the process of completing the DQA instruments and guidance. However, in September 2012, USAID/FFP informed FANTA that they would like to revisit the DQA process and objectives, especially to ensure that they are in line with needs in the field. As a result, completion of the DQA instruments and instructions were put on hold until Project Year 2.

FY 2011 Standardized Annual Performance Questionnaire (SAPQ) data were received from the PVOs at the end of 2011 with the submittal of Annual Results Reports (ARRs). FANTA tabulated the SAPQ indicator findings and summarized the results for USAID/FFP.

In response to USAID/FFP's decision to make the SAPQ a web-based reporting tool, in Project Year 1, FANTA updated the SAPQ reporting format to be integrated into USAID/FFP's new management information system (MIS). The updated SAPQ template reflects the current set of standard USAID/FFP indicators for baselines and final evaluations. Additionally, the template contains placeholders for new standard monitoring indicators, which are currently under discussion.

Also in Project Year 1, FANTA compiled a summary of the ARR narratives submitted by USAID/FFP Development Program partners for FY 2011. The objective of this exercise was to highlight the most significant program accomplishments for FY 2011, which USAID/FFP would then use to report to its USAID stakeholders. For this purpose, FANTA reviewed more than 40 results reports. The narrative summaries were extracted into a final summary report and submitted to USAID/FFP. In addition, FANTA reviewed the FY 2011 mid-term and final evaluation reports of the Title II development food aid programs, and compiled "impact stories" from individual programs to highlight the outcomes and impacts achieved by each program.

FANTA also updated the USAID/FFP Standard Indicators Handbook based on the experiences of FY 2011 Awardees. This included slightly revising the indicators titles for clarification and accuracy, as well as providing more detailed information on the performance indicators reference sheets and in the sample questionnaires.

In August 2012, we submitted a draft menu of potential annual monitoring indicators to USAID/FFP, which included FTF and U.S. Department of State Office of U.S. Foreign Assistance Resources indicators. USAID/FFP is currently reviewing the indicator menu and will consult with FANTA as it makes recommendations on a final indicator list for programs to report against on an annual basis. Once USAID/FFP and FANTA finalize the indicator list, FANTA will produce an accompanying handbook with reference sheets and instructions on data collection and analysis in Project Year 2.

Title II program application reviews. Each year USAID/FFP receives and evaluates applications for its Title II development food aid programs. FANTA participates in the 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.

In Project Year 1, FANTA participated in the evaluation of development food aid program applications for Guatemala, Niger, and Uganda. FANTA also reviewed the draft issues letters sent to the Title II program applicants, as well as the applicants' responses to these issues letters.

Integrating gender into USAID programs. FANTA worked with USAID/FFP in Project Year 1 to operationalize some of the recommendations made in USAID/FFP Occasional Paper #7, *Gender Integration in DCHA/FFP Operations*. USAID/FFP now requires Awardees to integrate gender into their programs, either as a cross-cutting objective or as its own SO. In addition, Awardees must identify a set of gender indicators to be collected at baseline, final evaluation, and annually that measure the gender objective(s) identified in the Results Framework (RFs). In Project Year 1, FANTA drafted the gender integration language USAID/FFP included in the FY 2012 Request for Applications for Title II development food aid programs.

To support the rollout of these new requirements, FANTA also developed two new sessions for the M&E workshops for new Awardees in Guatemala, Niger, and Uganda: one on *Integrating Gender in Results Frameworks* and one on *Integrating Gender in the IPTT*. Together, these sessions provide Title II Awardees with guidance on how to integrate gender into their RFs and revise their Indicator Performance Tracking Tables (IPTTs) to identify and integrate relevant gender indicators. In addition, FANTA developed a combined session for the 1-day M&E workshop held in Washington, DC, for USAID/FFP and PVO headquarters staff in August 2012.

Also in Project Year 1, FANTA drafted a guidance document to serve as the starting point for further discussions with USAID/FFP in Project Year 2 on how Awardees can approach the design, implementation, and M&E of Title II interventions with a gender-sensitive lens. This document outlines the gender domains that might apply to the different Title II development program components, provides examples of gender objectives and activities Awardees could include in their RFs, and offers a menu of outcome-level gender indicators to choose from for inclusion in the IPTTs in an effort to standardize and harmonize measurement across programs.

Reframing the discussion around trigger indicators (TIs) in Title II development food aid programs. An ability to address chronic and transitory food insecurity simultaneously is central to USAID/FFP's current strategic plan. Identification and monitoring of early warning indicators and implementation of commensurate emergency response plans within development food aid programs are key to addressing the various types of food insecurity to which Title II program beneficiaries are prone. However, to date, conceptualization and use of early warning systems and 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 early warning and response (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 (e.g., injecting emergency resources into

development programs) and toward monitoring of program context (e.g., tracking and responding to the evolution of key food security conditions in areas of implementation). To this end, in Project Year 1, FANTA undertook a review of ongoing EWR efforts among Title II Awardees, and drafted a proposal to reconceptualize and reframe program-level food security early warning mechanisms for Title II development food aid programs that will more effectively serve USAID/FFP, its Awardees, and other food security early warning stakeholders. This proposal includes a plan for the development of EWR-related technical guidance. The draft proposal and technical guidance plan will be shared with USAID/FFP early in Project Year 2.

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

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

1.4.A Capacity Strengthening Approaches

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

Quality Improvement. Ensuring the quality of program implementation is key to program impact. FANTA-2 began collaborating with HCI to support QI initiatives in various countries. Building on this work, in Project Year 1, FANTA collaborated with HCI to develop draft global-level guidance on applying QI principles and systems to nutrition care services for PLHIV, specifically, the draft QI section of the NACS guidance document. FANTA also collaborated with the FHI 360 Health Systems Strengthening (HSS) unit in Mozambique, Namibia, and Uganda (see country descriptions under **IR 2** for more information). HSS develops tools and training and provides TA to support the quality of health systems, to strengthen global QI guidance.

1.4.B Costing and Planning Tools

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

Costing and planning tool for nutrition and HIV. In collaboration with SSDS, FANTA-2 began developing a tool for planning and costing nutrition and HIV activities at the policy and service-delivery levels and field tested it in Kenya and Tanzania. The tool enables governments, donors, and program managers to assess the financial resources needed for different components of nutrition and HIV activities, including for guideline development, training, materials development, and the provision of assessment, counseling, and nutrition support. In Project Year 1, FANTA began a technical review of the draft tool and has shared it with the Nutrition and HIV Program (NHP) in Kenya for pretesting.

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

In Project Year 1, FANTA had planned to develop a Title II Survey Costing Tool to help Awardees appropriately budget and plan for all of the elements that should be considered for their population-based representative baseline and final evaluation surveys. However, in light of the new USAID Evaluation Policy, for the 2012 round of Title II Awards, USAID/FFP decided to fully fund and centrally manage an external evaluation firm that would undertake the baseline study for all countries and, therefore, USAID/FFP removed the associated part of the funding from new Title II Awardees. Given that this obviated the need for the Title II Survey Costing Tool, at USAID/FFP's request, FANTA terminated this activity prior to commencing any work.

PROFILES for advocacy. PROFILES is a tool and process to support nutrition advocacy for policy change that uses spreadsheet models to estimate the functional consequences of malnutrition in terms that policy makers care about and understand. PROFILES estimates the costs of malnutrition (e.g., expressed as lives lost and economic productivity losses) and gains in key development outcomes that could be achieved through investing in nutrition. Building on FANTA-2's experience using PROFILES to support country-level nutrition advocacy efforts, FANTA explored ways to refine the PROFILES model to facilitate communication about potential benefits of improved nutrition. As part of this effort, FANTA drafted an outline for an approach that will generate explicit estimates to demonstrate the relationship between poor nutrition and impaired cognitive development (and thus poor educational ability/attainment).

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

FANTA-2 collaborated with WHO, the London School for Hygiene and Tropical Medicine (LSHTM), and Blue Infinity (an information technology company) to complete the development of Optifood and write a deployment guide and draft user's manual. In Project Year 1, FANTA collected the necessary input data to implement Optifood in Guatemala, identifying nutrient gaps among PLW and children 6–23 months of age and testing food-based recommendations to reduce or eliminate nutrient gaps in the diet. The results will be used to design food-based interventions to improve nutrient intake among these vulnerable groups. FANTA also continued

collaborating with WHO, LSHTM, and Blue Infinity to further refine Optifood, and LSHTM funded the refinements to the Optifood tool. The user manual will be continually improved as necessary based on results from the implementation in Guatemala and from LSHTM-sponsored fieldwork with Optifood in India, Peru, and Thailand.

1.4.C Support to USAID's Title II Program

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

Title II Awardee M&E documents. FANTA assists Food for Peace Officers (FFPOs) to review the M&E documents produced by Awardees, primarily RFs and IPTTs. These two key documents establish the program's theory of change and system for assessing whether the program is achieving the desired results.

In Project Year 1, FANTA reviewed and provided comments on the RFs and IPTTs of the newly awarded Title II development food aid programs in Guatemala and Uganda, as part of preparation for the M&E workshops. Title II programs in Guatemala and Uganda used FANTA's comments to revise their RFs and IPTTs during the working sessions at the M&E workshops.

Title II Awardee baseline and final evaluation surveys. USAID/FFP now requires that Awardee baseline and final evaluation survey plans be approved by USAID/FFP prior to data collection. This process ensures that these surveys are well designed and that their results are reliable and representative so that USAID/FFP can report them to its stakeholders.

During Project Year 1, FANTA reviewed baseline plans and/or reports for the following programs: ACDI/VOCA (Burkina Faso), Food for the Hungry (Democratic Republic of the Congo [DRC]), Adventist Development and Relief Agency (ADRA) (DRC), and Mercy Corps (MC) (DRC). FANTA also reviewed the mid-term or final evaluation scopes of work (SOWs)/terms of reference (TOR), plans, or reports for the following programs: CRS (Burundi), CRS (Guatemala), PCI (Guatemala), WFP (Guatemala), Counterpart International (Mauritania), CRS (Madagascar), ACDI Voca (Bangladesh), SC (Bangladesh) and SC (Mozambique), ADRA (South Sudan), and Zimbabwe (CRS).

Trainings for USAID/FFP country backstop officers (CBOs) in M&E. In past years, USAID/FFP asked FANTA-2 to help build the M&E capacity of FFPOs, USAID/FFP's main staff in Washington, DC.

During Project Year 1, FANTA began drafting a list of potential topics that could be addressed in quarterly CBO trainings, and we will follow up by asking CBOs to prioritize the topics of most interest to them. FANTA will begin providing the trainings in Project Year 2.

1.4.D Support to Title II Awardees

In addition to supporting USAID/FFP, FANTA provides direct TA to the Title II Awardees, including developing technical guidance documents; responding to ad hoc questions from

Awardees; and delivering workshops to build Awardee capacity for program assessment, strategy, design, implementation, and M&E.

M&E workshops for Title II Awardees. Since FY 2008, FANTA has developed and delivered M&E workshops at the start-up of new Title II development food aid programs. The 5-day workshops are given in-country to the staff of new programs shortly after the Award is made. Workshops help Awardees understand and integrate USAID/FFP and Mission M&E requirements, improve their program's RFs and IPTTs, and prepare to conduct their baseline surveys, resulting in higher-quality M&E systems and data reported to USAID/FFP. Prior to the field workshops, Awardees receive comments from FANTA on how to strengthen their RFs and IPTTs so that they have time to reflect and work on the changes suggested before attending the workshops. Workshop agendas and content are tailored to Awardees' specific needs and the current M&E requirements at USAID/FFP.

In Project Year 1, FANTA delivered M&E workshops in Guatemala; Washington, DC; and Uganda for Title II development food aid programs awarded in FY 2012. This included developing workshop sessions and materials, translating materials into French and Spanish, and coordinating logistics for holding the workshops in-country.

The first workshop took place in Antigua, Guatemala, July 16–19, 2012, for the newly awarded programs under SC and CRS. There were a total of 21 participants, which included PVO key personnel and Mission and USAID/FFP staff. The second workshop took place in Washington, DC, August 16, 2012, and was an abbreviated workshop for PVO headquarters staff unable to attend the field workshops. A total of 21 participants attended the DC workshop, including PVO and USAID/FFP staff. The third workshop took place in Kampala, Uganda, September 10–14, 2012, for the newly awarded programs under Mercy Corps and ACDI/VOCA. FANTA anticipates the delivery of a fourth workshop in Niger, October 1–5, 2012.

Supporting Title II Awardees on M&E. FANTA works directly with Title II Awardees, providing them with TA as requested. This has been a mutually beneficial relationship: Awardees use the TA to find solutions to simple and complex questions related to indicators, RFs, sampling, and evaluation research, while the direct contact helps FANTA stay abreast of Awardees' field challenges and opportunities.

In Project Year 1, FANTA continued to respond to Awardees' ad hoc technical questions related to M&E. Specifically, FANTA provided support for reviewed mid-term evaluation plans and SOWs for the following programs: CRS (Burundi), CRS (Madagascar), SC (Bangladesh), and AVDI/VOCA (Bangladesh).

In addition, FANTA continued to moderate Discussion for Title II M&E (Discussion-TIIME), the listserv initiated under FANTA-2 to provide an online forum specifically for Title II M&E practitioners to debate relevant M&E questions and reach out to each other for advice.

Between February 1, 2012 and August 20, 2012, FANTA moderated several Discussion-TIIME topics. FANTA continues to monitor the activities in the forum and invites listserv members to use it as appropriate to discuss important M&E related topics.

FANTA also continued participating regularly in TOPS's M&E Task Force, 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. During Project Year 1, FANTA provided comments on the Self Assessment of Knowledge and Skills Tool for Title II M&E staff, which TOPS uses to develop training programs for Title II M&E staff. FANTA also reviewed TOPS training materials for its regional M&E workshops. In addition, FANTA reviewed TOPS Mid-Term Evaluation Scope of Work and the proposed outline for the Monitoring & Evaluation Guide.

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

In Project Year 1, FANTA identified several key methodological issues that would necessitate substantial modifications to the original guide. Because these could have potential resource implications, the proposed modifications were vetted through the M&E Task Force of both USAID/FFP and TOPS. A consensus on the way forward was reached on most issues, with a few remaining issues that require further vetting and discussion. 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, for the 2012 round of Title II Awards, USAID/FFP has decided to fully fund and centrally manage an external evaluation firm to undertake the baseline study for all countries, rather than having Title II Awardees conduct the baseline studies as has been the case in previous years. This shift in policy will need to be taken into consideration in the revision of the guide, given that the intended audience has changed.

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

Reflecting the Paris principles of country ownership,¹³ FANTA supports governments in strengthening food security and health policies, programs, and systems for improved nutrition by strengthening national capacity, improving existing service delivery, and facilitating scale-up. FANTA meets with key government stakeholders to determine priorities and potential synergies with other activities and efforts carried out in the project and moves rapidly to plan work and implement activities. We utilize the methods, tools, and program approaches developed under IR 1 that inform and support **how** to implement effective programs and policies to improve nutrition in four domains: emergency nutrition, resiliency/vulnerability, HIV and other infectious diseases, and MCHN. Country-specific Project Year 1 activities and results are detailed in the **IR 2 Countries** section.

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

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

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

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

2.1.B Advocacy for CMAM

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

¹³ The five Paris Declaration Principles describe aid effectiveness. Ownership, one of the five principles, states that development “must be done by developing countries, not to them. Policies and institutional reforms will be effective only so far as they emerge out of genuinely country-led processes. External assistance must be tailored toward helping developing countries achieve their own development objectives, leaving donors in a supporting role.” For commitments, concerns, and additional information, go to <http://www.aideffectiveness.org/Themes-The-Paris-principles.html>.

2.1.C Training for CMAM

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

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

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

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

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

2.2.A Food Security Analyses and Country Guidance

A solid understanding of national food security conditions is a crucial prerequisite to sound programming. In response to demand, FANTA supports USAID/FFP, USAID Missions, and governments to plan and implement in-depth food security assessments. FANTA uses existing information to identify the location, nature, and level of food insecurity in targeted countries. Working with 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 applicants to the Title II program. The documents also seek to align closely with FTF and GHI implementation plans in countries where this is relevant.

In Project Year 1, FANTA began developing an FSCG document for Mali. However, prior to finalizing the document, USAID/FFP indicated that this FSCG was no longer needed. The planned food security strategy for South Sudan will be completed in Project Year 2.

2.2.B Guidance on EWR Systems

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

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

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

2.3.A Coordinating Mechanisms and Advocacy

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

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

Drawing from FANTA-2 experience in integrating NACS into service delivery, FANTA provides in-country TA to strengthen the capacity of governments and USG PEPFAR Partners to design, implement, and scale up NACS programs. FANTA works closely with USG PEPFAR Partners and government facilities to provide on-site TA in the integration of nutrition assessment and counseling into appropriate client flow systems, information systems, and protocols at HIV treatment and care facilities and in community programs. In addition, FANTA provided TA for a meeting on state-of-the-art NACS practices in Washington, DC, in collaboration with the CORE group.

2.3.C National Guidelines and Protocols for NACS

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

2.3.D Training to Support NACS Implementation

As recognition of the critical role that food and nutrition play in HIV care and treatment has grown, a clear need has emerged to strengthen ministries of health and USG PEPFAR Partner capacity in NACS. To strengthen these competencies and support nutrition assessment and

counseling, FANTA uses existing resources to adapt and roll out national nutrition and HIV training materials.

2.3.E M&E Systems for NACS Programs

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

2.3.F Quality Improvement

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

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

2.3.G Harmonization and Coordination of CMAM and HIV Programs

There are similarities between integrating CMAM into routine health services and delivery points and integrating nutrition into routine HIV care and treatment services. The well-developed approaches used for CMAM integration can serve as models for integration of nutrition and HIV. Furthermore, CMAM programs and nutrition and HIV programs share a number of common objectives, and several aspects of the two programs could be harmonized and coordinated at the country and global levels to optimize public health outcomes, including treatment protocols, coverage plans, and referrals between services.

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

2.3.H SBCC in the Context of Infectious Diseases

People living with HIV and/or TB that understand dietary recommendations related to HIV and that can consume a healthy diet are better able to manage symptoms, maximize the benefits of medications, enhance their quality of life, and maintain or improve their nutritional status.

Clients that do not know about dietary recommendations may be at greater risk of suffering from the effects of malnutrition and HIV-related symptoms. FANTA supports the development of behavior change strategies that can be used by frontline health workers to help PLHIV better manage their diets and reduce the side effects of ART.

2.3.I Assessment and Evaluation of Programs

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

2.3.J Specialized Food Products

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

Table 2 lists the Phase 1, Phase 2, and Phase 3 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 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	<ul style="list-style-type: none"> <input type="checkbox"/> Gaps and opportunities identified <input type="checkbox"/> Nutrition NACS resources (staff, supplies, materials, equipment, storage capacity) assessed <input type="checkbox"/> Prevalence of malnutrition among PLHIV known <input type="checkbox"/> National strategy developed 		
NATIONAL AND REGIONAL COORDINATION for Integrating Nutrition into HIV Facility and Community Services	<ul style="list-style-type: none"> <input type="checkbox"/> Nutrition and HIV FP identified in national institution (e.g., MOH) <input type="checkbox"/> Group of national stakeholders working on integration, including participating in planning and developing guidelines and training materials <input type="checkbox"/> Evidenced-informed advocacy material developed 	<ul style="list-style-type: none"> <input type="checkbox"/> National and regional stakeholders continue collaboration, including disseminating national nutrition guidelines, developing nutrition care standards, and supporting training and other Phase 2 activities 	<ul style="list-style-type: none"> <input type="checkbox"/> National and regional stakeholders continue collaboration, including wider dissemination of materials and supporting training and other Phase 3 activities
GUIDELINES	<ul style="list-style-type: none"> <input type="checkbox"/> National nutrition guidelines for PLHIV developed¹⁴ 	<ul style="list-style-type: none"> <input type="checkbox"/> Guidelines disseminated <input type="checkbox"/> Nutrition care standards developed for QI 	

¹⁴ 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"> <input type="checkbox"/> National nutrition and HIV training materials, including the topics discussed under the guidelines, developed and/or integrated into other health training materials <input type="checkbox"/> National training materials developed for community-based nutrition care for PLHIV <input type="checkbox"/> National nutrition and HIV training, supervision, and mentoring plan developed <input type="checkbox"/> Trainers of facility-based service providers trained using national nutrition and HIV training materials <input type="checkbox"/> Trainers of community-based service providers trained in nutrition for PLHIV 	<ul style="list-style-type: none"> <input type="checkbox"/> Facility-based service providers trained in initial sites using national nutrition and HIV training materials <input type="checkbox"/> Community-based service providers trained in nutrition for PLHIV in initial sites <input type="checkbox"/> Trained service providers mentored and supervised 	<ul style="list-style-type: none"> <input type="checkbox"/> Additional facility-based service providers trained using national nutrition and HIV training course <input type="checkbox"/> Additional community-based service providers trained in nutrition for PLHIV <input type="checkbox"/> Refresher training conducted for service providers previously trained in NACS <input type="checkbox"/> Trained service providers mentored and supervised <input type="checkbox"/> Opportunities for nutrition and HIV professional development or ongoing capacity development available <input type="checkbox"/> Nutrition and HIV included in pre-service training of health care providers
SBCC	<ul style="list-style-type: none"> <input type="checkbox"/> Formative research done to inform a SBCC strategy for nutrition and HIV <input type="checkbox"/> Nutrition and HIV SBCC strategy developed 	<ul style="list-style-type: none"> <input type="checkbox"/> SBCC strategy implemented to include SBCC materials (e.g., counseling and client education materials, radio messages) developed 	<ul style="list-style-type: none"> <input type="checkbox"/> SBCC strategy monitored and evaluated
SUPPLIES, EQUIPMENT, AND MATERIALS	<ul style="list-style-type: none"> <input type="checkbox"/> Job aids developed to support national nutrition and HIV guidelines and training materials 	<ul style="list-style-type: none"> <input type="checkbox"/> Job aids disseminated <input type="checkbox"/> MOH and/or partners support procurement of SFPs to treat malnutrition <input type="checkbox"/> MOH and/or partners provide NACS supplies, equipment, and materials 	<ul style="list-style-type: none"> <input type="checkbox"/> 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"> <input type="checkbox"/> Nutritional status of clients assessed in initial sites <input type="checkbox"/> Clients counseled in initial sites <input type="checkbox"/> SFPs prescribed to treat malnutrition in initial sites <input type="checkbox"/> Two-way clinic-community referral system established <input type="checkbox"/> QI system in place 	<ul style="list-style-type: none"> <input type="checkbox"/> NACS services scaled up beyond initial sites <input type="checkbox"/> SFPs to treat malnutrition prescribed beyond initial sites <input type="checkbox"/> Nutritional status of PLHIV routinely assessed according to care standards <input type="checkbox"/> Clients routinely counseled on nutrition according to care standards <input type="checkbox"/> Clients routinely referred between clinic and community services
MONITORING AND EVALUATION	<ul style="list-style-type: none"> <input type="checkbox"/> Tools developed to collect data on nutrition services for PLHIV 	<ul style="list-style-type: none"> <input type="checkbox"/> Nutrition and HIV data routinely collected in initial sites <input type="checkbox"/> Data monitored and evaluated in initial sites 	<ul style="list-style-type: none"> <input type="checkbox"/> Data routinely collected in scale-up sites <input type="checkbox"/> Data used for decision making <input type="checkbox"/> Nutrition and HIV indicator(s) included in the national health management information system

Table 3 defines the criteria for each phase 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 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

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

2.4.A Coordinating Mechanisms

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

2.4.B Community Nutrition Programs

The SUN Movement and the *Lancet* series on maternal and child undernutrition have brought to the fore the importance of nutrition prevention and the key role played by the Essential Nutrition Actions (ENA)¹⁵ in protecting the life of the mother and her child from the moment of conception until the child reaches 2 years of age. However, countries face challenges in implementing sound MCHN activities because of poor-quality health services and limitations in training, supervision, supplies, and community linkages. FANTA works with partners to develop and support evidence-based community MCHN programs by conducting formative assessments; strengthening capacity in the implementation of ENA and other key MCHN actions; improving coordination in MCHN programming by facilitating dialogue among a range of stakeholders, from the government level to the community level; and developing guidance for the design of community-based approaches.

2.4.C Consensus Building, Advocacy, and Policy Formulation

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

¹⁵ The ENA is a set of seven interventions that promote nutrition and child survival.

nutrition-related media coverage, and sharpens the understanding of the importance of nutrition over the 1,000-day period.

2.4.D Agriculture and Nutrition Linkages

The launch of three U.S. Presidential initiatives on global development (GHI, FTF, and Climate Change) has sparked renewed interest in the role of agriculture as a driver of development, whether as a producer of marketable commodities or of income. The role of agriculture in supporting nutrition is also mentioned in GHI and FTF, but the ways in which agriculture-nutrition linkages will materialize are still largely hypothetical and unproven. Starting from a food-based approach that stresses the role of agriculture in producing local diets, FANTA initiates a range of activities to address the role that agriculture can play in improving diet quality and dietary diversity, especially among the poor. Tools such as Optifood and PROFILES, developed by FANTA in past years, will be combined with additional tools, such as the Process for the Promotion of Child Feeding (*ProPAN*),¹⁶ to compose a suite of tools that allows IPs to identify dietary deficiencies, resolve nutrient gaps, and generate consensus among policy makers for coordinated, nutritionally beneficial agricultural actions.

2.4.E Analyses and Studies

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

¹⁶ *ProPAN* is a tool for formative research and program planning in infant and young child feeding (IYCF) developed between 1998 and 2004 by 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)		A (SSFP) BC (SSFP)	
Ghana As of 2/2012 As of 9/2012	✓						A B				A B					
Guatemala As of 2/2012 As of 9/2012					✓								✓			
Uganda As of 2/2012 As of 9/2012			A				A B						✓			

Explanation of Phases

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

IR 2 Countries

Bangladesh

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

In Project Year 1, FANTA provided TA to support the National Nutrition Services (NNS) within the Ministry of Health and Family Welfare (MOHFW) to develop and link nutrition services focused on preventing chronic malnutrition and treating acute malnutrition. The intention of the NNS is to be the comprehensive platform for nutrition provided through MOHFW. It currently covers prevention with a focus on children under 2; treatment of SAM with RUTF, and some treatment for MAM; provision of vitamin A through immunization campaigns; and iron folate for pregnant and postpartum women and adolescents girls. FANTA has completed a comparative review of existing CMAM training curricula (such as the curricula developed and implemented by SC/Bangladesh and the Valid International, Concern Worldwide, UNICEF, and FANTA-2 *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)*), to identify gaps in and propose content for a harmonized and updated national CMAM training curriculum for Bangladesh. In addition, FANTA has been an active member of the SAM national working group spearheaded by the Government of Bangladesh (GOB), and in Project Year 1 has provided TA to finalize national CMAM guidelines in English and Bangla.

In addition, FANTA provided TA to GOB, specifically to the NNS and Institute of Public Health Nutrition (IPHN) of the MOHFW, to identify an approach that could be integrated into the GOB system that addresses the spectrum of acute malnutrition, from prevention to treatment, through effective advocacy. FANTA has begun collaborating with the NNS and the MaMoni project¹⁷ to strengthen one *upazila* (subdistrict) hospital in the MaMoni project site of Habiganj as a comprehensive referral center to identify and treat acute malnutrition cases; this effort will continue in Project Year 2.

Targeting nutrition stakeholders and the media. To date, CMAM in Bangladesh has only been implemented on a small scale under the guise of research. In light of this, FANTA has included CMAM as a part of its advocacy activities to raise awareness of key audiences (politicians, civil society, and the media) to ensure understanding of the scale of the problem in Bangladesh and increase demand for quality local services.

In Project Year 1, FANTA advocated for the inclusion of CMAM into the national country framework on nutrition, the incorporation of CMAM into GOB nutrition services, and increased

¹⁷ The MaMoni project provides health services focusing on maternal newborn care, but could be an appropriate mechanism through which nutrition services could also be provided. USAID/Bangladesh requested that FANTA work with MaMoni to explore this possibility. MaMoni works within the government health structure in Habiganj, Bangladesh, and strengthens existing government services through training and mentoring. In this context, adding nutrition services to these government services would provide a learning opportunity for the GOB on how it could replicate the integration of nutrition at scale across the country through its health service platform.

resources for CMAM. In Project Year 1, FANTA disseminated the PROFILES and Nutrition Costing results, which included estimates on child wasting and the cost of CMAM treatment services. In Project Year 2, this information will be used to bring together leading nutrition experts and key stakeholders to discuss and agree upon the spectrum of services from prevention to treatment of malnutrition in Bangladesh. Additional activities that were planned for Project Year 1, such as one-on-one meetings with select key stakeholders to discuss the magnitude of the problem and the need for CMAM and preventive measures, will be completed in Project Year 2. In Project Year 1, FANTA identified a media partner to work with for nutrition advocacy. In Project Year 2, FANTA will work with the media partner to mount public pressure and bring awareness to the high burden of acute malnutrition in Bangladesh and spur government action. Workshops with media gatekeepers will include a component on CMAM, and materials will be developed that highlight this issue.

The SUN movement. Bangladesh is an early riser country under the SUN movement, and the GOB has signed a set of commitments to support SUN, including to develop a new national plan of action for nutrition. In support of SUN efforts, FANTA (and other stakeholders) assisted the NNS and engaged with the GOB to ensure that SUN movement commitments were fulfilled. Support includes tracking progress; following up on government efforts to implement SUN commitments; and supporting coordination between the SUN Global Secretariat, donor community, and SUN civil society group in Bangladesh. One of the commitments is to develop a national plan of action for nutrition, and FANTA has been working with key officers in the GOB to obtain the necessary approvals to assist in developing the plan in Project Year 2.

Strategy to integrate nutrition into Smiling Sun Franchise Program (SSFP) health services. FANTA has built on work completed under FANTA-2 to integrate nutrition into SSFP's health service delivery. In FY 2011, FANTA-2¹⁸ completed an assessment to identify how nutrition could be integrated into SSFP and developed a phased strategy with short- and long-term recommendations to guide the integration of nutrition into SSFP's services. In Project Year 1, FANTA¹⁹ provided technical and capacity strengthening assistance to support SSFP in implementing Phase 1 of the strategy, which focuses on modifying clinic services currently provided by SSFP to include nutrition. FANTA used the GOB-approved infant and young child feeding (IYCF) curriculum to complete training clinical staff in a subset of 30 clinics in IYCF. In Project Year 2, FANTA will expand this training to reach all the remaining 293 SSFP clinics.

Targeting stakeholders to advocate for nutrition. In Project Year 1, based on the comprehensive communication and advocacy strategy developed during the FANTA-2, FANTA completed a series of advocacy activities with various stakeholders. A formal national dissemination to key stakeholders of the final report on PROFILES, and the costing model that FANTA-2 began developing, were completed in June 2012. A series of targeted dissemination meetings were also conducted with key stakeholders to convey the significance of nutrition issues on health, education, family planning, and development, and the need for nutrition services and a coordinated national country framework or plan of action for nutrition. When possible, these meetings were planned with other key nutrition partners to promote consistent

¹⁸ This assessment was carried out in partnership with HKI and SSFP.

¹⁹ FANTA worked directly with SSFP to carry out this activity.

advocacy messages, build synergy, and ensure wider dissemination of these results. Materials tailored to each audience were developed and disseminated during the meetings.

Prior to these meetings, one-on-one meetings were also conducted with selected stakeholders to begin to foster nutrition champions at various levels and build their understanding and commitment for nutrition in Bangladesh. In Project Year 2, to build on the momentum of the dissemination meetings, FANTA will follow up with the selected stakeholders that have been identified as potential nutrition champions. We will support stakeholders to develop action plans that could include steps for parliamentarians/politicians to incorporate nutrition issues into annual meetings, officials at division and district levels to educate their colleagues on nutrition services to be carried out, and policy makers to develop and execute a national plan of action for nutrition.

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

The meeting served as a forum to discuss nutrition issues in Bangladesh and gain consensus from media gatekeepers on the problem, the desired change at the societal level, and the media's role, as well as specific next steps, including commitment to covering one story on nutrition with PROFILES results after the workshop and sending journalists to cover the PROFILES launch event. The meeting helped prepare for the next phase of media advocacy that will be carried out in Project Year 2.

Media monitoring and a baseline survey that were planned for Project Year 1 were shifted to be completed in Project Year 2, when FANTA's media partner will be on board.

Mapping of stakeholder activities. In Project Year 1, FANTA planned to assist the IPHN to carry out a stakeholder mapping exercise for Bangladesh to determine which nongovernmental organizations (NGOs) are working on nutrition and where they are working in the country, especially in the pilot *upazilas* planned for the initial rollout of the NNS. However, due to delays in FANTA receiving the request for assistance and finalizing contracts, this activity will be completed in Project Year 2, in partnership with HKI/Bangladesh.

Côte d'Ivoire

Study of NACS interventions to inform scale-up. NACS implementation in Côte d'Ivoire has been affected by the civil war that ravaged the country after 2010, resulting in an uneven implementation of NACS across the country. To ensure an orderly rollout of NACS services, the eight sites selected for Phase 1 of NACS scale-up were divided into two classes: "Class A," which receive a full food provision protocol (provision of therapeutic and/or supplementary food to moderately and severely malnourished PLHIV adults,²⁰ adolescents, and PLW, as well supplementary food to orphans and vulnerable children [OVC] 6–23 months of age that are not malnourished), and "Class B," which receive a reduced food provision protocol (no food provision to non-pregnant, non-lactating moderately malnourished adults and no provision of supplementary food to OVC 6–23 months of age that are not malnourished). Aside from this, all sites are provided with a full package of training, supervision, and coaching, and all sites fully implement nutrition assessment, nutrition counseling, and hygiene promotion as described in the NACS implementation plan developed in 2010.

Following the TA FANTA-2 provided in establishing the protocols used in all sites, FANTA originally planned during Project Year 1 to carry out a study to compare clinical outcomes among patients receiving nutrition care under each food provision protocol, potentially leading to an improved evidence base for the provision of food in the context of NACS, as well as other service provision protocols (such as nutrition assessment and counseling, hygiene promotions, and linkages to community-based support activities) and lessons learned for extending NACS throughout the national health system. However, National Nutrition Program (PNN) and the National Program for Care of PLHIV (PNPEC) were only able to begin full implementation of NACS across all the 24 sites in March 2012. After discussions with PNN and PEPFAR/Côte d'Ivoire, FANTA determined that it will be more useful to begin the evaluation process no earlier than 8 months after full implementation has begun, and to conduct two evaluations of Phase 1. The first evaluation will begin in the first quarter of Project Year 2 and will focus on processes of introducing NACS over the first 8 months of implementation. The second evaluation will begin in the third quarter of Project Year 2 and will focus on clinical outcomes. Taking into account results from these evaluations, FANTA will provide TA to PNN, PNPEC, the National Tuberculosis Control Program (PNOEV), and PEPFAR/Côte d'Ivoire Partners to develop a 1-year action plan for scaling up NACS, which will determine a framework for implementing and extending NACS into the health system over the coming year.

NACS service providers and master trainers. In October 2011, FANTA-2 provided TA to PNN to develop a training module on NACS for service providers. This module was tested during a training of trainers (TOT), during which comments on the module were collected. In Project Year 1, FANTA provided TA to PNN to complete the training module, ensuring its technical accuracy and that it reflects promising practices in adult education. The completed module includes a facilitator's guide, a participants' manual, PowerPoint slides, and exercises

²⁰ Due to the crisis in the aftermath of 2010's disputed presidential election, the RUTF called for in the original protocol for management of severe malnutrition became unavailable for adults. Consequently, the protocol was modified to call for the provision of corn-soy blend for all malnourished adults with different dosage for severe and moderate malnutrition.

and will facilitate quality training and ensure the capacity strengthening of service providers in NACS. The manual is awaiting final approval by PNN.

Decision algorithm for nutrition care and support of PLHIV and OVC. FANTA-2 provided technical input and review to develop a draft decision algorithm as a job aid for NACS service providers to consult when determining appropriate care for a specific patient. The algorithm was developed as a reminder to reinforce health workers' training on nutrition care and support. In Project Year 1, FANTA provided support for the design and layout of the algorithm. The algorithm is awaiting final approval by PNN. In Project Year 2, FANTA will provide training to NACS service providers on the use of these materials.

Database for timely monitoring of NACS activities. In 2009 and 2010, FANTA-2 supported the development of a standardized set of routine data collection and reporting instruments for NACS activities. These are now in use by NACS partners in Côte d'Ivoire. In 2010, FANTA-2 provided PNN with access to equipment to permit the management of reporting data on NACS through a computer-based reporting system. In Project Year 1, FANTA provided TA to PNN, resulting in the inclusion of specific NACS indicators into the national health management information system (HMIS) to convert the current paper-based reporting system into a computer-based one and to establish a database. Once completed (potentially in Project Year 3), this reporting system, which will include these indicators in the routine data collection forms for PLHIV, PMTCT, and OVC programs across the country, will permit each site to compile and use its data to improve nutrition services, in addition to permitting PNN to improve its supervision and support of NACS activities and to advocate for partner and donor support for the scale-up of NACS. During Project Year 2, FANTA will support the conversion of the current paper-based reporting system for the full array of nutrition indicators into a computer-based one to establish a database.

Coaching visits to NACS sites. As per the recommendations of a post-conflict contextual analysis conducted by FANTA-2 and PNN in August 2011, PNN and PEPFAR/Côte d'Ivoire Partners increased the number of NACS sites from eight to 20. FANTA-2 began providing TA and logistical support to PNN to conduct coaching visits at the new NACS sites to ensure that NACS activities there conformed to the NACS protocol. During Project Year 1, FANTA provided TA and financial support to PNN to conduct coaching visits to 20 NACS sites. On these visits, FANTA accompanied the coaching team and provided direct coaching to 12 NACS sites. FANTA collaborated with PNN in providing direct coaching to 41 NACS service providers.

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

FANTA also provided TA to PNN by collaborating in five supervision visits using the finalized tools.

Evaluation of PNOEV’s nutrition program for malnourished co-infected patients with TB and HIV. In 2009 and 2010, with Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) support, PNOEV provided a package of nutrition services to malnourished patients co-infected with TB and HIV. The package included nutrition assessment, counseling, and the provision of therapeutic foods to those found to be malnourished. In 2011, PNOEV, FANTA-2, and PEPFAR/Côte d’Ivoire decided to collaborate on an evaluation of this program and carried out initial planning activities. In Project Year 1, FANTA²¹ developed a draft protocol for the evaluation. Upon receiving comments from stakeholders in Côte d’Ivoire, FANTA will submit the protocol to the Institutional Review Boards (IRBs) in Côte d’Ivoire and at FHI 360. Upon IRB approval, FANTA will carry out the evaluation during Project Year 2. Findings will inform the scale-up of NACS in Côte d’Ivoire.

Acceptability of RUTF and corn-soy blend (CSB). While RUTF and FBF (particularly CSB) have been used for many years to treat malnutrition in children under 5, these SFPs have not yet been used routinely by malnourished adults. PEPFAR/Côte d’Ivoire requested that FANTA conduct an OR study to determine the acceptability of these foods and their provision mechanisms among adult PLHIV. The study will inform the scale-up of NACS in Project Year 2 and beyond by providing the Government of Côte d’Ivoire and its partners with evidence-based information to accelerate the procurement of appropriate food products for the program. The study will also identify lessons learned and promising practices in food provision, which will inform the implementation of the food provision component of NACS as NACS expands to new sites around the country. During Project Year 1, FANTA collaborated with PNN, PNPEC, and PEPFAR/Côte d’Ivoire to develop the protocol which was submitted to IRBs in Côte d’Ivoire and at FHI 360. The protocol received IRB approval, and FANTA has begun development of the SOP. During Project Year 2, FANTA will conduct the study and complete the study report.

Integration of nutrition activities into health district implementation plans. During Project Year 1, FANTA provided TA and financial support to PNN to ensure the inclusion of nutrition in the yearly detailed implementation plans (“microplans”) in 21 health districts in four regions. PNN staff participated in four regional implementation planning workshops. FANTA accompanied PNN to one of the workshops. As a result, nutrition activities have been incorporated into the yearly detailed implementation plans for 21 health districts, including all of the districts in which NACS sites currently operate.

²¹ FANTA will finish designing and carrying out the evaluation in partnership with PNOEV.

Ethiopia

Support to the national HIV and Nutrition Sub-Committee and Federal Ministry of Health (FMOH). FANTA helped strengthen nutrition coordination in Ethiopia by providing TA to the national HIV and Nutrition Sub-Committee and participating in the national Nutrition TWG. The sub-committee met on a monthly basis with selected PEPFAR/Ethiopia Partners to coordinate all activities being implemented in HIV, such as QI, guideline development, and training. The TWG met less frequently to provide more substantive input into the development of interventions and the review of guidelines and training materials.

FANTA provided ongoing TA to the FMOH Sub-Committee on Infectious Diseases and the USAID Mission on areas relating to the integration of NACS within clinical and community-based implementing services for PLHIV. A key area of focus was the technical review of training materials produced in 2008, with emerging areas of focus and developments in the NACS approach and technical resources from other countries in the region. FANTA also played a leading role in assisting the FMOH in the initial steps of integrating the NACS approach as part of TB care and treatment. Through this process, a number of priority areas were identified for the development of tools, training material, and resources to be implemented in Project Year 2.

NACS in TB treatment, care, and support. An initial needs assessment completed in 2011 recommended that the NACS approach be used to strengthen the treatment, care, and support of people living with TB in Ethiopia. One of the activities identified as crucial during this initial analysis was the development of clear national guidelines on the nutritional management of TB.

Ethiopia currently ranks seventh among the world's 22 high-burden TB countries. FANTA initiated the integration of the NACS approach as part of TB care and treatment by facilitating a technical stakeholder meeting in August 2012. The workshop was organized by FANTA, with support from the FMOH and USAID/Ethiopia, and brought together a number of government, clinical, and community-based stakeholders in TB care and treatment. The outcomes of the workshop were the prioritization of a number of key steps in integrating the NACS approach as part of TB care and treatment, including supporting FMOH coordination, and the development of technical resources and training material.

Tools for service providers. FANTA played a leading technical role in the development of tools in 2008 to support the nutrition assessment of PLHIV. These tools have been going through a review in light of changing global evidence of the role of nutrition in the care of PLHIV. In addition, opportunities for the use of new tools, such as the BMI wheel, have been identified for piloting and scale-up. FANTA will finalize updating of existing resources and dissemination of new tools in body composition assessment in Project Year 2.

Update of nutrition and HIV guidelines. FANTA led the development and subsequent review of the *Ethiopian National Guidelines for HIV/AIDS and Nutrition* in 2008. These materials were reviewed in Project Year 1 and aligned with emerging international standards in HIV and nutrition and other emerging technical resources from the region. These updated resources are anticipated for release in the first quarter of Project Year 2.

Clinical care providers. In Project Year 1, FANTA updated and revised the *Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV: A Three-Day Training Course for Clinical Care Providers* based on emerging international guidance and updated resources from the region. Some additional needed updates have been postponed, due to delays in the release of international guidance on the role of nutrition support in HIV and TB. Finalized resources are anticipated to be released in Project Year 2.

Clinical nutrition care of PLHIV. Since 2004, FANTA has worked with partners, including the FMOH and SC, to train care providers in the nutrition management of PLHIV. This support has primarily been implemented in the form of ongoing mentoring and supervision of trainers. FANTA continued to work with technical partners to integrate the NACS approach within the clinical services of the respective IPs.

NACS in community-based HIV care and support services for health extension workers (HEWs). In the Ethiopian health system, HEWs serve an important role as health educators and advocates for behavior change. HEWs also provide a valuable liaison between PLHIV and affected communities and the health system. FANTA-2 worked with partners to develop training materials and curricula to train a broad range of care providers in HIV and nutrition. Though HEWs were included in this broader group, materials were not developed that were specific enough to their needs. The integration of the NACS approach within community-based facilities, originally planned for Project Year 1, was delayed due to the limited resource capacity in-country to implement a needs analysis and development of tools and resources to support the integration of the NACS approach. Near the end of the Project Year 1, additional technical resources were recruited. The support of the community-based facilities has been highlighted as part of the Project Year 2 work plan, to support FMOH activities.

National pre-service training manual on nutrition and HIV, and training university instructors. FANTA, SC, and the Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE) project are each facilitating pre-service training in nutrition and HIV for medical and nursing schools using *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives* (2008). In Project Year 1, FANTA collaborated with ENGINE to contribute to the curriculum development and implementation of pre-service training modules in the provision of nutrition assessment and counseling in HIV care and treatment. As part of this collaboration, FANTA delivered elements of the pre-service training curriculum to Gondor University.

In addition, FANTA engaged in initial discussions with academic facilities involved in the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI) regarding opportunities to integrate elements of the NACS approach into HIV academic curricula. Four universities were prioritized as part of this activity: Addis Ababa, Haromaya, Defence, and Hawassa. Interventions building on this foundation will be implemented in Project Year 2.

QI systems for nutrition care services. To strengthen the quality of nutrition care and support services provided at clinical and community HIV care and treatment delivery points in Ethiopia,

in 2011, FANTA-2²² initiated a pilot series of QI activities with six health institutions across three regions of the country. In Project Year 1, FANTA helped disseminate the results of this initial pilot. Opportunities to integrate key findings and lessons learned from the implementation of this activity were identified for strengthening training material and technical resources implementing elements of the NACS approach. We anticipate the deprioritization of this activity by the Mission in Project Year 2.

SFPs for the management of malnutrition. FANTA previously provided TA to develop specifications for the local production of food formulations and commodities that can be used in the management of moderate and severe malnutrition. In Project Year 1, this activity was not identified as a priority from the country Mission and FMOH.

²² FANTA-2 conducted this work in partnership with HCI.

Ghana²³

CMAM scale-up to additional regions. FANTA²⁴ drafted and refined the national CMAM scale-up strategy and plan, using the FANTA costing tool to estimate costs of CMAM scale-up. During Project Year 2, FANTA will verify and further refine CMAM costs and assist Ghana Health Service (GHS) to organize a consensus building workshop and ensure that the national CMAM scale-up strategy and plan is harmonized with national nutrition scale-up plans for Ghana.

In Project Year 1, FANTA provided TA to GHS to scale up CMAM within Group 1 scale-up regions (Central, Greater Accra, Northern, Upper East, and Upper West). Specifically, FANTA organized and facilitated a 3-day workshop for regional Severe Acute Malnutrition Support Teams (SAM STs), with the aim of reviewing and planning for CMAM scale-up and agreeing on a TOR for the SAM STs. A focus for the 2012 regional SAM STs meeting was to review ways of strengthening the community outreach component of CMAM.

As an initial step to CMAM scale-up in new regions, FANTA conducted regional sensitization workshops within Group 2 scale-up regions (Ashanti, Brong-Ahafo, Eastern, Volta, and Western). The aim of the regional sensitization workshops was to brief regional health management teams on their roles in CMAM scale-up, prioritize needs for CMAM activities, identify and propose new members of the regional SAM STs, and start planning the gradual scale-up of CMAM services in those regions. During Project Year 2, FANTA will continue to work with the regions to build the knowledge and skills of regional and district managers, and to train health care providers and CHWs on the management of SAM.

Lessons learned from scaling up. In Project Year 1, FANTA continued to document experiences from learning sites and also analyzed CMAM performance and disseminated lessons learned as CMAM scaled up in the rest of the country. During Project Year 2, FANTA will continue to share lessons learned and explore opportunities to share technical information and new evidence among stakeholders and IPs. Efforts to link up with global CMAM learning forums will include the establishment of a listserv with key stakeholders and the creation of a monthly newsletter to share relevant news and documents.

Integrating CMAM into other interventions. FANTA continued to ensure that implementation of CMAM is integrated into other child health and nutrition interventions, such as Integrated Management of Neonatal and Childhood Illness; IYCF; community growth monitoring and promotion (GMP); expanded program of immunization; community-based health and planning services; and nutrition and malaria, HIV, and TB programs. Specifically, FANTA supported GHS to ensure that community growth monitoring volunteers were trained on active case search of children with SAM using MUAC within central region. FANTA and GHS also continued to refine the nutrition and HIV/TB training materials ensuring harmonization of implementation and effective case referral between reproductive and child health, and HIV and TB services.

²³ In Ghana, FANTA works through the Severe Acute Malnutrition Support Unit (SAM SU), a partnership established in 2008 between FANTA-2 and the Ghana Health Services (GHS) with the aim of strengthening GHS technical and managerial capacities in every step of the integration, scale-up, and QI of CMAM services. UNICEF/Ghana and WHO/Ghana staff joined the SAM SU in 2010.

²⁴ FANTA will partner with USAID/Ghana, UNICEF/Ghana, and WHO/Ghana to carry out this activity.

Community outreach component. FANTA²⁵ continued to strengthen access to and utilization of CMAM services by strengthening community outreach activities in rural, urban, and peri-urban settings. During Project Year 1, FANTA had numerous discussion sessions with GHS at national, region, district and facility levels to identify potential innovative ways of strengthening community outreach activities. Strategies discussed in the sessions include the use of multiple sectors at the district level (including local government, agriculture, education, religious leaders, chiefs, and queen mother's associations) for active case search and providing basic CMAM orientation to traditional medical practitioners (TMPs) and working collaboratively with TMPs to identify and refer SAM cases to health facilities.

As part of strengthening the community outreach component, FANTA also initiated discussions with Valid International to plan for the coverage investigation. An SOW was developed and discussed with Valid International and resource persons for the survey identified. During Project Year 2, FANTA will continue to work with Valid International to develop, design, and implement the coverage survey within selected districts. The coverage survey will be carried out to identify barriers to access and uptake of CMAM services and to support the development of an SBBC strategy to create demand for and utilization of nutrition services. Community outreach activities will focus on early identification, referral, and follow-up of acute malnutrition cases; creating awareness on the causes and treatment of acute malnutrition; and promoting behavior change for appropriate IYCF practices. The overall aim will also be to create a link between CMAM as a treatment service and interventions geared toward the prevention of undernutrition.

Access to therapeutic food and supplies for CMAM. FANTA continued to support the appropriate use of RUTF in Ghana through a number of activities. FANTA²⁶ continued work with USAID/DELIVER to facilitate the integration of a CMAM supply system into the existing GHS logistics system while continuing to advocate for the inclusion of supplies for the treatment of SAM into the essential medical supplies list. FANTA also held a series of coordination meetings with USAID/DELIVER and UNICEF/Ghana to forecast CMAM supplies, and to plan for and ensure that CMAM supplies are available within all CMAM implementing regions, districts, and facilities.

Advocacy for the management of SAM. The Nutrition PROFILES Advocacy and Communication materials were launched in September 2012. During Project Year 2, FANTA will develop advocacy briefs and engage in advocacy activities to ensure that key policy issues for the management of SAM (e.g., free treatment for children with SAM; sustained funding for CMAM supplies, training, and supervision) are discussed and addressed. Advocacy actions will be linked to broader nutrition advocacy activities and will include advocating for the inclusion of CMAM in national and regional annual health work plans and budgets.

Review of existing training materials for CMAM. FANTA finalized the review of the Ghana adapted training course on inpatient care management of SAM and oriented facilitators on the Ghana-specific adaptations. FANTA, through the Severe Acute Malnutrition Support Unit (SAM SU), also continued to use and consolidate feedback from the existing CMAM training materials

²⁵ FANTA will work through the Severe Acute Malnutrition Support Unit (SAM SU) and in close collaboration with GHS and nutrition partners on this activity.

²⁶ FANTA is carrying out this activity in collaboration with the USAID/DELIVER project and UNICEF/Ghana.

in Ghana for health managers, outpatient care, and community outreach. Emphasis was made to ensure that trainings are standardized across the regions. In Project Year 2, FANTA will further refine the materials to include new recommendations by the NUGAG sub-group on nutrition in the life course and undernutrition, and disseminate them among the Ministry of Health (MOH)/GHS and partners for use during the scale-up of CMAM in Ghana.

CMAM in pre-service training. FANTA had a series of discussions with MCHIP on how to strengthen nutrition in the pre-service curriculum for nurses and midwives. During Project Year 2, FANTA and MCHIP will hold consultations with key stakeholders, conduct assessments of the current nurses and midwives curriculum, develop TRM, and conduct trainings for tutors within 32 nursing and midwifery schools in Ghana.

Monitoring and reporting (M&R) system. In Project Year 1, FANTA continued to work with Group 1 scale-up regions to promote adherence to the *Interim National Guidelines for CMAM*. This was accomplished by continuously mentoring the regional SAM STs to oversee the quality of CMAM services at the regional level. We also ensured that an efficient, standardized M&R system is used and integrated into the district HMIS. As the district HMIS was rolled out country-wide, FANTA worked with the FHI 360 M&E team to develop a temporary CMAM database to capture CMAM data.

In Project Year 2, FANTA²⁷ will continue to review the existing child health QI system, advocate for integration of nutrition indicators into this system, and explore ways to ensure the continued use of QI methods by frontline health workers involved in nutrition services including CMAM.

Coverage monitoring tool. During Project Year 1, FANTA initiated discussions with Valid International to conduct coverage monitoring. During Project Year 2, FANTA will continue to work with Valid International to design and implement the coverage monitoring tool in selected districts in Ghana to assess CMAM performance by field-testing a coverage monitoring tool for Ghana adapted from the Semi-Quantitative Evaluation of Access and Coverage/Simplified LQAS Evaluation of Access and Coverage methods supported by FANTA-2. The coverage tool will be applied in at least five districts with established CMAM services and will be used to identify barriers to access and to assess coverage to improve service delivery and community outreach. FANTA also will build the capacities of a core group of MOH/GHS health care providers and managers at the national, regional, district, and facility levels that will be able to plan and conduct subsequent coverage investigations within the health system.

Support to GHS to coordinate NACS activities. FANTA provided TA to GHS to conduct planning and feedback meetings for the national TWG on nutrition and HIV and TB. The TWG meetings included an update on progress of NACS implementation; a review of training materials and technical documents, such as SOW for consultancy on integrating nutrition indicators into the HIV and TB services; and consensus building on moving forward in implementing NACS activities. In Project Year 1, FANTA also worked with the NACS TWG and nutrition partners to review and develop an annual plan for scaling up NACS to an additional 40 facilities in Ghana. During Project Year 2, FANTA will continue to work with GHS and

²⁷ FANTA will work closely with the GHS/Institutional Care and Child Health Departments on this activity.

partners to ensure that NACS activities feed into and are linked with other established nutrition and HIV multisector coordination mechanisms under SUN, the Renewed Efforts Against Child Hunger (REACH)²⁸ initiative, and the Country Coordinating Mechanism of the Global Fund.

Nutrition and HIV Guidelines. Following the review and refinement of NACS training materials in Project Year 1, during Project Year 2, FANTA will provide TA to GHS to update, print, and disseminate the Ghana Nutrition and HIV Guidelines, with particular attention paid to the inclusion of NACS and TB treatment. The revised guidelines are expected to reflect NACS as it is currently functioning in Ghana and will be harmonized with existing NACS training materials, job aids, and tools. Emphasis will also be made to strengthen the counseling component of NACS within the guidelines and related training materials, including using an SBCC approach to develop nutrition counseling tools that will be used by service providers. Focused efforts will be made to ensure that NACS guidelines, treatment protocols, and training materials and tools are harmonized with CMAM.

Updating NACS training materials. FANTA conducted two review workshops with a core team comprising 12 people and discussion from the National AIDS Control Programme (NACP), the National Tuberculosis Control Programme (NTCP), GHS/Nutrition, USAID/DELIVER, and WFP/Ghana to review and update NACS training materials. The team reviewed and updated the training materials to ensure harmonization with the Ghana Nutrition and HIV Guidelines, Interim National Guidelines for CMAM and Global Nutrition, and TB reference materials. FANTA then provided TA to GHS to conduct a TOT, subsequently training 350 service providers using the refined NACS training materials. By the end of Project Year 1, service providers had initiated NACS activities in a total of 32 new care and treatment clinics (CTCs) country-wide. Also during Project Year 1, FANTA supported the process of reviewing the National Nutrition Policy and participated in the National Nutrition Partners Coordination Committee (the interagency coordination forum responsible for coordination and harmonizing stakeholders' efforts in nutrition programming, sharing, accountability, strategic planning, and improving technical capacity in nutrition) and other coordination forums with development partners.

Update of planning and M&E system and tools. In Project Year 1, FANTA²⁹ recruited a Nutrition and HIV M&E consultant to facilitate the process of reviewing and update existing nutrition and HIV/TB planning, training, M&E, and QI tools and systems ensuring that nutrition is adequately captured within the HIV components. The consultant conducted a desk review of the various HIV and TB M&E tools, training materials, and QI documents. The consultant also conducted site visits to selected health facilities, conducted key informant interviews with HIV focal persons and persons implementing NACS, and also collated key monitoring M&E information from the facilities. The consultant will continue to conduct key informant interviews with national stakeholders, including conducting consultation with a wider group of stakeholders, in October 2012.

²⁸ REACH is a U.N. initiative that works to build government and national capacity to effectively scale up nutrition interventions to improve health and reduce mortality in mothers and children. It is a coordinated initiative of five U.N. agencies in Ghana: UNICEF/Ghana, WHO/Ghana, WFP/Ghana, FAO/Ghana, and UNWomen/Ghana.

²⁹ FANTA is working with the NACP and the GHS Nutrition Division on this activity.

Supportive supervision and QI. FANTA worked with GHS/Nutrition, NACP, the Ghana AIDS Commission, and NTCP at the national and regional levels to conduct post-training supportive supervision and mentoring visits to newly trained facilities. During Project Year 2, FANTA will continue to work with GHS to develop a plan for the integration of QI into NACS activities and to strengthen GHS's capacity to conduct QI activities for nutrition services. FANTA will place emphasis on ensuring that clients receive comprehensive nutrition assessment and counseling as appropriate, not only focusing on the support aspect of NACS.

Linking NACS services and community-based interventions. As an initial step, during Project Year 1, FANTA³⁰ worked with USAID/SHARPER to review and strengthen the nutrition component in the "Models of Hope" training. A TOT was delivered by GHS/Nutrition using the updated training materials. The training targeted SHARPER IPs for HIV prevention activities with the most at-risk populations and for home-based care (HBC) activities. In Project Year 2, FANTA will continue to work with SHARPER to further explore linkages between facility-based NACS services and community-based interventions. This will include training the community service providers on an adaptation of the "Models of Hope" for NACS, with the aim of strengthening active case finding and referring patients through community-based support groups and HBC, establishing satellite points where NACS beneficiaries can access food support in between clinic visits, and linking beneficiaries with livelihood and food security activities for continued support during and after treatment. Efforts will also be made to ensure that CMAM community outreach activities and NACS community activities are harmonized and opportunities for integration are utilized where possible.

Ensuring access to supplies of therapeutic food. FANTA³¹ continued to work with USAID/DELIVER and GHS/Nutrition to plan for all implementing NACS facilities to have access to therapeutic supplies. Early in 2012, therapeutic supplies were procured and allocations provided to implementing facilities. All implementing facilities and regions used the existing MOH/GHS logistics system to ensure availability of supplies to their respective facilities.

The National Nutrition Policy. In Project Year 1, FANTA³² reviewed and provided feedback to the technical content and structure of the recently developed National Nutrition Policy to harmonize it with international standards. This activity will be followed up in Project Year 2, once the National Nutrition Policy is finalized, by FANTA³³ providing support to MOH/GHS to develop plans for scaling up nutrition through technical inputs and counsel.

Advocacy and communication strategy. In 2011, FANTA-2 provided TA to GHS and the Ghana PROFILES task team to use PROFILES to estimate the consequences of undernutrition and micronutrient deficiencies. The process led the team to develop a nutrition advocacy and communication plan, including drafting advocacy materials, and involved determining key audiences and tailoring messages to each audience based on desired changes and perceived

³⁰ FANTA is working closely with PEPFAR/Ghana Partners, such as the FHI 360/SHARPER project, WFP/Ghana, Opportunities Industrialization Centers International, and community-based organizations, to carry out this activity.

³¹ FANTA is collaborating with the USAID/DELIVER project on this activity. DELIVER is responsible for procuring therapeutic supplies for NACS in Ghana.

³² FANTA will work with the MOH, GHS, and development partners to carry out this activity.

³³ FANTA collaborates with REACH and WHO/Ghana on this activity.

barriers and benefits for each audience. Activities outlined in the nutrition advocacy and communication plan are expected to contribute to increased visibility and resources for nutrition in the health, agricultural, and education sectors.

During Project Year 1, FANTA facilitated a series of discussions with GHS and partners to review and finalize nutrition advocacy materials, drafted under FANTA-2, that are targeted to specific audiences: politicians, policy makers, media, and civil society organizations. The nutrition advocacy materials include health, agriculture, and education fact sheets; FAQs on nutrition in Ghana; and an overview of PROFILES.

The national launch and dissemination of the nutrition advocacy materials with key stakeholders took place in September 2012. A series of targeted meetings were also conducted with key stakeholders to convey the significance of nutrition issues on health, education, and development, and the need for increased resources for nutrition and multisectoral coordination on nutrition. Key stakeholders included policy makers, politicians, civil society, and government officials at various levels. In addition, one-on-one meetings were conducted with select stakeholders to build a critical mass of nutrition advocates and to promote a coordinated effort on nutrition in Ghana.

Media monitoring. To accurately monitor media coverage on nutrition issues and evaluate the impact of the media advocacy component of Project Year 1 activities, a baseline media monitoring of print and broadcast media was conducted to determine the amount and accuracy of nutrition coverage in Ghana.

Preliminary results of the media baseline situational analysis show that there is little structured media reporting on nutrition and nutrition-related issues in Ghana today. In print media, *The Mirror* has a dedicated nutrition column by a Trust Hospital dietician, and *The Daily Guide* and *Graphic* have health columns in which nutrition topics are occasionally featured. In radio, Joy FM has a dedicated health and nutrition program. There are no dedicated TV nutrition programs, however there are segments that are part of the “Good Life” campaign. Therefore, opportunities exist to incorporate nutrition in various programs that target women and children’s issues, among others.

Continuous media monitoring will be conducted throughout future project years.

Media workshops. As part of the advocacy and communication strategy in Ghana, FANTA organized a series of roundtable discussions with media gatekeepers followed by 1-day workshops with media practitioners in Accra, Kumasi, and Tamale. The aim of the events was to create awareness among the media on the magnitude of the problem of undernutrition in Ghana and its impact, what is needed to reverse this trend, and what role the media can play.

The outcome of the workshops included building consensus with the media on specific next steps, including commitment to covering stories on nutrition after the workshop and sending journalists to cover the National Nutrition Advocacy and Communication launch event. Discussions with media gatekeepers also included selection of “champion journalists” to participate in training workshops (to be conducted in Project Year 2), which also focus on strengthening skills in investigative journalism and linking nutrition to development.

Guatemala

Capacity and institutional strengthening to support country ownership. Capacity and institutional strengthening as part of country ownership are integral parts of the technical support FANTA is providing to local partners in the public sector (i.e., MOH, the Secretariat Food and Nutrition Security [SESAN] and NGOs) to strengthen their competencies and upgrade their performance ability to scale up nutrition and food security interventions. To provide this support, FANTA is participating in in-country working groups (e.g., MOH's working group that developed the Health Sector's National Plan, the MOH-UNICEF-WFP-Georgetown University and FANTA working group to develop a strategy for encouraging baby-friendly traditional birth attendants in support of breastfeeding, and USAID's Health and Education partners working group).

E-learning course in nutrition. To assist in reducing levels of chronic malnutrition, FANTA has been working with INCAP, FANTA's partner in Guatemala, to design an e-learning course to improve the knowledge and skills of first-line health care providers in nutrition, based on a needs assessment. During Project Year 1, FANTA and INCAP worked on planning the nutrition e-learning course, preparing the protocol for the needs assessment to assess knowledge, skills, and competencies of the target audience and institutional/infrastructure capacity. Due to MOH organizational and administrative considerations during Project Year 1, the design of the needs assessment was carried out, with FANTA currently awaiting approval to carry out the data collection. In addition, multiple coordinating and planning meetings have taken place with INCAP and MOH.

In the design of the nutrition e-learning course, FANTA is building on past experience from INCAP, as well as that of FANTA-2. The nutrition e-learning course will address maternal-infant nutrition, micronutrient and deworming interventions, growth monitoring, food-based approaches to increase dietary diversity and diet quality, and behavior change strategies. The target audience is health, nutrition, and food security personnel and health care providers working in the health sector, as well as additional health personnel that could be identified through the needs assessment, particularly those working in the five prioritized departments from the Western Highlands (Huehuetenango, Quezaltenango, Quiché, Totonicapán, and San Marcos). Depending on the results from the needs assessment related to the level of accessibility of the e-learning platform, the course will be made available through electronic copies distributable in a DVD/CD format. The course will be drafted, completed, and implemented in Project Year 2.

PROFILES. PROFILES has been used for advocacy purposes twice in Guatemala (2002 and 2005). In 2011, USAID/Guatemala identified several additional purposes for using PROFILES for Guatemala: for advocacy, to be used as a policy dialogue tool with policy makers, private sector, mayors, and others; to increase investment in nutrition, by showing the costs and consequences of not investing; and to justify the need to implement nutrition interventions. In addition, the PROFILES process is being considered for a national level perspective as well as for the five prioritized departments.

In Project Year 1, FANTA planned to conduct PROFILES in Guatemala, based on FANTA-2's experiences in Bangladesh, Ghana, and Uganda. The planning phase included:

- Raising awareness among government officials from key ministries (MOH, SESAN, Ministry of Finance, and Secretaría de Planificación y Programación de la Presidencia), as well as USAID partners, about PROFILES and its uses for advocacy
- Identification of existing information sources
- Identification of stakeholders to participate in the process
- Preparation of materials to be provided for stakeholder meetings
- Data gathering to be used for PROFILES

Due to administrative and organizational issues in MOH, the stakeholders meetings and working group sessions initially planned for Project Year 1 will be carried out during Project Year 2, with the first one to be held in October 2012.

The first stakeholder meeting and working group will discuss and review existing data sources, define targets for reduction of malnutrition in the selected time period, address key assumptions required to reduce malnutrition in proposed the time frame, discuss a dissemination/advocacy plan, and develop and complete the PROFILES spreadsheets and results. Formal results will be available in Project Year 2.

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

FANTA began developing the costing model for Guatemala in Project Year 1, and it will be completed in Project Year 2. The study will aim to estimate what it will cost to provide nutrition services at a national level. Such a model will rely on the input of local experts and data, including local unit costs of goods and services, projected population growth, assumptions about the nutrition program structure, the scale at which services are provided, and the types of interventions or services that will be provided. The selection process took place in Project Year 1, and a consulting firm, ICEFI, was hired to conduct the analysis with participation of local leaders and lead the nutrition costing study.

Implementing Optifood to identify food-based approaches. To understand the current dietary patterns in the Western Highlands and identify options available to improve diet quality, FANTA³⁴ is piloting Optifood in Guatemala. The tool will be used to enable the formulation of food-based recommendations to identify locally-available nutrient-dense foods that are important for improving diet quality and that may be promoted via agricultural activities; identify key problem nutrients (i.e., those which the local food supply are unlikely to provide in adequate amounts) so that alternative strategies can be identified; and develop food-based recommendations, taking cost into consideration, that are likely to ensure a nutritionally adequate

³⁴ FANTA has partnered with INCAP on this activity and coordinated with Nutrisalud and UNICEF, among others.

diet if successfully adopted. In Project Year 1, FANTA worked with INCAP to carry out the information-gathering activity related to feeding practices of mothers and their children. Data collection focused on PLW and children 6–24 months of age from Quiché (Region Ixil/Quiché: Nebaj, Chajul, Cotzal, Cunen, Sacapulas), Huehuetenango (Region Mam: San Sebastian, San Pedro Necta, Chiantla, Todos Santos), and San Marcos (San Miguel Ixtahuacán). These sites are located in the prioritized departments participating in FTF/GHI, and specifically include families covered by the Government of Guatemala health services and extension of coverage program and families participating in the rural value supply chain alliances in the Western Highlands of Guatemala. As part of this activity, FANTA has held a series of virtual conferences with INCAP personnel in the use of Optifood and has scheduled an on-site training for one week in mid-October 2012, entering and analyzing the collected data using Optifood.

Household food security and nutritional status. USAID/Guatemala requested an analysis of the household food security data and its relationship to nutritional status of children under 2 and women of reproductive age, focusing on the five prioritized departments of the Western Highlands. This analysis, written as a technical report entitled *Household food insecurity and nutritional status of women of reproductive age and children less than five years of age in five departments of the Western Highlands of Guatemala: An analysis of data from the National Maternal-Infant Health Survey 2008-09 of Guatemala*, was completed under FANTA-2 and disseminated in English and Spanish under FANTA, through our website, emails, and two meetings in Guatemala held in June 2012.

Reinforcing agriculture and nutrition linkages in Guatemala. An important element of FANTA's Guatemala activities is to reinforce agriculture and nutrition linkages (ANL) to reduce chronic malnutrition in five prioritized departments in the Western Highlands (Huehuetenango, Quezaltenango, Quiché, Totonicapán, and San Marcos). FANTA has designed a framework for implementing interventions in support of FTF, GHI, and Title II USAID/FFP projects that enhance nutritional impact within the context of Guatemala's Hambre Cero (Hunger Zero) Initiative.

In September 2012, FANTA's Agriculture Advisor conducted a field visit to Guatemala to continue the process of ANL integration by recommending interventions to enhance the nutritional impact of the three FTF projects awarded during the summer of 2012. Two of the projects are focused on improving household access to food by increasing and diversifying rural incomes while contributing to improved nutritional status of households, accomplished by increasing their participation in export value chains. The third FTF project is focused exclusively on health and nutrition practices of households in the same geographic areas.

The primary recommended intervention is for FANTA and local partner INCAP to establish five demonstration sites in the Western Highlands to raise awareness of ANL and permit greater focus on nutritional outcomes for FTF project beneficiaries. The demo sites will demonstrate and train local farmers in the use of appropriate agriculture technologies to increase productivity of crops grown for home consumption that may result in surplus production available for sale in local markets to enhance household incomes. Crops grown for home consumption include maize and beans, which are dominant food crops in the area, as well as vegetables from home gardens. The sites will also establish small production areas to demonstrate benefits of medicinal plant

production. Those activities will be continued in Project Year 2 by FANTA and INCAP training local leaders and CHWs to provide nutrition advice and counseling to beneficiary households. Demonstrations will be offered on food handling and preparation, with alternative recipes to enhance nutritional uptake. The sites will also offer partially subsidized daycare to free women of child care responsibilities. Nutritional foods will be provided to the children and mothers will be counseled in appropriate feeding for children of different ages. In addition, the site could establish rudimentary capacity to produce fortified grain-based complementary foods (e.g., incaparina) for infants under 24 months of age if these foods are not available locally.

FANTA/Guatemala is also encouraging a continued focus on empowering women through organizing women's groups. When combined with nutrition counseling and education, this action can result in improved household dietary diversity and nutritional uptake.

Haiti

Lessons learned from implementing TIs and emergency response plans. FANTA-2 assisted Title II Awardees in Haiti in designing and implementing EWR systems in an institutionally coordinated manner (e.g., sharing early warning monitoring and TI information with USAID/Haiti, FEWS NET/Haiti, 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 the potential to inform the development of stronger Title II development food aid programming in Haiti and possibly 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. Lessons learned and the potential application of these lessons for future Title II development food aid programs was summarized in a technical document that will be published in Project Year 2.

Introduction of facilities-based NACS at four sites. USAID/Haiti requested that FANTA collaborate closely with the Strengthening Partnerships, Results and Innovations in Nutrition Globally project (SPRING) to provide TA to the Ministère de la Santé Publique et de la Population (MSPP) (Ministry of Health and Population) and PEPFAR/Haiti Partners as they introduce facilities-based NACS in four PLHIV care and treatment sites identified by MSPP. These sites will focus on introducing the full package of NACS services, including nutrition assessment, nutrition counseling, and the provision of SFPs to malnourished clients, and on establishing linkages to services at the community level. Following an initial assessment that SPRING carried out in those four sites, FANTA participated in preparation of a stakeholder's meeting, scheduled for October 2012, to review the results of this assessment. During Project Year 2, FANTA will collaborate with SPRING, USAID/Haiti, and MSPP to introduce the NACS framework in the four sites.

TA to PEPFAR/Haiti Partners in community-based NACS. Following a request from USAID/Haiti that FANTA provide TA to PEPFAR/Haiti Partners that wish to use community-based NACS in their PLHIV care programs, FANTA provided training to nurses working in the FHI 360 Community Health and AIDS Mitigation Project (CHAMP). We will provide support on an ongoing basis to CHAMP and other partners in Project Year 2 by carrying out on-site visits, facilitating training, technically reviewing training materials and job aids, and supporting the use of the newly published nutrition counseling materials for PLHIV known as "Bonjan abitud nan manje ak liyèn" ("Good Nutrition and Hygiene Habits").

Continued training in nutrition assessment and counseling materials. FANTA-2 supported MSPP to implement TOT on nutrition assessment and counseling in four departments using the *National Guidelines on Nutrition Care and Support of PLHIV* and nutrition counseling materials for PLHIV in Haiti that FANTA-2 developed. In Project Year 1, FANTA continued the training process in two of the departments by strengthening the capacity of 30 service providers from both departments in the use of these nutrition assessment and counseling materials. During Project Year 2, FANTA will complete the training process by conducting refresher workshops in four departments. In addition, USAID/Dominican Republic requested 90 copies of the nutrition counseling material for use with Haitians living in the Dominican Republic, which FANTA will provide in Project Year 2.

Mozambique

Integrating nutrition into pre-service and in-service training. The International Training and Education Center on HIV (I-TECH) is the lead partner of Ministério de Saúde (MISAU) (Ministry of Health) in developing training curricula and in training health professionals in HIV care and treatment. During Project Year 1, it was anticipated that FANTA would collaborate with I-TECH to improve pre-service and in-service training of health professionals in nutrition aspects of the care and treatment of PLHIV. However, I-TECH did not request this assistance, but has indicated that FANTA TA will be needed in this area in Project Year 2. It was also anticipated in Project Year 1 that FANTA would collaborate with MISAU, national universities, and partners to develop a plan for a pre-service nutrition training course that would include the technical areas of the Programa de Reabilitação Nutricional (PRN) (Nutrition Rehabilitation Program), NACS, and IYCF for doctors, nurses, and physician's assistants, to ensure that all trainings are in line with PRN protocols and that their nutrition content is complete, relevant, and accurate. However, USAID/Mozambique informed FANTA that another funder will move forward with this activity and thus, FANTA's TA in this area was not requested.

HBC volunteers. FANTA-2³⁵ developed nutrition and HIV training materials for HBC volunteers and CHWs. Associação Nacional dos Enfermeiros de Moçambique (ANEMO) (Mozambique National Association of Nurses) is, however, the only organization authorized by MISAU to provide training for HBC volunteers. ANEMO trains master trainers that train MISAU, Ministério da Mulher e Acção Social (MMAS) (Ministry of Women and Social Welfare), and partner staff to be certified trainers. The certified trainers, in turn, train HBC nurses and volunteers. Community partners, in collaboration with MISAU and MMAS, are currently supporting ANEMO in its training program for HBC volunteers.

In Project Year 1, FANTA aimed to develop a plan to guide the integration of nutrition in HBC services in collaboration with ANEMO, MISAU, MMAS, and community partners. As a first step, FANTA facilitated a workshop in community-based nutrition care for PLHIV, July 25–27, 2012, with these partners to obtain feedback on the training materials. Because this workshop was held at a later date than anticipated, due to coordination with MISAU and partners, the next step to update the training materials was delayed. During Project Year 2, FANTA will collaborate with partners to update the training materials based on feedback from the workshop and the latest evidence and promising practices on nutrition and HIV. We will collaborate with the Department of Nutrition to gain MISAU approval for the manual.

During Project Year 1, FANTA participated in the HBC technical working group that includes ANEMO, MISAU, MMAS, and PEPFAR community partners, to provide TA to review and revise the home-based volunteer integrated training plan. The plan is designed to integrate the training curricula of MISAU's HBC Program and MMAS's Home-Based Visits Program for the training of integrated HBC and visits volunteers by MISAU, through ANEMO and MMAS. During Project Year 2, FANTA will continue its participation in the TWG to revise the home-based volunteer integrated training plan and also develop a guide for the integration of nutrition into HBC services.

³⁵ FANTA-2 worked with the Mozambique Nutrition and Food Security Association on this activity.

M&E and commodity system for the PRN. In Project Year 1, FANTA supported the revision and simplification of the monitoring tools for PRN protocols in *Programa de Reabilitação Nutricional Volume I*. Once the tools are approved by MISAU, FANTA will develop *Programa de Reabilitação Nutricional Volume II* monitoring tools, training materials, resource materials, and databases, and conduct refresher trainings. In the meantime, FANTA has begun to develop the PRN *Volume II* indicators. FANTA also assisted the provincial health office in Niassa Province and the USG partner project Clinical HIV/AIDS Services Strengthening (CHASS)-Niassa to train district health staff in PRN *Volume I*, including the monitoring system and tools, during a training held August 13–18, 2012.

Supportive supervision checklists and national QI strategy. FANTA-2 assisted the MISAU Department of Nutrition to develop draft supervision checklists to assist provincial and district health directorates in assessing the inputs necessary to implement nutrition activities, including infrastructure, equipment, supplies, and human resources, and in assessing whether nutrition activities are being implemented according to national protocols. The Department of Nutrition and partners field-tested the supervision checklists during visits to provinces from May to July 2012 and provided feedback to FANTA. Given delays in the MISAU provincial-level testing, the checklists will be revised and a manual will be developed in Project Year 2.

During Project Year 1, FANTA, in collaboration with MISAU and partners, developed draft nutrition standards as a part of the larger MISAU National Strategy for Quality and Humanization (*Estratégia Nacional de Qualidade e Humanização*), aimed at improving the quality of health services. During Project Year 2, a revised draft of the nutrition standards will be shared with USAID/Mozambique, the MISAU Department of Nutrition, and the MISAU QI working group. The standards then will be tested and finalized.

At the request of USAID/Mozambique, FANTA also collaborated with MISAU and PEPFAR IPs to introduce QI approaches in three health centers to improve implementation of the PRN in Niassa Province, in two phases. Phase 1 provided an initial training for the health staff to give them the tools and skills to apply the QI approaches on nutrition-related improvement changes identified by the participants themselves. Phase 2, to occur in Project Year 2, will focus the QI methods on key aspects of the PRN implementation. It is anticipated that preliminary results will be presented at a national QI meeting in Maputo in November 2012.

Protocols for treating acute malnutrition in people living with HIV and TB. FANTA-2 supported the development of two volumes of the *Manual for the Treatment and Rehabilitation of Malnutrition (Manual de Tratamento e Reabilitação Nutricional)*. PRN *Volume I* provides guidance on treating acute malnutrition among children and adolescents 5–14 years of age and on providing nutrition care to children with HIV through the PRN. PRN *Volume II* provides detailed protocols for treating malnutrition and for nutrition care of HIV and TB in adults 15 years and older, including PLW.

In Project Year 1, FANTA carried out a set of activities to ensure that the PRN *Volume I* and *Volume II* and training activities reflected the most up-to-date evidence on methods for treating malnutrition in the populations it covers. FANTA revised PRN *Volume I* and related training materials and job aids as feedback was received from MISAU, Direção Provincial de Saúde (DPS) (Provincial Health Directorate), and USG partners. FANTA finalized PRN *Volume II* after

two stakeholder workshops, the first held April 9, 2012, and the second August 27, 2012, and submitted the final version to the MISAU Department of Nutrition. FANTA will continue to support the Department of Nutrition to gain MISAU approval in Project Year 2. During Project Year 1, FANTA planned to field-test the protocols in PRN *Volume II* and revise them as needed, and develop job aids and training materials to support PRN *Volume II*. However, given delays in obtaining feedback from MISAU on PRN *Volume II*, this will take place in Project Year 2. FANTA also planned to support and facilitate a national-level TOT on the protocols in PRN *Volume I* and three regional TOTs using PRN *Volume II*, to be held for DPS personnel responsible for training health staff at provincial-level training institutes. However, MISAU requested that provincial-level TOTs take place instead of regional TOTs. To that end, during Project Year 1, FANTA supported a provincial level training in PRN *Volume I* in Niassa Province, August 13–18, 2012, also mentioned above under M&E and commodity system for the PRN. The provincial level TOTs in PRN *Volume II* will be supported in Project Year 2.

In Project Year 1, FANTA provided supportive supervision in Maputo Province for PRN *Volume I* at the request of MISAU. FANTA also developed a draft TOR and held initial meetings in preparation for a workshop with all PRN partners to take stock of the current status of implementation, to be held in Project Year 2. Lessons from this meeting will be used to develop the rollout strategy of PRN *Volume II*.

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

In Project Year 1, FANTA supported the integration and improvement of SBCC activities for improving nutrition practices among people living with HIV and/or TB by developing a survey to prioritize key behaviors and SBCC messages. Due to low response, the survey timeframe was extended and the planned analysis of the survey results—as well as the workshop with MISAU and partner staff to finalize prioritization of the messages, SBCC strategy, and development of materials, potentially including job aids, display materials, and client education materials aimed at improving the nutritional status of PLHIV—have been moved to Project Year 2.

National Infant and Young Child Feeding Policy. The Infant and Young Child Nutrition Project (IYCN) initiated an update of the National IYCF Policy according to the 2010 WHO Guidelines on HIV and Infant Feeding. USAID/Mozambique and MISAU Department of Nutrition requested the assistance of FANTA to review the draft policy, make revisions as necessary, and lead the TWG to gain consensus and finalize the policy. During Project Year 1, FANTA reviewed and revised the draft policy and submitted the revised draft to MISAU Department of Nutrition for further review. During Project Year 2, FANTA will revise the IYCF Policy based on MISAU feedback and conduct a workshop with the MISAU Department of Nutrition TWG to finalize the policy.

Counseling tools for community-based IYCF. MISAU Department of Nutrition, UNICEF, and IYCN translated and adapted UNICEF community-based generic tools for IYCF counseling, including counseling cards, facilitator’s guide and participant handouts, and a brief orientation

guide to the set of materials. USAID/Mozambique and MISAU Department of Nutrition requested the assistance of FANTA to finalize these community-based tools and strategy for IYCF counseling. In Project Year 1, FANTA began discussing with MISAU Department of Nutrition and partners the steps to finalize the tools and to identify key indicators for the implementation of the IYCF counseling package. In Project Year 2, FANTA will provide TA to finalize the materials.

Baby-Friendly Hospital Initiative (BFHI). USAID/Mozambique and MISAU Department of Nutrition requested the assistance of FANTA to continue activities started by IYCN to support implementation of the BFHI. IYCN trained staff in BFHI in two hospitals. However, doctors of both hospitals still need to be trained, and neither hospital has conducted external assessments to become BFHI-certified. Furthermore, the BFHI training materials used were not updated according to the 2010 WHO Guidelines on HIV and Infant Feeding, or the new National Policy for Infant and Young Child Feeding, since it had not yet been finalized. MISAU Department of Nutrition also requested assistance to expand BFHI training to additional hospitals in the country.

During Project Year 1, one FANTA staff member became certified as a BFHI evaluator after participating in three BFHI trainings: the 24-hour module, the self-assessment training, and the evaluators' training. During Project Year 2, FANTA will update the BFHI materials, support MISAU Department of Nutrition to train additional staff, provide TA to a hospital in Gaza Province to become BFHI-certified, and develop a plan with MISAU Department of Nutrition for training additional hospitals in the country.

GMP and SBCC assessments. Under FANTA-2, two assessments took place in November 2011 in Zambezia and Nampula provinces. The objective of the GMP assessment was to identify specific steps to strengthen GMP implementation, primarily at the community level, while the objective of the SBCC assessment was to capture best practices of SBCC activities related to preventing undernutrition in children under 5 and PLW implemented as part of the Title II development food aid program in Mozambique. In Project Year 1, FANTA hosted a half-day workshop on June 27, 2012, with 23 participants from MISAU, USAID/Mozambique, IPs from the Title II development food aid program, UNICEF, the World Bank, and the Embassy of Ireland to present results and recommendations.

Strengthening nutrition content of MCHN documents. The MISAU Department of Nutrition requested the assistance of FANTA to review and provide technical feedback to improve the nutrition component of key clinic- and community-level manuals, training materials, and other key documents (e.g., the PMTCT and MCHN integrated training package and the *agentes polivalentes elementares* training program). During Project Year 1, FANTA participated in a TWG for the community component of the integrated training package and committed to review the nutrition content of three modules and lead the editing of one module of the integrated package in Project Year 2. In addition, FANTA initiated the review process of the nutrition component of the *agentes polivalentes elementares* curriculum.

Namibia³⁶

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

Referral linkages between clinic and community services: In 2011, HEALTHQUAL, which supports ministries of health and implementers in QI, worked with MOHSS to draft a referral system among clinic-based services and between clinic- and community-based health services to broaden coverage of NACS services. FANTA continued discussions with the Livelihoods and Food Security Technical Assistance Project (LIFT) on next steps to build on this draft system to link NACS clients with community-based economic strengthening, livelihoods, and food security support to prevent relapse into malnutrition.

National NACS training manual. In Project Year 1, FANTA provided technical input into the revision of the MOHSS *Nutrition Management for People Living with HIV/AIDS: Resource Guidelines for Clinical Health Workers* to ensure that it contains the most recent global nutrition guidance.

Training of facility-based health care providers in NACS. FANTA-2 supported MOHSS in updating the NACS training manual developed in FY 2011. In Project Year 1, FANTA continued working with MOHSS and I-TECH/Namibia to review and harmonize NACS algorithms for management of malnutrition in children and adults (developed with FANTA in Project Year 1) with current global recommendations.

With MOHSS and I-TECH/Namibia, FANTA co-facilitated training in inpatient and outpatient management of malnutrition for 194 health care providers. FANTA and MOHSS also funded and co-facilitated on-site NACS training and supportive supervision of 63 health care providers with other IPs including I-TECH/Namibia, the U.S. Centers for Disease Control and Prevention (CDC)/Namibia, and the Global Fund. FANTA provided 183 health care facilities with NACS registers and reporting forms and trained and supervised 20 health care providers on the job in quality NACS data collection.

Training of community-based health care providers (CBHCPs). FANTA-2 developed a community nutrition and HIV training manual for CBHCPs and provided technical support to MOHSS to add NACS to the national training curriculum for community counselors based in ART clinics. In Project Year 1, FANTA supported training of 29 CBHCPs in NACS to build their capacity to screen, refer, and follow up malnourished clients in the community. FANTA

³⁶ FANTA carried out all activities in Namibia in partnership with the Ministry of Health and Social Services (MOHSS).

provided 1,000 sets of MUAC tapes to PEPFAR IPs for distribution to CBHCPs to support screening for malnutrition and referral of malnourished clients to health care facilities.

IYCF for HIV-positive women. MOHSS and UNICEF have trained trainers of facility-based providers in IYCF for HIV-positive women based on the 2010 WHO guidelines on IYCF in the context of HIV. FANTA-2 helped MOHSS distribute updated national IYCF guidelines, including for HIV-positive mothers, to health care facilities during regular mentoring and supervision visits and provided technical input on NACS and IYCF for the national HEW curriculum. In Project Year 1, FANTA supported and co-facilitated MOHSS training in IYCF for 27 facility-based health care providers.

National nutrition surveillance system. MOHSS plans to develop a national nutrition surveillance system to monitor rates of stunting, underweight, and wasting in children under 5 years of age. MOHSS postponed this activity to Project Year 2.

NACS data collection and analysis. To contribute to the sustainability of NACS data collection and use, FANTA-2 Bridge worked with the Food and Nutrition Sub-division of MOHSS and CDC/Namibia to advocate for integration of two nutrition indicators in the national health information system: 1) number of clients that received nutrition assessment and 2) number of malnourished clients that received SFPs, disaggregated by age, sex, and pregnancy/postpartum status. The indicators are awaiting approval from the Research Monitoring and Evaluation Sub-division of the Department of Special Programmes. FANTA-2 Bridge provided on-site training in NACS M&E to health care providers in implementing sites to ensure accurate, timely, and complete reporting on client nutritional status. However, many facilities have been inconsistent in submitting their monthly reports. FANTA-2 Bridge also provided TA to MOHSS to review pediatric and adult ART patient care booklets that will be used to collect nutrition-related data on PLHIV on ART. The MOHSS Response Monitoring and Evaluation Department has yet to print the revised pediatric and adult ART patient care booklets, making timely and accurate data collection from NACS sites a challenge. In addition, FANTA-2 Bridge provided TA to MOHSS to review pediatric and adult ART patient care booklets that will be used to collect nutrition-related data on PLHIV on ART.

Assessment of the quality of NACS services. In Project Year 1, in collaboration with MOHSS, CDC/Namibia, I-TECH/Namibia, Management Sciences for Health (MSH)/Namibia, and Global Fund/Namibia, FANTA pretested data collection tools in three sites in Windhoek for a NACS review scheduled for November 2012. The NACS review will assess the quality of NACS implementation in 24 facilities in six districts and collect data on the utility and use of NACS job aids, reasons for clients defaulting from NACS visits, the palatability of SFPs, and post-treatment nutritional status of NACS clients. The results will be used to inform a QI process in one district in Project Year 2 and to refine national NACS guidelines.

Mentoring visits to trained providers During Project Year 1, FANTA provided TA to MOHSS to scale up NACS in 15 additional districts. Together with MOHSS, CDC/Namibia, I-TECH/Namibia, the Global Fund, and MSH/Namibia, in Project Year 1, FANTA continued to provide mentoring and on-site training for health care providers in 35 NACS implementing sites to assess the quality of nutrition assessment and counseling and provide supportive supervision as needed.

Messages and materials for feasible NACS behaviors. Nutrition messages for PLHIV include the importance of regular nutrition assessment, treatment of severe malnutrition, and prompt treatment of infections. Effective and compelling delivery of these messages aims to increase care-seeking in health care facilities that offer NACS services for PLHIV. In collaboration with C-Change/Namibia, FANTA supported a workshop of key nutrition stakeholders to draft a nutrition SBCC strategy. The aim of the strategy is to target the most effective NACS messages to relevant audiences to increase client demand for NACS services, which will be done in future FANTA activities.

NACS South Africa workshop. FANTA participated in the NACS orientation workshop in Pretoria, South Africa, and developed presentations on NACS tools and job aids, lessons learned from experiences in other countries, and PEPFAR next generation indicators and the harmonized indicators for nutrition and HIV.

Tanzania

Review of NACS integration experience. NACS has now been integrated into more than 100 health facilities in 14 regions in Tanzania. To support the integration of NACS along the continuum of care through the life cycle and in the prevention, care, and treatment of infectious and noncommunicable diseases, FANTA supported the Tanzania Food and Nutrition Centre (TFNC) in creating a database of numbers of health care providers trained in NACS in FY 2011. In Project Year 2, FANTA will assist TFNC in expanding this database to include training data from FY 2012 and an analysis of M&E results (monthly statistics on numbers of clients assessed as malnourished and receiving SFPs) from PEPFAR IPs.

Nutrition action kit for community-level providers. In FY 2012, FANTA-2 provided technical and financial support to COUNSENUTH to draft a nutrition action kit for community-based service providers for follow-up of mothers and children in PMTCT programs and most vulnerable children (MVC). The draft nutrition action kit includes a trainer's guide and community worker handbook on nutrition screening and counseling; sensitization materials for district and community leaders on nutrition care and support for MVC, PLW, and PLHIV; and job aids, fact sheets, and take-home brochures for clients on various aspects of nutrition. The bilateral Mwanzo Bora Nutrition Project (led by Africare with COUNSENUTH as a partner) has disseminated the client take-home brochures on breastfeeding and complementary feeding. These brochures, as well as brochures on maternal nutrition and feeding of a sick child, are being validated by PEPFAR IPs and will be used by local government authorities and community care providers in the FTF regions (Morogoro, Dodoma, and Manyara).

Using the toolkit's training materials, FANTA and TFNC trained 14 community care providers from seven districts in the Northern Zone (Arusha, Kilimanjaro, and Tanga regions) as NACS community trainers to improve bidirectional referrals between health facilities and communities to prevent and treat malnutrition. World Education, Inc. (WEI) worked with these trainers to do rapid nutrition screening of 15,436 children using MUAC tapes supplied by FANTA and TFNC. Of these children, 84.0 percent had normal nutritional status, 14.2 percent were moderately malnourished, and 1.5 percent were severely malnourished. The severely malnourished children were referred to health care facilities for treatment.

FANTA also contributed a section on nutrition to the *Pamoja Tuwalee Training Program for Volunteer Caregivers of Children at Risk: Community Reference Manual* for HBC providers. The Pamoja Tuwalee Partnership for Children is a 5-year project funded by USAID/Tanzania, with prime recipient Africare and partners Futures Group, Tanzania Home Economics Association (TAHEA), and Chama Cha Uzazi na Malezi Bora Tanzania (UMATI). The goal of the project is to improve the well-being of MVC and their caretakers in the central zone of Tanzania.

Training of facility-based providers. In FY 2011 and FY 2012, FANTA-2 and FANTA-2 Bridge worked with TFNC to develop and print a package of NACS training and reference materials and job aids for facility-based providers. FANTA-2 and FANTA supported dissemination of these materials to health care facilities with health providers trained in NACS; PEPFAR/Tanzania managers of ART and PMTCT programs in Arusha, Tanga, and Kilimanjaro regions; and to the Tanzania Commission for AIDS (TACAIDS) and NACP.

In FY 2012, FANTA-2 supported publication of a national NACS sensitization presentation titled “The Role of Local Government Authorities in Integrating Nutrition Services into Health Facilities in Tanzania” and, with TFNC, used this presentation to sensitize 46 district government authorities, local NGO staff members, and community service providers in Same District, Tanga City, and Handeni District in Mwanza and Mbeya regions. Sensitization covered the National Nutrition Strategy and the integration of food and nutrition into clinic and community service budgets and work plans.

In Project Year 1, FANTA supported NACS trainers from WEI, the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), Baylor University, and the International Center for AIDS Care and Treatment Programs at Columbia University’s Mailman School of Public Health (ICAP), that had been trained by TFNC using the national NACS training manual for facility-based health care providers developed with FANTA technical and financial support in rolling out NACS training to 46 health care providers in their service areas.

Following this training, FANTA worked with TFNC to coach and mentor four health care providers in Seliani Hospital, as well as a PEPFAR/Tanzania IP in Arusha Region, that had been trained in NACS, to assess their on-the-job performance. Seliani Hospital provides food support to food-insecure patients with assistance from WFP and operates an HBC network. FANTA and TFNC also supplied the hospital with the national NACS package for facility-based providers and MUAC tapes designed and procured by FANTA from RyPark in Kenya. The hospital has requested NACS training and mentoring of other health staff. Challenges include a lack of length/height boards and F-75/F-100 for severely malnourished patients.

FANTA and TFNC worked with WEI/Bantwana to plan rollout of NACS in 12 districts in three regions in the Northern Zone through its MVC networks, including linking NACS clients to economic strengthening support. FANTA also worked with EGPAF, the designated PEPFAR/Tanzania ART/PMTCT treatment partner, to plan NACS training in all supported districts in Project Year 2.

National MVC response plan, training curriculum, job aids, and indicators. Food and nutrition is one of eight service areas in Tanzania’s national MVC response. The Ministry of Health and Social Welfare (MOHSW) and Department of Social Work (DSW) are revising the National Costed Plan of Action for MVC with technical support from the FHI 360/Systems Strengthening Project. In Project Year 1, FANTA reviewed and helped standardize the technical content of the plan’s Food and Nutrition Service Area.

Uganda

Operationalizing Integrated Management of Acute Malnutrition (IMAM) guidelines. In June 2011, Uganda released the updated IMAM³⁷ guidelines, which FANTA-2 supported. The new guidelines are comprehensive and include management of acute malnutrition in children, adolescents, PLW, adults, and HIV and TB patients, essentially combining CMAM and NACS into an integrated approach. However, CMAM and NACS are managed by different branches at the MOH and have independent task forces. Support is needed to harmonize approaches, integrate the programs at the health facility level, and coordinate among the various PEPFAR/Uganda Partners.

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

It is important that IMAM practices be harmonized across regions, facilities, and communities. Building on FANTA-2's experience re-establishing and coordinating the National Sub-Committee on Nutrition (NSCN), FANTA will support the establishment of a steering committee on IMAM, which will oversee the operationalization of the IMAM guidelines, including establishing quality standards and ensuring harmonization of tools and manuals for IMAM. This task force will meet regularly and play a key role in coordinating IMAM efforts. In Project Year 1, FANTA³⁸ convened the steering committee and provided TA in the development of its TOR. Steering committee members represent academia, MOH, USAID, and various USAID IPs, including SPRING and Community Connector. Close ties with those entities will be established to ensure joint learning and the use of harmonized approaches.

Action plan to strengthen and harmonize the IMAM and NACS, including the community component. Though essential for case-finding and follow-up, the community component is often the weakest component of IMAM and NACS programs. To address this, FANTA³⁹ will facilitate a comprehensive consensus and planning process, using an HSS approach, to develop an action plan to strengthen and harmonize the IMAM and NACS implementation. This collaborative planning process began in Project Year 1. In addition to mapping IMAM and NACS partners and meeting with partners to plan the process, in Project Year 1, FANTA held a 1-week assessment design workshop, developing performance metrics and a protocol for data collection and analysis. The protocol will be finalized and submitted for IRB approval in Project Year 2, followed by data collection, analysis, validation, and action planning.

National sub-committee on nutrition. The NSCN holds quarterly meetings during which nutrition stakeholders discuss the coordination of nutrition programs in the country, identify gaps

³⁷ In Uganda, "CMAM" is referred to as "IMAM."

³⁸ FANTA will oversee the steering committee in collaboration with the MOH.

³⁹ FANTA will develop the action plan in partnership with the IMAM steering committee, district- and national-level ministries of health, PEPFAR/Uganda Partners, and other stakeholders.

in programming, share technical updates on key topics, and determine the direction of nutrition activities. While the NSCN, chaired by the MOH, had existed for years, meetings were not held regularly due to lack of human and financial resources. In 2009, FANTA-2 provided support to reinvigorate the NSCN. Since then, the NSCN has played a pivotal leadership role in nutrition advocacy and planning. Although FANTA planned to continue providing support to NSCN meetings in Project Year 1, MOH decided to hold the next meeting in November or December 2012. Therefore, FANTA support was not needed for this particular committee. However, FANTA did support several other nutrition coordination opportunities, as described below.

Implementing the Uganda Nutrition Action Plan (UNAP). FANTA-2 supported the Uganda National Planning Authority (NPA), a parastatal agency that supports national coordination of multisectoral activities, in developing and launching the UNAP and conducting a nutrition capacity assessment to roll out the UNAP. In Project Year 1, FANTA supported the process of transitioning nutrition coordination and leadership in implementing the UNAP from NPA to the Office of the Prime Minister (OPM), including working with NPA and heads of government sectors to build consensus on sector-specific activities to include in the UNAP implementation plan; participating in an April 16–20, 2012, retreat to develop the UNAP implementation, M&E plan; and working closely with OPM to finalize the plan.

FANTA has supported OPM, REACH, and other stakeholders in UNAP-related coordination meetings to support financing and implementation of UNAP at the national and regional levels. This has included participating in partner meetings and providing TA to the nutrition focal person at the OPM. In addition, FANTA is facilitating processes for communication, budgeting, and planning, in collaboration with OPM, as described below. FANTA has also provided support to the Ministry of Gender, Labor and Social Development to integrate nutrition into guidelines for community development workers.

Coordination of advocacy activities. To maximize the effectiveness of advocacy in Uganda, the Government of Uganda and IPs should use a unified and harmonized approach. A consultative workshop with the government, USAID partners, and U.N. agencies at national, regional, and district levels is needed to develop a comprehensive advocacy strategy that would align with the priorities and outcomes outlined in the UNAP. This process would focus on coordinating activities and resources for a multilayered advocacy approach and would include segmenting target audiences (e.g., media, policy makers, politicians, civil society) and determining desired changes, barriers to change, and communication objectives to address those barriers. In addition, this strategy would include an implementation plan, building on lessons learned from worked carried out during FANTA-2, which would outline activities, materials, and messages for each target audience. In Project Year 1, FANTA began collaborating OPM, MOH, REACH, WFP, UNICEF, SPRING, and the Uganda Health Communication Alliance, to plan the development of a nutrition advocacy and communication strategy. With so many stakeholders involved, the focus has been on consensus-building and planning. A 2-day stakeholder workshop was held September 12–13, 2012, to conduct a preliminary document review, outline the objectives of a strategy, and determine the best way forward. This is the first in a series of workshops to move this collaboration forward in Project Year 2.

In addition, FANTA has begun collaborations with professional bodies, such as the Uganda Action for Nutrition Society (UGAN), with which FANTA will partner in Project Year 2 to develop a fellowship program. We have also begun collaborations with the Civil Society Organizations forum on Scaling Up Nutrition (CSO-SUN), to which FANTA provides TA; FANTA represented at a forum on the SUN framework in June 2012.

District-level capacity strengthening in advocacy, negotiation, planning, and budgeting for nutrition. Because Uganda has a decentralized system, planning and decision making on nutrition programs and funding are made at the district level. However, there are limited materials available for district-level nutrition officers to use to advocate for funding or to help them plan or budget for nutrition. In response, FANTA-2⁴⁰ trained district-level government officials, academia, and development partners to advocate for improved financial and human resource allocation to nutrition at the district level as well as to create demand for nutrition services at the community level.

FANTA⁴¹ is supporting an OPM process to develop tools and training to support district-level planning and budgeting for nutrition. In Project Year 1, FANTA developed an approach that includes updating nutrition guidelines, developing simple tools, and building consensus among multiple stakeholders, such as NPA, REACH, and WFP. In Project Year 2, FANTA will continue supporting updates to the guidelines and will develop, disseminate, test, and refine the tools.

Contextual analysis of the role of agriculture in nutrition goals. FANTA-2 conducted formative research for the Ministry of Agriculture, Animal Industries, and Fisheries (MAAIF) on considerations for leveraging agriculture for improved nutrition outcomes in three districts in northern Uganda and seven districts in southwestern Uganda. This included secondary analysis of existing quantitative data as well as data collection and analysis of qualitative data on the possible causes of malnutrition with the aim of identifying linkages and planning integration among health, nutrition, and agriculture programs. FANTA-2 also drafted preliminary results and shared with stakeholders. In Project Year 1, FANTA continued the research, completing additional data collection to make the report more comprehensive and conducting preliminary coding and analysis. Data analysis and final report writing will take place in Project Year 2.

Technical leadership for learning and sharing. FANTA coordinated and facilitated a 1-day USAID Nutrition Partners Meeting on May 31, 2012, to share USAID programs' plans for rollout of UNAP and to advocate for leveraging of available resources for nutrition. Twenty-six participants from government, PVOs, academia, and USAID attended the meeting, which sought to build partner understanding of the UNAP and UNAP objectives; identify nutrition programming overlap and gaps through information sharing and activity mapping; prioritize challenges; and establish a platform for multistakeholder coordination of nutrition and food security interventions (i.e., define aim and TOR) at the national level. The meeting produced several recommendations, including identifying FANTA as the appropriate partner to develop and implement a knowledge-sharing platform, which FANTA will pursue in Project Year 2.

⁴⁰ This activity was carried out in collaboration with MOH Nutrition Unit and other key stakeholders.

⁴¹ FANTA will collaborate with the OPM and partners on this activity.

In collaboration with USAID, FANTA coordinated a second USAID Nutrition Partners Meeting on September 25, 2012, in which participants from PVOs and academia convened to plan their contribution to an upcoming conference on agriculture and nutrition.

Planning and consensus-building process for IMAM and NACS. The Uganda MOH recently released updated and comprehensive guidelines for IMAM, developed with support from FANTA. The guidelines include the management of acute malnutrition in children, adolescents, PLW, adults, and HIV-infected and TB patients. Uganda also implements the NACS approach, which serves people living with HIV and other infectious diseases. Although there is overlap in some services and target populations, the approaches are often implemented in parallel by a range of IPs that are not always involved in both or all components of IMAM and NACS. This may lead to confusion among health workers and the population being served. Promoting and supporting both approaches at the national, district, health facility and community levels, and improving coordination among IPs, would strengthen the quality of IMAM and NACS and improve health outcomes in Uganda.

In collaboration with MOH and stakeholders, FANTA has initiated a collaborative process to improve IMAM and NACS implementation using an HSS approach, which will include stakeholder-driven assessment, a validation workshop, and work planning. In addition to mapping IMAM and NACS partners, meeting with partners to plan the process, and establishing a steering committee and technical team, in Project Year 1, FANTA held a 1-week assessment design workshop, developing performance metrics and a protocol for data collection and analysis. The protocol will be finalized and submitted for IRB approval in Project Year 2, followed by data collection, analysis, validation, and action planning.

Vietnam

Completion of national guidelines. With FANTA-2 support, the National Institute of Nutrition (NIN) drafted *National Guidelines for Nutrition Care and Support of PLHIV*, which advocate for the importance of nutrition in HIV treatment and care, guide programs and service providers, and ensure harmonized messages and approaches. NIN submitted the draft guidelines to MOH for comments in Project Year 1. In Project Year 2, FANTA will provide TA to NIN to host a consultative meeting with MOH to seek approval of these guidelines and integrate them into the national IMAM⁴² guidelines. Dissemination of the guidelines will improve the sustainability and QI of NACS in Vietnam.

OHA allocated \$200,000 in Acceleration Funds to FANTA for activities in Vietnam for Country Operational Plan (COP) 11 and COP 12. This funding level was insufficient to cover a subagreement with NIN for the planned activities. Pending clarification of funding levels, FANTA has been unable to pursue a subagreement with NIN to follow up with MOH regarding approval of the final draft of the *National Guidelines for Nutrition Care and Support of PLHIV* and finalize the guidelines.

NACS training manual. With FANTA-2 TA, NIN drafted a NACS training manual and training plan for facility-based health care providers (FBHCPs). In Project Year 1, FANTA⁴³ planned to support NIN in completing and pre-testing the training manual and in training national and provincial NACS trainers in nine PEPFAR/Vietnam priority provinces using the final version of the training manual. These trainers would then roll out training to FBHCPs to strengthen their capacity to provide NACS as a standard of clinical care for PLHIV. Pending clarification of funding levels, FANTA has been unable to pursue a subagreement with NIN to finalize NACS training materials in Vietnamese and English or orient health managers in nine provinces in the *National Guidelines for Nutrition Care and Support of PLHIV*.

Protocol and implementation plan for SFPs. In FY 2011, NIN developed a locally produced SFP composed of rice, soy, and mung beans called High-Energy Protein Bar for IMAM (HEBI). That year, FANTA-2 supported a NIN assessment of the prevalence of malnutrition among adult PLHIV at ART sites in Hanoi and Ho Chi Minh City. Data collection has been completed, and preliminary results were shared with Government of Vietnam (GOV) partners, such as NIN, the Vietnam Administration of HIV/AIDS Control, Life Gap, as well as NGO partners. In Project Year 1, FANTA planned to assist NIN in completing data analysis from this assessment to help USAID/Vietnam plan procurement of SFPs for malnourished PLHIV in PEPFAR-supported sites. FANTA⁴⁴ will also develop a protocol and implementation plan to pilot the prescription of HEBI to malnourished clients in selected districts in Vietnam. Pending clarification of funding levels, FANTA was unable to pursue a subagreement with NIN in Project Year 1 to analyze the data from the assessment. This activity, as well as the development of a protocol and implementation plan to pilot prescription of HEBI to malnourished clients in Dak Lak Province at the request of USAID/Vietnam, will be completed in Project Year 2.

⁴² In Vietnam, “CMAM” is referred to as “IMAM.”

⁴³ FANTA will work with NIN and PEPFAR/Vietnam Partners on this activity.

⁴⁴ FANTA will work with the NIN and other FHI 360 partners in Vietnam on this activity.

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

Evaluation

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

Work Plans and Reports

FHI 360 will prepare and submit to USAID approval annual work plans that describe the FANTA planned activities for the Project 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 for Project Year 1

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
PROJECT OBJECTIVE: Food security and health policies, programs, and systems for improved nutrition strengthened				
<p>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>	<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> <p>FANTA will develop phases for this indicator for CMAM in Project Year 2.</p>	<p>In an annual participatory process, FANTA staff will assess the integration milestones and corresponding phases reached by each country.</p>	<p><u>The assisted countries and their anticipated milestones reached by the end of Project Year 1 are:</u></p> <p>HIV – Project Year 1 Targets: 8 countries Côte d'Ivoire - Phase 3; Ethiopia - Phase 3; Ghana - Phase 3; Haiti - Phase 2; Mozambique - Phase 2; Namibia - Phase 3; Tanzania - Phase 3; Vietnam - Phase 1</p> <p>MCHN – Project Year 1 Targets: 4 countries Bangladesh - Phase 3/Stage 2 (for advocacy and capacity strengthening); Uganda - Phase 3/Stage 1 (for advocacy); Ghana - Phase 3/Stage 2 (for advocacy); Guatemala - Phase 1 (for advocacy).</p>	<p>HIV - Project Year 1 Achievements: 0 countries There is no change in the status of these countries since the beginning of the Project Year.</p> <p>MCHN - Project Year 1 Achievements: 4 countries all targets reached Bangladesh - Phase 3/Stage 2 (for advocacy and capacity strengthening); Uganda - Phase 3/Stage 1 (for advocacy); Ghana - Phase 3/Stage 2 (for advocacy); Guatemala - Phase 1 (for advocacy).</p>
<p>2 Impact stories produced about nutrition policies/programs/systems being strengthened by FANTA</p>	<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>FANTA will develop a standard template, process and quality criteria for impact stories during Project Year 2.</p> <p>See also indicators #4 and #7 for specific impact stories on research and tools being used/applied.</p>	<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.</p>	<p>FANTA will start producing impact stories in Project Year 2.</p>	<p>N/A</p>
CROSS-CUTTING GENDER INTEGRATION				
<p>3 Average gender integration score across all FANTA TA activities</p>	<p>FANTA will develop a methodology for the gender integration score in Project Year 2.</p>		<p>FANTA will start measuring gender integration in Project Year 2.</p>	<p>N/A</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
INTERMEDIATE RESULT 1: Global evidence and capacity for food security and health policies, programs, and systems for improved nutrition strengthened				
4 (IR 1.1) Impact stories produced about FANTA research being used/applied	This is a specific type of impact story described in indicator #3. These stories must detail the impact of FANTA research findings. FANTA will develop a standard template, process and quality criteria for impact stories during Project Year 2.		FANTA will start producing impact stories in Project Year 2.	N/A
5 (IR 1.1) 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 1 Targets: 8 reports/briefs</u> FANTA planned to produce the following research publications in Project Year 1. <u>Research reports:</u> 1. Safety of using a MUAC Cutoff of ≥ 125 mm as a Discharge Criterion for Children 6–59 Months with Severe Acute Malnutrition without Medical Complications Admitted to CMAM Programs 2. Report of first-round of PM2A operations research in Burundi 3. Baseline report of PM2A Study in Burundi, English 4. Baseline report of PM2A Study in Burundi (French) 5. Guatemala PM2A formative research report, English 6. Guatemala PM2A formative research report (Spanish) <u>Technical and research briefs:</u> 7. Guatemala (ENSMI) food security research brief (English) 8. Guatemala (ENSMI) food security research brief (Spanish)	<u>Project Year 1 Achievements: 7 research reports/technical and research briefs</u> 1. Comparing Milk Fortified Corn-Soy Blend (CSB++), Soy Ready-to-Use Supplementary Food (RUSF), and Soy/Whey RUSF (Supplementary Plumpy [®]) in the Treatment of Moderate Acute Malnutrition (March 2012) 2. Inseguridad Alimentaria en el Hogar y Situación Nutricional de las Mujeres en Edad Reproductiva y de los Niños Menores de 5 Años en Cinco Departamentos del Altiplano Occidental de Guatemala: Análisis de los Datos de la Encuesta Nacional de Salud Materno Infantil del 2008-2009 en Guatemala (March 2012 translation) 3. Getting the Knack of NACS: Highlights from the State of the Art (SOTA) Meeting on Nutrition Assessment, Counseling and Support (NACS) (April 2012) 4. Strengthening and Evaluating the Preventing Malnutrition in Children Under 2 Approach (PM2A) in Burundi: Baseline Report (May 2012) 5. Defining Nutrition Assessment, Counseling, and Support (NACS): Technical Note 13 (July 2012) 6. Literature Review: Evidence Base for Effective Food Hygiene Interventions for Households and Communities in Developing Countries (Sept 2012) 7. Report of Formative Research Conducted in Alta Verapaz, Guatemala, to Help Inform the Health-Strengthening Activities and the Social and Behavior Change Communication Strategy That Will Be Implemented through the Mercy Corps PM2A Program – PROCOMIDA (Sept 2012)
6 (IR 1.1) Number of research activities that have advanced at least one stage on the <i>Pathway from</i>	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	For each of the principle research activities, FANTA specialists in consultation with the	<u>Project Year 1 Targets: 27 activities</u> The expected status by the end of Project Year 1 of FANTA research activities are as follows. 1. LNS effectiveness study in Bangladesh - Stage 2	<u>Project Year 1 Achievements: 6 activities</u> 1. FAFSA-2 Stage 2 to Stage 3 2. ENSMI data analysis Stage 2 to Stage 3 3. Food hygiene literature review Stage 2 to Stage 3 4. CSB++ study Stage 2 to Stage 3

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
<p><i>Research to Field Implementation and Use</i></p>	<p>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>AOR will identify targets during work planning and will determine whether activity reached intended target during annual reporting.</p>	<ol style="list-style-type: none"> 2. LNS RTI study in Malawi - Stage 2 3. PM2A study in Guatemala - Stage 2 4. PM2A study in Burundi - Stage 2 5. Title II Exit Strategies Study (Bolivia, Honduras, India, Kenya) - Stage 2 6. MUAC for CMAM discharge criteria study in Malawi - Stage 3 7. MUAC cutoffs for adolescents and adults - Stage 2 8. Safety of emergency food products - Stage 2 9. Downstream uses of food aid - Stage 1 10. Agriculture and Nutrition linkages in Guatemala - Stage 2 11. Agriculture and Nutrition linkages in Uganda - Stage 3 12. RUTF acceptability study in Vietnam - Stage 3 13. MAM/SAM study in Vietnam - Stage 2 14. FAFSA-2 - Stage 3 15. ENSMI data analysis - Stage 3 16. Food hygiene review - Stage 2 17. Optifood tool development - Stage 3 18. HFIA indicator documentation - Stage 5 19. HIV free survival indicator research - Stage 2 20. IPC food consumption indicators study - Stage 1 21. Acceptability of specialized foods among PLHIV in Côte d'Ivoire - Stage 1 22. Evaluation of PNOEV in Côte d'Ivoire - Stage 2 23. Mali FSCG - Stage 2 24. South Sudan FSCG - Stage 2 25. Change in nutritional status of PLHIV, as a result of NACS in Namibia - Stage 1 26. Growth monitoring in Mozambique - Stage 4 27. Integration of nutrition in SSFP health services in Bangladesh - Stage 4 	<ol style="list-style-type: none"> 5. LCNI 5 study Stage 2 to Stage 3 6. CMAM study Stage 2 to Stage 3
<p>7 (IR 1.2) 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>FANTA will develop a standard template, process, and quality criteria for impact stories during Project Year 2.</p>		<p>FANTA will start producing impact stories in Project Year 2.</p>	<p>N/A</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
8 (IR 1.2) Number of tools developed	List of the new tools developed. A tool is defined broadly as any sort of approach or methodology or instrument designed to demonstrate how to do something or facilitate getting something done. It can be a worksheet, a checklist, a set of steps, guidelines, technical reference materials (TRM), indicator guidelines, etc.	FANTA and USAID will discuss list of tools to be developed at work planning time. FANTA will report on tools actually produced at reporting time.	<u>Project Year 1 Targets: 11 tools</u> In Project Year 1, FANTA anticipated the following would be developed. 1. DQA checklists for Title II 2. Coverage monitoring tool (Ghana) 3. Update of HIV M&E tool to include nutrition (Ghana) 4. Costing and Planning Tool for Nutrition and HIV 5. National tools for the integration of food and nutrition programs (Ethiopia) 6. Decision algorithm for nutrition care and support of PLHIV and OVC (Côte d'Ivoire) 7. Supportive supervision tools (Côte d'Ivoire) 8. Supportive supervision checklist (Mozambique) 9. Mentoring and supervision tools (Namibia) 10. Toolkit of SBCC materials 11. Supervisory tools for IYCF (Bangladesh)	<u>Project Year 1 Achievements: 7 tools</u> 1. CMAM Costing Tool: A Tool for Costing Community-Based Management of Acute Malnutrition at the National, Subnational, and District Levels, Version 1.1 (User's Guide, Workbook, Case Study, Answers) (Feb 2012) 2. Guide pour l'Utilisation de l'Outil de Calcul des Coûts de la PCMA : Un Outil pour Déterminer les Coûts de la Prise en Charge à Base Communautaire de la Malnutrition Aiguë aux Niveaux National, Sous-national et de District (Version 1.1, translation of title above) (Feb 2012) 3. Addendum au Guide d'Echantillonnage FANTA par Robert Magnani (1997): Correction de la Section 3.3.1 Déterminer le nombre de ménages qui ont besoin d'être contactés (Sampling Guide Addendum) (March 2012) 4. Anexo de la Guía de Muestreo de FANTA por Robert Magnani (1997): Corrección de la Sección 3.3.1 Determinación del número de hogares que necesitan contactarse (Sampling Guide Addendum) (March 2012) 5. Escala de Hambre en el Hogar: Definición del Indicador y Guía de Medición (translation of the Household Hunger Scale: Indicator Definition and Measurement Guide) (July 2012 translation) 6. Indice de la Faim dans le Monde : Définition de l'Indicateur et Guide de Mesure (translation of the Household Hunger Scale: Indicator Definition and Measurement Guide) (Aug 2012 translation) 7. BMI and BMI-for-Age Look-up Tables for Children and Adolescents 5–18 Years of Age and BMI Look-up Tables for Non-pregnant, Non-lactating Adults ≥ 19 Years of Age (Aug 2012)
9 (IR 1.3) Number of global normative standards and policies being strengthened	List of new/developing global normative standards and policies to which FANTA is contributing Global normative standards and policies are criterion/models/rules that have been publically accepted or supported or promoted by respected international institutions, like U.N.-affiliated bodies. They are usually codified in a formal publication.	The global norms and policies for FANTA to participate in each year will be identified in discussions between FANTA and USAID at work planning time. At reporting time, FANTA will report on global norms and policies where FANTA actually	<u>Project Year 1 Targets: 8 standards/policies</u> In Project Year 1, FANTA planned to contribute to the development of the following global norms/policies. 1. USAID/FFP PMP 2. FTF M&E 3. Title II M&E for development food aid programs 4. Title II M&E for emergency programs (gender indicators for WFP) 5. Updated WHO guidelines on the management of MAM and SAM 6. WHO Guidelines for an integrated	<u>Project Year 1 Achievements: 8 standard/policies (ongoing)</u> 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 (gender indicators for WFP) 5. Updated WHO guidelines on the management of MAM and SAM 6. WHO Guidelines for an integrated approach to the nutritional care of HIV-infected adolescents and adults including pregnant women 7. WHO Guidelines for nutritional management of HIV 8. WHO Guidelines for nutritional management of TB

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
		participated.	approach to the nutrition care of HIV-infected adolescents and adults including pregnant women 7. WHO Guidelines for nutritional management of HIV 8. WHO Guidelines for nutritional management of TB	
10 (IR 1.3) Number of posters/presentations delivered	List of professional meetings and events at which posters/presentations of FANTA work delivered This includes formal professional meetings/workshops/conferences for which a formal report would come out of and not routine presentations made as a part of offering technical assistance (TA). Presentations/posters could have been delivered by non-FANTA staff, as long as presentations/posters were about FANTA work or research/presentation was funded by FANTA.	Simple count of events where presentations/posters were delivered. Tracking spreadsheet includes: title of event, title of presentation/poster, FANTA staff name, location, date, audience.	Targets for this activity cannot be accurately estimated at this time.	See details in Annex 5.
11 (IR 1.4) Post-training adoption rate (average and for each training activity)	As part of its standard approach to training, all FANTA trainings will include a follow-up with trainees to assess whether the skills imparted during the training, or the tasks/steps covered during the workshop, have been adopted, used, applied, or resulted in behavior change, as expected. The post-training adoption measurement for each training event will be appropriately adapted to the specific objectives of each training and the expected change. Levels of post-training adoption: – High adoption – Medium adoption – Low adoption FANTA will develop the methodology to measure this indicator during Project Year 2.	The measurement of adoption rate depends on the specific objective of the training. FANTA staff delivering the training will keep records on the post-training adoption rates and submit these for aggregation. Aggregation methodology is TBD.	FANTA will start measuring this indicator in Project Year 2.	N/A
12 (IR 1.4) Number of men and women trained by FANTA	This is a count of participants attending trainings given by FANTA. This will be disaggregated by funding source, topic, and sex.	Attendance sheets from trainings will be tabulated for this indicator.	<u>Project Year 1 Targets: 500 women and men</u> In Project Year 1 FANTA anticipated delivery, at a minimum, of the following types of trainings with the indicated numbers of participants. 1. Three workshops (20 participants each) on PROFILES in Guatemala 2. One training session (15 participants) on nutrition with journalists in Guatemala at	<u>Project Year 1 Achievements: more than 2,000 women and men</u> See details in Annex 4.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
			national level 3. Two training sessions (15 participants) on nutrition with journalists from 5 prioritized departments in Guatemala 4. USAID/FFP M&E workshops in Guatemala, Niger, Uganda, Haiti and Washington DC (30 participants each) 5. Series of training sessions treatment and rehabilitation of malnutrition, community-based IYCF counseling and support, and community-based nutrition for PLHIV in Mozambique (120 participants in total) 6. IYCF training in Bangladesh (150 participants)	
13 (IR 1.4) Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)	FANTA will use a standardized approach to all its capacity building activities which includes having participants fill out evaluation forms at the end of each training session. FANTA will develop the methodology to measure this indicator in a systematic way across training sessions during Project Year 2.	FANTA will ask training participants to fill out evaluation forms at the end of the training. The scores of the evaluation forms will be tabulated across all FANTA trainings each year.	FANTA will start measuring this indicator in Project Year 2.	N/A
14 (IR 1.4) Average percentage point change in score between pre- and post-tests of participants of FANTA trainings	FANTA will use a standardized approach to all its capacity building activities which includes beginning all formal trainings with a pre-test and ending with a post-test. The average improvement between the tests will be tabulated. FANTA developed the methodology to measure this indicator in a systematic way across training sessions during Project Year 2.	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.	N/A

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
INTERMEDIATE RESULT 2: Country-driven food security and health policies, programs, and systems for improved nutrition strengthened				
15 (IR 2.3) 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 3 phases. 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 1 Targets: 5 countries</u> The HIV countries and their anticipated stages reached by the end of Project Year 1 are: Côte d'Ivoire - Phase 3; Ethiopia - Phase 3; Ghana - Phase 3; Haiti - Phase 2; Mozambique - Phase 2; Namibia - Phase 3; Tanzania - Phase 3; Vietnam-Phase 1	<u>Project Year 2 Achievements: 0 countries</u> There is no change in the status of these countries since the beginning of the Project Year. No countries newly entered Phase 3 in Project Year 1.
16 (IR 2.4) 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> : – Policy – Advocacy – Systems Strengthening – Capacity Strengthening There are 4 phases. See Figure 2 for a fuller description of the phases.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration phases reached by each country.	<u>Project Year 1 Targets: 4 countries</u> The MCHN countries and their anticipated phases reached by the end of Project Year 1 are: Bangladesh - Phase 3/Stage 2 (for advocacy and capacity strengthening); Uganda - Phase 3/Stage 1 (for advocacy); Ghana - Phase 3/Stage 2 (for advocacy); Guatemala - Phase 1 (for advocacy).	<u>Project Year 1 Achievements: 1 country</u> Uganda – Phase 3/Stage 1 (for advocacy)
17 (IR 2.1) Placeholder for CMAM indicator on phases of integration continuum	FANTA will develop a phases of integration continuum indicator (which is used by the HIV and MCHN clusters) for CMAM.			
USAID Offices' Reporting Indicators for Annual Operational Plans and Performance Reports				
18 # people trained in child health and nutrition through USG-supported health area programs, during the FY (GH/HIDN indicator)				<u>Project Year 1 Achievements: 82</u> (includes only GH/HIDN-funded trainings)
19 # female IP staff trained in M&E funded by FFP (FFP indicator)				<u>Project Year 1 Achievements: 23</u>
20 # male IP staff trained in M&E funded by FFP (FFP indicator)				<u>Project Year 1 Achievements: 22</u>
21 # female USAID staff trained in M&E funded				<u>Project Year 1 Achievements: 24</u>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
by FFP (FFP indicator)				
22 # male USAID staff trained in M&E funded by FFP (FFP indicator)				Project Year 1 Achievements: 13
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.			Project Year 1 Achievements: 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.			Project Year 1 Achievements: None
25 # countries with introduction OR expansion of cutting edge nutrition interventions, during the FY (CMAM for FANTA) (GH/HIDN indicator)				Project Year 1 Achievements: 3 countries (Uganda; Mozambique; Ghana)
26 # information gathering or research activities, during the FY (GH/HIDN indicator/FFP indicator)				Project Year 1 Achievements (partially or fully funded by GH/HIDN): 5 1. CSB++ study 2. LCNI-5 study 3. LNS effectiveness study in Bangladesh 4. LNS-RTI study in Malawi 5. MUAC for CMAM discharge study Project Year 1 Achievements (partially or fully funded by FFP): 7 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

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
27 # technologies and tools under development during the FY (GH/HIDN indicator)				<p><u>Project Year 1 Achievements: 21</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. BMI and BMI-for-Age look up tables for children and adolescents 5-18 years of age and BMI look up tables for non pregnant, non lactating adults >= 19 years of age (Aug 2012) 5. Addendum au Guide d'Echantillonnage FANTA par Robert Magnani (1997): Correction de la Section 3.3.1 Determiner le nombre de menages qui ont besoin d'etre contactes (Sampling Guide Addendum) 6. Anexo de la Guia de Muestreo de FANTA por Robert Magnani (1997): Cooreccion de la Seccion 3.3.1 Determinacion del numero de hogares que necesitan contactarse (Sampling Guide Addendum) 7. Escala de Hambre en el Hogar: Definicion del Indicador y Guia de Medicion (translation of the Household Hunger Scale: Indicator Definition and Measurement Guide) (July 2012 translation) 8. Indice de la Faim dans le Monde: Definition de l'Indicateur et Guide de Mesure (translation of the Household Hunger Scale: Indicator Definition and Measurement Guide) (Aug 2012 translation) 9. Nutrition training modules for HIV service providers (Cote d'Ivoire) 10. Supportive supervision checklist (Mozambique) 11. Performance standards for nutrition services for children 0-5 years and pregnant and lactating women (Mozambique) 12. Tools for nutrition counseling for PLHIV (Mozambique) 13. Manual for the treatment and rehabilitation of malnutrition volume II for adults 15 years and older, including pregnant and lactating women (Mozambique) 14. Updating of MOH monitoring tools for National Nutrition Rehabilitation Program, Volume I for infants, children and adolescents (Mozambique) 15. CMAM Costing Tool: A Tool for Costing Community-Based Management of Acute Malnutrition at the National, Subnational, and District Levels, Version 1.1 (User's Guide, Workbook, Case Study, Answers)

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012	ACHIEVEMENTS PROJECT YEAR 1 FEBRUARY 8, 2012–SEPTEMBER 30, 2012
				16. Guide pour l'Utilisation de l'Outil de Calcul des Coûts de la PCMA : Un Outil pour Déterminer les Coûts de la Prise en Charge à Base Communautaire de la Malnutrition Aiguë aux Niveaux National, Sous-national et de District (Version 1.1, translation of title above) 17. Supervisory tools for IYCF (Bangladesh) 18. Supportive supervision tools (Cote d'Ivoire) 19. Decision algorithm for nutrition care and support of PLHIV and OVC (Cote d'Ivoire) 20. Update of HIV M&E tool to include nutrition (Ghana) 21. National tools for the integration of food and nutrition programs (Ethiopia)
28 # countries engaged in capacity building activities, during the FY, to strengthen assessment, design, and implementation of Title II programs (FFP indicator)	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.			<u>Project Year 1 Achievements: 13</u> 1. Guatemala 2. Haiti 3. Niger 4. Uganda 5. Zimbabwe 6. Burkina Faso 7. South Sudan 8. Mauritania 9. DRC 10. Burundi 11. Madagascar 12. Bangladesh 13. Mozambique

Annex 3. Publications and Deliverables Completed in Project Year 1

Title	Author(s)	Release Date
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		
Publications		
Comparing Milk Fortified Corn-Soy Blend (CSB++), Soy Ready-to-Use Supplementary Food (RUSF), and Soy/Whey RUSF (Supplementary Plumpy [®]) in the Treatment of Moderate Acute Malnutrition	Mark Manary, Cindy Y. Chang	March 2012
Inseguridad Alimentaria en el Hogar y Situación Nutricional de las Mujeres en Edad Reproductiva y de los Niños Menores de 5 Años en Cinco Departamentos del Altiplano Occidental de Guatemala: Análisis de los Datos de la Encuesta Nacional de Salud Materno Infantil del 2008-2009 en Guatemala	Camila Chaparro	March 2012 translation
Getting the Knack of NACS: Highlights from the State of the Art (SOTA) Meeting on Nutrition Assessment, Counseling and Support (NACS)	CORE Group, FANTA, and partners	April 2012
Strengthening and Evaluating the Preventing Malnutrition in Children Under 2 Approach (PM2A) in Burundi: Baseline Report	Megan Parker, Jef L Leroy, Deanna Olney, Jody Harris, Marie Ruel	May 2012
Defining Nutrition Assessment, Counseling, and Support (NACS): Technical Note 13	FANTA	July 2012
Literature Review: Evidence Base for Effective Food Hygiene Interventions for Households and Communities in Developing Countries	FANTA	September 2012
Report of Formative Research Conducted in Alta Verapaz, Guatemala, to Help Inform the Health-Strengthening Activities and the Social and Behavior Change Communication Strategy That Will Be Implemented through the Mercy Corps PM2A Program – PROCOMIDA	D. Olney, M. Arriola, R. Carranza, J. Leroy, S. Richter, J. Harris, M. Ruel, E. Becker	September 2012
IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented		
Publications		
CMAM Costing Tool: A Tool for Costing Community-Based Management of Acute Malnutrition at the National, Subnational, and District Levels, Version 1.1 (User's Guide, Workbook, Case Study, Answers)	FANTA	February 2012
Guide pour l'Utilisation de l'Outil de Calcul des Coûts de la PCMA: Un Outil pour Déterminer les Coûts de la Prise en Charge à Base Communautaire de la Malnutrition Aiguë aux Niveaux National, Sous-national et de District (Version 1.1, translation of title above)	FANTA	February 2012 translation
Addendum au Guide d'Echantillonnage FANTA par Robert Magnani (1997): Correction de la Section 3.3.1 Déterminer le nombre de ménages qui ont besoin d'être contactés (Sampling Guide Addendum)	Diana Stukel and Megan Deitchler	March 2012 translation

Title	Author(s)	Release Date
Anexo de la Guía de Muestreo de FANTA por Robert Magnani (1997): Corrección de la Sección 3.3.1 Determinación del número de hogares que necesitan contactarse (Sampling Guide Addendum)	Diana Stukel and Megan Deitchler	March 2012 translation
Escala de Hambre en el Hogar: Definición del Indicador y Guía de Medición (translation of the Household Hunger Scale: Indicator Definition and Measurement Guide)	Terri Ballard, Jennifer Coates, Anne Swindale and Megan Deitchler	July 2012 translation (first published August 2011)
Indice de la Faim dans le Monde : Définition de l'Indicateur et Guide de Mesure (translation of the Household Hunger Scale: Indicator Definition and Measurement Guide)	Terri Ballard, Jennifer Coates, Anne Swindale and Megan Deitchler	August 2012 translation (first published August 2011)
BMI and BMI-for-Age Look-up Tables for Children and Adolescents 5–18 Years of Age and BMI Look-up Tables for Non-pregnant, Non-lactating Adults ≥ 19 Years of Age	FANTA	August 2012
Deliverables		
Survey Protocol: Annual Outcome Monitoring 2012	Diana Stukel	June 2012
Standard Annual Performance Questionnaire (SAPQ) template to incorporate the USAID/FFP Standard Indicators (for USAID/FFP's MIS)	FANTA	August 2012
IR 1.3 Global Standards and Policies in Nutrition and Food Security Promoted		
Deliverables		
Summary of Title II Development Food Aid Program annual results accomplishments – abridged version	FANTA	June 2012
Summary of Title II Development Food Aid Program annual results accomplishments –full version	FANTA	June 2012
Mid-term and final evaluation Title II Development Food Aid Program “impact” stories – abridged version	FANTA	June 2012
Mid-term and final evaluation Title II Development Food Aid Program “impact” stories – full version	FANTA	June 2012
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened		
BANGLADESH		
Publications		
Investing in Nutrition Now: A Smart Start for Our Children, Our Future. Estimates of Benefits and Costs of a Comprehensive Program for Nutrition in Bangladesh, 2011–2021 PROFILES and Nutrition Costing Technical Report June 2012	S. Ranjan Howlader, K. Sethuraman, F. Begum, D. Paul, E. Sommerfelt, T. Kovach	June 2012
CÔTE D'IVOIRE		
Deliverables		
Supervision tools	PNN	August 2012
Acceptability trial protocol	FANTA	September 2012

Title	Author(s)	Release Date
GHANA		
Deliverables		
Training course on Inpatient Care Management of SAM	Ghana SAM Support Unit	March 2012
Costed National CMAM Scale-up Strategy	Ghana SAM Support Unit	June 2012
NACS training materials	MOH/GHS, FANTA, USAID/DELIVER and WFP	August 2012
Advocacy materials (5 briefs in one folder)	Ghana PROFILES Task Team	September 2012
Media Monitoring Report	Naana Osae Omaboe	September 2012
MOZAMBIQUE		
Deliverables		
Assessment of Growth Monitoring and Promotion in Mozambique and within USAID/Mozambique-Funded Programs	FANTA	May 2012
Assessment of Social and Behavior Change Communication (SBCC) in Food for Peace Title II Multi-Year Assistance Programs (MYAPs) in Mozambique	FANTA	May 2012
TANZANIA		
Deliverables		
Review of the Food and Nutrition Service Area of the National Costed Plan of Action for Most Vulnerable Children (MVC)	Tanzania Department of Social Welfare System Strengthening Project	May 2012
Pamoja Tuwalee Training Program for Volunteer Caregivers of Children at Risk: Community Reference Manual	Pamoja Tuwalee	July 2012
UGANDA		
Publications		
Nutrition Advocacy Training: Strengthening Advocacy Capacity to Scale Up Nutrition Investments and Outcomes in Uganda	FANTA-2 Bridge	March 2012
Deliverables		
USAID Support for Improved Nutrition Programming in Uganda: Opportunities for Collaboration (workshop report)	Brenda Namugumya	September 2012

Annex 4. Trainings Delivered in Project Year 1

During Project Year 1, FANTA held 99 trainings in nine countries on a wide variety of topics. In total, we trained 2,312 people, with trainings held in Bangladesh, Ghana, Guatemala, Haiti, Mozambique, Namibia, Tanzania, the United States, and Uganda. Notable training topics included cascade trainings on IYCF, on-site NACS training, FFP M&E workshops, and strengthening competencies in CMAM. Participants included practitioners, such as clinicians, nurses, midwives, nutritionists, and other health workers; regional health, district health, and hospital management teams; USAID; ministries of health; NGOs; Title II Awardees; and academicians.

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
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							
USAID/FFP M&E workshop – Guatemala	FHI 360/FANTA	Antigua, Guatemala	July 16-19, 2012	3.5 days	PVOs from FY12 newly awarded programs, USAID/Guatemala Mission and FFP staff	10	11
USAID/FFP M&E workshop – DC	FHI 360/FANTA	Washington, DC	August 16, 2012	1 day	Headquarter PVO staff from FY12 newly awarded programs, FFP CBOs	17	5
USAID/FFP M&E workshop – Uganda	FHI 360/FANTA	Kampala, Uganda	Sept 10-14, 2012	5 days	PVOs from FY12 newly awarded programs, USAID/Uganda Mission and FFP staff	12	14
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened							
Bangladesh							
TOT on IYCF	FANTA and MFSTC	Dhaka, Bangladesh	April 21-25, 2012	5 days	SSFP supporting NGO monitoring officers	3	12
Cascade training on IYCF	Master trainers from SSFP	Barisal, Bangladesh	June 1, 2012	3 days	Clinic manager, doctors, paramedic and counselor, service promoter, and community service providers	230	24
Cascade training on IYCF	Master trainers from SSFP	Khulna, Bangladesh	June 1, 2012	3 days	Clinic manager, doctors, paramedic and counselor, service promoter, and community service providers	257	24

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Cascade training on IYCF	Master trainers from SSFP	Rangpur, Bangladesh	June 1, 2012	3 days	Clinic manager, doctors, paramedic and counselor, service promoter, and community service providers	252	15
Ethiopia							
Priorities for integrating NACS as part of TB treatment and care in Ethiopia	FHI 360/FANTA	Addis Ababa, Ethiopia	July 3, 2012	4 hours	FMOH, USAID, FHI 360, PEPFAR Partners, WFP, WHO	4	12
Ghana							
Strengthening Competencies of Regional SAM Support Teams on CMAM (Central, Greater Accra, Northern, Upper East, and Upper West)	FANTA, UNICEF, WHO and GHS	Kumasi, Ghana	March 28–30, 2012	3 days	Region nutritionist, public health nurses, health promotion officers, and disease control officers	9	11
Inpatient Care Management of SAM (facilitator's training)	FANTA, GHS, UNICEF, WHO	Tamale, Ghana	April 26–27, 2012	2 days	Pediatricians, senior clinicians, and regional nutritionists	2	8
Inpatient Care Management of SAM (case management training)	FANTA, GHS, UNICEF, WHO	Tamale, Ghana	April 30 – May 5, 2012	6 days	Clinicians, nurses, nutritionist, and dieticians	16	15
Strengthening Competencies of Regional and District Managers on CMAM	FANTA, GHS and UNICEF	Agona, Swedru, Ghana	June 11–15, 2012	5 days	Region and district nutritionist, public health nurses, health promotion officers and disease control officers	23	9
Review of CMAM implementation in Greater Accra Region	FANTA and GHS	Accra, Ghana	June 28–30, 2012	3 days	Region and district nutritionist, public health nurses, health promotion officers and disease control officers	33	5
Orientation of Regional Health Management Teams on CMAM, Brong-Ahafo Region	FANTA and GHS	Sunyani, Ghana	July 16, 2012	1 day	Deputy Director, Public Health; Deputy Director, Clinical Care; Regional Nutrition Officer; Deputy Director, Nursing Services; Deputy Director, Administration; Deputy Director, Pharmaceutical Services; Regional Accountant, Regional Disease Control Officer	1	7

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Orientation of Regional Health Management Teams on CMAM, Ashanti Region	FANTA and GHS	Kumasi, Ghana	July 17,2012	1 day	Regional Director, Health Service; Deputy Director, Public Health; Regional Nutrition Officer; Regional Accountant; Deputy Director, Clinical Care; Regional TB Coordinator	1	5
Orientation of Regional Health Management Teams on CMAM, Western Region	FANTA and GHS	Takoradi, Ghana	July 24,2012	1 day	Regional Director of Health Service, Deputy Regional Nutrition officer, Deputy Director Nursing Services, Deputy Director, Pharmaceutical Services, Regional Health Promotion Officer, District Nutrition Officer	2	4
Nutrition Rehabilitation Program (PRN) training for district health staff	Niassa Provincial Health Office, CHASS-Niassa project, FANTA	Lichinga, Mozambique	August 13–18, 2012	5 days	District health staff from Lichinga, Cuamba, and Muembe	11	7
CMAM Outpatient Care, refresher training for health care providers (Agona East and West Districts)	FANTA and GHS	Agona, Swedru, Ghana	August 14–15, 2012	2 days	Community health nurses, public health nurses, health promotion officers and health promotion assistants	6	35
Orientation of District Health Management Team and stakeholders on CMAM (Ledzekuku District, Greater Accra Region)	FANTA and GHS	Accra, Ghana	August 16–17, 2012	2 days	District directors of health services, health facility in-charges, and representatives from local government	50	50

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Orientation of Regional Health Management Teams on CMAM, Volta Region	FANTA and GHS	Ho, Ghana	August 27, 2012	1 day	Regional Director of Health Service, Deputy Director, Clinical Care, Regional M&E Officer, Regional Stores Supplies Manager, Regional HIV/AIDS/TB Coordinator, Regional Coordinator, DHIMS Nutrition officer, Regional Public Health Nurse, Regional Disease Control officer, Regional Health Promotion officer, Regional Coordinator, Mental Health, Regional Human Resource Manager, Deputy Director Administration	2	13
CMAM Outpatient Care Training of Health Care providers (Ledzokuku District, Greater Accra Region)	FANTA and GHS	Accra, Ghana	August 29 – September 1, 2012	4 days	Community health nurses, public health nurses, health promotion officers, and health promotion assistants	29	5
NACS training of facility-based service providers (Eastern Region)	GHS and FANTA	Koforudia, Ghana	June 4–8, 2012	4 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	18	13
NACS TOT for facility-based trainers	GHS, FANTA, USAID/DELIVER, WFP/Ghana	Kumasi, Ghana	July 31 – August 4, 2012	5 days	Regional HIV coordinator, regional TB coordinator, regional nutrition officer, and regional PMTCT trainers	15	10
NACS training of facility-based service providers (Brong Ahafo Region)	GHS, FANTA, USAID/DELIVER	Sunyani, Ghana	September 3–7, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	18	22
NACS training of facility-based service providers (Upper West Region)	GHS, FANTA, USAID/DELIVER	Wa, Ghana	September 3–7, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	15	21

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS training of facility-based service providers (Volta Region)	GHS, FANTA, USAID/DELIVER	Ho, Ghana	September 3–7, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	13	19
NACS training of facility-based service providers (Western Region)	GHS, FANTA, USAID/DELIVER	Takoradi, Ghana	September 3–7, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	15	19
Roundtable discussion with media gatekeepers (Ashanti, Brong Ahafo and Eastern Region)	FANTA and GHS	Kumasi, Ghana	September 17, 2012	3 hours	Directors, editors and producers of print, radio and TV media houses	3	28
NACS training of facility-based service providers (Ashanti Region)	GHS, FANTA, USAID/DELIVER	Kumasi, Ghana	September 17–21, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	17	17
NACS training of facility-based service providers (Northern Region)	GHS, FANTA, USAID/DELIVER	Tamale, Ghana	September 17–21, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	10	21
NACS training of facility-based service providers (Upper East Region)	GHS, FANTA, USAID/DELIVER	Bolgatanga, Ghana	September 17–21, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	15	25
NACS training of facility-based service providers (Upper West Region)	GHS, FANTA, USAID/DELIVER	Wa, Ghana	September 17–21, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	13	13
NACS training of facility-based service providers (Western Region)	GHS, FANTA, USAID/DELIVER	Takoradi, Ghana	September 17–21, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, “models of hope,” and store managers	13	8

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Media Practitioners Workshop (Ashanti, Brong Ahafo, and Eastern Region)	FANTA and GHS	Kumasi Ghana	September 18, 2012	1 day	Journalist, presenters of print, radio and TV media houses	4	25
Media Practitioners Workshop (Greater Accra, Central, and Western Regions)	FANTA and GHS	Accra, Ghana	September 19, 2012	1 day	Journalist, presenters of print, radio and TV media houses	22	20
Roundtable discussion with media gatekeepers (Greater Accra, Central, and Western Regions)	FANTA and GHS	Accra, Ghana	September 21, 2012	3 hours	Directors, editors and producers of print, radio and TV media houses	33	16
Nutrition Advocacy (PROFILES) Launch	FANTA and GHS	Accra, Ghana	September 24, 2012	½ a day	MOH, MOA, MOE, National Development and Planning Commission, Ministry of Local Government, UN agencies, USAID, CIDA, JICA, University of Ghana, NGOs, CSO representatives, Media Houses, Parliamentarians	37	23
NACS TOT for “Models of Hope” Trainers (Nutrition Component)	USAID/SHARPER, GHS and FANTA	Kumasi, Ghana	September 24–27, 2012	1 day	Clinicians, nurses, social workers counselors, and “models of hope”	17	17
Haiti							
Nutrition and HIV: Use of Counseling Materials	GHEKIO	Port-au-Prince, Haiti	April 2 –July 31, 2012	8 hours (one hour twice a month)	Nurses providing clinical care to clients in GHEKIO’s ARV and PMTCT clinics	6	0
Nutrition and HIV: Use of the FANTA flipchart “Bonjan abitid nan manje ak lijen” (Good nutrition and hygiene habits) (nutrition counseling materials)	FANTA/I-TECH (International Training and Education Center for Health/Haiti)	Port-au-Prince, Haiti	June 3–4, 2012	2 days	Chief nurses for Voluntary Counseling and Testing sites, PMTCT sites and ARV sites within I-TECH’s network	12	0

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Nutrition and HIV: Use of Counseling Materials	FHI 360 Community HIV/AIDS Mitigation Program (CHAMP)	Jacmel, Haiti	June 13–15, 2012	3 days	Social workers and supervisors of community health agents within the CHAMP network	6	1
Nutrition and HIV: Use of Counseling Materials	FHI 360/CHAMP	Jérémie, Haiti	June 28–29, 2012	2 days	Social workers and supervisors of community health agents within the CHAMP network	2	10
Nutrition and HIV: Use of Counseling Materials	MOH/ Department of Nord	Cap-Haitien, Haiti	July 12–13, 2012	2 days	Chief nurses for child health, nutrition, and HIV programs in communes and health facilities of the department	30	0
Nutrition and HIV: Use of Counseling Materials	MOH/ Department of Nord-Ouest	Port de Paix, Haiti	August 16–17, 2012	2 days	Chief nurses for child health, nutrition, and HIV programs in communes and health facilities of the department	25	5
Mozambique							
Quality Improvement Methods in the Nutrition Rehabilitation Program (PRN) – Training in Cuamba	FHI 360/FANTA	Cuamba, Mozambique	August 23–24, 2012	2 days	Provincial and district health staff from Cuamba	7	4
Quality Improvement Methods in the Nutrition Rehabilitation Program (PRN) – Training in Lichinga	FHI 360/FANTA	Lichinga, Mozambique	August 27–28, 2012	2 days	District health staff in Lichinga	3	3
Quality Improvement Methods in the Nutrition Rehabilitation Program (PRN) – Training in Muembe	FHI 360/FANTA	Muembe, Mozambique	August 29–30, 2012	2 days	District health staff in Lichinga	1	4
Namibia							
NACS training for facility-based providers	MOHSS, FANTA, I-TECH, GFATM	Windhoek, Namibia	May 28–29, 2012	2 days	Doctors and nurses from Caprivi and Kavango regions	11	7

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS training for facility-based providers	MOHSS, FANTA, I-TECH, GFATM	Windhoek, Namibia	May 30–June 1, 2012	2 days	Doctors and nurses from health facilities in Karas, Hardap, and Omaheke regions	8	8
NACS training for facility-based providers	FANTA, MOHSS	Keetmanshoop, Namibia	August 14–16, 2012	3 days	Nurses	21	7
NACS training for facility-based providers	MOHSS, FANTA, I-TECH, GFATM	Ondangwa, Namibia	August 20–22, 2012	3 days	Nurses and doctors from Otjozondjupa and Ohangwena regions	23	5
NACS on-site training for facility-based providers	I-TECH, MSH, GFATM (FANTA funded)	Gobabis Hospital Gobabis, Namibia	August 28, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	I-TECH, MSH, GFATM (FANTA funded)	Rehoboth Hospital, Rehoboth, Namibia	August 28, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	CDC, MOHSS, (FANTA funded)	Rehoboth Health Centre, Rehoboth, Namibia	August 28, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	I-TECH, MSH, GFATM (FANTA funded)	Otinene Clinic, Gobabis, Namibia	August 29, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	I-TECH, MSH, GFATM (FANTA funded)	Leonardville Clinic, Gobabis, Namibia	August 29, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	I-TECH, MSH, GFATM (FANTA funded)	Corridor Clinic, Gobabis, Namibia	August 29, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	CDC, MOHSS, (FANTA funded)	Schlip Clinic, Rehoboth, Namibia	August 29, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	CDC, MOHSS, (FANTA funded)	Klein Aub Clinic, Rehoboth, Namibia	August 29, 2012	2 hours	Nurse	1	0

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS on-site training for facility-based providers	MOHSS, FANTA	Okwangati Health Centre, Opuwo, Namibia	August 29, 2012	3 hours	Nurses	2	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Opuwo Hospital, Opuwo, Namibia	August 29, 2012	3 hours	Nurses and community counselors	1	3
NACS on-site training for facility-based providers	I-TECH, MSH, GFATM (FANTA funded)	Omitara Clinic, Gobabis, Namibia	August 30, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	CDC, MOHSS, (FANTA funded)	St Mary's Hospital, Rehoboth, Namibia	August 30, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Opuwo Hospital, Opuwo, Namibia	August 30, 2012	3 hours	Nurses and community counselors	2	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Otuani Clinic, Opuwo, Namibia	August 30, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Katima Mulilo Primary Health Clinic, Katima Mulilo, Namibia	September 3, 2012	2 hours	Nurses	1	2
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Katima Mulilo Hospital, Katima Mulilo, Namibia	September 3, 2012	2 hours	Nurses	2	0
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Mariental Health Centre Mariental, Namibia	September 3, 2012	3 hours	Nurses	2	0
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Mariental Hospital, Mariental, Namibia	September 3, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Outjo Health Centre, Outjo, Namibia	September 3, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Outjo Hospital, Outjo, Namibia	September 3, 2012	3 hours	Nurses	6	0

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Community-based health care provider (CBHCP) NACS training	MOHSS, I-TECH, GFATM (FANTA funded)	Keetmans-hoop, Namibia	September 3–7, 2012	5 days	CBHCP supported by PEPFAR IPs	24	5
NACS on-site training for facility-based providers	MOHSS, FANTA	Bergsic Clinic, Khorixas, Namibia	September 4, 2012	3 hours	Community counselor	0	1
NACS on-site training for facility-based providers	MOHSS, CDC, GFATM (FANTA funded)	Bukalo Primary Health Clinic, Katima Mulilo, Namibia	September 4, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Gibeon Clinic, Mariental, Namibia	September 4, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Kamanjab Health Centre, Kamanjab, Namibia	September 4, 2012	3 hours	Nurses	2	1
NACS on-site training for facility-based providers	MOHSS, FANTA	Khorixas Health Centre, Khorixas, Namibia	September 4, 2012	3 hours	Nurses	3	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Khorixas Hospital, Khorixas, Namibia	September 4, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, CDC, GFATM (FANTA funded)	Mavuluma Clinic, Katima Mulilo, Namibia	September 4, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, CDC, GFATM (FANTA funded)	Ngoma Clinic, Katima Mulilo, Namibia	September 4, 2012	2 hours	Nurses	1	1
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Stampriet clinic Mariental, Namibia	September 4, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, FANTA	Anker Clinic Khorixas, Namibia	September 5, 2012	3 hours	Nurse	0	1
NACS on-site training for facility-based providers	MOHSS, FANTA	Anichab Clinic Khorixas, Namibia	September 5, 2012	3 hours	Nurses	1	1

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Kalkrand Health Centre Mariental, Namibia	September 5, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, CDC, GFATM (FANTA funded)	Kanono Clinic, Katima Mulilo, Namibia	September 5, 2012	2 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Maltahohe Health Centre Mariental, Namibia	September 5, 2012	3 hours	Nurses	1	1
NACS on-site training for facility-based providers	MOHSS, CDC, GFATM (FANTA funded)	Sibinda Health Centre, Katima Mulilo, Namibia	September 5, 2012	3 hours	Nurse	0	1
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Aranos Hospital, Aranos, Namibia	September 6, 2012	2 hours	Nurse	0	1
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Aranos Health Centre, Aranos,	September 6, 2012	2 hours	Nurses	2	1
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Chetto Clinic, Katima Mulilo, Namibia	September 6, 2012	3 hours	Nurse	1	0
NACS on-site training for facility-based providers	MOHSS, GFATM (FANTA funded)	Gochas Clinic, Aranos, Namibia	September 6, 2012	2 hours	Community counselor	1	0
IYCF training	MOHSS, FANTA	Ondangwa, Namibia	September 10–14, 2012	5 days	Nurses from Omusati, Kavango, Ohangwena, and Caprivi regions	22	5
NACS training for facility-based providers	MOHSS, FANTA, I-TECH, GFATM	Windhoek, Namibia	September 17–19, 2012	3 days	Nurses and community counselor from Omusati and Kavango regions	16	9
NACS training for facility-based providers	MOHSS, FANTA, I-TECH, GFATM	Windhoek, Namibia	September 20–22, 2012	3 days	Nurses from Erongo Region	22	1
Tanzania							
NACS training for facility-based providers	TFNC and Baylor University	Mbeya City, Tanzania	March 19–23, 2012	5 days	Nutritionists, nurses, nurse-midwives, and HBC coordinators from Mbeya Region	17	8

Title	Organization(s) that Delivered the Training	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS training for facility-based providers	FANTA, TFNC, and ICAP/Tanzania	Mwanza City, Tanzania	April 16–21, 2012	5 days	Nurses, nutritionists, clinical officers, doctors, and research officers from Pwani, Kagera, and Kigoma regions	16	5
NACS coaching and mentoring	FANTA and TFNC	Seliani Hospital, Arusha Region, Tanzania	June 27, 2012	1 day	National AIDS Control Program, Northern Zone; Seliani Hospital director and nutrition focal person; and Mto Wa Mbu Health Centre in-charge	1	3
The Role of Local Government Authorities in Integrating Nutrition Services into Health Facilities in Tanzania	FANTA, TFNC, and World Education, Inc. (WEI)	Same District, Kilimanjaro Region, Tanzania	June 28, 2012	1 day	Local government authorities from the MOHSW, MOE, MOA, Ministry of Natural Resources, and District Council in Same District	5	10
The Role of Local Government Authorities in Integrating Nutrition Services into Health Facilities in Tanzania	FANTA, TFNC, and WEI	Tanga City, Tanga Region, Tanzania	June 29, 2012	1 day	Local government authorities from the MOHSW, MOE, MOA, and PASADIT OVC Project, Tanga District	8	7
The Role of Local Government Authorities in Integrating Nutrition Services into Health Facilities in Tanzania	FANTA, TFNC, and WEI	Handeni District, Tanga Region, Tanzania	July 2, 2012	1 day	Local government authorities from the Handeni District Council, Community Development Mission of Tanzania, University of Dar es Salaam, and Kata Sindeni	5	12

Annex 5. Presentations and Posters Delivered in Project Year 1

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)	Location	Date	Audience Description
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					
FAFSA-2 stakeholder event	FAFSA-2 Technical Sector Results	Roberta Van Haeften, Mary Ann Anderson (FHI 360/FANTA)	Washington, DC, USA	July 24, 2012	USAID, USAID partners, NGOS
FAFSA-2 stakeholder event	FAFSA-2 Technical Sector Results	Roberta Van Haeften, Mary Ann Anderson (FHI 360/FANTA)	Washington, DC, USA	September 25, 2012	USAID, USAID partners, NGOS
FSN Network Knowledge Sharing Meeting	“Early Warning Systems and Indicators in Title II Development Food Aid Programs: What’s working, key challenges, and how to make them better”	Laura M. Glaeser (FHI 360/FANTA)	Addis Ababa, Ethiopia	June 13, 2012	Food Security Network partners, including Catholic Relief
NACS Implementation Strengthening Workshop South Africa	“Enabling Environment for Integrating NACS into Health System and Community Services” (PowerPoint)	Deborah Ash (FHI 360/FANTA)	Pretoria, South Africa	July 5, 2012	South African national and provincial DOH, FANTA, FHI360/South Africa, PATH, OHA, LIFT, CDC, and USAID/South Africa
NACS Workshop, Pretoria, South Africa	“Evidence for NACS”	Serigne Diene (FHI 360/FANTA)	Pretoria, South Africa	July 5, 2012	South African national and provincial DOH, FANTA, FHI360/South Africa, PATH, OHA, LIFT, CDC, and USAID/South Africa

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)	Location	Date	Audience Description
NACS Workshop, Pretoria, South Africa	“Capacity Strengthening for NACS”	Wendy Hammond (FHI 360/FANTA)	Pretoria, South Africa	July 5–6, 2012	South African national and provincial DOH, FANTA, FHI 360/South Africa, PATH, OHA, LIFT, CDC, and USAID/South Africa
NACS Workshop, Pretoria, South Africa	“PEPFAR Next Generation Indicators”	Tim Quick, USAID/OHA; Nerisa Pilime, USAID/SA; Andiswa Ngqaka, DOH/SA; Gilbert Tshitauzi, DOH/SA; Lynn Moeng, DOH/SA; Serigne Diene, FANTA HQ; Nigel Livesley, URC; Deborah Ash, FANTA/Tanzania; Wendy Hammond, FANTA HQ; Gareth Evans, LIFT	Pretoria, South Africa	July 5–6, 2012	South African national and provincial DOH, FANTA, FHI 360/South Africa, PATH, OHA, LIFT, CDC, and USAID/South Africa
NACS Workshop, Pretoria, South Africa	“NACS Tools and Job Aids”	Tim Quick, USAID/OHA; Nerisa Pilime, USAID/SA; Andiswa Ngqaka, DOH/SA; Gilbert Tshitauzi, DOH/SA; Lynn Moeng, DOH/SA; Serigne Diene, FANTA HQ; Nigel Livesley, URC; Deborah Ash, FANTA/Tanzania; Wendy Hammond, FANTA HQ; Gareth Evans, LIFT	Pretoria, South Africa	July 5–6, 2012	South African national and provincial DOH, FANTA, FHI 360/South Africa, PATH, OHA, LIFT, CDC, and USAID/South Africa
International AIDS Conference 2012, Washington, DC, USA	“Integration of Nutrition into HIV and Other Infectious Diseases: The NACS Approach”	Serigne Diene (FHI 360/FANTA)	Washington, DC	July 22, 2012	Conference participants

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)	Location	Date	Audience Description
International AIDS Conference 2012, Washington, DC, USA	"Elements of the NACS Approach"	Serigne Diene (FHI 360/FANTA)	Washington, DC	July 22, 2012	Conference participants
International AIDS Conference 2012, Washington, DC, USA	"Challenges for Safe Replacement Feeding: A View from the Ground"	Kavita Sethuraman (FHI 360/FANTA)	Washington, DC	July 24, 2012	Conference attendees
IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened					
Guatemala					
Results of Health and Nutrition Studies in the Western Highlands of Guatemala	"Food Insecurity and Stunting in Guatemala: Analysis Of ENSMI Data, 2009"	Gilles Bergeron (FHI 360/FANTA)	Guatemala City, Guatemala	June 27, 2012	USAID, USAID partners (URC, Agexport, HEPP, PEC/UNDP, Measure,
Results of Health and Nutrition Studies in the Western Highlands of Guatemala	"Types of Malnutrition and Programmatic Responses"	Gilles Bergeron (FHI 360/FANTA)	Guatemala City, Guatemala	June 27, 2012	USAID, USAID partners (URC, Agexport, HEPP, PEC/UNDP, Measure,
Results of Health and Nutrition Studies in the Western Highlands of Guatemala	"Types of Malnutrition and Programmatic Responses"	Gilles Bergeron (FHI 360/FANTA)	Guatemala City, Guatemala	June 28, 2012	Minister of Health and Cabinet Members, USAID, URC, CDC, INCAP
USAID partners' meeting	"Early Nutrition in Life, an Investment for the Future: PROFILES and Nutrition Costing, Tools in Support of Advocacy for Nutrition in Guatemala"	Maggie Fischer, Elisabeth Sommerfelt, Mireya Palmieri (FHI 360/FANTA)	Guatemala City, Guatemala	July 31, 2012	USAID, USAID partners (Alianzas, HEPP, URC, PEC/UNDP, APROFAM, SIFPO)
USAID private sector meeting	"Linking Nutrition with Private Sector to Combat Stunting"	Maggie Fischer (FHI 360/FANTA)	Guatemala City, Guatemala	August 9, 2012	USAID, URC, FUNDESA, Fundación Castillo Córdoba, ASIES

Lesotho

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)	Location	Date	Audience Description
Lesotho TDY debriefing	“NACS and the Partnership for HIV-Free Survival: MOH/USAID Debrief”	Deborah Ash and Simon Sadler, FANTA; Jackie Bass, LIFT, Amy Stern, HCI	Maseru, Lesotho	September 28, 2012	Lesotho MOH, USAID/Lesotho
Malawi					
USAID/Malawi TDY debriefing	“Nutrition Care Support and Treatment (NCST) Partnership: USAID Debrief” (PowerPoint)	Deborah Ash (FHI 360/FANTA)	Lilongwe, Malawi	August 2, 2012	Malawi Ministry of Health, PEPFAR/Malawi, UN agencies
Mozambique					
National Workshop on Community Nutrition Interventions in Mozambique	Presentation on Growth Monitoring and Promotion	Melanie Remane (FHI 360/FANTA)	Maputo, Mozambique	March 8, 2012	Central MOH staff, Provincial health staff, and more than 30 NGOs, research institutes, and donor agencies.
Uganda					
NACS State of the Art Technical Meeting	“Overview of Nutrition Assessment, Counseling, and Support Implementation in the African Region”	Brenda Namugumya (FHI 360/FANTA consultant)	Kampala, Uganda	May 3, 2012	Ministry of Health, SUSTAIN, Community Connector, Office of the Prime Minister, Baylor College, SPRING, IBFAN
USAID Nutrition Partners Meeting	Current Status of USAID Partners’ Engagement in UNAP Implementation	Brenda Namugumya (FHI 360/FANTA consultant)	Kampala, Uganda	May 31, 2012	USAID, USAID Nutrition Partners

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)	Location	Date	Audience Description
Stakeholder Meeting on Scaling Up Nutrition	Civil Society Action in Scaling Up Nutrition in Uganda	Brenda Namugumya (FHI 360/FANTA consultant)	Kampala, Uganda	June 8, 2012	Office of the Prime Minister, National Planning Authority, Irish Aid, USAID Mission, European Union, Ministry of Health, Ministry of Agriculture, REACH, Uganda Civil Society Coalition on Scaling Up Nutrition
MAAIF Nutrition Committee Orientation	Agriculture, Nutrition and Development in Uganda	Brenda Namugumya (FHI 360/FANTA)	Kampala, Uganda	September 20, 2012	MAAIF, SPRING, World Vision, REACH, USAID, FAO, WFP, other NGOs
USAID Nutrition Partners Meeting	FANTA: Strengthening Nutrition Programming Across the Promotion, Prevention, and Management Continuum in Uganda	Brenda Namugumya (FHI 360/FANTA)	Kampala, Uganda	September 25, 2012	USAID, USAID Nutrition Partners
USAID Nutrition Partners Meeting	Scaling Up Nutrition	Hanifa Bachou (FHI 360/FANTA)	Kampala, Uganda	September 25, 2012	USAID, USAID Nutrition Partners

Annex 6. Project Year 1 Website Statistics

For the Period of Feb. 8, 2012–Sept. 30, 2012

General Information for Project Year 1	
Number of visitors	71,126
Number of web files viewed by visitors	2,194,949
Number of hits	3,628,520
Average number of visitors per day	302
Average number of files viewed per day	9,357
Top 10 Web Pages (excludes home page)	Page Views
1. Focus Area: Food Security	8,314
2. Focus Area: Monitoring and Evaluation	7,500
3. Focus Area: Infant and Child Nutrition	7,018
4. Training Guide for Community-Based Management of Acute Malnutrition (CMAM) (2008)	6,724
5. Focus Area: Emergency Nutrition	5,847
6. Focus Area: HIV	5,529
7. Anthropometric Indicators Measurement Guide (2003)	5,430
8. Months of Adequate Household Food Provisioning for Measurement of Household Food Access: Indicator Guide (2010) and Household Dietary Diversity Score for Measurement of Household Food Access: Indicator Guide (2010)	5,197
9. Nutrition and HIV/AIDS: A Training Manual	5,134
10. About Us	4,928
Top 10 PDF Downloads	PDF Views
1. Anthropometric Indicators Measurement Guide (2003 English version)	67,597
2. The Analysis of the Nutrition Situation in Uganda (2010)	56,802
3. Nutrition and HIV/AIDS: A Tool Kit for Service Providers in Comprehensive Care Centres (Kenya) (2007)	35,383
4. Uganda Nutrition Action Plan 2011–2016 (2011)	25,347
5. Validation of a Measure of Household Hunger for Cross-Cultural Use (2010)	23,378
6. Nutritional Care for People Living with HIV/AIDS : Frequently Asked Questions (2005)	22,352
7. Sampling Guide (1997 English version)	22,091
8. TRM-01: Preventing Malnutrition in Children Under 2 Approach (PM2A): A Food-Assisted Approach (2010 Spanish version)	22,033
9. Training Guide for Community-Based Management of Acute Malnutrition (CMAM) (2008)	21,141
10. Nutritional Care and Support for People Living with HIV/AIDS in Uganda (2004)	18,748

