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# SPRING Year One Annual Report

October 1, 2011 – September 30, 2012

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JSI Research & Training Institute, Inc. (JSI) • Helen Keller International (HKI) • International Food Policy Research Institute (IFPRI) • Save the Children (SC) • The Manoff Group (TMG)

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

**Submitted to:**

Ms. Boryana Boncheva  
Contract/Agreement Officer  
M/OAA/GH/HIDN  
1300 Pennsylvania Ave., N.W., Washington DC  
Tel: 202-712- 5036

Ms. Roshelle Payes  
Agreement Officer's Technical Representative  
M/OAA/GH/HIDN  
1201 Pennsylvania Ave, NW, #315, Washington DC  
Tel: 202-712-3797

Ms. Sarah Blanding  
Agreement Officer's Technical Representative  
M/OAA/GH/HIDN  
1300 Pennsylvania Ave., N.W., Washington DC  
Tel: 202-712-0229

**SPRING Contacts:**

Carolyn Hart, Acting Director, [carolyn\\_hart@jsi.com](mailto:carolyn_hart@jsi.com)  
Anuradha Narayan, Deputy Director, [Anuradha\\_narayan@jsi.com](mailto:Anuradha_narayan@jsi.com)  
Antonia Wolff, Knowledge Management Advisor, [Antonia\\_wolff@jsi.com](mailto:Antonia_wolff@jsi.com)  
Tel: 703-528-7474



Strengthening Partnerships, Results, and Innovations in Nutrition  
Globally (SPRING)  
1616 Fort Myer Dr. 16th Floor, Arlington, VA 22209  
[www.spring-nutrition.org](http://www.spring-nutrition.org)

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# Acronyms

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ACF	Action Contre la Faim
DHS	Demographic and Health Survey
ENA	essential nutrition actions
ENHA	essential nutrition & hygiene actions
FFI	Flour Fortification Initiative
FMOH	Federal Ministry of Health
FTF	Feed the Future
GAIN	Global Alliance for Improved Nutrition
GHI	Global Health Initiative
GOB	Government of Bangladesh
HCES	Household Consumption and Expenditure Surveys
HKI	Helen Keller International
IFA	iron folic acid
IFPRI	International Food Policy Research Institute
IR	intermediate result
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition (Project)
JSI	JSI Research & Training Institute, Inc./John Snow, Inc.
KM	knowledge management
LSHTM	London School of Hygiene and Tropical Medicine
MAM	management of acute malnutrition
MAPC	Multi-sector Anemia Prevention and Control
MCHIP	Maternal and Child Health Integrated Program
M&E	monitoring and evaluation
MICS	Multiple Indicator Cluster Survey
MIYCN	maternal, infant, and young child nutrition
MMPs	multiple micronutrient powders
MNCH	maternal, neonatal and child health
MOA	Ministry of Agriculture
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MSH	Management Sciences for Health
MSPP	Ministère de la Santé Publique et de la Population
NACS	Nutrition Assessment, Counseling, and Support
NCDs	non-communicable diseases
NGO	non-governmental organization
NTC	National Nutrition Technical Committee
NTDs	neglected tropical diseases
NWGFF	National Working Group on Food Fortification
PIP	program impact pathway
PMP	performance monitoring plan
PMT	project management team
POUF	point-of-use-fortification
SBC	social behavior change
SBCC	social and behavior change communications

SC	Save the Children
SHP	Haitian Pediatric Society
SI	strategic information
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally (Project)
SUN	Scaling Up Nutrition
TA	technical assistance
TAG	technical advisory group
TMG	The Manoff Group
TOC	Theory of Change
TOPS	Technical and Operational Performance Support (Program)
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	United States Government
WASH	water, sanitation, and hygiene
WB	World Bank
WFP	World Food Program
WHO	World Health Organization

# Executive Summary

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The first year of a new, large, global project is an exceptionally full and challenging period. Thanks to the strength of SPRING's partners – JSI, HKI, Save the Children, IFPRI, and the Manoff Group – and SPRING's talented staff, the first year was a success on many fronts. This Annual Report recounts the strategic priorities, activities, and accomplishments of the project during the launch year. Our report is organized around accomplishments by strategy; country accomplishments; knowledge management; operations, finance and management; and performance monitoring and progress tracking.

Some highlights from Year One include:

- **Creation of a strategic framework to guide, organize, and focus SPRING's multifaceted undertakings toward the achievement of key results.** An overarching framework is essential for a project such as SPRING, so that the whole can be greater than the sum of its parts. The graphic in Appendix 4 depicts the SPRING strategic framework. SPRING's core-funded efforts and country programs are aligned in six strategic pursuits:
  - Strengthen policy, advocacy, and stewardship for nutrition
  - Promote communications and other approaches to social and behavior change
  - Enhance systems and capacity for delivery of quality nutrition services
  - Foster integration of agriculture and nutrition
  - Engage in strategic partnerships with the public and private sectors
  - Expand learning for designing, planning, and managing effective nutrition programs.
- **Development of four country programs, responding to and serving USAID Mission needs in Bangladesh, Haiti, Nigeria, and Uganda.** Launching these activities included recruiting personnel and building teams for both technical implementation and management, establishing country and in some cases sub-national/regional offices, developing program strategies and work plans, and beginning implementation. It is a real accomplishment to have launched four country programs from ground zero in less than a year.
- **Building a growing team of technical advisors, senior managers, and operations staff, and establishing strong relationships among the SPRING partner organizations.** From the typically small skeleton staff at project start-up, SPRING has already grown to over 26 Washington-based staff and 40 field-based staff. The SPRING organogram (see Appendices 2 and 3) comprises staff in teams focused on project management, country programs, strategic information (including monitoring, evaluation, knowledge management, and research), technical areas (including infant and young child feeding, IYCF; social and behavior change communication, SBCC; and nutrition and agriculture), and finance and operations. Staff are employed by all five corporate partners on SPRING, and a Partner Advisory Group has been established to channel those organizations' vast expertise into the quality of SPRING's offerings.
- **Establishment of SPRING as the newest active and contributing member of the global nutrition community.** This includes a variety of targeted activities, from developing internal systems and establishing an external identity (through branding, templates, and style guide), to establishing an online presence ([www.spring-nutrition.org](http://www.spring-nutrition.org) and a Facebook page), to preparing technical reports,

research briefs, and collateral materials for publication, to articulating the SPRING research agenda, and finally to purposefully linking with selected collaborators and networks such as Feed the Future, other USAID cooperating agencies, the SUN Movement, and World Bank's SecureNutrition Platform.

- **Immersion into exciting global efforts to integrate nutrition and agriculture.** Already in Year One, SPRING has been able to launch a core-funded program in India which tests interventions linking a primarily agriculture organization, Digital Green, and their innovative mobile platform for community mobilization and behavior change, with nutrition in Orissa State. And on the global scale, mid-year SPRING was engaged by the Bureau for Food Security to plan a major USAID conference on agriculture and nutrition that will take place in Project Year Two ("N-GLEE," the Nutrition Global Learning and Evidence Exchange).

At SPRING we are proud of these and other accomplishments of Year One detailed in the Annual Report, and excited by the prospect of building upon this strong base over the next four years.

# Accomplishments by Strategies

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## Strategy Area 1: Strengthen Policy, Advocacy, & Stewardship for Nutrition

### **ACTIVITY: Build information networks and advocate for scale-up of high-impact nutrition interventions in SPRING priority countries**

During the first year of SPRING activities, much of the work in the area focused on establishing links with groups such as the SUN Secretariat, organizations like the World Bank, and projects like FANTA, GAIN, TOPS and the CORE group to name a few. While this strategic area will include building advocacy platforms and networks at the country and global level, most activities in Year One have focused on building global networks. Key accomplishments include the establishment of the Anemia Taskforce, in collaboration with the Maternal and Child Health Integrated Program (MCHIP), contributing to technical updates through participation in the technical working groups at the CORE group, engagement with the New York Academy of Sciences in drafting papers focused on scaling up, as well as linking with online forums and knowledge platforms to communicate and disseminate evidence that supports scale up of high impact nutrition interventions.

### **ACTIVITY: Provide global technical leadership in nutrition through the development, application, and dissemination of evidence-based guidelines, tools, position papers, and policies**

By the end of the Year One reporting period, SPRING had successfully completed technical briefs and documents for presentation and contributed to the global technical dialogue. Many of these efforts are described in greater detail in this report, including the social and behavior change communication (SBCC) literature review, the analysis for iron folic acid (IFA) supply and demand, the brief on scale-up, and the non-communicable diseases (NCD) country profile series. These publications will be made available through the SPRING website, partner meetings and conferences, as part of the broader SPRING knowledge management strategy.

## Strategy Area 2: Promote Communications and Other Approaches to Social and Behavior Change

### **ACTIVITY: Develop program guidance for scalable, evidence-based nutrition SBCC approaches**

This year, SPRING began identifying and compiling SBCC tools and evidence-based nutrition SBCC approaches. This process began with defining nutrition SBCC and the SBCC approach to identify a common understanding among the wider development community. SPRING then began a systematic literature review titled, *Evidence of Effective Approaches to Social and Behavior Change Communication for Preventing and Reducing Stunting and Anemia* that will allow programmers to identify effective SBCC approaches that promote high impact nutrition practices. SPRING completed the first three chapters in this reporting period and will publish the findings in FY13. The results of the review will be widely disseminated and shared as an interactive guide on the SPRING website. In addition, the review has revealed evidence gaps, particularly on highly promising SBCC approaches that have yet to be “proven.” In FY13, SPRING will conduct research activities to test those approaches; one being the Digital Green Feasibility Assessment, further explained below.



SPRING hosted a SBCC Technical Advisory Group (TAG) to identify additional evidence gaps for nutrition SBCC in the fourth quarter of this reporting period. The TAG included representatives from UNICEF, USAID, WHO, Save the Children, The Manoff Group, FHI360, PATH, TOPS, and other external expert consultants.

SPRING also worked with UNICEF and others to review UNICEF's *Community Infant and Young Child Feeding (IYCF) Counseling Package and Essential Nutrition Actions*. The purpose of the review was to guide recommendations on its use, adaptation and utilization for both SPRING country activities and other stakeholders in the nutrition community. Consultations will continue in FY13.

**ACTIVITY: Identify, disseminate, and test proven or highly promising nutrition SBCC tools, and develop program guidance on adaptation and application**

SPRING is committed to testing highly promising nutrition SBCC tools or approaches to disseminate evidence and results and share program guidance. SPRING selected to test the Digital Green approach, currently being used in India, which focuses on community-based, participatory videos to promote agricultural best practices. SPRING partnered with Digital Green to test the feasibility of adapting this approach to include high impact maternal, infant, and young child nutrition practices. This project was conceptualized earlier this year, options were vetted with USAID/India and a local, community-based partner in Orissa State was selected. SPRING began drafting the formative research protocol, aimed at prioritizing which best practices to promote. This collaboration and feasibility study will continue in FY13 with results anticipated by the end of the fiscal year.

SPRING has continued to collect and assess SBCC training and program guidance tools and documents for promotion and utilization. SPRING initiated discussions with CORE, TOPS, UNICEF, and others to identify other useful tools including designing for behavior change, designing by dialogue, trials in improved practices, the use of mHealth platforms, the UNICEF Community IYCF Counseling Package, and essential nutrition actions (ENA) among others.

SPRING also initiated development of an e-learning module for nutrition SBCC during this reporting period. This effort included an *E-learning Landscape Report*, which summarizes the research SPRING conducted on existing and potential e-learning platforms, modules, and approaches. SPRING also conducted a desk review of best practices for e-learning modules and curriculum development; collected and reviewed existing e-learning courses from LSHTM, UNICEF, Cornell, FAO, and C-Change among others; and began discussions with K4Health, Cornell, NutritionWorks, TOPS, FHI360, and LSHTM for a future SBCC nutrition course. This desk review provided excellent vision on how SPRING can contribute to the existing e-learning environment.

### Strategy Area 3: Enhance Systems and Capacity for Delivery of Quality Nutrition Services

SPRING's efforts and achievements in promoting increased coverage of micronutrient interventions at country and global levels during Year One are summarized below.

**ACTIVITY: Promote opportunities to increase coverage of micronutrient interventions**

During PY1, SPRING's contribution towards maintaining and advancing food fortification mostly targeted the Uganda-specific field support programs. By consulting with the Ministry of Health (MOH) and USAID/Uganda, specific activities were identified to maintain the momentum of mandatory food fortification actions gained through other partners (GAIN and FFI). SPRING consulted with the National Working Group for Food Fortification (NWGFF) to identify key areas of support.

**ACTIVITY: Provide global technical leadership in nutrition through the development, application, and dissemination of evidence-based guidelines, tools, position papers, and guidelines**

**SUB-ACTIVITY: Engage and facilitate current global consultations on anemia**

SPRING and MCHIP partnered with the World Health Organization (WHO) and USAID to convene the Asia Regional Meeting in Dhaka, in May 2012. The purpose of the meeting was to discuss scaling-up of essential interventions for obstetric and newborn care and key interventions for maternal and newborn health. The high impact nutrition interventions addressed included iron-folic acid and calcium supplementation during pregnancy. SPRING gave a technical presentation about creating demand for IFA supplementation and facilitated group exercises to help participants increase the coverage of anemia prevention and control actions for women and children in their countries.

In addition, CORE Group, MCHIP, FANTA III, and SPRING developed a proposal for the Multi-sector Anemia Prevention and Control (MSAPC) Task Force. The USAID-led MSAPC was formed during the fourth quarter and held its inaugural meeting in September 2012. The objectives of the task force are to expand the promotion and implementation of the MSAPC package by USG-supported programs and to assist Global Health Initiative (GHI) and Feed the Future (FTF) partners in attaining their anemia reduction targets. The task force's primary nutrition partners will serve as the secretariat and will organize meetings and track activities.

**SUB-ACTIVITY: Strengthen capacity and ability to deliver anemia prevention and control programs in at least one country**

SPRING secured a more formal role in the Global Home Fortification Technical Advisory Group and participated in a global technical meeting on Multiple Micronutrient Powders (MMPs) that took place in March 2012 in Lusaka, Zambia. During the fourth quarter, SPRING helped develop a strategy to roll-out MMPs and improve complementary feeding. SPRING technically supported the MOH in Uganda to develop a comprehensive micronutrient policy framework that incorporates MMPs as an intervention. This framework will incorporate different guidelines for combating micronutrient deficiencies (including *Anemia Policy, 2002; Planning and Implementation of Vitamin A Capsule Supplementation Guidelines, 2001* and *Facts on Iodine Deficiency Disorders, 1998*) into a single package.

SPRING also began developing a study protocol on piloting home food fortification, using MMPs, in the Southwestern (SW) and Northern regions of Uganda during the fourth quarter. SPRING continued its engagement in the national technical working group for micronutrients and helped to draft a comprehensive micronutrient policy strategy that incorporates multiple micronutrient powders as an intervention.

**SUB-ACTIVITY: Identify, address, and improve supply chain management and distribution of supplements in selected countries**

In the fourth quarter, SPRING analyzed the latest demographic and health survey (DHS) data in four countries (Nigeria, Rwanda, Ethiopia, and Mali) to obtain a descriptive analysis of how antenatal care systems are functioning as a platform for distributing IFA tablets. The findings were disappointing; less than 10 percent of clients receive the recommended 180 tablets during pregnancy. However, the analysis provided SPRING with a better understanding of the effectiveness of these programs as an anemia control and prevention intervention, and where the systems falter. SPRING developed four technical briefs and a general technical brief on anemia based on this analysis.

**SUB-ACTIVITY: Identify drivers and barriers to improve anemia control and prevention program in selected country**

SPRING planned this activity to better understand how different health programs contribute to preventing and controlling anemia. Uganda was selected based on their rates of reduction of anemia among children and women in 2010 (according to UDHS 2011). This year, SPRING identified a local consultant to prepare an analysis, using a program assessment tool, for a national workshop on reducing anemia prevalence in Uganda. The analysis will focus on the contribution of IFA distribution and other related health programs affecting the burden of anemia (use of impregnated bed nets and deworming rates), to assess the level of association of these programs with prevalence of anemia in women and children. Based on the synthesis of the existing evidence and information, an agenda will be formulated for a workshop to guide the development of the national action plan to scale up anemia prevention and control program in Uganda.

**Strategy Area 4: Foster Integration of Agriculture and Nutrition**

**ACTIVITY: Implement and assess impact of small-scale agricultural interventions that lead to nutrition improvements in selected USAID focus countries**

Agriculture strategies that target women have shown strong promise in increasing micronutrient consumption to improve household nutrition, and where market opportunities exist, to improve livelihoods. The production and the access of high quality and diversified foods, coupled with their timely and adequate consumption in a hygienic manner, are critical to achieve better nutrition outcomes. In fostering the linkages between agriculture and nutrition, SPRING engaged in two major activities this year that build on the program in Bangladesh.

**SUB-ACTIVITY: Integrate agriculture with nutrition and hygiene practices**

The first activity coupled agriculture activities with the improvement of nutrition and hygiene practices through SBCC, focusing on pregnant and lactating women and children under the age of two. The success of this activity requires that households either consume homegrown produce of higher nutritional value than normally present in their diets or use income gained from more profitable agricultural activities in ways that improve dietary diversity and food quality, namely through the purchase and consumption of foods of higher nutritional value. SPRING enrolled high-level agriculture, nutrition, and SBCC specialists to work in tandem to develop state-of-the-art materials. These materials, validated at the global level, will help countries and programs to understand community norms around

nutrition and agriculture, develop context-specific optimal practices, adapt supportive messages, and scale-up programs.

This year, SPRING drafted a simple model of qualitative research to identify major local obstacles, the potential benefits of proposed solutions, guaranteeing that integration will be built on locally accepted practices. The qualitative research explores production, consumption, and marketing behaviors and the determinants of quality foods (including animal source products) for pregnant, lactating women and children under the age of two. The model will be tested in two very different contexts during Year Two and subsequently shared with partners already engaged in activities to integrate nutrition into agriculture.

**SUB-ACTIVITY: Adapt existing agricultural training curricula to include diversified diets and hygiene**

The second activity involved adapting existing agricultural training curricula to include information on the importance of diversified diets and hygiene to improve nutrition among women and children. Using lessons learned from partners on the ground, SPRING streamlined nutrition and hygiene in the first 1,000 days into agricultural activities. SPRING kept the focus on the production, consumption, and marketing of a diversified diet, including animal products as often as possible. The training curricula underscore the importance of micronutrient-rich diets and will be delivered by community workers during home visits and community events and by agriculture agents during various agricultural forums and meetings. The information will be presented through simple nutrition and hygiene practices that are action-oriented and easy to do. The trainings will target members of households with pregnant and lactating women and children under age two. SPRING plans to test these training curricula in two very different contexts in Year Two to further integrate agriculture and nutrition and present ways that it can be done effectively.

**ACTIVITY: Prepare for the Nutrition Global Learning and Evidence Exchange (N-GLEE)**

The Bureau of Food Security (BFS) requested SPRING's assistance with planning and implementing a Global Learning and Evidence Exchange (GLEE) focused on linkages between agriculture, economic growth, and the pathways that can contribute to reducing undernutrition. During the fourth quarter, SPRING was actively engaged in organizing two separate three-day workshops that will strengthen and align current and new FTF investments to achieve nutrition outcomes. Both events are built around a pre-workshop landscape analysis that reviews current programming in all 19 FTF Missions. The landscape analysis is underway and SPRING researchers are conducting a desk review of strategy documents, program implementation plans, reports, and telephone interviews with USAID Mission staff. The compiled results are shaping a program-driven agenda. SPRING is in the final stages of confirming the remaining operational aspects of the upcoming N-GLEE in Kampala in late 2012 and Washington, DC in early 2013.

## Strategy Area 5: Engage in Strategic Partnerships with the Public & Private Sectors

### **ACTIVITY: Collaborate with and support SUN Country Reference Group**

One of the major accomplishments for SPRING in Year One was to directly engage with the SUN Secretariat to explore ways in which the project will contribute to both global and country-level engagement under the SUN movement. Following an in-person meeting with David Nabarro and follow on correspondence, SPRING has proposed a multi-level approach to supporting the SUN Global Movement, which will, in partnership with in-country collaborators:

- Contribute to the global dialogue on what it means to scale up nutrition
- Guide selection of appropriate indicators for monitoring the process of scale up.
- Assist USAID/SUN donor convener countries to identify indicators to track and report progress on scaling up nutrition interventions
- Facilitate sharing of scale up best practices and lessons learned.

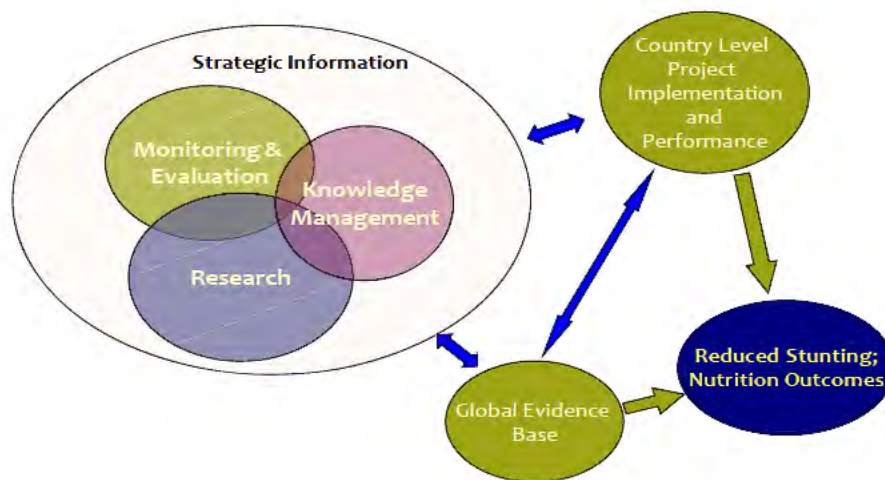
In addition, SPRING developed a database to support and track country progress on key nutrition and scale-up indicators and shared this information with the Secretariat. SPRING was specially invited to participate in the meeting with the SUN country focal points in New York. In Year Two, SPRING is poised to work more closely with several “early riser” countries and the SUN secretariat in supporting the tracking and reporting of some key indicators around scaling up.

## Strategy Area 6: Expand Learning for Designing, Planning, and Managing Effective Nutrition Programs

An essential component of SPRING’s 1,000 Days Approach is learning at the global and country levels, and sharing experiences and evidence across countries, regions, and partners. To achieve this, the project’s strategic information (SI) approach combines elements of monitoring, evaluation, research, and knowledge management (KM), and responds to both country and global information needs. SPRING is committed to creating a culture of assessing, learning, and using information for evidence-based decision-making in all countries where the project works, using a mix of rigorous routine, periodic, quantitative, and qualitative methods. Overall SPRING’s SI approach aims to help project managers at all levels track progress and improve performance by collecting, analyzing, and using information, while learning from and contributing to the global evidence base.



## SPRING Strategic Information Approach



During Year One, SPRING hired a number of professionals with a range of skills in M&E, research, and KM, enabling the project to form a highly proficient SI team. As SPRING begins its second year, SI has become an integral part of project operations, built into country-level work and core activities from the outset. During Year One, SI members contributed to programs in all SPRING countries, as described in this report's sections on country-level achievements. SI provided direct support to a number of core activities as shown in the following sections.

**ACTIVITY:** Use a “systems lens” to determine performance drivers as well as challenges around countries’ progress towards scaling-up high impact nutrition interventions and prioritize strategies to address these gaps

The landmark series on Maternal and Child Nutrition in the *Lancet* in 2008 resulted in unprecedented attention being given to scaling up maternal and child nutrition efforts. In response to this increased focus on scaling up, SPRING decided to get a grasp on how scale-up has been defined and stated in the health and development literature, as a first step to determining performance drivers and barriers around countries progress in scaling-up high impact interventions. The project conducted a literature review using grey literature, journal articles, policy briefs, and reports on the search terms “scaling up.” The review also sought to understand common elements and typologies of scale-up. A concerted effort was made to make the literature search cross-disciplinary, by expanding it to include articles from the agriculture and food security, reproductive health, poverty reduction, and maternal and child health literature.

The findings indicate that most authors differ in scope and context when they talk about scaling up. The definition of scale-up is neither clearly understood nor universally accepted by the international development community. Furthermore, there is little systematic evidence on how high-impact interventions can reach vulnerable populations on the scale that is required for impact. However, it is clear from the evidence that scaling-up at the country level cannot take place in a vacuum and a dynamic process requiring a force or driver is required to move it forward. A technical brief on scale-up

was written up and shared as a Year One deliverable. In the brief, SPRING defined scale-up from a nutrition perspective and discussed various drivers and dimensions.

In FY13, SPRING will use the literature review findings to evaluate two or three countries that have had success in increasing appropriate, timely, adequate, and safe complementary feeding practices. The evaluations will systematically capture evidence and document experiences related to factors that have enabled countries to successfully implement complementary feeding practices at scale. To prepare for the evaluations, SPRING developed a document review protocol in the fourth quarter to study the main enabling or limiting factors that influence the scale up of high impact infant and young child feeding interventions. The review answered the following questions:

- What are the key drivers and barriers that influence the successful scale-up of complementary feeding practices at the community level?
- What is the evidence around system strengthening interventions undertaken by countries to scale up these complementary feeding practices?
- Where are there gaps in evidence? What questions and issues should be examined in the SPRING retrospective case studies?

To help select countries for the descriptive evaluations and other studies planned for Year Two, SPRING developed a database of SUN countries, countries receiving assistance from REACH, FTF, or GHI as of mid-2011, as well as the remaining 36 “high burden” countries not in those four groups. A total of 57 countries were included. The database includes data on nutritional status over time, health and nutrition systems, socio-demographic characteristics, economic characteristics, and nutrition indicators such as minimum acceptable diet, introduction of complementary foods, vitamin A coverage, among others.

#### **ACTIVITY: Use a systems approach to analyze scale-up and sustainability of key nutrition programming**

This activity included a wide range of sub-activities related to developing a theoretical framework for the project, developing a research agenda, and carrying out specific research activities that did not fit under other categories. Each of these is described below.

##### **SUB-ACTIVITY: Develop a Theory of Change for SPRING and the nutrition community**

For Year One, SPRING envisioned developing two or more theoretical frameworks – theories of change (TOC) or program impact pathways (PIP) – the first being a simple framework, visually depicting the steps needed to achieve SPRING’s long-term goals of reducing anemia and stunting. This was to serve as a blueprint or touchstone for organizing SPRING’s core-funded work and in the field as well as the foundation for further TOCs.

Additional frameworks will be more detailed TOCs depicting determinants of key outcomes needed for reducing anemia and stunting; referencing evidence, assumptions, expert and program opinion, linked by causal pathways, and supplemented with guidelines for implementation of interventions and indicators/metrics for measuring success. To make this possible, the framework would be interactive and “layered” with the determinants and drivers of change as well as the evidence backing each pathway. This will be useful to researchers looking for gaps in knowledge and indicators to include in analyses, as well as to country and program implementers looking for a tool to guide discussions and make decisions.

The initial focus was on the development of a simple framework (similar in simplicity to the UNICEF *Causes of Child Malnutrition Conceptual Framework* but expanding beyond that model's focus on child nutrition only). Through a highly collaborative, mostly internal, process, the simple "SPRING 1,000 Days Approach" framework was drafted, revised, and finalized by SPRING in June 2012. Since that time, it has been used to portray each country's focus strategies and outcomes; to structure the FY13 core work plan; and to organize this annual report. The framework graphic is included as Appendix 4.

To develop the more detailed TOCs, an expert internal group made a first draft based on findings in the SBCC literature review described in greater detail in this report and other evidence. This draft TOC will be completed during Year Two, making use of the findings from the SBCC literature review and further internal and external consultation.

#### **SUB-ACTIVITY: Set the SPRING research agenda**

Research represents an important component of SPRING's efforts to expand learning at both the country and global levels, contributing to evidence-based programmatic decisions and to responsible allocation of limited resources. Defining a research agenda for SPRING was therefore one of the project's important achievements in Year One. SPRING used a three-stage process to identify the project's highest research priorities:

1. Solicit internal feedback from core staff members,
2. Convene technical advisory groups (TAGs) to consult external experts working in key areas of research for academia, government, and non-governmental organizations, and
3. Develop and refine a resulting list of research questions and target final selections for presentation as brief concept notes.

SPRING researchers prepared a summary report detailing the research prioritization process along with five concept notes currently under review by USAID. Research prioritization will evolve during Year Two as SPRING identifies appropriate study settings and relevant opportunities for funding and subsequently develops the study protocol(s) and data collection tool(s).

#### **SUB-ACTIVITY: Prepare analysis of IFA provision and consumption through antenatal care programs in high-burden countries**

During Year One, SPRING developed a simple assessment tool to analyze DHS in selected countries to provide a descriptive analysis of how well their prenatal care systems are functioning as platforms for distributing IFA tablets. In most low- and middle-income countries, the largest anemia intervention program is the distribution of IFA tablets through the prenatal care program of the public health delivery system. While most of these programs have existed for several decades, their coverage levels are disappointing and the percentage of women receiving what WHO has established as the minimum-required number of IFA tablets per pregnancy, is astonishingly low, often less than 10 percent. The analysis allows assessing the effectiveness of this distribution system as an anemia prevention program and enables identifying the points at which the system's performance slips. Flagging these points for more in-depth analysis to better understand their causes is the first step in addressing them and improving the program. During the fourth quarter, SPRING produced a descriptive overview of the tool, approach, and issues as well as country-specific briefs for Ethiopia, Malawi, Nigeria, and Rwanda. Looking forward to FY13, the SI Team plans to carry out the analysis and produce briefs for an additional 15 countries, and also carry out a cross-country analysis that will investigate common patterns and provide input that could be used to develop a global strategic approach.



### **SUB-ACTIVITY: Conduct research on nutrition-related non-communicable diseases (N-RNCDs)**

In Year One, SPRING was asked to address questions related to how undernutrition programming affects NCD risk later in life. SPRING identified four questions that could be answered by our team within a one-year timeframe:

1. Based on currently available measures, who is at risk of future N-RNCDs, and what is the environment/context in which they live?
2. How can we predict who is at risk of future N-RNCDs based on their characteristics in the 1,000 days period? What measures are available, and what measures need to be developed to more accurately predict risk at this early stage?
3. How can undernutrition programming in the first 1,000 days be better timed, targeted, or tailored to minimize unintended side effects on future N-RNCD risk and prevalence?
4. What is the added value of undernutrition programming in the first 1,000 days in terms of prevention of NCDs?

For the first question, SPRING defined a set of measures for current NCD prevalence and for evidence-based risk measures in children under five, which was then used to construct country profiles, primarily using DHS data and the 2010 WHO non-communicable disease report. These country profiles broke down these measures by key sub-populations (e.g., place of residence, wealth, education, location) to show the variation of risk and prevalence sub-nationally. SPRING developed ten country profiles in the fourth quarter and submitted them to USAID for review. Early in Year Two, SPRING will complete companion profiles for each region to tie together some of the consistent findings over all countries and provide additional context for the results.

Also in the fourth quarter, SPRING supported a USAID-led technical consultation on the relationship between undernutrition programming and risk of NCDs in later life, which brought together experts in the field such as Dr. Barry Popkin, Dr. Linda Adair, and Dr. Terrence Forrester. During the consultation, SPRING presented our approach to answering the fourth question above and received useful and in-depth comments to help refine the approach. This final approach was submitted to USAID in August 2012. Work is anticipated to conclude in April 2013. This information will be used to produce programmatic guidance related to answering the third question above.

### **ACTIVITY: Provide technical leadership on measurement, implementation, and impact assessment of SBCC for nutrition, beginning with an SBCC literature review**

During FY12, SPRING began a literature review meant to provide program planners, designers, and policymakers from government and non-governmental entities with a landscape of what is known of a range of SBCC approaches related to high impact maternal, infant, and young child nutrition practices, particularly for the prevention and reduction of stunting and anemia. Specifically, SPRING has sought to answer the following questions:

- What SBCC approaches have effectively improved nutrition-related behaviors?
- Are there any new promising approaches?
- What seem to be the key factors for success?
- What is the level of evidence of the effectiveness of SBCC approaches in changing nutrition-related behaviors?
- Where are there gaps in evidence?
  - What SBCC approaches lack evidence of effectiveness in changing nutrition-related behaviors?

- Which high impact nutrition practices lack evidence of SBCC approaches to effectively change them?

This task began with a collaborative process to decide on search terms related to the nutrition practices and SBCC approaches of interest and later develop a working definition of nutrition SBCC. Thereafter, the SBCC/SI team developed a detailed protocol, including a standardized tool for extracting key information from articles selected. After doing so, the massive scope of the review became clear and it was decided that the results would be presented as five separate literature reviews on five key categories of practices: women’s dietary practices during pregnancy and lactation; IYCF; nutritional care during illness and malnutrition; prevention and control of micronutrient deficiencies; and water, sanitation, and hygiene practices (WASH).

By the 4<sup>th</sup> quarter, the chapter on women’s dietary practices during pregnancy and lactation was completed as well as the first part of the chapter on IYCF, which focused on breastfeeding practices. The search for literature on SBCC approaches implemented in developing countries for the promotion dietary practices during pregnancy and lactation yielded a total of 3,165 search results. Of the initial search results, however, only nine peer-reviewed articles on that topic met the review’s inclusion criteria. Eight of the nine articles identified focused on diet during pregnancy, three focused on diet during pregnancy and lactation and one focused exclusively on diet during lactation. Interpersonal communication approaches are by far the most often used approach. All but one article reported positive results (or significant effects on the practices of interest); however, strength of evidence reported was sometimes weak.

The literature on breastfeeding practices in developing countries yielded fewer articles initially, but 48 met the review’s inclusion criteria. Once again, interpersonal communication approaches were by far the most frequently used SBCC approach, followed by cross-cutting approaches such as the Baby-Friendly Hospital Initiative. Use of multiple SBCC approaches was the norm rather than the exception – 70 percent of articles used two or more SBCC approaches. Again, the majority of articles showed positive results. Timing, frequency, and intensity of contact with mothers were noted as key elements of successful communication approaches. This literature review will continue in FY13.

**ACTIVITY: Provide technical leadership on development of integrated agriculture-nutrition programming, by strengthening the use of Household Consumption and Expenditure Surveys (HCES) to design estimate impact and monitor nutrition programs**

The international food and nutrition community has long been plagued by a dearth of nationally representative 24-hour recall or observed, weighed food record survey data (the “gold standards” for nutritionist) with which to assess diets and measure nutrient intakes. HCES provide a less precise, but much more readily available and inexpensive alternative. The HCES in Bangladesh, Uganda, and Nigeria are being combined with food composition table data and transformed into nutrient analytic files, which then are used as a diagnostic tool to identify: (1) caloric, vitamin A, iron and zinc intake levels of the population disaggregated by target population, geographic region, and household income quintile; (2) the prevalence of nutrient intake inadequacy of the population disaggregated by target population, geographic region, household income quintile; (3) the mostly commonly consumed foods in each country; (4) the most important sources of calories, vitamin A, iron, and zinc; and (5) dietary diversity measures. The Bangladesh analytic file was developed during the fourth quarter of Year One, and a report will be forthcoming in November 2012. The work on developing the analytic files for Uganda and

Nigeria is ongoing. For each country, recommendations will be made on how to improve the HCES to strengthen it as a tool for informing evidence-based food and nutrition policymaking.

**ACTIVITY: Provide technical leadership on improved nutrition metrics and monitoring**

In Year One, SPRING identified priority questions for the nutrition field on metrics and measurements and convened a TAG to prioritize the work going forward in this area. The top three high priority areas that emerged were:

1. Refining measures of process for scaling up of nutrition interventions
2. Measures related to nutrition-specific vs. nutrition-sensitive programming
3. Measures of integration/successful integration.

Two areas were marked by the group as medium priority:

1. Refinement and testing of low birth weight as a way to predict risk of NCDs later in life
2. Leveraging HIES/HCES as data tools for better measuring nutrition status/situations.

The highest priority areas are inter-related with work being carried out by SUN and other multilateral groups, so SPRING decided to wait until Year Two to begin developing answers to these questions. For Year One, SPRING focused on the first question in the medium priority list: how to distinguish pre-term vs. intrauterine growth restriction (IUGR) as the cause for low birth weight (LBW) in standard, widely available data sources, such as DHS. SPRING used DHS reproductive calendar data to distinguish LBW by preterm and non-preterm, but will continue to test and validate this by comparing directly observed survey data on birth weight and timing and comparing it to the DHS respondent-reported outcomes. At the end of Year One, the project received data from the UNICEF Low Birth Weight survey for Bangladesh and will use these as a first step to validate this new approach. The project will work in other countries where both DHS and a recent comparator survey data are available. In addition, SPRING is collaborating with the team at Intergrowth 21st (WHO/Oxford study) to integrate their soon-to-be completed findings on preterm phenotype classifications and fetal growth standards. As results of these activities, SPRING will be able to:

- provide analytical guidance for using widely available data (the DHS) to classify preterm vs. non-preterm births (if this method is validated);
- rapidly incorporate the findings of the Intergrowth 21st group into how the project analyzes current and future data related to NCDs and other health risks;
- use the findings to better inform programming around intervening during pregnancy.

SPRING has also begun identifying ways in which the rich resources of the HCES/HIES can be used to provide data for a wide variety of decision making, including: (1) assessing household food security; (2) modeling household and individual intakes of key micronutrients and calories; identifying the coverage, additional nutrient intake and impact of current and promising new food fortification vehicles; (3) identifying the most common and important food and food crop sources of iron, vitamin A and zinc; (4) identifying how individual farmers or regions of the country could (without changing the types of crops they currently produce) modify the amount of land they currently plant in different crops to improve the micronutrient content of their food cropping system and thereby the nutrients available to their families. In addition, HCES are being used to help understand the extent to which households and individuals are covered by multiple nutrition interventions. This information can be used to improve the design and impact of nutrition programs—considered both individually and together as components of a micronutrient program portfolio. This important work will enable coverage maximization, while minimizing costs and protecting the public from the potential risk of excess nutrient intakes.

# Country Accomplishments

## Bangladesh

In November 2011, SPRING and USAID staff conducted an exploratory visit to Bangladesh to help define shared goals and objectives to decrease the prevalence of stunting among children in Barisal and Khulna Divisions. During Year One, SPRING/Bangladesh established three project offices in Dhaka, Barisal, and Khulna and hired 30 project staff to carry out activities in 15 sub-districts (upazilas) within the Barisal and Khulna Divisions. SPRING/Bangladesh seized the opportunity to learn from previous successes, other projects, and Government of Bangladesh (GOB) programs to develop a streamlined strategy that has allowed for a rapid roll-out to reach around 80 upazilas by Year Three. SPRING/Bangladesh also developed and a program monitoring plan that will provide a solid platform from which to monitor the project's implementation. SPRING used existing data sources such as DHS, FSNP, and PRSSP to establish a baseline. SPRING/Bangladesh also identified five local partners to allow the project to rapidly roll out activities at the community level.

SPRING/Bangladesh's intervention strategy hinges on SBCC through multiple contacts and platforms in three key interventions:

### **Roll out of training on essential nutrition and hygiene actions (ENHA)**

SPRING/Bangladesh built on existing training materials and partner successes to quickly roll out training activities in Barisal and Khulna Divisions. SPRING/Bangladesh has collaborated with the Ministry of Health and Family Welfare (MOHFW) to improve nutrition practices through the adoption of small doable actions and improving the quality of counseling provided to pregnant and lactating women and mothers with children under the age of two. SPRING/Bangladesh trained master trainers on ENHA to further train frontline health workers who interact with pregnant and lactating women and mothers with children under two during critical health contacts, including antenatal, postnatal, family planning, immunization, well child and sick child clinics, during satellite and static contacts, and during home visits. In addition, SPRING/Bangladesh worked closely with the Ministry of Agriculture (MOA) and international organizations working in Barisal and Khulna to train agriculture extension workers and communities on incorporating nutrition and hygiene counseling into their routine extension and project activities.

### **Incorporation of hygiene actions into training and activities**

SPRING/Bangladesh recognized that increased access to water and hygiene aimed at diarrheal disease reduction are essential for sustainable nutrition outcomes. During this reporting period, SPRING/Bangladesh promoted improved hygiene practices by adding hygiene practices to the ENA training and farmer field schools (FFS). After a USAID-coordinated training on WASH, SPRING/Bangladesh introduced "tippy taps" to SPRING and other partners' projects. Tippy tap is a low-technology, low-cost, water-saving hand washing device that extends the availability of clean water for hand washing. The tippy taps intervention also increases the ease and affordability of building hand washing stations at significant points, such as near cooking and/or feeding areas. SPRING/Bangladesh was a pioneer in introducing tippy taps to rural Bangladesh.

## Community-level farmer field schools

SPRING/Bangladesh initiated community-level FFS as a primary platform to reach households on homestead food production and combining it with counseling and follow up on improved nutrition, hygiene, and dietary practices for pregnant and lactating women and children under the age of two. The FFS targeted resource-poor households to increase their access to diversified foods. The FFS sessions encompassed the skills needed to establish home gardens with diverse, nutrient-rich vegetables and fruits, and identified ways for these fruits and vegetables to be promoted within SPRING-supported activities. The sessions also covered ENHA to improve household nutrition practices and reinforce hygiene that enhances their nutrition and health. In addition, SPRING/Bangladesh distributed vegetables and fruits seeds that were selected based on their nutritional value to FFS members. The SPRING/Bangladesh FFS displayed innovation by combining three unique characteristics: targeting resource-poor households; targeting women for vegetable, poultry, and possibly fish production; and including extensive nutrition and hygiene sessions in FFS.

The above interventions were carried out in all 15 SPRING upazilas and will be extended and expanded to 25 additional upazilas in FY13. At the end of FY12, SPRING/Bangladesh trained a combined 776 health, agriculture, and community level workers within governmental and non-governmental departments and organizations. SPRING/Bangladesh established 106 FFS, with 2,261 households with pregnant and lactating women, and children under two. SPRING/Bangladesh reached 2,713 children under two with nutrition services through trained health workers and farmer field schools.

SPRING/Bangladesh also formalized relations through memoranda of understanding, letters of collaboration and letters of support with 10 institutions and NGOs, six of which were within the MOHFW and MOA. SPRING/Bangladesh conducted presentations on agriculture-nutrition linkages, innovations in nutrition, and progress updates on the project at six different workshops, seminars, and other events. SPRING/Bangladesh is an active member of the GOB Nutrition Working Group and the SUN civil society network. SPRING/Bangladesh also adapted and distributed a poster promoting dietary diversity for pregnant and lactating mothers.

SPRING/Bangladesh was honored to have been part of the official visit of Mr. Paul Weisenfeld, USAID Assistant to the Administrator for Food Security, and Ms. Denise Rollins, Senior Deputy Assistant Administrator, USAID/Asia, in September 2012. The delegation visited SPRING sites in Khulna and had an opportunity to visit a Farmer Field School session with 16 women homestead farmers, as well as a complementary feeding counseling and demonstration session conducted by an MOHFW worker.

## Haiti

SPRING/Haiti was officially launched in April 2012 with the *Ministère de la Santé Publique et de la Population* (MSPP), after SPRING and USAID/Washington made an initial visit in early December 2011 to meet with key stakeholders and begin developing a SPRING/Haiti workplan.

After the official launch, SPRING and the MSPP Nutrition team conducted pre-assessment visits to four prioritized health facilities to evaluate their readiness to strengthen Nutrition Assessment, Counseling, and Support (NACS) services in their facilities and discuss how SPRING could best support them. In the fourth quarter, SPRING conducted an assessment of the integration of nutrition in HIV services in selected health facilities and communities in Haiti. The assessment included the four high-performing

USAID pre-selected health facilities, ten health centers and dispensaries, and nine NGOs in their catchment area. The data were analyzed following the data collection and a preliminary report was drafted in September 2012. The results of the assessment will be presented in the first quarter of FY13 and the findings will be used to develop SPRING/Haiti's work plan for FY13 through FY16.

In March 2012, SPRING supported Concern and *Action Contre la Faim* (ACF) in a training on improved IYCF feeding practices using training material developed by the IYCN project, including PowerPoint presentations, posters, brochures, job aids, and counseling cards. Rose-Mireille Exumé, SPRING/Haiti MIYCN Activity Coordinator, observed the training to help revise the training notes for dissemination to participants who were trained. Twenty-five Concern staff were trained, including nurses, pediatric residents, and psychologists working in PCNB (*points de conseil en nutrition pour bébé*, or counseling points for infant nutrition), USN (*unité de stabilisation nutritionnelle*, or nutritional stabilization units), and PTA (*programme thérapeutique ambulatoire*, or outpatient therapeutic program) units in health facilities. The SBCC materials disseminated during the training included 26 counseling cards, 26 nutrition norms, 50 brochures (for each *bon teknik pou bay tete*, or good breastfeeding techniques, *reset* or recipe, and *alimentation complémentaire*, or complementary feeding) and 55 posters (for each *bontan move tan*, or good or difficult days, *bon tan move tan cyclone*, or sunny days or cyclone days, and *Fok pawol la pale* or spread the word).

Throughout the project, SPRING/Haiti has actively participated in the National Nutrition Technical Committee (NTC) meetings organized by the Nutrition Directorate. The NTC is comprised of MSPP, SPRING/Haiti, UNICEF, WHO, *Centre pour la Promotion de l'Allaitement Maternel* (NTC), Concern, SC, World Food Program (WFP), *Terre des Hommes*, World Vision, Management Sciences for Health (MSH), ACF and several other partners working in nutrition in Haiti. SPRING/Haiti has made active contributions to technical discussions and served as a rapporteur for the Nutrition Education Thematic Group at the *Etats Généraux sur la Nutrition*, or National Nutrition Forum held in May 2012.

In July 2012, the SPRING team, with the MSPP Nutrition Directorate, visited several facilities to help design the implementation of activities. Meetings between the MSPP Nutrition Directorate and nutrition partners UNICEF, CEPAM, and *Société Haïtienne de Pédiatrie* or Haitian Pediatric Society (SHP) were convened to discuss *Word Breastfeeding Week* in Haiti, which took place in August 2012. SPRING, with the MSPP, supported events held at Carrefour maternity, Petit-Goâve Hospital, and Maternity/Health Center in Croix-des -Bouquets in August 2012. During these events, messages encouraging mothers to breastfeed were disseminated, and kits containing toiletries and other useful items were distributed to new mothers.

SPRING/Haiti collaborated with the SHP in two trainings for 131 participants from three nursing schools in Port-au-Prince: the Port-au-Prince National School of Nurses, National School of Nurses and Midwives, and UNDH School of Nursing Sciences in July and September 2012. The SPRING Team in Haiti also participated in a broadcast radio program on breastfeeding with CEPAM in September 2012.

SPRING/Haiti made plans to support WHO in their training for MSPP nutrition focal points on breastfeeding and WHO Growth Norms.

## Nigeria

SPRING/Nigeria was launched during the third quarter of FY12 with the goal of reducing undernutrition, preventing stunting, and working with women and children to reduce anemia specifically in Benue State and the Federal Capital Territory (FCT). SPRING/Nigeria was asked to focus on these objectives by working closely with national and state ministries and through local partnerships to identify approaches that will support scaling up of IYCF trainings, among other key interventions, in selected target areas.

A major part of SPRING/Nigeria's work in FY12 involved the planning and design of a Nigeria work plan. SPRING staff meet with USAID representatives and other key stakeholders in Benue State and FCT in June 2012 to discuss appropriate partnerships and directions in building SPRING's presence and engagement on the ground in Nigeria. This strategic planning was key to getting the work started and will serve as a foundation as more detailed planning is undertaken in the early part of FY13.

In the last quarter of FY12, SPRING supported the Nutrition Division of the Federal Ministry of Health (FMOH) to facilitate a three-day meeting of relevant stakeholders for the finalization of the national community and facility IYCF training packages. The meeting achieved group consensus on the packages, which were developed in close collaboration with the FMOH, UNICEF, and IYCN. Work is currently ongoing to finalize the packages. Field-testing of the tools is planned for early November 2012, including a training of trainers (TOT) for five states, followed by cascade trainings that will take place in December 2012. Once all the tools are finalized, they will be printed and disseminated.

As a part of the effort to introduce SPRING to the Nutrition Community in Nigeria, SPRING representatives participated in the Annual Conference of the Nutrition Society of Nigeria, held in Delta State in September 2012, where a presentation was made by the SPRING Country Manager, highlighting the project's aims and objectives. SPRING/Nigeria has also formally joined the Nutrition Partners Forum, a body of all partners working on nutrition in Nigeria.

## Uganda

SPRING/Uganda's work began in April 2012. The initial TDY by SPRING/HQ staff provided the opportunity to work with the USAID mission in Kampala to map out the key activities and objectives that would be necessary for successfully launching SPRING's work in Uganda. These objectives were identified as:

- Integrating treatment and preventive nutrition services in selected health facilities, ensuring the capacity of district managers and local health care providers to deliver high quality, comprehensive nutrition services for all clients, regardless of their HIV status
- Supporting the development and implementation of a comprehensive package of high impact nutrition services at scale through capacity and systems strengthening, and engaging household, community, facility, and district stakeholders
- Strengthening and implementing quality control services through capacity and systems strengthening of the Uganda National Bureau of Standards, developing national guidelines for implementation and piloting home fortification initiatives in specific districts.

Since SPRING/Uganda began its work in April 2012, operations have been a key priority, with a key focus on staff recruitment and office operationalization. The Country Manager, Program Manager, Finance and Administration Manager, and Liaison Officer have been recruited; and recruitment for the Nutrition Advisor, Strategic Information Advisor, Fortification Advisor, Social Behavior Change Communication Advisor and Community Mobilization Specialists is underway. The SPRING/Uganda primary office has been identified in Mbarara, and a liaison office has been identified and set up in Kampala. The Mbarara office will be the primary office for almost all program activities and will accommodate all staff except the Fortification Advisor and Liaison Officer. The Fortification Advisor and Liaison Officer will be based in the Kampala office, which is shared with other JSI projects and will act as the coordination unit for SPRING/Uganda's national activities.

SPRING/Uganda has been working with the MOH, Office of the Prime Minister, and USAID implementing partners in planning, designing, and implementing nutrition-related activities since April 2012. Technical support provided to the MOH has included designing and reviewing a training manual to build health workers' capacity to provide nutrition services using the NACS framework in key health service contact points. Additionally, the project assisted in the design of a pilot study on home fortification using multiple micronutrient powders to improve the nutritional status of children under the age of two. SPRING/Uganda also worked closely with the MOH to provide technical support to the micronutrient group in the planning phase of drafting comprehensive micronutrient guidelines. The project has provided technical assistance in the development of the Uganda Nutrition Action Plan's nutrition communication and advocacy strategy as well as in development of a toolkit to build the capacity of district leaders in budgeting for nutrition. SPRING/Uganda also plays an active part of the network of USAID nutrition and food security partners committed to sharing strategies/plans, experiences and lessons for improvement of programming in the country. Given SPRING's mandate for national food fortification efforts, SPRING/Uganda has also been working with the MOH and GAIN in the national food fortification program; and participated in the National Working Group on Food Fortification meeting held in July 2012.

During FY12, SPRING/Uganda conducted an assessment of NACS implementation in health facilities in Southwestern Uganda to inform project planning. The tools used in the assessment were jointly reviewed by SPRING, the MOH, and the national technical committee on NACS in August 2012. SPRING led the training of the research team and oversaw data collection, which covered 43 health facilities (10 hospitals, 6 level IV health centers and 27 level III health centers) where antiretroviral therapy (ART) and/or prevention of mother-to-child transmission (PMTCT) of HIV services are offered in Southwestern Uganda. Data from the assessment is currently being analyzed, and will provide an in-depth understanding of the context of NACS framework programming in Southwestern Uganda and the availability of the required essential elements of nutrition services (assessment tools, counseling skills and tools, and supplies) for adults and children at the health service and community delivery levels for the coming years of SPRING/Uganda's work.

SPRING/Uganda worked with the district community development and district health offices to map all registered NGOs/CBOs and health facilities (hospitals and level II,III, and IV health centers) in Ntungamo and Kisoro Districts. The information will be used in planning for identification of suitable NGOs/CBOs working with the facility catchment areas who can partner with SPRING/Uganda to strengthen the community mobilization aspect of the program.

SPRING/Uganda will partner with the Elizabeth Glaser Pediatrics AIDS Foundation to strengthen and integrate nutrition services into HIV care and support services offered to people living with HIV/AIDS



(PLWHA) in hospitals and health centers in the region. SPRING/Uganda is also in the process of identifying partners already operating on the ground with which to collaborate for facility - and community-based nutrition interventions. Possible partnerships for the community aspect of the program have been identified with the USAID-funded projects (Community Connector and SCORE in Kisoro and Ntungamo, respectively). SPRING/Uganda has been involved in the planning and design meetings with UNICEF, Community Connector, and the Regional Centre for Quality of Care since June 2012 as a means of defining roles and responsibilities for UNICEF, Community Connector and SPRING/Uganda in the three Southwestern districts where they overlap with SPRING/Uganda at the facility level.

The SPRING/Uganda NACS assessment in Southwestern Uganda obtained specific information related to: health facility-community linkages; community out-reach; referrals and feedback mechanisms used; the roles and responsibilities of village health teams (VHTs) in the provision of community health and nutrition services; and the involvement of NGOs/CBOs in the provision of nutrition services within health facility catchment areas. The findings from the assessment will inform the initial steps for strengthening the linkages between health facilities and communities using cost effective channels, such as VHTs and NGOs/CBOs within the catchment areas. Plans to undertake detailed formative research to inform SBCC and community mobilization strategies for promoting nutrition among infants, young children, pregnant and lactating women in Kisoro and Ntungamo Districts are underway.

The project has carried out consultative and introductory visits to the districts of Ntungamo and Kisoro to understand the current nutrition situation in the Southwest and how best SPRING/Uganda could strengthen the district and facility systems and capacity for improved performance in nutrition. Meetings were held with key local government technical staff and politicians to inform them of the planned SPRING/Uganda activities in their districts and to solicit the views of the best approach for working together with the SPRING Project. The latest meetings were held in September 2012 during the baseline assessment in the nine districts of Mbarara, Ibanda, Bushenyi, Sheema, Rukungiri, Kanungu, Kabale, Kisoro, and Ntungamo. Throughout the meetings, the local government representatives have shown enthusiasm in working with SPRING, and have emphasized the need to involve the district throughout the planning, implementation, monitoring and evaluation of the project.

# Knowledge Management

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In Year One of the project, the SPRING Knowledge Management (KM) component focused on establishing internal knowledge management systems and processes, as well as two key activities: formulating a partnership with World Bank's SecureNutrition Platform and establishing a digital presence via the *spring-nutrition.org* website. SPRING launched the website in the third quarter of FY12, and established a formal partnership with the SecureNutrition Platform in the fourth quarter.

The KM Advisor was hired in April 2012 and quickly established a project-wide KM Strategy Plan to be implemented over the course of the project. The overall KM strategy plan is to build or establish KM systems and processes that will support SPRING to meet project objectives in a timely and effective way.

During the third quarter, and in line with the KM Strategy Plan, the KM team established multiple guidance documents to support the project. These include:

- A Communications Plan – identifying established roles, operating norms, available resources and communication channels for the SPRING team to ensure consistent, effective, and quality messages and deliverables, reflecting integration and collaboration
- Branding/marketing guidance on how SPRING staff, partners, and country teams should be branding all program deliverables and materials
- A standardized SPRING style guide – ensuring consistency of use
- SPRING library for technical resources
- Templates for reports, PowerPoint presentations, report covers, statements of work, etc.

The KM team also reorganized the project's shared drive, populated the website with content, established a project intranet, and created a SPRING Facebook page.

In the fourth quarter, the team provided a KM orientation for four country managers from Nigeria, Uganda, Bangladesh, and Haiti. During this orientation, the country managers were presented with all the guidance documents, the templates, an orientation to Zotero, the online library, and the project's intranet. The KM team will increase its support to country teams, especially as new countries come on board. More specifically, KM will work with country teams to develop program materials customized to country needs, provide ongoing orientation for new country staff, develop country-specific templates, and support use of the intranet.

One of the two activities identified in the Year One core work plan was to review existing knowledge platforms on nutrition in order to widen SPRING's audiences and actively pursue relationships/partnerships with existing platforms. During the fourth quarter, the KM team explored various knowledge platforms and developed partnerships with three of the widest reaching platforms on nutrition globally; SecureNutrition, launched in May 2012 by the World Bank, TOPS Project's FSN Network and USAID/BFS' AgriLinks knowledge platform. SecureNutrition's mandate is to bridge knowledge gaps between agriculture, food security, and nutrition. This platform allows participants to exchange experiences and disseminate and gather information. In September 2012, SPRING established a formal partnership with SecureNutrition and activities for collaborating are underway. SPRING has also formally joined FSN's Knowledge Management Task Force, and met with the Knowledge Management Specialist at USAID/BFS to discuss future collaboration with AgriLinks.

Following on SPRING's ongoing digital strategy development activity that began with the launch of [www.spring-nutrition.org](http://www.spring-nutrition.org) and the project's Facebook page in the third quarter, the project will focus on exploring the information needs of nutrition program planners/implementers working at both country and global levels. The main objective of this activity will be the close collaboration and engagement of KM platforms that will help SPRING broaden the global evidence base to make programmatic decisions. SPRING will also widen its reach and be more strategically positioned to generate, use, and share the global evidence around nutrition.

# Performance Monitoring Plan and Progress Tracking

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The main indicators for measuring project success are contained in SPRING’s Performance Monitoring Plan (PMP), shown in Appendix 1. The PMP (revised since Year One) includes the main indicators and brief operational definitions, as well as results achieved in Year One, and comments about the results. It is organized according to the overall project objective and intermediate results (IRs) of SPRING’s Results Framework. The far right hand column shows how the PMP links to the SPRING’s “1,000 Days Approach” framework, showing which strategic area(s) are potentially measured by each PMP indicator.

Additionally, at the country level, specific indicators will depend on the nature of the work in each country. SPRING has developed a country-specific PMP for Bangladesh, a draft PMP for Haiti, and all SPRING countries will have PMPs once work begins in earnest. Similar to the Core PMP shown in Appendix 1, progress can be tracked on a monthly or quarterly basis and entered directly into the PMP.

As part of overall project learning, it is important to collect, analyze, and reflect on data for all core and country PMP indicators, to better understand how we are doing as a project, what areas are progressing well, and where we need to improve. To help with this process, SPRING has developed a set of project tracking sheets in Excel to enable staff to track progress on an ongoing basis and automatically generate tables of key indicators for project reports. The following section highlights SPRING’s progress toward the main PMP indicators in Year One, and discusses some of the main implications.

## Summary of SPRING’s progress toward PMP indicators during Year One meetings

SPRING was active in the global dialogue on nutrition, participating in 32 meetings on various aspects of nutrition during the past year, presenting at 10 of those meetings, and hosting 8 of them (see Table 1). The topics were wide-ranging, covering agriculture-nutrition linkages, mhealth, SBCC, IYCF, NACS, strategic information, noncommunicable diseases, and micronutrient policies and programming.

Table 1: Year One Meetings	Q1	Q2	Q3	Q4	Total
Total number of meetings in which SPRING participated	9	10	7	6	32
Total number of meetings at which SPRING presented	0	5	2	3	10
Total number of meetings conducted by SPRING	0	2	2	4	8

The six meetings in which SPRING participated during the fourth quarter, are detailed in Table 2 below. Descriptions of meetings from other quarters are available in the quarterly reports.

Table 2: Quarter 4 Meetings, Detailed List					
Date	Title (Location)	SPRING hosted/organized	SPRING staff attending	SPRING presented	Description
7/31/2012	TAG: SBCC (Arlington, VA)	Yes	All technical staff	No	TAG research prioritization meeting focused on

SBCC.					
<b>8/8/2012</b>	NCD consultation (Arlington, VA)	No	A. Pomeroy W. Stevens A. D'Agostino	Yes	USAID-hosted meeting on early life nutrition programming and links with later life NCD risk. Attendees included USAID, NIH, WB, State, FANTA, CDC, and 3 academic experts. SPRING presented on the NCD modeling project
<b>8/30/2012</b>	Feed the Future Partners Meeting (Kampala, Uganda)	No	K. Kappos H. Nekatebeb	No	USAID/Uganda, FtF partners meeting. This was a high-level meeting to discuss objectives, approaches and challenges to local capacity development.
<b>9/3/2012</b>	OPM Orientation Meeting (Kampala, Uganda)	Yes	K.Kappos H. Nekatebeb A. Mokori	Yes	SPRING, OPM, REACH staff to discuss SPRING objectives and to coordinate Uganda Nutrition Action Plan (within OPM).
<b>9/21/2012</b>	Actions First Brown bag (Arlington, VA)	Yes	P. Koniz-Booher	No	Presentation by Peter Gottert on designing community-based BC strategies.
<b>9/7/2012</b>	MOH (Kampala, Uganda)	Yes	K. Kappos H. Nekatebeb A. Mokori	Yes	MOH (nutrition) and SPRING to discuss SPRING objectives and child health days in Uganda.



## Reports and other documents

By the end of FY12, the SPRING team had produced a number of technical documents and informational products describing its work. In addition, other products produced by the end of Year One are undergoing the approval process and will be finalized by the end of November 2012. These documents are all included in Tables 3 and 4.

<b>Table 3: Summary of Documents Produced in Year 1</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Number of technical documents awaiting approval or finalized	0	0	0	4	4
Number of informational products awaiting approval or finalized	0	0	1	5	6

<b>Table 4: List of Documents Produced in Year 1</b>				
<b>TITLE OF THE DOCUMENT</b>	<b>QUARTER PRODUCED</b>	<b>AUTHOR/ PUBLISHER</b>	<b>TYPE OF DOCUMENT</b>	<b>STATUS OF DOCUMENT</b>
1,000 Days Approach Framework	Q3	SPRING	Informational product	Finalized and published
SPRING Brochure	Q4	SPRING	Informational product	Finalized and published
SPRING Folders	Q4	SPRING	Informational product	Finalized and published
SPRING/Uganda Brochure	Q4	SPRING	Informational product	Finalized and published
SPRING/Haiti Brochure (French)	Q4	SPRING	Informational product	Finalized and published
Research Prioritization Report with (5) Concept Notes	Q4	V. Chou	Technical document	Finalized and published
IFA Overview and (4) Country Briefs	Q4	A. D'Agostino J. Fiedler H. Nekatebeb	Technical document	Under USAID review
SBCC Literature Review	Q4	K. Beall, B. Colaiezzi, P. Koniz-Booher S. Lamstein	Technical document	Under USAID review
NCD Country Profiles (10), with regional profiles to follow	Q4	A. D'Agostino A. Pomeroy	Technical document	Under USAID review
Initial NCD model results	Q4	A. Pomeroy	Informational product	Under USAID review

## Training

In FY12, SPRING conducted eight sets of trainings in Bangladesh, Haiti, and Uganda, as detailed in Figure 1. Nearly 900 men and women including country government counterparts, healthcare workers, and agricultural extension workers were trained in topics such as breastfeeding, complementary feeding, NACS, and SI. It is important to note that the four trainings listed for Bangladesh include the details for the original training of master trainers, but the people trained also includes those men and women trained in subsequent events by these master trainers.



**Table 5: List of Trainings Conducted in SPRING Countries**

Country	TITLE/NAME	HOW MANY PEOPLE PARTICIPATED IN THE TRAINING?			IF PRE/POST TESTS CONDUCTED, WHAT WERE THE AVERAGE SCORES?		COMMENTS/DESCRIPTION
		TOTAL	BY GENDER		PRE-	POST-	
			MALE	FEMALE			
Haiti	Breastfeeding Techniques	78	0	78	61.0%	78.0%	Eight people scored higher than 80% at the post-test; 91 people total participated but only 78 participated for the entire training
Bangladesh	Supervisory Level Health Worker Training on ENA &EHA	279	247	32	65.0%	96.0%	SPRING/Bangladesh organized ToT for Health Worker Supervisor on ENA/EHA Department of Health and Family Planning (DHFP) issued a letter to their staff to participate in the ToT. SPRING's STO (Nutrition) was the main facilitator and SPRING Upazila Coordinator co-facilitated. DD Health, DD Family Planning, Civil Surgeon, Upazila Health and Family Planning Officer facilitated the session as resource persons by rotation. The health workers' supervisors participated eagerly to

							learn to serve their duties smoothly. They were committed to monitoring their staff activities at the field level. During this period, 14 batches of training were conducted accordingly.
Bangladesh	Peer Facilitator Training on ENA & EHA	113	39	74	63.0%	95.0%	SPRING/Bangladesh organized the Training for Peer Facilitators on ENA/EHA. SPRING STO Nutrition and STO Agriculture were the main facilitators and the SPRING Upazila Coordinator co-facilitated. The participants of Hunger Project (women village Leaders) and RFLDC-Barisal (Local Facilitators/Trainers of the CBOs) participated. Three batches training were conducted during this period.
Bangladesh	Frontline Agricultural Workers Training on ENA & EHA	317	274	43	60.0%	93.0%	SPRING/Bangladesh organized the Training for Frontline Health Workers on ENA/EHA. DHFP issued a letter to their staff to participate in the training. The SPRING STO Nutrition was the main facilitator and SPRING Upazila Coordinators co-facilitated. Upazila Health and Family Planning Officer and Upazila Family Planning Officer, HI, FPI facilitated the session as resource persons by rotation. During this period three batches training were conducted
Bangladesh	Frontline Health Workers Training on ENA & EHA	67	24	43	61.0%	92.0%	SPRING/Bangladesh organized the Training for Frontline Health Worker on ENA/EHA. DHFP issued a letter to their staff to participate in the training. The SPRING STO (Nutrition) was the main facilitators and the SPRING Upazila Coordinator co-facilitated. Upazila Health and Family Planning Officer and Family Planning Officer, HI, FPI facilitated the session as resource persons by rotation. During this period, three batches of training were conducted.
Uganda	Assessment for NACS	26	10	16			The training was reviewing NACS Implementation in SW Uganda protocol and tools with the data collection team
Haiti	Breastfeeding Techniques	56	0	56			Organized by SHP in collaboration with SPRING and CEPAM, hosted by Ecole Nationale des Infirmieres de Port-au-Prince(ENIP) for 54 finishing nurses students(53 completed the 3-days training). Objective: Reinforce the participant's skills and competencies to educate pregnant women and mothers on good breastfeeding practices.
Haiti	Data collection for NACS evaluation	11	6	5			Conducted by SPRING and BRIDES to orient data collectors on mixed methods research, data collection techniques, and the data collection instruments to be used in the NACS

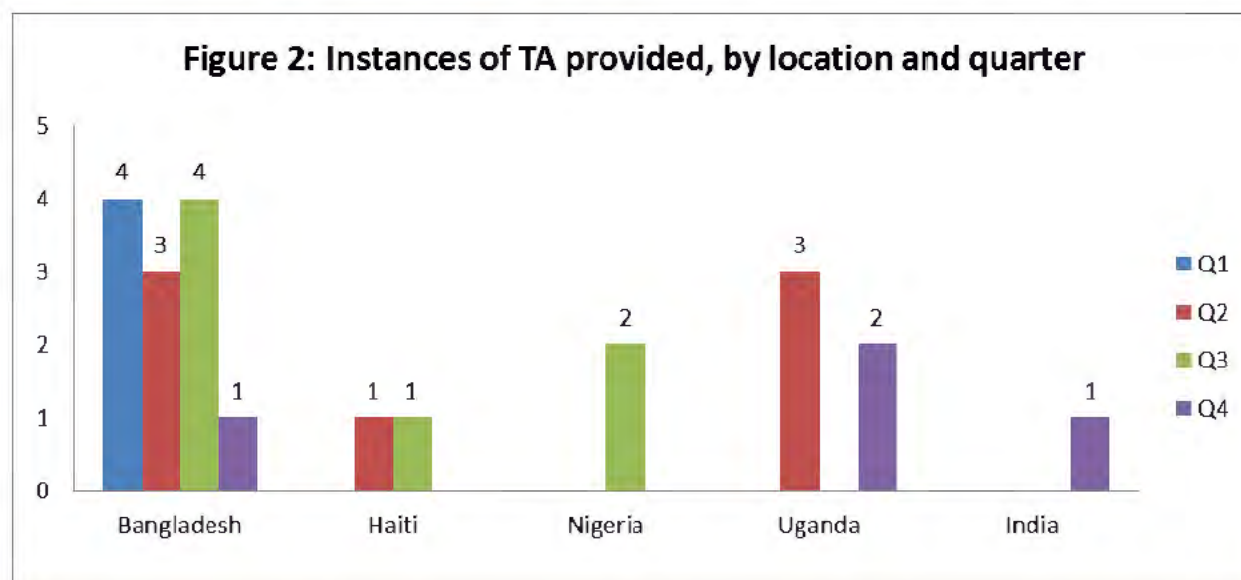


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assessment. Participants included 17 people total: 10 investigators, 1 data collector, 2 trainers from BRIDES, 2 from nutrition unit/MOH, and two SPRING staff. The 4 trainers from BRIDES and SPRING are not part of the total in the table. Data collecting tools were pre-tested by the investigators in 2 health facilities: Hopital de Fermathe/rural, Hopital de la communauté Haitienne/urban. SPRING and MSPP representatives were present.

## Instances of technical assistance provided

Technical assistance (TA) is defined as SPRING HQ staff or consultants supporting country programs during TDY trips. Throughout the year, there were 22 instances of TA provided on a variety of topics, including agriculture-nutrition linkages, SBCC, IYCF, NACS, micronutrient policies and programming, and strategic information. Figure 2 shows the breakdown of TA by location and quarter, and Table 6 shows the complete list of TA visits, with detailed comments.



**Table 6: List of TA Provided by SPRING**

DATE	QUARTER COMPLETED	TA PROVIDER	COUNTRY RECEIVING TA	SCOPE OF WORK/COMMENTS
11/13/2011 - 11/21/2011	Q1 (Oct-Dec)	A. Guyon	Bangladesh	To conduct an initial SPRING TA visit to meet with the USAID Mission, SPRING core partners (HKI, IFPRI and SCI) based in country and other key partners to plan, design and develop the SPRING Bangladesh activities.
11/13/2011 - 11/21/2011	Q1 (Oct-Dec)	N. Pendarvis Harris	Bangladesh	To conduct an initial SPRING TA visit to meet with the USAID Mission, SPRING core partners (HKI, IFPRI, SC) based in country and other key partners to plan, design and develop the SPRING Bangladesh activities.
12/3/2011 - 12/12/2011	Q1 (Oct-Dec)	Alan Rogosch	Bangladesh	To work with SPRING partners HKI, IFPRI and SC in Bangladesh to establish the SPRING operating protocols and management in country.
12/3/2012 – 12/16/2012	Q1	Tim Williams	Bangladesh	To meet with technical experts to design a SI plan that will complement and build on existing routine M&E activities; to identify operational research and other SI issues that might be needed in going to scale; to review the draft M&E Plan (in the <i>Preliminary SPRING Project Implementation Plan (2011 – 2013)</i> ) for SPRING/Bangladesh and make revisions; to make recommendations to USAID/Bangladesh as appropriate; and to work

				with partners to plan for the implementation of SI activities from the start of program implementation.
<b>2/2/2012 - 2/13/2012</b>	Q2 (Jan-Mar)	Agnes Guyon	Bangladesh	For headquarters staff to work with local SPRING/Bangladesh IPs (HKI, SC, IFPRI) to recruit and hire local SPRING staff, initiate program activities in four initial upazilas, finalize technical details of the proposed on-the-ground actions and finalize the Year 1 work plan, budget and PMP.
<b>2/2/2012 - 2/13/2012</b>	Q2 (Jan-Mar)	B. McIntyre	Bangladesh	For headquarters staff to work with local SPRING/Bangladesh IPs (HKI, SC, IFPRI) to recruit and hire local SPRING staff, initiate program activities in four initial upazilas, finalize technical details of the proposed on-the-ground actions and finalize the Year 1 work plan, budget and PMP.
<b>2/2/2012 - 2/13/2012</b>	Q2 (Jan-Mar)	Zaman Talukder	Bangladesh	For headquarters staff to work with local SPRING/Bangladesh IPs (HKI, SC, IFPRI) to recruit and hire local SPRING staff, initiate program activities in four initial upazilas, finalize technical details of the proposed on-the-ground actions and finalize the Year 1 work plan, budget and PMP.
<b>2/5/2012 - 2/10/2012</b>	Q2 (Jan-Mar)	P. Koniz-Booher	Haiti	To review and finalize the proposed SPRING Year 1 work plan with USAID/Haiti; orient the local team; initiate SPRING activities, including discussions with USAID and team about the proposed needs assessment; and meet key stakeholders to explore opportunities to collaborate – specifically with community-focused USAID IPs, UNICEF and PAHO. The trip coincided with the travel of the PAHO Regional Nutrition Advisor, Dr. Chessa Lutter.
<b>3/18/2012 - 3/19/2012</b>	Q2 (Jan-Mar)	Alan Rogosch	Uganda	To conduct initial fact-finding in response to Mission request for SPRING support in Uganda
<b>3/18/2012 - 3/19/2012</b>	Q2 (Jan-Mar)	Anu Narayan	Uganda	To conduct initial fact-finding in response to Mission request for SPRING support in Uganda
<b>3/18/2012 - 3/29/2012</b>	Q2 (Jan-Mar)	Hana Nekatebeb	Uganda	To conduct initial fact-finding in response to Mission request for SPRING support in Uganda
<b>4/1/2012 - 4/13/2012</b>	Q3 (Apr-Jun)	Manisha Tharaney	Haiti	To represent SPRING at the formal launch of the project in Haiti between the USAID/Haiti Mission, Ministère de la Santé Publique et de la Population MSPP, and the SPRING team in Haiti. Additional objectives of the trip were to visit two project facilities and to finalize the protocol that will assess the capacity of the health facilities to implement NACS program in Haiti.
<b>5/2/2012 - 5/7/2012</b>	Q3 (Apr-Jun)	Paige Harrigan	Bangladesh	To provide technical support to the MCHIP/USAID Asia regional meeting, “Guidance on Implementing Effective Programs to Prevent Preeclampsia and Eclampsia and Anemia to Improve Maternal and Newborn Outcomes” and to provide TA to the SPRING Project related to the potential to include anemia control actions in year two and to strengthen communication support to the behavior change agenda.
<b>5/2/2012 - 5/7/2012</b>	Q3 (Apr-Jun)	Marcia Griffiths	Bangladesh	To provide technical support to the MCHIP/USAID Asia regional meeting, “Guidance on Implementing Effective Programs to Prevent Preeclampsia and

				Eclampsia and Anemia to Improve Maternal and Newborn Outcomes” and to provide TA to the SPRING Project related to the potential to include anemia control actions in Year 2 and to strengthen communication support to the behavior change agenda.
<b>6/10/2012 - 6/22/2012</b>	Q3 (Apr-Jun)	Paige Harrigan	Nigeria	To initiate a work plan based on a set of recommendations previously sent by USAID/Nigeria aimed to improve recommended IYCF practices to reduce stunting in children under two years of age.
<b>6/10/2012 - 6/22/2012</b>	Q3 (Apr-Jun)	Peggy Koniz-Booher	Nigeria	To initiate a work plan based on a set of recommendations previously sent by USAID/Nigeria aimed to improve recommended IYCF practices to reduce stunting in children under two years of age.
<b>5/24/2012 - 6/9/2012</b>	Q3 (Apr-Jun)	Tim Williams	Bangladesh	To develop an SI strategy and related monitoring tools/activities with the SPRING/Bangladesh team to contribute to achieving program objectives; to strengthen linkages with current SPRING/Bangladesh partners and explore potential opportunities for building future collaborations; and to provide capacity building and other TA related to the initiation of SI activities.
<b>5/18/2012 - 6/1/2012</b>	Q3 (Apr-Jun)	Victoria B. Chou	Bangladesh	To develop an SI strategy and related monitoring tools/activities with the SPRING/Bangladesh team to contribute to achieving program objectives; to strengthen linkages with current SPRING/Bangladesh partners and explore potential opportunities for building future collaborations; and to provide capacity building and other TA related to the initiation of SI activities
<b>7/12/2012 - 7/22/2012</b>	Q4 (Jul-Sep)	Peggy Koniz-Booher	India	To initiate and operationalize the proof of concept research protocol with Digital Green (DG), based on a concept note submitted to USAID. This will include mapping out the implementation plan and budget, and identifying and establishing relationships with local organizations and other SPRING partners that would support DG.
<b>8/30/2012 - 9/12/2012</b>	Q4 (Jul-Sep)	Kristen Kappos	Uganda	To assist SPRING/Uganda team in conducting training of research team for health facility assessment, provide guidance on the pre-testing of the tools in the field, and finalize the tools for the assessment to begin in September 2012; perform finance and administrative tasks related to start-up
<b>9/17/2012 - 9/21/2012</b>	Q4 (Jul-Sep)	Hana Nekatebeb	Uganda	To assist SPRING/Uganda team in carrying out HFA; identified local consultant for an assessment of anemia control and prevention programs, contacted key stakeholders on anemia issues, and identified participants for the national workshop.
<b>9/9/2012 - 9/21/2012</b>	Q4 (Jul-Sep)	Aaron Hawkins	Bangladesh	To visit SPRING/Bangladesh’s field offices; to assess 1st year work plan goals and objectives; to work with the team on finalizing Year 2 work plan goals and objectives. Visited intervention sites with in-country team; reviewed draft work plan for Year 2 and fine-tuning of strategies ; management support to identify and discuss “gap areas”



### Coverage and reach of SPRING country activities

The tables below outline the reach and coverage of SPRING activities in any SPRING country where programming took place. “Reach” is defined differently in each country. For geographic coverage, it can mean that any of the activities were carried out in a given *upazila*, or district, etc. For facilities/services, it could mean that nutrition workers were trained, received supervision, or the facility received supplies or other support. For institutions reached, it can mean capacity building, training, supplies, or other partnership arrangements. And finally, for people reached through SBCC, they may be reached through contacts with nutrition workers such as agricultural extension workers, community workers, farmer field school facilitators, health workers, or through media, although no media events occurred in Year One. Please note that nutrition services were only supported by SPRING in Bangladesh in the last quarter of Year One, so most of the tables below relating to services only refer to one quarter and one country.

Table 7: Geographic Coverage of SPRING Activities									
COUNTRY	FY/QUARTER	Sub-national Geographic Units							Total # of unique geographic units reached to date in current fiscal year
		# targeted for the...		# in country	# reached in quarter	# reached in quarter/year as a percent of...			
		Current fiscal year	Life of project			# targeted in FY	# targeted during life of project	# in country	
Bangladesh	Q1 (Oct-Dec)	15	80	486	0	0%	0%	0%	0
Bangladesh	Q2 (Jan-Mar)	15	80	486	0	0%	0%	0%	0
Bangladesh	Q3 (Apr-Jun)	15	80	486	15	100%	19%	3%	15
Bangladesh	Q4 (Jul-Sep)	15	80	486	15	100%	19%	3%	15
<b>Bangladesh</b>	<b>Total FY 12</b>	<b>15</b>	<b>80</b>	<b>486</b>	<b>NA</b>	<b>100%</b>	<b>19%</b>	<b>3%</b>	<b>15</b>
Haiti	Q1 (Oct-Dec)	NA	NA	10	0	NA	NA	0%	0
Haiti	Q2 (Jan-Mar)	NA	NA	10	0	NA	NA	0%	0
Haiti	Q3 (Apr-Jun)	NA	NA	10	0	NA	NA	0%	0
Haiti	Q4 (Jul-Sep)	NA	NA	10	1	NA	NA	10%	1
<b>Haiti</b>	<b>Total FY 12</b>	<b>NA</b>	<b>NA</b>	<b>10</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>10%</b>	<b>1</b>

<b>Table 8: Facilities, Services, and Institutions Reached by SPRING Activities</b>					
COUNTRY	FY/QUARTER	Facilities and other services		Institutions	
		# of facilities/ services reached in quarter	Total # of unique facilities/ services reached to date in current fiscal year*	# of institutions supported in quarter	Total # of unique institutions supported to date in current fiscal year
Bangladesh	Q1 (Oct-Dec)	0	0	0	0
Bangladesh	Q2 (Jan-Mar)	0	0	0	0
Bangladesh	Q3 (Apr-Jun)	0	0	1	1
Bangladesh	Q4 (Jul-Sep)	163	163	1	2
<b>Bangladesh</b>	<b>Total FY 12</b>	<b>NA</b>	<b>163</b>	<b>NA</b>	<b>2</b>
Haiti	Q1 (Oct-Dec)	0	0	0	0
Haiti	Q2 (Jan-Mar)	0	0	2	2
Haiti	Q3 (Apr-Jun)	0	0	0	2
Haiti	Q4 (Jul-Sep)	0	0	2	4
<b>Haiti</b>	<b>Total FY 12</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>4</b>

\* In the case of facilities/services reached and institutions supported, the total is not the cumulative number. Instead it is the total number of unique facilities/services and institutions.

<b>Table 9: Institutions Receiving SPRING Support in Year 1</b>						
Country	Institutions (government or NGO) receiving SPRING support	Q1	Q2	Q3	Q4	Description of activities
Bangladesh	The Hunger Project			X		
Bangladesh	RFLDC-Barisal (GoB-Danida)				X	
Haiti	Haitian Society of Pediatrics (HSP)				X	Assisted with conducting two trainings on IYCF (breastfeeding)
Haiti	Concern World Wide		X			Provided IYCN training package, posters, & flyers to conduct IYCF training for their staff
Haiti	Action contre la faim(ACF)		X			Provided IYCN training package, posters, & flyers to conduct IYCF training for their staff
Haiti	Center for Breastfeeding promotion (CEPAM)				X	Broadcast radio program on breastfeeding with CEPAM

**Table 10: SPRING Social and Behavioral Change Communication (SBCC) Activities**

DATES		QUAR TER	COUNTRY	ESTIMATED # OF PEOPLE REACHED			COMMENTS/DESCRIPTION
START DATE	END DATE			TOTAL	BY GENDER		
				MALE	FEMALE		
8/3/2012	8/3/2012	Q4 (Jul-Sep)	Haiti	40		40	Word Breastfeeding celebration occurred during the month of August 2012. Activities were conducted in three locations in the West department. On August 3rd, the official launching was at Carrefour Maternity where 40 mothers received breastfeeding messages and kits containing toilet articles for babies, baby bag, tub and bucket.
8/15/2012	8/15/2012	Q4 (Jul-Sep)	Haiti	57		57	August 15, breastfeeding messages and kits were provided to 55 mothers from mother support groups from Miragoane, Grand-Goave, and Petit-Goave, gathered in Notre Dame Hospital of Petit Goave. On August 29, the same activity took place in Croix-des-Bouquets health center where 57 mothers received messages and kits.
8/29/2012	8/29/2012	Q4 (Jul-Sep)	Haiti	55		55	August 29, the same activity took place in Croix-des-Bouquets health center where 57 mothers received messages and kits.
Various	Various	Q4 (Jul-Sep)	Bangladesh	2,583		2,583	SPRING's work with FFS and Health Facilities in Bangladesh targets pregnant women and women with children under 2 in the Barisal District with nutrition and hygiene messages through FFA, the health system, and agricultural extension workers.



## Appendix 1: SPRING Performance Monitoring Plan

SPRING Performance Monitoring Plan - Indicators by Results Framework SO and IRs (shaded cells requested by USAID)					
No.	Indicator	Operational Definition	Achievements Year One	Comments	Links to SPRING Framework Strategic Areas
<b>Strategic Objective: Policies and Programs to scale up effective nutrition services improved*</b>					
1	# of children under five reached by USG-supported nutrition programs	<b>Feed the Future Definition:</b> # of children under 5 years of age reached during the reporting year by programs with nutrition objectives, which can include BCC activities, home or community gardens, micronutrient fortification or supplementation, anemia reduction packages, growth monitoring and promotion and management of acute malnutrition. Note: In most cases, SPRING will only track the # of children under 2 years	Bangladesh - 2,713 Haiti - 152 <b>Total - 2,865</b>	SPRING focuses on Children <2. There is a possibility of double counting due to SPRING's emphasis on "multiple messages" to target populations, so that the # of women (with children <2) counted as being reached through one source may also be counted as reached through a different source	3
2	# of children under five who received vitamin A from USG-supported programs	<b>Feed the Future Definition:</b> # of children under 5 years of age who received Vit A from USG-supported programs in the last 6 months from the time this data is collected. In order to reduce Vit A deficiency most effectively, children need 2 rounds of coverage in one year. In order to not double count children, please only report the number done in the last 6 months. This indicator will only be collected in countries where SPRING has activities supporting provision of Vitamin A	0	No activities in this area in Year 1	3



3	# of countries with introductions and/or expansions of cutting edge nutrition interventions	"Cutting edge" to be defined in each case and will be justified with supporting evidence.	0	Although SPRING is doing innovative work in a number of settings, we don't feel that any country fully meets the criteria for this indicator at this point in time.	2,3,4,6
<b>IR 1: Country specific approaches to scale up nutrition programs improved*</b>					
1.1	# of situational analysis/ landscape analysis carried out by SPRING	# of situational/landscape analyses carried out by SPRING to assess the existing environment, strengths and areas for improvement in nutrition programs, identify nutrition interventions to be brought to scale, and potential platforms/ channels for service delivery. Where such analysis has been done prior to SPRING, the indicator will measure the instances that SPRING assists with implementation of recommendations from the analysis. The indicator will be reported by sector and nutrition area, and recommendations/implementation activities will be highlighted.	3	Uganda - 1 partner assessment and 1 NACS facility assessment Haiti- 1 NACS facility assessment (4 facilities)	1,6
1.2	# of people trained in child health & nutrition through USG-supported health area programs	Number of people in SPRING-supported countries who are trained with SPRING support in nutrition topics by country, target audience, partner, and topic (e.g., ENA, SBCC, integrating nutrition into agriculture programs, micronutrients, M&E, others).	Bangladesh - 776 Haiti - 145 <b>Total - 921</b>		All

1.3	# of facilities or services (e.g., health facilities, FFS) reached with SPRING support	Facilities can include any health facility or community level health site, or other types of activities such as farmer field schools, mothers' groups, etc.	163	All in Bangladesh- mainly farmer field schools	2,3,4
1.4	# of institutions reached with SPRING support	Number of institutions (governmental, NGO, etc.) reached with SPRING support, by type of support (e.g., policy/advocacy, training, supportive supervision, capacity building, etc.)	6	Bangladesh - 2 Haiti - 4	1,2,3,4,5
1.5	# of health facilities with established capacity to manage acute under-nutrition	Number of facilities receiving training, assessment, or other forms of capacity building to manage acute undernutrition. Capacity will be determined as being established if training is successfully completed, and/or an assessment demonstrates adequate capacity in desired performance criteria.	0	SPRING has not yet provided support in this area	3
1.6	# of instances of TA provided to SPRING-supported countries	Number of instances where TA was provided to nutrition program partners in SPRING-supported countries. This will be tracked by country, sector(s), nutrition area, and type of assistance. Presented as a table or series of tables describing various instances of assistance.	21	See Annual Report text for description of specific assistance provided	All

<b>Sub-Result 1.1: Country-specific SBCC programs strengthened</b>					
1.1.1	Estimated number of contacts made through SBCC activities	Estimated number of contacts made through SBCC activities, by country, sector, type of media, message, etc. Contacts estimated based on records from ANC clinics, community health workers, and others delivering SBCC messages. Also records from media used to spread SBCC messages, e.g., radio coverage. Targeted surveys may also be used as appropriate if resources allow.	2735	Bangladesh - 2,583 Haiti - 152	2
1.1.2	# of people accessing nutrition e-learning module	A nutrition e-learning module will be designed in year one and offered online in year two. This indicator will measure the number of people accessing the module, by participant characteristics	0	Module is under development but not yet complete	2
<b>Sub-Result 1.2: Country-specific approaches to improve dietary quality and diversity (including micronutrient adequacy) advanced</b>					
	See indicators 1.2, 1.3, 1.4, 1.6				
<b>Sub-Result 1.3: Country-specific scale-up of evidence based nutrition interventions supported</b>					
1.3.1	# of geographic units reached by SPRING activities	Geographic units will be defined by the country; (e.g. districts, states, upazilas, LGAs) "Reached" may be through training, SBCC, supportive supervision, supplies, etc.	See comments at right	Bangladesh: 15 upazilas in Barisal & Khulna Divisions Haiti: 1 department (World Breastfeeding Week in West Department) Nigeria: 2 states (Benue and FCT, though activities had not really begun in Year 1) Uganda: 2 districts (Kisoro and Ntungamo)	1,3,5

1.3.2	% of geographic units in the country reached by SPRING activities	<p>Numerator: # of geographic units reached</p> <p>Denominator: total geographic units in the country</p> <p>This indicator gives a rough idea of the scale of SPRING interventions. "Reached" may be through training, SBCC, supportive supervision, supplies, etc. Geographic units will be defined by the country; (e.g. districts, states, upazilas, LGAs)</p>	See comments at right	<p>BD: 3% of total upazilas in the country</p> <p>HT: 10% of 10 departments</p> <p>NG: 5% of 36 states plus FCT</p> <p>UG: 2% of 111 districts</p>	1,3,6
1.3.3	% of target population reached on SPRING - supported geographic units	<p>Numerator: # of people in target population groups reached</p> <p>Denominator: total target population in SPRING-supported geographic units</p> <p>This indicator gives a rough idea of the scale of SPRING achievements in terms of people reached. "Population reached" will most likely be through SBCC, including interpersonal contacts through the health system, agricultural extension, FFS, etc. Geographic units will be defined by the country; (e.g. districts, states, upazilas, LGAs)</p>	Bangladesh - 2%	<p>Numerator is the same as indicator number 1</p> <p>Denominator is the estimated number of pregnant women plus women with children under 2 years in SPRING upazilas, based on census data</p>	3
	See also indicators 1.2, 1.3, 1.4, 1.6				



IR 2: Global evidence base, advocacy platforms, and policies for nutrition expanded					
2.1	# and type of dissemination activities supported by SPRING	Number/type of activities supported by SPRING to disseminate information related to nutrition best practices, impact of interventions, cost effectiveness, and other topics, by topic and type of product (e.g., reports, presentations, slide decks, meetings convened, online forums, e-learning modules, research briefs, web-based information)	See comments at right	Meetings hosted by SPRING: 8 Meetings where SPRING presented: 10 Research briefs and reports: 16 under review at USAID Website operational  See text for more details	6
Sub-Result 2.1: Policy and advocacy efforts to support food and nutrition policies and programming strengthened					
2.1.1	# of country, regional, & global meetings conducted or attended	Number of country, regional, and global meetings conducted or attended to discuss nutrition policies, guidelines, strategies, or actions, led by SPRING or using evidence provided by SPRING. Evidence of results of such meetings will also be reported.	32	See text for more details	5
2.1.2	# of networks or communities of practice that SPRING leads or participates in	Number of country, regional, and global inter-agency knowledge networks or communities of practice that SPRING leads or in which SPRING participates actively. Priority for Year 1 will be co-chairing the Anemia Task Force with MCHIP	15	Names of networks and professional groups available on request.	5

Sub-Result 2.2: Evidence base learning, monitoring and evaluation for effective approaches to scale-up nutrition services expanded					
2.2.1	Number of research and evaluation activities conducted by SPRING	# of research & evaluation activities conducted by SPRING, by type of activity (e.g., secondary analysis of data, operations research, impact evaluation, monitoring systems), and topic. Research will be carried out in agreement with USAID and may include the following: - impact of innovative approaches (SBCC and others)- integration of nutrition into agriculture programs to improve dietary quality and diversity- successful approaches to scale-up of nutrition interventions- analysis of relationship between early under-nutrition and NCDs later in life- secondary analysis of DHS, MICS, IFPRI surveys, HIES, & others related to other research questions	10	Research and Evaluation Activities:- Ten research briefs produced on early life undernutrition and risk of NCDs later in life- Four briefs and a summary report prepared on distribution and consumption of IFA through ANC programs - Two research TAGS held and five research concept notes produced- SBCC literature review first chapters completed- HCES analysis begun on Bangladesh- Theory of Change exercise undertaken and draft framework produced- Bangladesh baseline (FSNSP) survey supported- Bangladesh monitoring system and tools developed- Haiti facility assessment carried out- Uganda facility assessment begun in Q4	6, others

2.2.2	Number of instances where standard nutrition metrics are improved based on SPRING inputs	# of times SPRING has substantively contributed to the improvement or update of a key nutrition indicator, measure, or guideline, via improved questionnaire design, improved question wording, improved definitions, or other improvements recommended by SPRING. These changes will be advocated and prioritized for high-use surveys (e.g., DHS, MICS, WHO, IFPRI).	1	SPRING innovated usage of the DHS reproductive calendar data to refine the standard low birth weight indicator. Using this new method, we have been able to separate (at least at month marks) those births that are pre-term from normal term. Within low birth weight, this distinction gives us a more fine-tuned measure in relation to risk of metabolic disruption leading to higher risk of NCDs later in life. In Year 2, SPRING will test the validity of this approach in select countries where we have access to direct observation low birth weight/pre-term data.	6, others
2.2.3	Number of documents (reports, tools, statements) produced by SPRING	# of documents produced by SPRING, including journal articles, project reports, presentations at workshops and professional meetings, videos, website content, research briefs, etc., that are based on evidence and have been disseminated using various channels. # of tools developed or existing tools adapted. Evidence of use of documents will be reported, e.g., to influence policy and/or program implementation.	23	Counting each research brief separately	6, others

2.2.4	Number of unique visits to SPRING website	# of unique page views or times that a specified page/document was viewed at least once on the SPRING and other websites (where possible - we may post SPRING documents on other knowledge portals and will attempt to document page views from those sources as well if possible). Note that we will track several other indicators related to website usage on a routine basis using Google Analytics	681		6
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<b>Other Indicators for Potential Future Collection</b> Score/rating of national nutrition <i>policies</i> in SPRING-supported countries Score/rating of national nutrition <i>programs and services</i> in SPRING-supported countries
Degree to which SPRING-supported countries adopt and implement evidence-based SBCC approaches
Degree to which SPRING-supported countries adopt and implement evidence-based approaches to improve dietary quality and diversity
Degree of nutrition integration and coordination across health and non-health sectors in SPRING-supported countries
Degree to which nutrition programs in SPRING-supported countries are gender sensitive
Number of instances of documented scale-up of evidence-based nutrition interventions in SPRING-supported countries
Level of capacity of program implementers (ministries, NGOs,



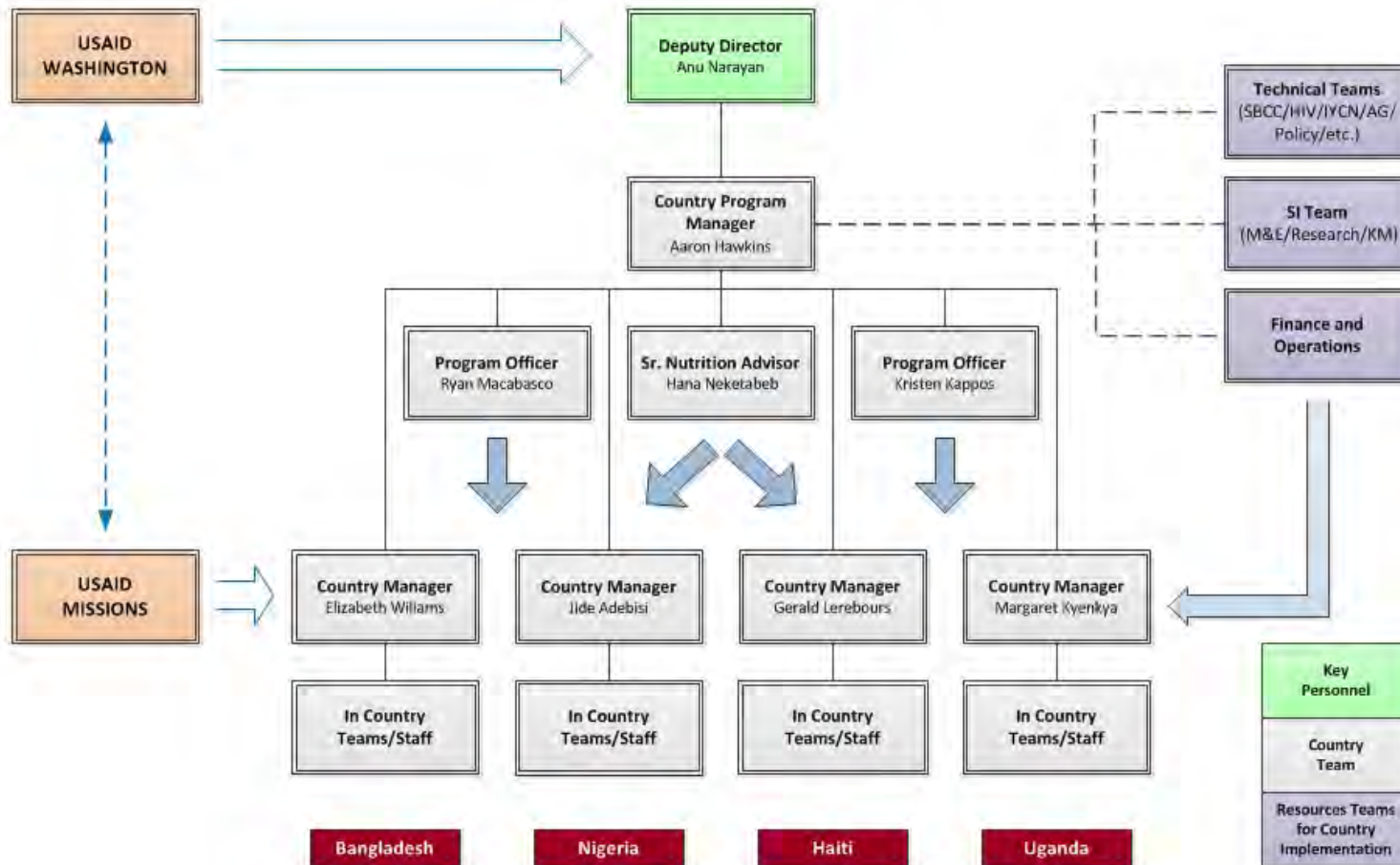
etc.) in SPRING-supported countries

Number of improvements in nutrition policies/programmatic guidelines due to SPRING advocacy efforts

\* Note: Objective level and IR1 indicators primarily represent SPRING's work funded through Field Support. Some of the indicators will only be measured in countries with substantial SPRING support related to the activity being measured (e.g., Vitamin A). Additional indicators demonstrating achievements at the country level will be developed as part of each country's PMP, and country-level indicators will therefore vary by country.

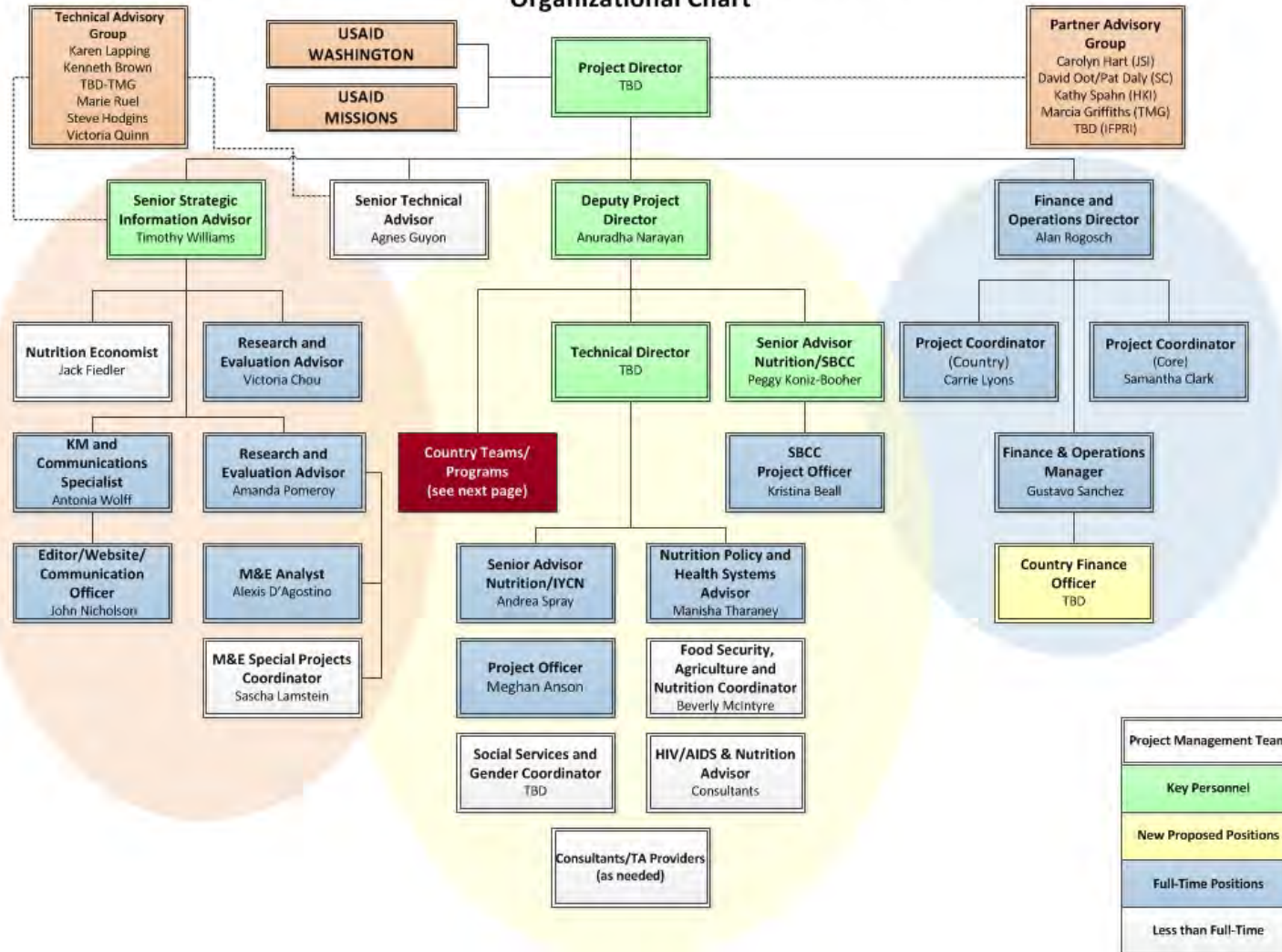
# Appendix 2: SPRING Country Program Management

## SPRING Country Program Management

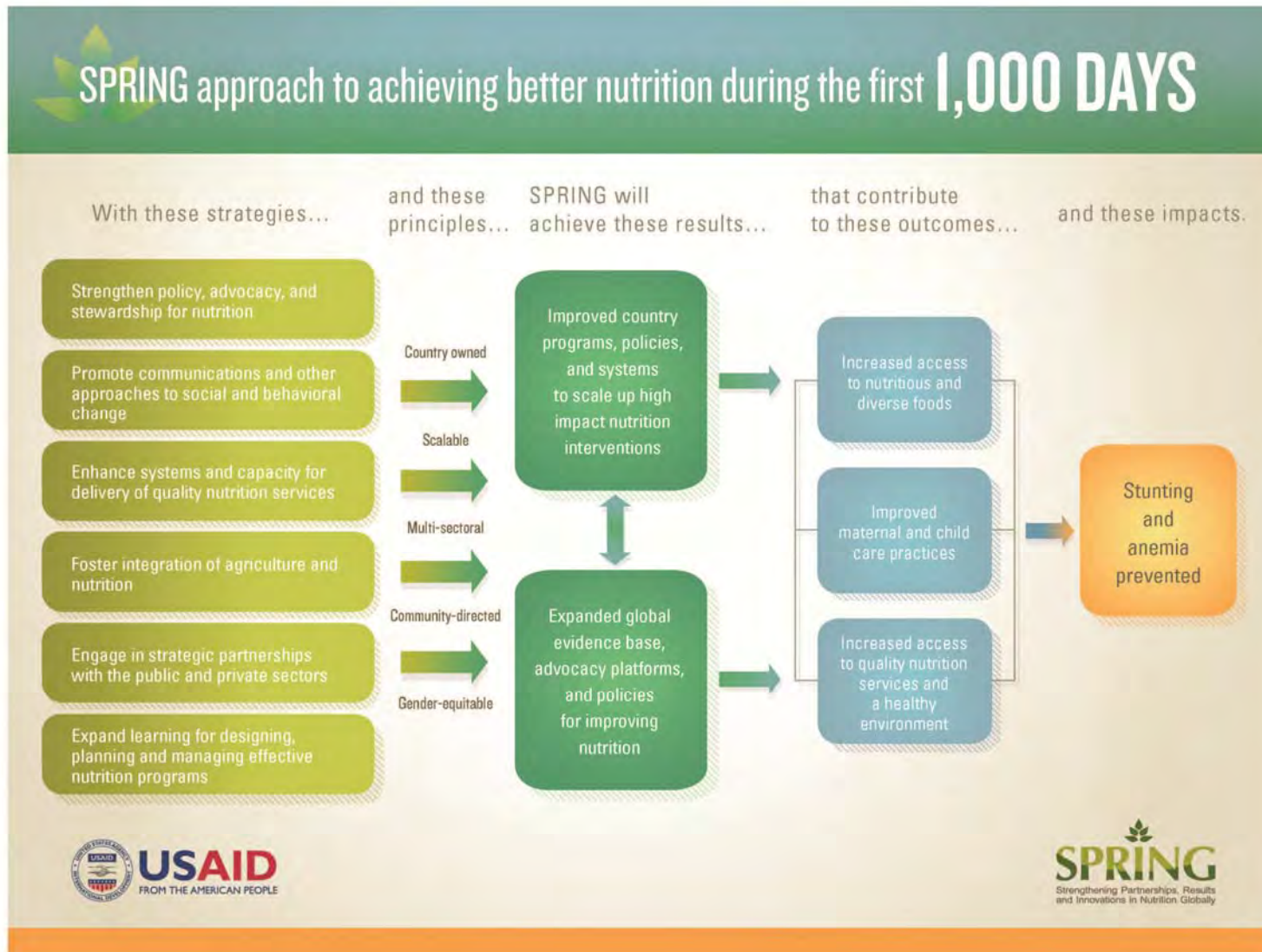


# Appendix 3: SPRING Organizational Chart

## Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) Organizational Chart



# Appendix 4: SPRING Framework



For more information, visit [www.spring-nutrition.org](http://www.spring-nutrition.org)

## **SPRING**

JSI Research & Training Institute, Inc.

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: [info@spring-nutrition.org](mailto:info@spring-nutrition.org)

Internet: [spring-nutrition.org](http://spring-nutrition.org)