

# FANTA III

FOOD AND NUTRITION  
TECHNICAL ASSISTANCE

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## **FANTA Project Year 4 Work Plan October 1, 2014–September 30, 2015**

Cooperative Agreement Number  
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## Abbreviations and Acronyms

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ABC	activity-based costing
AIDS	Acquired Immunodeficiency Syndrome
ART	antiretroviral therapy
ASSIST	Applying Science to Strengthen and Improve Systems Project
BBS	beneficiary-based survey
BFS	USAID Bureau for Food Security
BMGF	Bill & Melinda Gates Foundation
BMI	body mass index
CBHCP	community-based health care provider
CHW	community health worker
CMAM	community-based management of acute malnutrition
COUNSENUH	Centre for Counselling, Nutrition and Health Care
CSHGP	USAID Child Survival and Health Grants Program
CSI	coping strategies index
CSO	civil society organization
DAI	Development Alternatives, Inc.
DHS	Demographic Health Survey
DNHA	Department of Nutrition, HIV/AIDS (Malawi)
DRC	Democratic Republic of Congo
EBF	exclusive breastfeeding
ENA	Essential Nutrition Actions
ES/L/FS	economic strengthening, livelihoods, and food security
F	U.S. Department of State Office of U.S. Foreign Assistance
FANTA	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization of the United Nations
FBP	Food by Prescription
FBR	food-based recommendation
FCT	food composition table
FEWS NET	Famine Early Warning Systems Network
FFP	USAID Office of Food for Peace
FFPMIS	FFP Management Information System
FMOH	Federal Ministry of Health (Ethiopia and Nigeria)
FSCF	food security country framework
FTF	Feed the Future
GAIN	Global Alliance for Improved Nutrition
GH	USAID Bureau for Global Health
GHI	Global Health Initiative
GNC	Global Nutrition Cluster
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Scale
HIDN	Office of Health, Infectious Diseases, and Nutrition
HIV	human immunodeficiency virus
HKI	Helen Keller International
HMIS	health management information system
IATT	Food and Nutrition Inter Agency Task Team
ICEFI	Instituto Centroamericano de Estudios Fiscales (Central American Institute for Fiscal Studies)

IFA	iron/folic acid
IFPRI	International Food Policy Research Institute
iLiNS	International Lipid-Based Nutrient Supplements
IMAM	integrated management of acute malnutrition
INCAP	Instituto de Nutrición de Centro América y Panamá (Institute of Nutrition of Central America and Panama)
IP	implementing partner
IPC	Integrated Food Security Phase Classification
IPC GSU	IPC Global Support Unit
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRB	Institutional Review Board
IYCF	infant and young child feeding
LAM	mixed-methods lactation amenorrhea method
LGA	local government authority (Tanzania)
LIFT II	Livelihoods and Food Security Technical Assistance II Project
LNS	lipid-based nutrient supplement(s)
LNSRN	LNS Research Network
LSHTM	London School of Hygiene and Tropical Medicine
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
MCDMCH	Ministry of Community Development, Mother and Child Health (Zambia)
MCHIP	Maternal and Child Health Integrated Program
MCHN	maternal and child health and nutrition
MEPI/NEPI	Medical/Nursing Education Partnership Initiative
MFDI	Media for Development International
MI	Micronutrient Initiative
MINFIN	Ministerio de Finanzas Públicas (Ministry of Public Finance) (Guatemala)
MISAU	Ministério da Saúde (Ministry of Health) (Mozambique)
mm	millimeter(s)
MNP	multiple micronutrient powder(s)
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services (Namibia)
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MSU	Michigan State University
MUAC	mid-upper arm circumference
NACS	nutrition assessment, counseling, and support
NCST	nutrition care, support, and treatment (Malawi)
NGO	nongovernmental organization
NIH	National Institutes of Health
NPDA	Nutrition Program Design Assistant
OFDA	USAID Office of U.S. Foreign Disaster Assistance
OHA	USAID Office of HIV/AIDS
OPC	Office of the President and Cabinet (Malawi)
OPM	Office of the Prime Minister (Uganda)
OR	operations research
OVC	orphans and vulnerable children
PAMRDC	Plano de Acção Multissetorial para a Redução da Desnutrição Crónica em Moçambique (Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique)

PECNAP	prise en charge nutritionnelle ambulatoire des PVVIH (nutrition care and treatment for PLHIV) (Côte d'Ivoire)
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PIRS	performance indicator reference sheet
PLEW	project-level early warning
PLHIV	people living with HIV
PLW	pregnant and lactating women
PM2A	Preventing Malnutrition in Children under 2 Approach
PMO	Prime Minister's Office (Tanzania)
PMP	Performance Management Plan
PMTCT	prevention of mother-to-child transmission of HIV
PNN	Programme National de Nutrition (National Nutrition Program) (Côte d'Ivoire)
PNOEV	Programme National des Orphelins et Enfants Vulnérable (National Program for Orphans and Vulnerable Children) (Côte d'Ivoire)
PRH	USAID Office of Population and Reproductive Health
PRN	Programa de Reabilitação Nutricional (Nutrition Rehabilitation Program) (Mozambique)
<i>PRN I and II</i>	<i>Manual for the Treatment and Rehabilitation of Malnutrition, Volumes I and II</i>
PRONANUT	Programme National de Nutrition (National Nutrition Program) (DRC)
ProPAN	Process for Promotion of Child Feeding
PVO	private voluntary organization
PY	Project Year
QA	quality assurance
QI	quality improvement
RHB	Regional Health Bureau
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SAPQ	Standardized Annual Project Questionnaire
SBC	social and behavior change
SBCC	social and behavior change communication
SFP	specialized food product
SO	Strategic Objective
SP	sulfadoxine pyrimethamine
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project
SQ-LNS	small-quantity LNS
SUN	Scaling Up Nutrition
TA	technical assistance
TAG	technical advisory group
TB	tuberculosis
TDY	temporary duty
TFNC	Tanzania Food and Nutrition Centre
TOPS	Technical and Operational Performance Support Program
TOT	training of trainers
TRM	technical reference materials
TWG	technical working group
U.N.	United Nations
U.S.	United States
UC Davis	University of California – Davis

UNAIDS	Joint U.N. Special Programme on HIV/AIDS
UNAP	Uganda Nutrition Action Plan 2011–2016
USAID	U.S. Agency for International Development
USG	U.S. Government
UTA	University of Tampere
WASH	water, sanitation, and hygiene
WDDP	Women’s Dietary Diversity Project
WFP	World Food Programme
WHO	World Health Organization
WUSTL	Washington University in St. Louis
ZOI	zone of influence

## The Food and Nutrition Technical Assistance III Project: Project Overview

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

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

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

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

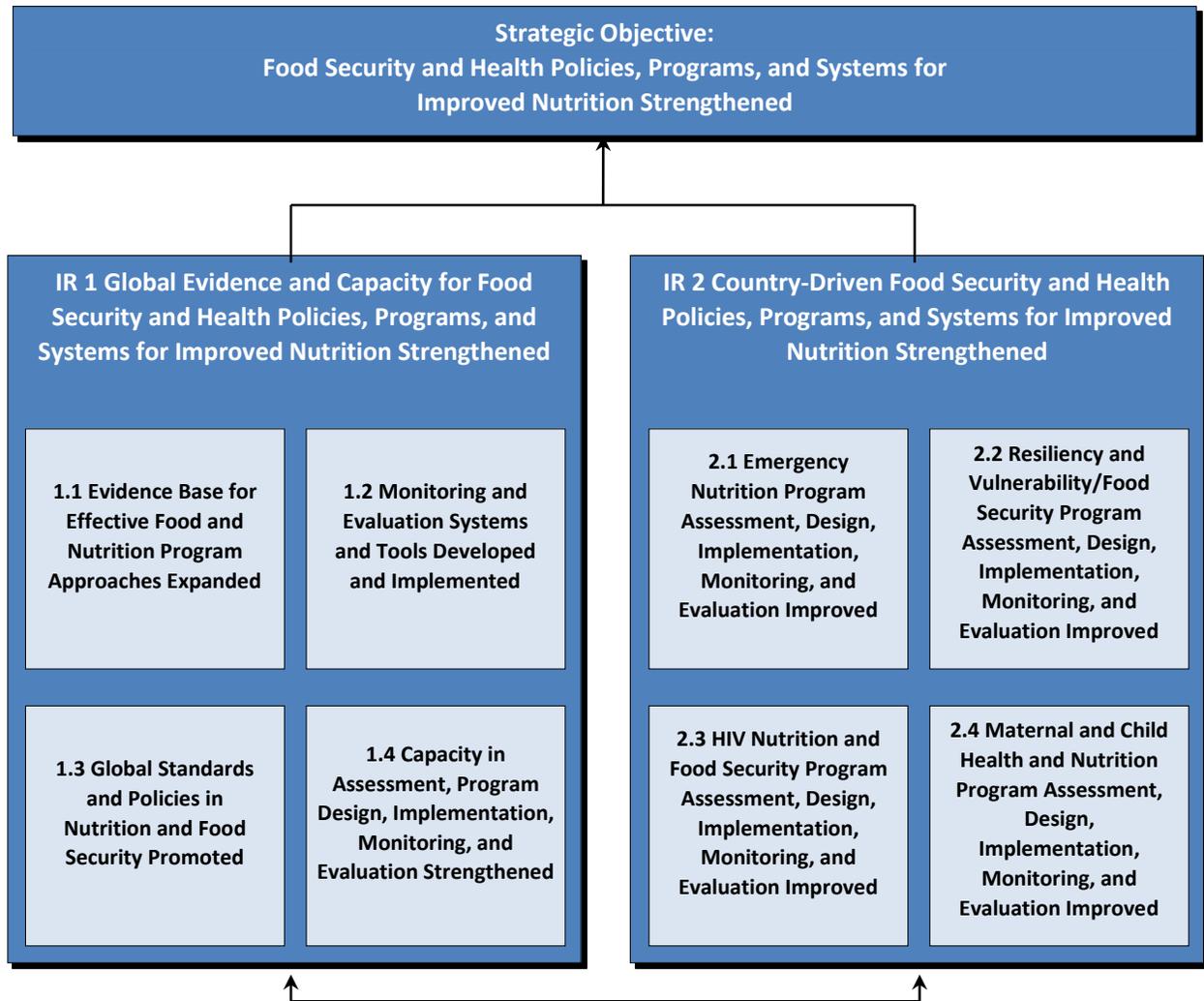
FANTA’s work falls under two Intermediate Results (IRs).

- **FANTA strengthens global evidence and capacity for food security and health policies, programs, and systems for improved nutrition (IR 1)** by expanding the evidence base for effective food security and nutrition program approaches; developing and implementing M&E systems and tools; promoting global standards and policies in food security and nutrition; creating linkages within health systems to strengthen nutrition throughout the life cycle; and strengthening capacity in assessment, program design, implementation, and M&E.
- **FANTA strengthens country-driven food security and health policies, programs, and systems for improved nutrition (IR 2)** by improving the assessment, design implementation, and M&E of programs focusing on food security and nutrition in the context of emergency situations, HIV and other infectious diseases, maternal and child health and nutrition (MCHN), and agriculture and nutrition linkages.

Each IR contains four sub-IRs (see **Figure 1**). **Table 1** displays activities by sub-IR in the countries in which FANTA plans to work in Project Year 4.

FANTA is implemented by FHI 360. The project is a 5-year cooperative agreement (February 8, 2012 to February 7, 2017). Partners include the Centre for Counselling, Nutrition and Health Care (COUNSENUH); Development Alternatives, Inc. (DAI); Helen Keller International (HKI); Instituto de Nutrición de Centro América y Panamá (INCAP) (Institute of Nutrition of Central America and Panama); the International Food Policy Research Institute (IFPRI); Media for Development International (MFDI); Michigan State University (MSU); Micronutrient Initiative (MI); the Tanzania Food and Nutrition Centre (TFNC); Tufts University; University of California – Davis (UC Davis); University of Tampere (Finland) (UTA); and Washington University in St. Louis (WUSTL).

**Figure 1. FANTA Strategic Framework**



**Table 1. Matrix of Country Activities by Sub-IR**

COUNTRIES	IR 1				IR 2			
	1.1 Evidence Base for Effective Food and Nutrition Program Approaches Expanded	1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented	1.3 Global Standards and Policies in Nutrition and Food Security Promoted	1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened	2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.2 Resiliency and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved
Bangladesh	X			X				
Bolivia	X							
Burundi	X			X				
Côte d'Ivoire							X	X
DRC							X	
Ethiopia							X	
Guatemala	X			X				X
Honduras	X							
India	X							
Indonesia								X
Kenya	X				X			
Lesotho							X	
Madagascar	X			X				
Malawi	X	X		X	X		X	X
Mozambique							X	X
Namibia							X	
Nepal				X				
Nigeria							X	
Rwanda	X							
Somalia				X				
Tanzania							X	X
Uganda							X	X
Yemen			X					X
Zambia				X			X	X

## Key Operating Approaches

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### Building the Evidence Base

FANTA carries out randomized controlled trials, impact evaluations, and delivery science studies to generate evidence about effective approaches to improve food security and nutrition. Findings from research activities are provided in technical reports, documented in scientific peer-reviewed papers, presented at international conferences, summarized in technical notes, and translated into technical reference materials (TRM).

### Needs-Driven Agenda

FANTA identifies priority research questions; areas where the development of tools is important; and targets for capacity strengthening based on structured information gathering, rigorous review of program evaluations, and dissemination of research findings. Priority issues are identified in close collaboration with USAID; through project field activities and country team input; and through participation in international conferences, interagency meetings, working groups, and task forces (such as those supported by the USAID-funded Technical and Operational Performance Support Program [TOPS] and CORE Group).

### Strengthening Nutrition Governance through Support for Country Ownership

Reflecting the principles of FTF, USAID Forward, and the Scaling Up Nutrition (SUN) movement, FANTA improves the scale-up and sustainability of nutrition services by helping national governments update and harmonize their nutrition policies, strategies, action plans, and guidelines through in-depth TA. Improved nutrition governance is also supported by strengthening the capacity of policymakers, IPs, health and agricultural service providers, and community health workers (CHWs) through training, job aids, mentorship, and exchange visits. FANTA also strengthens M&E skills by conducting in-country workshops, developing TRM, providing input on national M&E systems, and by training program managers and local M&E specialists in program monitoring. In addition, FANTA works with local researchers and research institutions whenever possible, to utilize and strengthen local capacity in research.

### Integrated Programming

Populations face many nutrition challenges, from chronic and acute malnutrition and hidden hunger to the array of chronic diseases that are caused by overnutrition. Because these challenges often coexist in the same populations, services are needed at the local level that address these various forms of malnutrition in an integrated manner and that cover the full continuum of care, from prevention to treatment. FANTA helps governments and IPs link and integrate proven approaches, such as community-based management of acute malnutrition (CMAM); nutrition assessment, counseling, and support (NACS); preventive MCHN; water, sanitation, and hygiene (WASH) best practices; and agricultural extension by facilitating coordination across ministries, developing joint curricula, carrying out joint trainings of staff, and promoting the use of gender analysis and quality improvement (QI) across platforms.

### Collaboration

FANTA collaborates and coordinates with other USAID IPs and other donor programs to maximize the impact of our food security and nutrition TA. FANTA champions the use of joint temporary duty (TDY) and joint work planning with global partners, such as the Livelihoods and Food Security Technical Assistance II Project (LIFT II); the Applying Science to Strengthen and Improve Systems Project (ASSIST); the Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project (SPRING); and

MEASURE Evaluation; and provides TA directly to USAID bilateral projects and United Nations (U.N.)-supported projects in countries to enhance integration, reach, and scale-up.

## Gender

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

## Quality Improvement

FANTA supports the application of QI methods to clinic- and community-based activities, with particular emphasis on maintaining quality services with scale-up and prioritizing services in the face of provider time constraints. Approaches include the establishment of quality standards and indicators for nutrition services, application of QI models for systems scale-up, development of centers of excellence and checklists, and reinforcement of supportive supervision. FANTA has worked successfully with ASSIST in several countries to bring a QI approach to NACS services.

## Knowledge Management

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FANTA encourages and supports the transfer of knowledge by disseminating program experiences, research findings, and tools that strengthen nutrition both globally and at the country level. The project uses various platforms to reach target audiences, including the FANTA website ([www.fantaproject.org](http://www.fantaproject.org)), the *FANTA Update* newsletter, social media (blogs and Twitter), webinars, conferences, workshops, communities of practice, and peer-reviewed journals. The project primarily aims to reach USAID and its partners, including host country governments, nongovernmental organizations (NGOs), and international private voluntary organizations (PVOs). In Project Year 4, FANTA plans to develop a dissemination strategy to guide knowledge sharing activities. Also, during the last two years of the project, special attention will be given to offer timely reporting, via written summaries and/or brown bags (if requested) to USAID to inform them about lessons learned from participation in seminars, conferences, technical meetings and working groups.

**Information Sharing.** In Project Year 4, FANTA will continue to support its online presence via the website (which receives more than 10,000 page views each month), *FANTA Update* (which is sent to more than 800 subscribers), and Twitter (which has over 200 followers) to share FANTA's research and findings, publications, and tools. This includes work to ensure easy accessibility of information from the website and optimal usability. Other online dissemination activities will include posting blogs and newsletter articles and submission of FANTA deliverables to the USAID Development Experience Clearinghouse.

In Project Year 4, the project also plans to create informational videos, host webinars, and hold workshops as appropriate to further reach specific audiences on topics related to the activities outlined in this work plan (e.g., M&E workshops for FFP awardees, webinars to guide program implementers on the use of new FANTA tools, or events to present important research findings). In addition, FANTA will support the transfer of knowledge through the various trainings outlined in this work plan. The project will also continue to submit research findings and other relevant material to be published in peer-reviewed journals and presented at conferences (such as the Micronutrient Forum and the American Public Health Association Annual Meeting). FANTA also participates in and supports communities of practice, such as those managed by FHI 360, CORE Group, and TOPS; and will present to USAID summaries of meetings held in those fora, as well as summaries of international conferences it attends.

**Publications.** FANTA's publications reflect a wide range of material, e.g., research findings, policy guidance, national nutrition plans, indicator guides, assessments, training materials, and job aids. Lists of FANTA tools, trainings, and publications planned for Project Year 4 are available in **Annexes 2, 3, and 4**, respectively. In addition, FANTA will create briefs to more widely share important activities, approaches, and research findings with program implementers and others. These may include the following:

- **Impact Story:** two-page brief to summarize results and impact of a specific FANTA activity, utilizing images or graphics (FANTA plans to produce at least three impact stories in Project Year 4, as noted in this work plan's Performance Management Plan [PMP])
- **Field Note:** 2–4 page brief that shares information on a current FANTA country-based activity through discussion of challenges, solutions, and lessons learned
- **Technical Note:** 4–12 page brief, typically to explain a technical approach to program implementers

- Advocacy Brief: 1–2 page brief used to illustrate to stakeholders nutrition problems and potential solutions using data, graphics, and images
- Country Brief: two-page brief to describe ongoing FANTA work and achievements in a country

**Special Events.** The Martin J. Forman lecture, held yearly at IFPRI, commemorates the significant impact on international nutrition by Martin J. Forman, who headed the Office of Nutrition at USAID for more than 20 years. Each year a renowned lecturer is invited to present on issues related to malnutrition. Following a request from USAID, FANTA will provide supporting resources to IFPRI for the preparation of the event (which will celebrate its 25<sup>th</sup> year in 2015). FANTA will also participate in the deliberations of the Steering Committee responsible for organizing the event (identifying lecturers, deciding on the dates, etc) and will otherwise represent USAID's interests during event planning.

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

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Through various key global and United States (U.S.) initiatives, including FTF and the SUN movement, the international community has made a significant commitment to improving nutrition. FANTA builds on the existing evidence base, such as research evidence documented in the landmark 2013 Maternal and Child Nutrition series from *The Lancet*, for targeting interventions aimed at preventing undernutrition during the critical “1,000-day window of opportunity” from the start of a woman’s pregnancy until her child’s second birthday. We develop and test methods, tools, and approaches that inform and support how to implement effective programs and policies to improve nutrition, while continuing to strengthen the evidence base on specific interventions that work in key areas. Ultimately, the goal is to strengthen and improve the capacity of programs and systems that deliver nutrition services. Our strategic research studies also inform the development of tools, M&E, and capacity strengthening activities.

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

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

#### USAID Office of Food for Peace Program Policies and Approaches

**Preventing Malnutrition in Children under 2 Approach (PM2A)** (funded by FFP, October 2010–September 2016, implemented by IFPRI). PM2A is a food-assisted approach aimed at preventing child malnutrition by targeting a package of health and nutrition interventions during the 1,000-day window to all pregnant women, mothers of children 0–23 months of age, and children under 2 years of age in food-insecure program areas, regardless of nutritional status. PM2A supports the provision of three core services to participants: conditional food rations; preventive and curative health and nutrition services for children and women, according to national protocols; and social and behavior change (SBC).

In 2010, FANTA initiated a cluster-randomized trial in Guatemala and Burundi with FFP awardees to examine specific aspects of PM2A. The main research questions being investigated are the impact of PM2A on child nutritional status (stunting, underweight, and anemia); the cost-effectiveness of PM2A as an approach to improve child nutritional status; and the optimal composition, size, and duration of PM2A food rations for improved nutritional outcomes.

In Guatemala, in Project Year 4, FANTA will complete the collection of program costing data and longitudinal data among enrolled women and their children. In Burundi, in Project Year 4, FANTA will finalize a report on the first follow-up to the baseline survey, with a focus on children 0–23 months. FANTA will also start to collect the second round of follow-up data, with a focus on children 24–41

months of age, and will continue collecting program costing data to be used in the cost-effectiveness analysis at the end of the study.

**Effective Exit Strategies for FFP Development Food Assistance Projects** (funded by FFP, March 2009–September 2015, implemented by Tufts). One of the persistent challenges of development projects is to ensure that the benefits of their interventions are sustained after the projects end. All FFP development food assistance projects must incorporate a specific exit strategy into their designs that describes both withdrawal from the project area without jeopardizing any achievements and assurance that progress continues after the project ends. An earlier review of documented experience with FFP project exit strategies found little evidence on the effectiveness of different types of exit strategies. This represents a critical gap in knowledge about project design and implementation; filling this gap is essential to provide guidance on the design of effective exit strategies.

To explore the effectiveness of and provide guidance to future programs on how to incorporate exit strategies that ensure sustainability of benefits in program design, FANTA initiated multi-year studies in Bolivia, Honduras, India, and Kenya. Each country study includes three components:

- A review of awardee-planned exit strategies and the implementation of those strategies in the final project year;
- A qualitative review one year after the project ended to understand processes of change; and
- In-depth qualitative and quantitative assessments two to three years after exit to assess the extent to which the impacts of the project were sustained or improved, and to understand factors of success or failure in the specific exit strategies

In Project Year 3, draft versions of the individual country reports for Bolivia, Honduras, and Kenya were completed. In Project Year 4, a final version of all four country reports will be completed and published on the FANTA website. In addition, a summary report providing a synthesis of the qualitative and quantitative findings across all rounds of data collection in the four countries will be prepared for FFP review and published. Upon publication of the full set of reports in Project Year 4, FANTA will also organize a dissemination workshop in Washington, DC, to present the overall findings from the research to FFP and USAID stakeholders.

## Specialized Food Product Studies

**Effectiveness of Lipid-based Nutrient Supplements (LNS) in Bangladesh** (funded by USAID Bureau for Global Health [GH], September 2011–March 2016, implemented by UC Davis). In 2011, FANTA started an effectiveness study to evaluate the impact of LNS on the prevention of chronic malnutrition in children and the improvement of nutritional status among pregnant and lactating women (PLW) in Bangladesh. FANTA continues to carry out this cluster-randomized, controlled effectiveness study, which involves four study arms:

- LNS to the mother during pregnancy and the first 6 months postpartum, plus LNS to the child starting at 6 months of age up to 24 months
- Iron/folic acid (IFA) to the mother during pregnancy and the first 3 months postpartum, and LNS to the child starting at 6 months of age up to 24 months
- IFA to the mother during pregnancy and the first 3 months postpartum, and multiple micronutrient powders (MNP) to the child starting at 6 months of age up to 24 months
- IFA to the mother during pregnancy and the first 3 months postpartum, and no additional supplement to the child

The study evaluates the impact of these approaches on nutrition, health, and developmental outcomes of participating children until 24 months of age and on the health and nutrition outcomes of their mothers. Along with this study, FANTA is carrying out complementary socioeconomic research activities to assess the willingness to pay for LNS and MNP, the relative and absolute cost and cost-effectiveness of each approach, and public and private benefits of LNS and MNP use. Finally, to understand the operational aspects of delivering these types of supplements through community-based programs, FANTA is also conducting a process evaluation to assess barriers and constraints to optimal delivery and uptake of the LNS and MNP interventions.

Ongoing longitudinal data collection during Project Year 4 will include child outcomes (e.g., anthropometry, micronutrient status and anemia, and motor development), as well as data for the socioeconomic and process evaluation work (e.g., willingness to pay for the nutrient supplements and health expenditures). In addition, contact will be maintained with study participants who have completed the current phase of the study, for potential future long-term follow-up studies. Several reports from the study will also be completed and published in Project Year 4, including a report on pregnancy, birth outcomes, the cost-effectiveness of LNS and IFA for birth outcomes, and maternal adherence to supplements during pregnancy and the immediate postpartum period will be completed.

Finally, the study team is currently preparing several scientific manuscripts to submit to peer-reviewed journals. In Project Year 4, these will include:

- The impact of gestational LNS supplementation on birth size
- The effect of the LNS on maternal weight gain during pregnancy and on weight loss postpartum
- The impact of gestational LNS supplementation on the incidence of preeclampsia and pregnancy or childbirth complications

The team is targeting publication in high-impact journals for these manuscripts, such as the *American Journal of Clinical Nutrition* and the *Journal of Nutrition*.

Other reports for which work will be undertaken during Project Year 4, but completed in subsequent years include a report on supplement adherence in children and a report on the results of the process evaluation of integrating the LNS and MNP distribution within a local organization's existing MCHN program. The following scientific manuscripts will also be submitted to peer-reviewed journals: the effect of the LNS supplementation on maternal anemia during pregnancy and postpartum; the maternal diet in the study population (specifically, the implications of eating less on diet quality and weight gain during pregnancy); and the prevalence of, and factors associated with anemia, low and high body mass index (BMI), and depressive symptoms in early pregnancy among rural women in North-West Bangladesh.

**Effectiveness of Dietary Interventions During Pregnancy in Malawi** (funded by GH, March 2011–December 2015, implemented by UC Davis and University of Tampere). While daily complementary feeding of infants with LNS might have the potential to reduce the incidence of severe stunting before the age of 18 months, linear growth retardation often starts before 6 months of age, in the fetal period, or as the result of a preterm birth. Previous studies have shown maternal reproductive tract infections and malaria during pregnancy to be important risk factors for preterm births and infants born with low birth weight, which are both associated with linear growth faltering in early childhood and beyond.

To build on this knowledge, FANTA initiated a study to investigate the extent to which adverse birth outcomes can be reduced through dietary intervention during pregnancy. The randomized, controlled clinical trial is being carried out in Malawi with 1,391 pregnant women, randomized to receive one of three daily interventions until delivery: LNS, multiple micronutrient supplementation, or IFA

supplementation. The results of the study will inform whether LNS or multiple micronutrient supplementation—in comparison to the standard of care (IFA supplementation)—during pregnancy can reduce the effect of maternal infection during pregnancy on preterm births and infants born with low birth weight. In Project Year 1, enrollment in the study was completed. In Project Year 2, data from enrolled women and their infants were collected, stored, and analyzed, and preliminary study findings (group comparisons on clinical outcomes, not including laboratory sample data) were reported. In Project Year 3, the majority of the final study report, with laboratory results included, was drafted. The final study report, including laboratory results will be completed and published on the FANTA website in Project Year 4. In Project Year 4, and continuing into early Project Year 5, more than 10 scientific manuscripts will be prepared for submission to high-impact peer-reviewed journals.

**Interventions to Effectively Treat Moderate Acute Malnutrition (MAM) among HIV-positive and HIV-negative Women During Pregnancy** (funded by GH, March 2014–January 2017, implemented by WUSTL). Malnutrition during pregnancy is more common in poor women in the developing world due to inadequate dietary intake. In addition, pregnancy risk is more consequential among poor women than among other demographic groups, with increased risk of maternal and infant mortality and lifelong effects of fetal malnutrition. HIV infection exacerbates the risk of poor outcomes associated with malnutrition during pregnancy. Internationally, there is no agreement on the method of diagnosis or treatment of moderate or severe acute malnutrition during pregnancy; therefore, the World Health Organization (WHO) currently does not have guidelines for the diagnosis or nutritional treatment of pregnant women with moderate or severe acute malnutrition. The benefits of MAM treatment during pregnancy remain undocumented.

To respond to this gap in evidence-based treatment protocols, FANTA initiated a study in Project Year 3 in Malawi to test the hypothesis that providing either a fortified flour plus a multiple micronutrient tablet or a ready-to-use supplementary food (RUSF) designed to replenish nutrient deficits during pregnancy will result in improved MAM recovery rates among pregnant women and higher infant birth weights and lengths compared to the current standard of care, which is a ration consisting of corn-soy blend and IFA supplementation. Enrollment in the study is conducted through antenatal clinics in rural and peri-urban southern Malawi. In an effort to expand the study population to include HIV-positive women, urban clinics with a higher HIV prevalence were also included as enrollment sites. During Project Year 4, study enrollment and data collection will continue. Data collection is expected to be completed in the second half of Project Year 5. Shortly thereafter, a technical report of the findings from the study will be prepared and published on the FANTA website.

## Multisector Intervention Studies

**Effectiveness of Interventions for Sustaining Nutritional Status Among Children who have Recently Recovered from MAM** (funded by GH, November 2012–December 2015, implemented by WUSTL). Based on research findings that suggest that children successfully treated for MAM remain vulnerable and might benefit from additional interventions and/or a longer period of food supplementation, FANTA initiated a study to examine the effectiveness of providing food supplementation over a longer period of time, along with provision of four common health interventions, for sustaining good nutritional status among children in the year following recovery from MAM. The study is being carried out in Malawi as an add-on to an externally funded study that is investigating the relative effectiveness of whey vs. soy RUSF for treatment of MAM among children. The FANTA add-on study randomizes, by site, children who have recovered from MAM into either an intervention or a control group. The intervention group is receiving whey RUSF for 8 weeks beyond their recovery for MAM, along with malaria chemoprophylaxis for 3 months, a 14-day course of zinc to improve environmental enteropathy, a one-time albendazole treatment for deworming, and a single insecticide-treated bednet. The control group is

receiving only bednets after recovery from MAM. The study will allow assessment of the effectiveness of the follow-up intervention for sustained recovery from MAM and will also enable comparisons of sustained recovery by initial MAM treatment assignment (i.e., whey vs. soy RUSF). Data collection for the study is expected to be completed in the second half of Project Year 4. A draft report of the study findings will be prepared by the end of Project Year 4, and the final report of the study will be published on the FANTA website early in Project Year 5.

### **The Impact of a Promising Prenatal Health Intervention on Children’s Growth, Development, and Mortality** (funded by GH, August 2014–August 2016, implemented by University of Tampere).

Approximately 10 percent of all newborns are born preterm each year. Preterm births are estimated to account for 10 percent of all child deaths worldwide and are associated with growth failure, developmental problems, and many other adverse outcomes. Yet surprisingly little is known about the etiology of preterm birth and the exact association between it and adverse health outcomes or about cost-effective prevention or management alternatives for low-income settings where the problem is most common. FANTA will investigate some of these issues through two existing databases, collected earlier (2003–2006) as part of a randomized clinical trial in Malawi. The trial involved 1,320 pregnant women who received one of three interventions during pregnancy: standard care, monthly malaria treatment with sulfadoxine pyrimethamine (SP), or monthly SP and two doses of azithromycin antibiotics. The main result—a one-third lower incidence of preterm birth and low birth weight in the SP-azithromycin group than in the control group—was published in the *American Journal of Tropical Medicine and Hygiene* in 2010. The growth of the children delivered during the study was monitored up to the age of 5 years (at 3, 6, 9, 12, 15, 18, 24, 30, 36, 48, and 60 months), and their development was assessed at the age of 5 years. However, the results from these follow-up data have not yet been analyzed. In Project Year 4, FANTA will analyze the results to assess the impact of monthly SP with or without two doses of azithromycin during pregnancy on childhood growth, development and mortality. During Project Year 4, an interim technical report to document the impact of the intervention on mortality, morbidity and child growth will be prepared. In Project Year 5, analysis to investigate the impact of the intervention on children’s cognitive development will be undertaken. These findings will be added to the interim report prepared earlier, and the full study report will be published on the FANTA website at the end of Project Year 5.

## **Mid-Upper Arm Circumference Studies**

**Standardized Mid-upper Arm Circumference (MUAC) Cutoffs for Pregnant Women and Adults** (funded by GH, February 2014–February 2016, implemented by Tufts). MUAC is commonly used to determine the nutritional status of pregnant women and adults, yet global standards to classify acute malnutrition among pregnant women and adults using MUAC have not been established by WHO. As a result, different countries and programs use different MUAC cutoffs to determine eligibility for program services among these population groups. Establishment of standardized MUAC cutoffs for determining MAM and severe acute malnutrition (SAM) among pregnant women and adults is needed to strengthen and harmonize programming in integrated management of acute illness, HIV, and tuberculosis (TB) programs, as well as in broader maternal health and nutrition programs.

To address this gap and complement WHO’s review of MUAC-related literature, FANTA initiated research to build evidence for the use of standardized MUAC cutoffs as indicators of MAM and SAM among adolescents and adults, including pregnant women and lactating women up to 6 months postpartum. As the first step in this initiative, FANTA carried out a systematic review of the peer-reviewed literature to compile and synthesize findings across studies that have examined the association of low MUAC with other measures of poor nutritional status, or poor functional or clinical outcomes, among adults and/or adolescents. A report based on this review was published on the FANTA website in 2013. To further advance the identification of standardized MUAC cutoffs for use among pregnant

women and adults, in Project Year 3, FANTA started work on secondary data analysis to explore if standardized MUAC cutoffs can be used to identify MAM and SAM among pregnant women and adults. This work will continue in Project Year 4.

Given the global nature of the research initiative, and the potential programmatic and M&E implications related to the identification of standard MUAC cutoffs for pregnant women, a technical advisory group (TAG) to help guide and provide input into the activity was established in Project Year 3. The primary objective of the TAG is to provide feedback and guidance at key milestones of the activity. The TAG members come from policy, scientific, and donor agencies, including USAID, the National Institutes of Health (NIH), WHO, and the World Food Programme (WFP), as well as well-known academics from the Johns Hopkins Bloomberg School of Public Health, Harvard University, the University of British Columbia, and the Africa Centre for Health and Population Studies. The analysis in pregnant women will be completed and results will be published on the FANTA website during Project Year 4. The results for the general adult population will be available in Project Year 5.

## Delivery Science Studies

**Documenting Programmatic Experiences with Linear Growth Monitoring** (funded by GH and FFP, October 2014–September 2016). Globally, there has been renewed attention to stunting and its consequences as shown by the Lancet 2013 series, the SUN movement, and USAID’s new multisectoral nutrition strategy. Programs will adapt their approaches in order to address this challenge. One common approach to tracking nutrition status is growth monitoring and promotion (GMP), which traditionally uses underweight (weight-for-age) to determine whether a child is growing well and provides counseling or services based on the results. However, underweight is a non-specific indicator that may detect stunting, wasting, or both and does not distinguish between these two distinct forms of undernutrition, for which different courses of action are needed. One potential adaptation is for programs to begin tracking linear growth (height-for-age), as is being promoted by WHO’s Healthy Growth Project. However, there is limited programmatic experience in linear growth monitoring and limited information on how effective an indicator it may be in helping programs reduce stunting. Practical questions about linear growth monitoring remain regarding capacity of health workers, access to equipment, frequency of measurement, triggers for action, and how to best tailor nutrition counseling messages and messages related to linear growth faltering to caregivers.

In Project Year 4, FANTA will contribute to broadening the understanding of linear growth monitoring’s programmatic potential by carrying out formative research in one country to be identified later through discussions with USAID. FANTA may carry out formative research with caregivers in communities of focus to the Healthy Growth Project with an aim to understand caregivers’ perceptions of children’s healthy growth and development or in other settings as agreed with AOR. These findings will help to inform how to best develop tools to engage caregivers in the prevention of stunting and how to tailor nutrition counseling messages in growth monitoring and promotion activities so that they resonate with, are well understood by, and meaningful to caregivers. In Project Year 5, FANTA will prepare a report of the findings from the field work, including a background section that briefly discusses the available knowledge on and gaps in linear growth monitoring in programmatic settings. The report will serve as a key background document for a technical meeting in Project Year 5 that will include speakers from the WHO Healthy Growth project, and participants from academia, international agencies, and USAID partners, in particular, TOPS, with an aim to discuss key questions, additional research needs, and potentially develop recommendations for programming.

**Lessons Learned from Integrating Family Planning into Nutrition and Food Security Programming** (funded by the Office of Population and Reproductive Health [PRH], October 2014–March 2015). In

Project Year 3, FANTA conducted a desk review of programs integrating family planning with food security and nutrition. With a primary focus on USAID-funded programs implemented in the past 10 years (2003–2013), the review targeted several funding streams supporting the implementation of food security and/or nutrition and family planning programs across USAID Bureaus and Offices. The specific objectives of the review were to:

- Identify, review, and summarize programmatic experiences in integrating family planning into food security and nutrition programming
- Identify and document lessons learned and promising practices around family planning/food security/nutrition-integrated programming

The primary review method was an extensive document review of gray literature, and, to further illustrate integration models and strategies, case studies were developed for three programs identified through the desk review. The draft technical report was reviewed by USAID in Project Year 3. In Project Year 4, FANTA will finalize the technical report, develop a technical brief, and share the desk review results through a series of dissemination and advocacy events primarily within USAID. The USAID proposed dissemination plan includes briefings with USAID leadership (e.g., front office); USAID technical audiences (e.g., division and staff meetings, teleconferences with Missions); and one technical presentation to USAID IPs (e.g., at a CORE Group meeting).

**Mixed-Methods Lactation Amenorrhea Method (LAM) Delivery Science Study** (funded by USAID/Madagascar, October 2013–February 2015). LAM is a contraceptive method determined to be more than 98 percent effective during the 6 months following delivery. Evidence suggests that the use of LAM may also increase the use of modern contraceptive methods. In Madagascar, the use of LAM is extremely low. Among women who are 6 months or less postpartum, LAM use was only 7.4 percent in 2008. To strengthen exclusive breastfeeding (EBF) and LAM-related programming in Madagascar, in Project Year 2, FANTA initiated a literature review of existing evidence relating to EBF and LAM and began preparations to work with USAID/MAHEFA, a USAID/Madagascar IP, to conduct formative research to inform and guide development of high-quality implementation of EBF and LAM activities in selected areas. In Project Year 3, FANTA completed the literature review and Institutional Review Board (IRB) approval process with the Madagascar Ministry of Health Ethics Committee and FHI 360, and began the collection of the formative research data. In Project Year 4, FANTA will complete the data collection and data analysis, facilitate a workshop to review results and suggest intervention strategies based on the findings, finalize the LAM study report, and share the final report, in English and French, with USAID/Madagascar.

**Table 2. IR 1.1 Country-Specific Research Activities Carried Out by FANTA Partners<sup>1</sup>**

COUNTRIES	PARTNERS				
	IFPRI	Tufts	UC Davis	WUSTL	UTA
Bangladesh			X		
Bolivia		X			
Burundi	X				
Guatemala	X				
Honduras		X			
India		X			
Kenya		X			
Malawi			X	X	X

## IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented

The development of practical systems and tools to support rigorous M&E is a FANTA trademark. The availability of such systems and tools has increased the rigor and frequency with which USAID Missions and implementing organizations collect data. Our work builds on previous experience and draws inspiration from successful M&E methodologies across a wide array of disciplines to develop an expanded set of systems and tools that support the implementation of USAID’s evaluation policy.

### M&E Systems

**Field-Testing of a New Method to Measure Early Childhood Cognitive Development** (funded by GH, August 2014–January 2017, implemented by UTA). There is a growing consensus that weight and length gain—although in many ways good proxies for positive outcomes—do not necessarily capture all critical aspects of healthy growth in children. Analysis of child development outcomes has often been suggested as an alternative, but the assessment of motor development is quite cumbersome, crude, and prone to measurement errors. Additionally, the assessment of cognitive development is most reliably carried out among school-aged children, which means a long follow-up time and significant cost when carried out in relation to a nutrition intervention targeted to infants and young children.

A new method to study infant cognition, based on recording eye movements and visual fixation after various visual or other stimuli, has been developed. This method has been validated in a developed country setting, but has not yet been tested or validated in a developing country setting. The method is noninvasive and field-friendly and can be used to assess sensory and cognitive processes in infants 4–18 months of age. These tests target the development of early cognitive processes that are of critical importance for healthy development and lifetime functional outcomes. Because these tests rely on pictorial instead of verbal material, they can be similarly administered across cultures.

This new method has the potential to advance nutrition research in important ways, allowing critical aspects of healthy growth in children living in low-income countries to be compared to the most up-to-

<sup>1</sup> Partners listed are those with whom FANTA has an official subagreement. This table does not include all IR 1.1 activities because some activities will be carried out by soon-to-be partners, others are activities started under a previous cooperative agreement with a previous FANTA partner, some activities are global in nature and not country-specific, and still others are carried out by FANTA or FANTA consultants.

date body of knowledge on healthy child development. The method also has the potential to greatly facilitate the monitoring of the impact of intervention programs in a wide range of developing-country contexts by providing more sensitive and earlier tests of developmental outcomes and by radically shortening the duration of follow-up needed in nutrition studies to obtain reliable child cognitive development measures.

In Project Year 4, FANTA will field-test this new cognitive development measurement technique with 30 9-month-old infants in rural Malawi. The aim of this feasibility study will be to document any adjustments that are required for conducting eye-tracking studies in low-resource settings and preliminary comparisons of data collected among infants in relatively high- and low-income settings (Finland and Malawi, respectively). Following completion of the feasibility study, a report of the field-test results will be prepared for publication on the FANTA website. Subsequently, also in Project Year 4, FANTA will begin a longitudinal, observational study in Malawi with 255 infants to examine how maternal and child nutrition and the duration of pregnancy at birth are associated with children's cognitive development at 7 and 9 months of age, in an effort to further advance the development and validation of the tool. The longitudinal, observational study will be completed at the end of Project Year 5. Shortly thereafter, a technical report of the findings will be prepared and published on the FANTA website and 1–2 scientific manuscripts will be prepared for submission to peer-reviewed journals.

**Technical Assistance to Refine the Integrated Food Security Phase Classification (IPC) for Chronic Food Insecurity** (funded by GH). The IPC is a standardized approach to classifying the severity of food insecurity. The IPC is implemented at the national and/or subnational level through a forum involving host government entities, the U.N., NGOs, and civil society actors that facilitates joint food security analysis to reach technical consensus on the nature and severity of food insecurity in a given area of analysis.

Until 2012, the IPC focused largely on classifying the severity of acute food insecurity to assist in decision making associated with shorter-term strategic objectives. In 2011–2012, the IPC Global Support Unit (GSU) began developing a complementary means of classifying the severity of chronic food insecurity to support decisions associated with medium- and longer-term strategic objectives, including efforts to reduce child undernutrition and end preventable maternal and child deaths. The IPC's chronic and acute food security classifications are not mutually exclusive; both are important to understand and comprehensively respond to food insecurity.

In Project Year 2, the IPC GSU asked FANTA to participate in a Chronic Working Group to develop an agreed-upon system for classifying chronic food insecurity, given our technical expertise in food security and nutrition causal analysis and our work to develop indicators to capture some of its dimensions (e.g., the Household Hunger Scale [HHS] and the Household Dietary Diversity Score [HDDS], both of which are employed in IPC acute analysis).

In Project Year 3, FANTA provided significant TA to the IPC Chronic Working Group to clarify concepts related to chronic food insecurity, developing and piloting a chronic classification prototype in four countries (Bangladesh, Guatemala, Kenya, and Zimbabwe), and refining the approach based on pilot lessons learned. Following these efforts, the IPC launched version 1.0 of the chronic food insecurity classification tools. The IPC will roll-out these tools in several countries in late calendar year 2014 and early calendar year 2015 (Bangladesh, Burundi, El Salvador, Kenya, Nepal, the Philippines, and Uganda).

In Project Year 4, FANTA will continue to provide TA to this endeavor, participating in a consultative review meeting following implementation of the first round of the IPC chronic version 1.0 tools to determine what additional technical refinements are necessary to optimally implement this new tool.

FANTA will share with USAID any revisions to the current version of the IPC chronic addendum that result over the course of this next year as part of the initial roll-out to countries. While the first efforts to roll-out this means of chronic classification will require some adjustments, this classification system marks the first global effort to develop a standardized, transparent, evidence-based system to classify chronic food insecurity to improve decision makers' understanding of its main drivers and facilitate the development of the kinds of responses required to effectively address it.

**IPC Household Food Consumption Indicators Study** (funded by USAID Bureau for Africa). The IPC (described above) consists of many components, including an analytical framework for classifying the severity of chronic and acute food insecurity and tools and protocols for integrating and classifying existing food security information at national and subnational levels according to a standard scale.

The Famine Early Warning Systems Network (FEWS NET) has played a key role in the application of the IPC for food security analysis and has contributed substantially to technical discussions regarding revisions to the scale. FANTA has also contributed expertise to the development of the IPC's technical materials by developing household food consumption indicators (e.g., HHS, HDDS), which the IPC employs.

In Project Year 2, FANTA and FEWS NET initiated a study to more closely examine the food consumption indicators that the IPC uses for household-level acute food insecurity phase classification. This study seeks to illuminate, in particular, how the ranges of food insecurity measured by a select subset of indicators the classification uses relate to one another and to the phases of food insecurity severity set out in the IPC Acute Food Insecurity Reference Table for Household Group Classification. Specifically, the study examines the following household food consumption indicators: HHS, HDDS, coping strategies index (CSI), food consumption score, and outcome analysis from the household economy approach.

FANTA and FEWS NET collected the secondary data to be used for the analysis portion of the study in Project Year 2. In Project Year 3, FANTA and FEWS NET began analysis of the indicator data. In Project Year 4, FANTA and FEWS NET will complete analysis of the indicator data, draft a final analysis report, and develop recommendations for the IPC TAG on potential revisions to the IPC Acute Food Insecurity Reference Table for Household Group Classification, based on study findings. In Project Year 4, FANTA will also finalize and more widely disseminate these study findings. It is anticipated that the results of this study will allow for a more precise understanding and classification of acute food insecurity severity in the IPC and will contribute to broader discussions regarding the relationships among and applicability of various food consumption indicators across contexts.

**Participation in the IPC Nutrition Working Group** (funded by GH). The current IPC Food Security Phase Classification analysis includes nutritional status as an outcome, but only incorporates food-related factors. Proper nutrition analysis of both food-related and non-food-related factors is not possible. This poses problems for IPC analysis, especially in areas where malnutrition levels are high, but the severity of food insecurity is not at a comparably high level. To address this problem, the IPC Steering Committee formed a Nutrition Working Group to lead the development of the IPC Nutrition Phase Classification for Acute Situations. The working group is tasked with piloting a prototype nutrition classification tool in four to six countries which will then be the basis for the new classification system. During the pilots, the working group will look at two overarching issues: the indicators and how to analyze the indicators within the given context to develop the phase classification. In Project Year 4, FANTA will participate in the IPC Nutrition Working Group in an observer status and will support the technical discussions where needed.

**Support for Analysis of Anthropometric and Biomarker Data from the Demographic and Health Survey (DHS) and through Standardized Monitoring and Assessment of Relief and Transitions (SMART)** (funded by GH). Anthropometric and biomarker data are regularly collected by the DHS and through the SMART methodology. FANTA will provide support to USAID and its partners, as requested, to conduct additional analyses of DHS and SMART data. In Project Year 4, FANTA will also attend meetings where anthropometric and biomarker data collected by DHS or through SMART is discussed, as requested by USAID/GH.

**Identifying Overweight and Obesity in Pregnancy** (funded by GH). Maternal overweight and obesity is an increasingly prevalent problem in the developing world, increasing risk of pregnancy complications, preterm birth, infant mortality, and childhood obesity. Guidelines for pregnancy weight gain are based on a woman's nutritional status with overweight and obese women counseled to gain less weight than women who are underweight or of normal status in order to reduce risk. However, screening for maternal overweight is difficult in developing countries because BMI is not recommended as an indicator of nutritional status beyond early pregnancy, and pre-pregnancy weight or weight within the first trimester is usually not available. As a result, MUAC, which provides cut-offs for underweight only, is often used to measure nutritional status in pregnant women and overweight and obesity may go unnoticed. This is increasingly problematic, and has posed practical challenges for countries trying to develop useful guidance and tools for health care providers.

In Project Year 4, FANTA will explore options for identifying overweight and obesity in pregnant women. For example, some countries, including Guatemala, calculate BMI in pregnancy using a gestational age specific BMI chart to determine a woman's nutritional status (e.g., BMI of 27 is "normal" at 27 weeks gestation, even though it is "overweight" in non-pregnant women) at any stage in pregnancy. However, it is not clear how this chart was developed and if it has been validated in any context. To complement this work, in Project Year 4 FANTA will also undertake a landscape analysis of the known extent of maternal overweight/excess pregnancy weight gain in USAID's 24 Mother and Child Health priority countries, and will review and prepare a summary of the available evidence on the effectiveness (or lack of effectiveness) of mid-pregnancy counseling on excess weight gain.

In Project Year 5, FANTA will critically review the methods identified for assessing overweight and obesity in pregnancy, prepare a summary of the literature and existing tools in use for assessment of maternal overweight during pregnancy, and develop a plan to validate any promising practices. This work has potentially far-reaching impact for promoting optimal maternal, fetal, and newborn health and nutrition throughout the developing world, and would influence the anthropometry guide and other guidance, tools, and materials that FANTA develops for countries that we support.

**Supporting the Limited Release of Optifood** (funded by GH). FANTA has collaborated with WHO, the London School of Hygiene and Tropical Medicine (LSHTM), and an information technology company (Blue-Infinity) to develop the Optifood software, which uses a linear programming approach to enable public health professionals to rapidly formulate and test population-specific food-based recommendations (FBRs) and to identify nutrients that cannot easily be provided in adequate amounts by the local food supply. WHO is preparing for a limited release of Optifood to public health professionals in Project Year 4. The limited release will involve provision of the Optifood tool to nutrition professionals upon request, and will include ensuring recipients receive training in its use and provide feedback on their experience with the tool, which will be used to make any necessary improvements to Optifood prior to the full release. In preparation for the Optifood release, FANTA will collaborate with WHO, LSHTM, and the Food and Agriculture Organization of the United Nations (FAO) to update the food composition table (FCT) in Optifood to ensure that it provides the most complete, up-to-date information on key, predefined nutrients, given recently released updated FCT data. The FCT is a part of the internal reference data used

in the Optifood program. In addition, FANTA is supporting the finalization of a data analysis program to facilitate the use of data outputs from the Process for Promotion of Child Feeding (*ProPAN*) software for Optifood.<sup>2</sup> The recently updated version of the *ProPAN* software was designed to collect the data inputs for Optifood. The data analysis program will greatly facilitate the evaluation process for Optifood users who have collected Optifood input data using *ProPAN*. Lastly, FANTA is supporting the formatting of the Optifood user's manual that will be released with the Optifood program.

**Household Income and Expenditure Survey Validation for Potential Use with Optifood** (funded by USAID/Guatemala). In an effort to develop a less time-intensive means of collecting data to input into the Optifood analysis, in Project Year 4, FANTA will explore whether data from Household Income and Expenditure Surveys can produce the same or sufficiently similar results as the dietary recall and food frequency methods Optifood currently employs. This activity, funded by USAID/Guatemala, is explained in more detail in the Guatemala section of this document (see p. 42).

## Indicator Development and Harmonization

**“Minimum Dietary Diversity for Women” Indicator Work** (funded by GH). To respond to the need for simple yet high-quality indicators to assess the quality of women's diets, FANTA formed the Women's Dietary Diversity Project (WDDP) in 2005. The WDDP was a collaborative research initiative with the broad objective of using existing datasets with dietary intake data from 24-hour recall to analyze the relationship between simple indicators of dietary diversity and the micronutrient adequacy of women's diets in resource-poor settings in order to develop and validate a simple food group indicator to reflect and serve as a proxy for the micronutrient adequacy of women's diets. FANTA led the WDDP from 2005 to 2010 and identified several strong quasi-continuous candidate indicators that could be used as a proxy for assessing the micronutrient adequacy of women's diets. However, the FANTA WDDP research fell short of being able to recommend a dichotomous cutoff for the nine-food group women's dietary diversity indicator, given that evidence from the research did not support the use of a standard cutoff across all datasets analyzed.

In 2012, FAO initiated a follow-on project (WDDP II) to FANTA's earlier work, with the objective of identifying additional datasets that could be analyzed following the same analysis protocol and syntax that had been developed by FANTA under WDDP. These further analyses were completed in Project Year 3 and formed the basis for a multistakeholder technical meeting also held in Project Year 3, which FANTA and FAO jointly convened to reach consensus on a global indicator of dietary diversity for women. At the meeting, a unanimous agreement for a global dichotomous indicator for women's dietary diversity was reached.

In Project Year 4, FANTA will undertake a number of activities to facilitate communication and advocacy around the availability of the indicator and to support the effective rollout, adoption, and use of the indicator. Some of the likely activities to be undertaken in Project Year 4 include co-authorship of a scientific publication reporting the results of the WDDP II analyses; convening of a stakeholder meeting to get feedback on the topics to be addressed in a forthcoming indicator guide; development of an indicator guide to provide potential users with instruction on how to collect and tabulate data for the

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<sup>2</sup> *ProPAN* is a tool to design, implement, and evaluate interventions and programs to improve infant and young child diet and feeding. It includes 1) a field manual with step-by-step guidelines on how to apply quantitative and qualitative research methods; 2) an Epi Info™-based software program for data entry and analysis; and 3) a software user's guide. More information can be found here: [http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=5668&Itemid=40004&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=5668&Itemid=40004&lang=en)

indicator; and, if requested, TA to DHS for inclusion of the women's dietary diversity indicator in the questionnaire.

**Harmonized Indicators for NACS** (funded by the USAID Office of HIV/AIDS [OHA]). FANTA has collaborated with OHA to identify and provide TA on a core set of harmonized indicators for NACS. In Project Year 2, FANTA refined guidance on these NACS indicators to assist OHA in successfully including them in the Joint U.N. Special Programme on HIV/AIDS (UNAIDS) Indicator Registry. This registry is a central repository of indicators that have been agreed on and endorsed by a wide range of multilateral agencies and international organizations to track the global response to the HIV epidemic. In Project Year 3, FANTA provided TA on this set of NACS indicators. In Project Year 4, FANTA will continue to provide responsive TA to OHA through the MEASURE Evaluation Landscape Analysis. This analysis aims to review and document the current state of in-country data collection efforts in relation to the NACS Global Harmonized Indicator set. In addition to providing ongoing technical input, FANTA will utilize its in-country presence and networks to ensure an enabling environment that promotes country engagement with this initiative.

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

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

### Anthropometry

***Anthropometric Indicators Measurement Guide*** (funded by GH). In 2003, FANTA published the *Anthropometric Indicators Measurement Guide*. The guide was targeted to FFP, the USAID Child Survival and Health Grants Program (CSHGP), and other programs to guide measurement of their programmatic anthropometric indicators, and it remains the key guide used by these programs. A revision of the guide is now needed to align it with several significant changes that have occurred since its release (e.g., WHO has released new child growth standards, MUAC has become a key indicator for CMAM, different measurement protocols are being used by certain practitioners, and linear growth monitoring is becoming more common).

To address this need, FANTA will review and revise the guide to include up-to-date information, evidence, and practical guidance, and will develop a package of materials to support use of the guide. In Project Years 2 and 3, FANTA conducted a needs assessment using the TOPS M&E and Nutrition/Food Technology email list to gather information on the structure, purpose, and usefulness of the current guide and feedback on what to include in a revised document; conducted a literature review of existing anthropometry guides and relevant documents; and developed a detailed outline for the new guide. In Project Year 4, FANTA will hold an expert consultative meeting, inviting leading scientific experts from academic and research institutions, participants from international organizations such as WHO, and key representatives from USAID and USAID-supported projects, including DHS, SPRING, the Maternal and Child Survival Program, and Global Alliance for Improved Nutrition (GAIN), to discuss key content. Following the consultation, FANTA will finalize the content of the anthropometric guide, create a first

draft of the revised document, and identify a list of supporting materials to be developed in subsequent project years.

## Women's Nutrition

**Technical Meeting on the Diet and Eating Practices of Adolescent Girls and Women of Reproductive Age** (funded by GH). SPRING, FANTA, USAID, and the Pan American Health Organization (PAHO/WHO) are collaborating to host a one and one-half day meeting on March 16-17, 2015 in Washington, DC to initiate the development of a set of key diet and eating practices for the nutrition of women of reproductive age. In Project Year 4, FANTA will contribute to the design and organization of this meeting and will also actively participate in any next steps identified at the meeting, if requested.

## Specialized Food Products

**LNS Research Network (LNSRN)** (funded by GH). The LNSRN is an electronic roundtable established to share information about LNS research and to contribute to the dissemination of knowledge about the formulation, production, ongoing research, and use of LNS products for the prevention of malnutrition among children and other target groups, such as people living with HIV (PLHIV) and PLW. At the invitation of the International Lipid-Based Nutrient Supplements (iLiNS) Project (the UC Davis-led, Bill and Melinda Gates Foundation-funded consortium that coordinates the LNSRN), FANTA participates in the network.

In Project Year 4, FANTA will continue to actively participate in the LNSRN. This may include responding to requests from the LNSRN, such as providing an update of FANTA's ongoing research studies involving LNS, and contributing to literature searches and/or preparing summaries of published research for information sharing among LNSRN members. In addition, during Project Year 4, FANTA will co-host a meeting with the iLiNS Project to bring together a small group of key players with programmatic experience in using small-quantity LNS (SQ-LNS) for the prevention of malnutrition. Although research to demonstrate the efficacy and effectiveness of SQ-LNS for the prevention of malnutrition is still under way and the evidence base for the use of SQ-LNS is therefore still nascent, programs are nevertheless already adopting and implementing SQ-LNS as an intervention for the prevention of malnutrition. Recognizing this reality, the objective of the SQ-LNS programmatic meeting is to share experiences, challenges, and lessons learned, and to come up with an agenda for improving knowledge sharing to streamline the use of SQ-LNS in programs and interventions. It is currently envisaged that the meeting would be held at the FHI 360 conference center in Washington, DC. The final agenda will reflect the needs of the key audiences. A meeting report will convey the proceedings of the meeting. Depending on the nature of the technical content discussed at the meeting and the availability of supporting evidence, a scientific publication related to the meeting proceedings might also be prepared.

## FFP Program Support

**Food Security Country Desk Reviews** (funded by FFP). A solid understanding of national food security conditions is a prerequisite to sound food security programming. In response to demand from FFP, USAID Missions, and national governments, FANTA implements in-depth national food security desktop assessments, using available published and grey literature and other available data and information to identify the location, nature, and relative severity of food insecurity in countries targeted for FFP programming. These desktop assessments also review lessons learned from previous FFP and other relevant projects in the country, provide a landscape of ongoing food security-related programming in the country, and analyze national-level economic and other data to determine what they may imply for current food security needs. Working with FFP, USAID Missions, country governments, and other

stakeholders, FANTA applies the results from these assessments to prepare country-specific FSCF documents with the overarching objective of providing programmatic guidance to FFP development food assistance project awardees on the objectives, approaches, institutional partnerships, and lessons learned that are needed to ensure the effective use of resources in reducing food insecurity in the country. The assessments also seek to align closely with FTF implementation plans and USAID Country Development Cooperation Strategies in countries where possible and relevant. In Project Year 4, at the request of FFP, FANTA will conduct four food security country desk reviews for countries that will potentially be targeted for FY 2016 FFP development food assistance programs. FANTA will also complete a desk review for a fifth country that was drafted in Project Year 3.

**FFP Monitoring, Evaluation, and Reporting Policy and Guidance Document** (funded by FFP). To meet statutory requirements and management needs, FFP reports on overall outcomes of food assistance projects and responds to relevant stakeholders. To support FFP in meeting these reporting responsibilities in Project Year 3, FANTA provided TA to draft and compile the *FFP Monitoring, Evaluation, and Reporting Policy and Guidance for Development Projects*. This document provides comprehensive information on M&E and reporting requirements and associated guidance for FFP development project awardees. While FANTA and FFP made significant progress on the document in Project Year 3, finalization of the document will continue into Project Year 4. In addition, during Project Year 4, the scope of the document will be expanded to address monitoring, evaluation, and reporting requirements and guidance for FFP emergency projects. The first step in drafting this document for FFP emergency projects will be for FANTA to hold meetings and work with FFP staff to obtain their recommendations on requirements that emergency FFP projects must fulfill. FANTA will then support FFP to integrate this information into a consolidated document that provides M&E and reporting requirements and guidance for both FFP development and emergency projects. This consolidated document will be ready by the end of Project Year 4.

**FFP Indicators Handbook** (funded by FFP). FANTA previously developed the *FFP Indicators Handbook* to provide the definitions, questionnaires, and tabulation instructions necessary to collect and tabulate data on FFP indicators. Since the initial release of the handbook, FANTA has continued to update the document to reflect ongoing revisions and additions of FFP indicators. In Project Year 3, FANTA began aligning the performance indicators reference sheet (PIRS) for the indicators common to FFP and FTF to reflect recent changes; revising the agriculture module to align with recent learning from in-country experience collecting data; developing PIRSs for select required if applicable annual monitoring indicators; and developing the PIRSs, questionnaires, and tabulation instructions for baseline and final evaluation gender indicators. This work will be finalized in Project Year 4.

**FFP Annual, Mid-term, and Final Evaluation Outcomes and Impacts** (funded by FFP). To highlight the successes and achievements of FFP development food assistance projects, FANTA compiles key outcomes and impacts drawn from FFP awardees' mid-term and final evaluation submissions, as well as from the narrative sections of awardees' Annual Results Reports. In Project Year 4, FANTA will summarize the impacts for each mid-term and final evaluation submission in a one- to two-page impact story for each FFP awardee. FANTA will also prepare one consolidated list of outcomes and impacts from the set of submitted Annual Results Reports.

**FFP Priority Country Spreadsheet** (funded by FFP). During Project Year 4, FANTA will update the FFP priority country ranking spreadsheet with the most recent stunting, poverty, and undernourished indicator data to provide FFP with a tool to assist in identifying the most vulnerable countries that might be considered for new FFP development food assistance projects.

**Gender Annual Monitoring Indicators for FFP Development Food Assistance Programs** (funded by FFP). In Project Year 3, FFP adopted a set of eight FANTA-proposed required if applicable indicators to measure gender integration in FFP development food assistance projects at baseline and final evaluation. As a complement to these outcome indicators, in Project Year 4, FANTA will assist FFP in identifying up to four new annual monitoring indicators for gender, develop PIRs for these indicators, and coordinate the review of the PIRs through the TOPS gender and M&E task forces. If requested, FANTA will assist in identifying additional annual monitoring indicators for gender in Project Year 5.

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

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

### **Capacity Strengthening Tools**

**Nutrition and Cognitive Development Technical Note** (funded by GH). Recent reviews have highlighted the role of improved nutrition in the cognitive development and outcomes of children in both developed and developing countries. In addition, recent efforts, such as the FHI 360-led Clean, Fed and Nurtured consultative meeting, have led to increased awareness of the importance of integrated programming to achieve the common goal of helping children in the developing world achieve their physical and cognitive potential. In Project Year 3, FANTA drafted a technical note summarizing the evidence of the effect of nutrition, and integrated nutrition and cognitive development interventions on the cognitive achievement of children. The note addresses how cognitive development is measured, and highlights successes and challenges of implementing integrated programs. In Project Year 4, FANTA will finalize and publish the technical note.

**E-learning Course for Integrating Nutrition into Agriculture Programming** (funded by BFS). The Results Framework for FTF includes improved nutritional status of children under 5 as a key program objective to be monitored and evaluated. There is increasing recognition, however, that agriculture interventions alone are unlikely to lead to notable gains in nutritional status. To improve nutritional status in agriculture-focused programs, it is generally agreed that “nutrition-sensitive” programming is needed.

In Project Year 2, FANTA began collaborating with BFS to develop a targeted e-learning module that specifically addresses the nexus of agriculture and nutrition, guiding agriculture program officers to apply key nutrition considerations to agriculture program design and implementation. FANTA has developed a detailed course outline and course development plan, a plan of instructional methods, and drafts of several course sessions and a prototype online session for a portion of the course. The entire module will be completed and available online in Project Year 4.

**Climate Change and Agriculture Technical note** (funded by GH). Climate change is expected to reduce crop and livestock productivity, which will worsen malnutrition by constraining food supply growth. The resulting higher prices will also affect caloric intake and are predicted to increase child malnutrition by 20 percent compared to a no-climate-change scenario. While adaptive agricultural techniques cannot completely reverse the effects of climate change, improved understanding about household farm management practices and efforts to improve resilience through improved livelihoods alternatives can help mitigate the impact. In Project Year 3, FANTA drafted a technical note outlining the pathways by which climate changes will affect food security, the magnitude of these impacts, and

examples of climate-smart agricultural practices that food security programs can integrate into their program designs. In Project Year 4, FANTA will finalize and publish the technical note.

## CMAM-Related Activities

**Community-Based Management of Acute Malnutrition (CMAM) Coverage Monitoring Tool** (funded by GH). While CMAM services are being provided in more than 60 countries and reach more than two million children suffering from SAM globally, the programmatic ability to monitor effective coverage of such services remains limited. The approaches most commonly used, namely Semi-Quantitative Evaluation of Access and Coverage and Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage surveys, can be costly and time consuming, making it difficult to ensure regular data collection that is required by program monitoring standards. Monitoring the coverage of CMAM programs is essential, however, as existing evidence suggests that CMAM programs often reach less than half the number of children suffering from SAM.

In Project Years 2 and 3, FANTA developed a set of indicators and a spreadsheet-based tool to monitor CMAM coverage using data that are either routinely collected or would be relatively easy to obtain. At the same time, UNICEF has developed a set of indicators to include in routine CMAM databases to monitor determinants of coverage and support analyses of bottlenecks to effective coverage. Similarly, the Coverage Monitoring Network consortium (CMN), led by Action Against Hunger-International (ACF), has been vested with a mandate to test and operationalize new coverage monitoring methods. Recognizing the complementarity of these efforts as well as the differences among the approaches, FANTA engaged with UNICEF, CMN, and ACF on the possibility to jointly produce a toolkit to monitor CMAM coverage on a regular basis. The process to develop the toolkit would entail a field test to refine the list of indicators and revise the draft guidance for stakeholders to conduct routine monitoring of CMAM program coverage; analysis of the results at a global level; and finalization of the guidance and tools. In Project Year 4, FANTA will continue to explore the collaboration with UNICEF, CMN, and ACF. Assuming that the collaborative efforts go forward, FANTA anticipates that the field test protocol and the plan to develop the toolkit materials will be developed by the end of Project Year 4, and the field test and development of the tools will take place in Project Year 5. FANTA will participate in this activity through current staff members and through a subgrant with Helen Keller International (HKI) to secure the participation of the ex-FANTA staff member (now an employee of HKI) who designed the FANTA tools.

**CMAM Forum Participation** (funded by GH). The CMAM Forum was created in 2012 in response to increasing demand from practitioners and experts in the management of acute malnutrition to centralize ongoing efforts to address the problem of acute malnutrition. The aim is to bring together an umbrella of technical groups, initiatives, and resources to facilitate progress in a coherent manner. As a member of the CMAM Forum steering committee, FANTA will continue to participate in the bi-monthly calls, providing technical guidance as needed and staying abreast of developments in CMAM. FANTA will submit meeting notes to GH after these meetings.

**Participation in the Nutrition Forum** (funded by GH). The Nutrition Forum is a group of nutrition partners based in the US and Canada that aims to strengthen nutrition programs, with a particular focus on prevention and treatment of acute malnutrition in all contexts and undernutrition in fragile contexts. The Nutrition Forum facilitates technical discussions and supports coordination among the partners while ensuring linkages and complementarity with other coordination structures such as the Global Nutrition Cluster (GNC). In Project Year 4, FANTA will continue to participate in the quarterly Nutrition Forum meetings to stay abreast of technical developments and emergency programs and to share technical updates from FANTA's side. FANTA will submit meeting notes to GH after these meetings.

**Participation in the Global Nutrition Cluster** (funded by GH). The Global Nutrition Cluster (GNC) is a partnership that includes international NGOs and agencies, UN organizations, donors, and individuals. It was established in 2006 as part of a process to improve the effectiveness of humanitarian response programs by ensuring greater predictability, accountability, and partnership. In Project Year 4, FANTA will participate in the monthly core member conference calls to keep abreast of the latest developments in emergency nutrition and will review guidance and tools as requested by the GNC coordinators. In addition, FANTA expects to participate in one global meeting (meetings are usually in Europe) on a topic relevant to FANTA's activities.

### **PROFILES<sup>3</sup> Nutrition Advocacy**

**Development of the Nutrition Advocacy Manual Using PROFILES** (proposed to be funded by GH). In Project Year 3, FANTA began development of a comprehensive manual for facilitation of the nutrition advocacy process using PROFILES, and field-tested sections of the manual. FANTA will finalize the manual, which includes step-by-step instructions for audiences interested in using PROFILES for advocacy, in Project Year 4. The manual includes session plans for workshop and meeting facilitators, presentations with scripted notes, session outlines, handouts for workshop and meeting participants, and templates for use in each step of the process. The final manual will be available in Project Year 4.

**Strengthen the PROFILES Tool for Nutrition Advocacy** (proposed to be funded by GH). The PROFILES spreadsheet workbook comprises models related to various nutrition problems that estimate consequences and benefits related to issues that matter most to policymakers, such as productivity and education. Recognizing the constant need for such concrete information to aid decision making, in Project Year 3, FANTA developed a module that links nutrition to cognitive development and educational performance that will be field-tested and refined in Project Year 4. FANTA also created a new module that links suboptimal breastfeeding practices to child deaths to replace the previous module that examined the impact of breastfeeding through a 1-year snapshot. This module will be field-tested and refined in Project Year 4. In Project Year 4, FANTA will also begin the development of a new module on the consequences of overweight/obesity in children. The module will be completed in Project Year 5.

**Improvement of Access to Nutrition Advocacy Tools** (proposed to be funded by GH). In Project Year 4, FANTA will update the existing nutrition advocacy section of the project website to provide visitors with more information about nutrition advocacy tools, including PROFILES. This will include information on the process of nutrition advocacy using PROFILES and country-specific materials, including briefs, reports, and other nutrition advocacy materials for specific audiences.

### **Other Costing-Related Activities**

**Guidance on National Level Nutrition Costing** (funded by GH). The international community and individual governments have shown growing interest in nutrition costing as a result of high-level initiatives such as the SUN movement. FANTA assisted the governments of Bangladesh, Ghana, and Guatemala to cost nutrition interventions at a national scale using the activity-based costing approach and, in the case of Ghana, utilizing the CMAM costing tool that FANTA developed. FANTA is also in the process of finalizing the NACS costing tool to estimate the human, material, and financial resources required to establish and maintain NACS services. Building from these experiences, FANTA proposes to

<sup>3</sup> PROFILES is an evidence-based tool that was developed by FHI 360 with USAID funding for the purpose of nutrition advocacy. It consists of a set of computer-based models that calculate estimates of the benefits of improved nutrition on health and development outcomes, as well as the economic and health consequences if nutrition does not improve. To calculate estimates, PROFILES requires current country-specific nutrition data that are identified and agreed upon in collaboration with in-country stakeholders.

develop guidance on the process to undertake nutrition costing at a national level to assist governments and their partners in their planning. The guidance will be developed in Project Year 4 and finalized in Project Year 5.

**Participation in the SUN Communities of Practice** (funded by GH). FANTA is already an active participant on the Costing, Tracking, Planning, Implementing, and Financing Community of Practice, formed in 2014 to provide a forum for partners in the SUN Movement to share developments and best practices on planning, costing, tracking of funds, and mobilizing resources for scaled-up multi-sectoral actions that contribute to nutrition. The Community of Practice currently engages practitioners from various countries and more than ten external entities, including FANTA. In Project Year 4, FANTA will continue to participate in the group's calls and meetings to provide updates on FANTA's costing activities and stay informed about technical developments and activities among other projects and agencies. In Project Year 4, FANTA will also begin to participate in the SUN Community of Practice on Monitoring and Evaluation.

**NACS costing tool** (pending funding from OHA). The NACS costing tool and user's guide were developed to help countries and projects plan and budget for NACS implementation. The tool aims to predict the human, material, and financial resources required to establish and maintain NACS services. The tool and user's guide are now ready to be field tested. The testing will allow FANTA to: (a) confirm and refine the assumptions and algorithms, (b) assess ease of use, (c) assess the accuracy of results, and (d) assess the clarity of the instructions. In Project Year 4, FANTA proposes to test the NACS costing tool in Kitwe, Zambia through the NACS Acceleration Partnership project that FANTA manages. Preliminary costing information will be collected and used as the basis for a 3-day workshop with stakeholders to verify and elaborate the elements in the tool. The costing information will then be entered into the NACS costing tool, processed, analyzed, and presented in a briefing workshop for stakeholders and in a report. In Project Year 5, FANTA will revise, finalize, and publish the NACS costing tool and user's guide. FANTA expects to submit a Headquarters Operational Plan (HOP) request to PEPFAR to fund this activity. Field testing the NACS Costing Tool in Zambia will depend on the availability of funding.

## Support to USAID's FFP Program

**Support to FFP for FY 2014 FFP Baseline Studies** (funded by FFP). In light of the new USAID Evaluation Policy, FFP fully funds and centrally manages a third-party firm to undertake baseline studies for countries with new FFP development food assistance project awards. The purpose of this policy shift is to improve learning within FFP and USAID from food security projects and increase accountability to stakeholders. This shift in policy coincided with the findings from the Second Food Aid and Food Security Assessment, which created a demand for increased quality in the FFP baseline and final evaluation data to facilitate future metadata analyses that would allow comparisons across projects, countries, and time.

FFP has requested FANTA's assistance in the implementation of FFP baseline studies. In Project Year 4, baseline studies will be conducted in Burundi, Madagascar, Malawi, and Nepal. FANTA will provide TA on the design of the sampling strategy, refinement of the qualitative study methodology, questionnaire instruments, and any other technical study aspects for which FFP requests assistance. FANTA will assist FFP in reviewing all deliverables submitted by the third-party firm engaged to undertake the evaluation work, including the work plan; sampling plan; quantitative instruments; qualitative methodology and instruments; field procedure manuals; and training materials for the enumerators, supervisors, and anthropometrists. FANTA will attend and help facilitate workshops conducted by the third-party firm—workshops to which all new FFP development food assistance project awardees in each country will be

invited. If requested by FFP, FANTA will also assist in the monitoring of enumerator, supervisor, and anthropometrist training in the field; pretesting of the quantitative instruments; and piloting of the baseline survey data collection processes prior to commencement of data collection.

**Qualitative Final Evaluation of FFP Development Projects in Bangladesh** (funded by FFP, implemented by Tufts). FFP awarded CARE, Save the Children International, and ACDI/VOCA agreements to implement five-year development food assistance projects, known as Multi-Year Assistance Programs (MYAPs), in the most food insecure regions of Bangladesh. The FFP projects use an integrated approach to address food insecurity in Bangladesh by developing income-generating opportunities; improving agricultural productivity; improving maternal and child health, hygiene, and nutrition; improving access to water supply and sanitation; and ensuring disaster preparedness and mitigation against the effects of climate change.

FFP has asked FANTA to engage in and manage an evaluation team on its behalf to conduct a qualitative final performance evaluation of the three FFP projects in Bangladesh. FANTA will accompany the external contractor to the field prior to data collection to facilitate meetings with USAID/Bangladesh, ensure interviewers are hired and trained in an appropriate manner, and monitor fieldwork so that data are collected and analyzed in a timely manner. FANTA will review all deliverables submitted by the evaluation team, including the work plan, qualitative methodology plan, qualitative data collection instruments, and final evaluation report. It is expected that the evaluation report will be finalized in the third quarter of Project Year 4.

**Guidance on Compiling a Statement of Work for and Selecting an Appropriate Party to Conduct a Gender Analysis for FFP Development Food Assistance Projects** (funded by FFP). The requirement for FFP awardees to integrate a gender lens into their project design, including the requirement to complete a gender analysis within the first year of the project, is relatively new in the FFP context. As a result, FFP awardees have questions related to implementing this guidance, including developing a statement of work for a gender analysis and selecting an appropriate consultant or firm to conduct the analysis. In Project Year 4, FANTA will prepare technical guidance on the key components of and considerations in compiling a statement of work for a gender analysis, as well as in selecting an appropriate party to undertake the guidance. This written guidance of approximately 10-15 pages will include a sample statement of work and will build on USAID's recently released Automated Directive System chapter 205 guidance, but will be oriented specifically for application in the FFP context.

**Review of FFP Awardee M&E Documents** (funded by FFP). FANTA assists FFP in reviewing awardee M&E documents, such as LogFrames and Indicator Performance Tracking Tables (IPTTs). These key documents establish each project's theory of change and system for assessing whether projects achieve desired results. In Project Year 4, FANTA anticipates reviewing the theories of change, LogFrames, and IPTTs for newly awarded FFP development food assistance projects. This assistance will be provided both as part of preparation for in-country M&E workshops and through ongoing remote TA. FANTA will also review other awardee M&E documents, including LogFrames, Results Frameworks, IPTTs, and PMPs, as well as scopes of work and reports for mid-term and final evaluations, upon FFP request.

**Standardized Annual Project Questionnaire (SAPQ) Support** (funded by FFP). In Project Year 2, FANTA assisted FFP to design the new module for the Standardized Annual Project Questionnaire (SAPQ) in FFP Management Information System (FFPMIS), which was launched in Project Year 3. After the first year of SAPQ use, issues were identified related to the quality of data uploaded to the system. To address these issues during Project Year 3, FANTA developed spreadsheets that guide data entry of indicator data into the SAPQ. FANTA also helped FFP deliver trainings on entry of indicator data into the

SAPQ to facilitate end-of-year reporting. FANTA will provide TA in Project Year 4 to further support FFP development food assistance project awardees' use of the system and improve the quality of the data reported to FFP. Specifically, FANTA will develop an indicator reference guide in support of SAPQ reporting to provide FFP awardees with more information about the indicators on which they are required to report. FANTA will also refine and update the FFP MIS SAPQ indicator reference template and training materials, and provide other TA in support of the refinement of the reporting modules in FFP MIS upon FFP request.

**Develop a Technical Reference Document for PIRS #30** (funded by FFP). In Project Year 3, FANTA expanded the FFP Indicators Handbook to incorporate annual monitoring indicators for FFP development food assistance projects. While many of these annual monitoring indicators are F indicators and, therefore, already have PIRS, some of the annual monitoring indicators included in the handbook are not from U.S. government sources and have no accompanying PIRS. As such, in Project Year 3, FANTA developed new PIRS where needed, in consultation with FFP awardees and other individuals and groups that have expertise in relevant project and measurement areas. One such newly developed PIRS is for indicator 30, 'Number of communities transmitting early warning data to external stakeholders.' Given that this indicator was, itself, developed in Project Year 3, FANTA will provide technical assistance to FFP to prepare for and pilot use of this new indicator (and PIRS) in up to two project contexts in Project Year 4.

FANTA's participation in preparations for this pilot will include consultations with FFP, USAID's resilience staff, and other stakeholders, such as FEWS NET, to garner their technical inputs on the indicator; revision of the indicator based on these consultations; and development of a pilot protocol in consultation with FFP. Once the pilot protocol is finalized, FANTA will work with FFP and other stakeholders to identify up to two projects in which the indicator (and PIRS) will be piloted. FANTA will provide TA to the selected awardees to identify in which communities and/or target areas the pilot will be undertaken, what early warning data will be collected, to which external stakeholders collected data will be transmitted, and to establish the community- and project-based systems needed to collect and report on the indicator. To capture learning associated with piloting this indicator, FANTA will produce a brief write up of between 10 and 15 pages of the pilot experience in each selected project, which will be available following completion of the pilots in Project Year 5.

**Brown Bag Sessions for FFP** (funded by FFP). In Project Year 4, FANTA will continue contributing to FFP's learning series by conducting a series of brown bag sessions. These sessions respond to FFP's interest in keeping staff abreast of important topics affecting FFP projects, including, but not limited to, M&E. The brown bag sessions will take place approximately every three months, be 1.5 hours long, and cover priority topics selected by FFP staff.

## Support to FFP Awardees

**M&E Workshops for FFP Development Projects** (funded by FFP). Since 2008, FANTA has developed and delivered M&E workshops at the start-up of new FFP development food assistance projects. Each year, after the new awards are made, FANTA carries out an M&E workshop in-country to assist awardees in learning the FFP M&E and reporting requirements that the project will need to meet at different stages of the project cycle and in improving and refining their project design as expressed in their theories of change and LogFrames. Another aim of the M&E workshop is to ensure that the set of indicators in the awardees' indicator performance tracking tables (IPTTs) are complete and useful and include relevant FFP and USAID Mission indicators. The workshop also helps set the stage for an third-party firm that FFP engages to conduct high-quality baseline surveys.

During Project Year 4, FANTA will hold M&E workshops in Burundi, Madagascar, Malawi, and Nepal. These workshops will include a two- to three-day workshop on FFP M&E and reporting requirements, followed by between three to four days of intensive TA with each awardee. It is anticipated that this new format will assist awardees in finalizing key M&E documents (e.g., theories of change, LogFrames, IPTTs) in a shorter time frame following the workshops.

**DC M&E Information Sharing Meeting** (funded by FFP). In addition to the M&E workshops in the field, FANTA will hold a Washington, DC-based M&E information sharing meeting for headquarter PVO staff who support the work of newly awarded FFP development food assistance projects in Burundi, Madagascar, Malawi, and Nepal. The meeting will be co-hosted with TOPS and will be held at FHI 360 in October 2014. The objective of this meeting is to help PVO headquarter staff better support their field counterparts in meeting FFP M&E and reporting requirements. The event will consist of a session on FFP M&E requirements, followed by a Q&A session and group exercises.

**Collaboration with TOPS** (funded by FFP). In Project Year 4, FANTA will continue to participate in the TOPS task forces on nutrition, social and behavior change (SBC), gender, and M&E to support the development of work plans and TOPS's capacity building efforts. Specifically, FANTA will continue to co-chair the Food Security and Nutrition Network SBC Task Force with TOPS. The task force will meet bimonthly to discuss SBC issues related to food security and nutrition as well as work plan deliverables. In addition, FANTA will continue to lead the project-level early warning (PLEW) interest group, with support from TOPS. The PLEW interest group will hold approximately four meetings on issues related to PLEW in Project Year 4. Potential meeting topics include considerations for PLEW sustainability, adapting PLEW to urban contexts, and understanding crisis modifiers.

## Joint Support to FTF Implementing Partners and FFP Awardees

**Technical Assistance Related to the Beneficiary-Based Survey (BBS) Sampling Guide** (funded by BFS). BFS and FFP have indicated that FTF program implementers and FFP awardees could benefit from specific guidance on data collection methodologies in support of FTF and FFP agricultural annual monitoring indicators, and have asked FANTA to draft a BBS sampling guide. FANTA adopted a two-phase approach to developing this guidance. In the first phase (carried out in Project Year 2), the project conducted exploratory consultations with 25 FTF program implementers and FFP awardees to learn about their project delivery and routine monitoring systems and to gain an understanding of the underlying contexts of the various projects. In Project Year 3, FANTA implemented the second phase of this process, which involved the preparation of written sampling guidance on BBSs, one possible mechanism for collecting data in support of annual monitoring indicators. The sampling guide focused on the use of BBSs for four annual monitoring indicators. A first draft of the guide was produced in Project Year 3 and a final version will be ready for publication by the beginning of Project Year 4.

In Project Year 4, the BBS sampling guide will be published online. FANTA will assist in the launch by conducting a presentation at USAID and one or more webinars for FTF program implementers and FFP awardees in the field. The presentation and webinar(s) will introduce the guide and address any immediate questions on technical issues that guide users may have. After the launch of the guide, FANTA will provide ongoing TA to BBS sampling guide users, as needed.

**Online Calculator to Accompany the BBS Sampling Guide** (funded by BFS). In Project Year 4, to support the launch of the BBS sampling guide, FANTA will develop an Excel-based online calculator. The calculator will permit users to compute the appropriate sample size required to conduct a BBS based on agricultural indicators that will ensure estimates of totals of adequate precision. The calculator will also include the ability to calculate sample sizes for estimates of means and proportions, so it will be of

wider utility for users wanting to conduct cross-sectional surveys for point-in-time estimates with adequate precision. The online calculator will allow for inflation factors that take into account a “finite population” correction, the survey “design effect” due to clustering, and survey non-response at the beneficiary level. The calculator will be available for use in Project Year 4.

**Updated Sampling Guide for Population-Based Surveys** (funded by BFS). The FANTA *Sampling Guide* (1999) provides technical guidance to FFP projects wishing to conduct baseline and final evaluation surveys by providing sampling methods and instructions for developing the design of population-based household surveys. Although the FANTA guide has been extensively used over the years and is one of the FANTA website’s most downloaded documents, some of the existing guidance is out of date and needs to be revised. Several key methodological issues that necessitate substantial modifications to the original guide have been identified by FANTA and vetted with TOPS and FFP. One such major modification has already been included in an update. An addendum was drafted in 2012 by FANTA to address the issue of how to appropriately translate the sample size calculated for an individual-level indicator (e.g., stunting) into a household sample size, to ensure that an appropriate number of households are visited to obtain the sample size calculated for the target group of interest (e.g., children under 5 years of age in the case of the stunting indicator). The remaining modifications have not yet been integrated into an updated guide.

Since 2012, FFP has been centrally managing a third-party firm to undertake the baseline studies for all countries with new FFP awards. However, most final evaluations are still the responsibility of FFP awardees that engage external contractors to conduct the final evaluations on their behalf. Therefore, both FFP awardees and external evaluation firms could benefit from updated sampling guidance to ensure consistent and coherent survey designs and related analyses across all projects and programs.

In contrast, FTF conducts population-based baseline, mid-term, and final evaluation surveys through FEEDBACK and other consortia. Although FTF has drafted initial guidelines on how to conduct population-based surveys, this guidance could benefit from updating to encourage standardization of survey designs and corresponding data analyses across countries and implementing mechanisms by the various implementing partners.

FANTA proposes to consult with FFP and FTF on the modifications that have been identified for the existing *Sampling Guide* to see which would be appropriate in the FFP and FTF contexts, as well as to identify any additional modifications that might be necessary. FANTA then proposes to draft an updated *Sampling Guide* that would integrate the agreed-upon modifications. Although substantial progress will be made on the guide in Project Year 4, a first draft would not be completed until the first half of Project Year 5. It is expected that the final version of the guide would be published in the second half of Project Year 5.

**Online Calculator to Accompany the Sampling Guide for Population-Based Surveys** (funded by BFS). In Project Year 4, to support the revisions that FANTA is making to the FANTA *Sampling Guide* (1999), FANTA will develop an online calculator that permits users to calculate the sample size required to conduct a population-based survey, where the sample size calculation is based on a statistical test of differences between baseline and final evaluations of an indicator based on either proportions or means. The calculator will permit users to compute the appropriate sample size required for indicators based on individual-level indicators (e.g., stunting), but will also take into account inflation factors due to household non-response, as well as the inflation factor addressed in the FANTA *Sampling Guide Addendum*. The calculator will be available for use in Project Year 4.

**Dual-Frame Estimation to Provide Indicator Estimates for FTF Zone of Influence (ZOI) and FFP Project Implementation Area in Guatemala** (funded by BFS). USAID hosts two important initiatives that focus on food security, agriculture, and livelihoods strengthening: FTF and FFP. The FTF initiative operates in 19 focus countries, while the FFP initiative operates in 18 countries; roughly half (9) of these countries are common between FFP and FTF. Both initiatives conduct baseline and final evaluation population-based surveys that collect data in support of many common indicators (e.g., stunting, underweight, minimum acceptable diet, BMI, women’s dietary diversity score, EBF, HHS, prevalence of poverty, daily per capita expenditure). Each initiative produces estimates of these indicators for its own geographic areas of interest—the ZOIs for FTF and the project implementation area for FFP. FTF has expressed an interest in having estimates produced at an expanded level that would include the joint FTF ZOI and FFP project implementation area level for focus countries where both initiatives operate and where both have conducted surveys that are of roughly the same time frame. In such countries, if the FTF ZOI and the FFP project implementation area do not overlap (such as in Uganda), the production of estimates for the joint geographic areas is straightforward and involves a reweighting of each component dataset. However, in countries where the two geographic areas partially overlap (such as in Guatemala), producing joint estimates involves methods that invoke special dual frame techniques.

Analysis of all candidate countries having both FTF and FFP projects beginning after FY 2011 revealed that Guatemala is the only country that is common to both FTF and FFP where there is an overlap between the ZOI and the project implementation area and that would require special dual-frame estimation techniques. In Project Year 4, FANTA will investigate which dual-frame estimation technique is most appropriate for application in Guatemala, and will produce estimates and their associated variances for indicators of interest for the joint FTF ZOI and FFP project implementation area on this basis.

### **Support to the CSHGP CORE Working Groups**

FANTA has supported the CSHGP directly on an ad hoc basis and through collaboration with the CORE Group, particularly the Nutrition, M&E, SBC, and HIV Working Groups. In Project Year 4, FANTA will continue to provide this support by participating in working group meetings; supporting the development of work plans for the Nutrition, SBC, and HIV Working Groups; attending and presenting at the CORE fall and spring meetings, as needed; and taking on tasks within the working group work plans as requested by CORE. FANTA will work to promote a community of practice for nutrition and HIV in collaboration with relevant CORE Working Groups. FANTA has committed to supporting the following specific activities in Project Year 4.

**Nutrition Program Design Assistant** (funded by GH). In Project Year 3, FANTA supported the Nutrition Working Group in the continued rollout and updating of the NPDA, a workbook and reference guide to help PVOs design context-specific nutrition programs. The NPDA, developed by CORE, FANTA, and Save the Children, was released in 2010. In Project Years 2 and 3, FANTA coordinated updates to the reference guide and provided technical support to update select sections. More specifically, in Project Year 3, FANTA completed the update of the NPDA, which included finalization of the FANTA-led revisions, incorporation of revisions from members of the Nutrition Working Group, and jointly hosting a TAG meeting in which a final set of revisions to the NPDA were agreed on. In Project Year 4, FANTA will work with TAG participants to complete the agreed-on final revisions to both the reference guide and the workbook, and will print and distribute the updated NPDA materials.

**Project Design Briefs.** FANTA will support the CORE Nutrition Working Group in the preparation of four briefs to provide key project design considerations on how to integrate nutrition-sensitive agriculture, early childhood development, WASH, and adolescent nutrition topics into MCHN programming. In

addition, FANTA will develop up to three briefs in support of the roll-out of the USAID Multisectoral Nutrition Strategy; topics will be further refined in close consultation with USAID but may include nutrition policy; CMAM; and M&E.

**NACS Webinar.** FANTA will jointly host a webinar with CORE on NACS guidance to promote new models and further engage the nutrition and HIV community in the use of the *NACS User's Guide*. The *NACS User's Guide* is a tool to help program managers and implementers integrate NACS into prevention, care, and treatment of infectious diseases, including HIV and TB. This webinar will build on the February 2014 webinar, which introduced users to the *NACS User's Guide*, and FANTA's presentation on the feedback received to date on the *NACS User's Guide* at the spring CORE Group meeting in May 2014.

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

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Reflecting the Paris Declaration on Aid Effectiveness,<sup>4</sup> FANTA supports governments in strengthening food security and health policies, programs, and systems for improved nutrition by strengthening national capacity, improving existing service delivery, and facilitating the scale-up of nutrition programs. We will meet with key government stakeholders to determine priorities and potential synergies with other activities and efforts carried out in the project and will move rapidly to plan work and implement activities. We will use the methods, tools, and program approaches developed under IR 1 that inform and support the implementation of effective nutrition programs and policies in four domains: emergency nutrition, resiliency/vulnerability, HIV and other infectious diseases, and MCHN. Examples of how we plan to provide TA in these four domains in each priority country in Project Year 4 can be found in the **IR 2 Countries** section of this work plan.

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

FANTA expertise in emergency nutrition encompasses all aspects of nutrition programming. We help strengthen national capacities in the design and evaluation of nutrition surveillance systems and the transformation of findings into programmatic responses. Our expertise also helps build the capacity of national governments and nutrition actors in the design, implementation, and evaluation of emergency nutrition responses. We support USAID Missions and all levels of government in the design, scale-up, and evaluation of CMAM services. We also support specialized CMAM training at all levels of targeted health systems, including QI, coverage measurement, and inpatient management. In addition, we work to improve the practices and understanding around acute malnutrition through the design and testing of innovative tools.

During Project Year 4, FANTA will focus its work on exploring the possibility to develop a tool to monitor effective coverage in CMAM programs and participation in emergency nutrition-related technical groups, namely the CMAM Forum, the Nutrition Forum, and the Global Nutrition Cluster. These activities are described in Section 1.4.

### **IR 2.2 Resilience and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved**

FANTA provides TA to country ministries, USAID Missions, FFP, and IPs in priority FTF and FFP countries to help national governments improve populations' resilience to shocks and better respond to chronic food insecurity and crisis situations. Our work in food security includes activities, approaches, and tools to build program and, ultimately, community capacity to identify, monitor, and respond to data that provide early indications of deteriorating food security conditions, in an effort to prevent or reduce

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<sup>4</sup> The Paris Declaration principles describe aid effectiveness. One of the five principles—Ownership—states that countries should commit to exercising effective leadership over their own development policies and to taking the lead in coordinating aid at all levels in conjunction with other development resources, while donors should commit to respecting partner country leadership and help strengthen their capacity to exercise it. The entire declaration can be found at <http://www.oecd.org/dac/aideffectiveness/34428351.pdf>.

the negative impacts of predictable (e.g., slow onset) shocks and to protect efforts to enhance populations' resilience to these shocks. This global effort draws significantly from promising practices and lessons learned from similar work FANTA undertook in Haiti in previous project years.

In addition, we have partnered with FEWS NET to study the relative sensitivity/specificity of select household food consumption indicators, to better understand what these indicators measure relative to one another and how this knowledge can improve their application. We are also participating in a global working group led by the IPC Global Support Unit to develop a uniform means of classifying the severity of chronic food insecurity, so as to provide decision makers with a clear, consistently presented evidence base for understanding where in the world chronic food insecurity conditions are worst and the underlying reasons for these conditions. These last two efforts are described in more detail in section 1.2.

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

FANTA supports the design and implementation of nutrition and infectious disease programs, while building on field experience to expand the evidence base and programming standards at both the global and national levels. We also provide state-of-the-art tools at the global level and adapt them to country and sub-national contexts, working with national governments and stakeholders to improve the integration, quality, and scale of nutrition services.

For example, the global and national context for nutrition and HIV continues to evolve, as does the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) focus and priorities. Two important trends are integration of nutrition approaches at the national level, partially spurred by the increasing influence of the SUN movement, and growing PEPFAR focus on impacts on retention and adherence to treatment.

Many governments are seeking to integrate nutrition more holistically into health services, meaning that guidance and protocols for NACS may be a part of general nutrition services delivered through facilities serving HIV or orphans and vulnerable children (OVC) clients (as in Côte d'Ivoire) and/or through general service health facilities (as in Namibia). In other countries, there is a specific interest in combining CMAM and NACS services for HIV clients and/or other nutritionally vulnerable populations (as in Mozambique). FANTA has responded by adapting guidance, tools, training, and TA to ministries of health to these evolving approaches. NACS is increasingly adopted in support of broad nutrition objectives, including meeting the needs of populations in high HIV-prevalence settings.

The work of FANTA's Nutrition and Infectious Disease Cluster has shifted its focus in response to these trends. In many instances, this has meant not only updating guidance and related training materials, but also meeting other specific technical needs and enhancing government capacity to improve the quality and increase the scale of service delivery. For example, in some countries, there is an increased focus on quality of training and supervision; integration with quality assurance (QA) and QI efforts; and strengthening of monitoring systems and use of data to capture service delivery, quality, and results. We expect to enhance local capacities to engage in behavior-centered service delivery as a strategy to improve retention in programs and adherence to treatment.

During Project Year 4, FANTA will continue to emphasize coordination with other PEPFAR partners, especially ASSIST and LIFT II. Regular headquarters coordination and sharing meetings and jointly planned, executed, and reported field visits (as in Zambia, the Democratic Republic of Congo [DRC], and Lesotho) help harmonize planning. FANTA will also work on joint materials, where appropriate, and

engage TA partners, such as SPRING, GAIN, and the Maternal and Child Survival Program, in developing a community of practice around NACS.

During Project Year 4, FANTA anticipates providing support under IR 2.3 in the following 11 countries: **Côte d’Ivoire, DRC, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Tanzania, Uganda, and Zambia.**

In addition, we will conduct the global activities described below, linked to the IRs of USAID’s Multisectoral Nutrition Strategy.

## Increased Equitable Provision and Utilization of High-Quality Nutrition Services

### *Nutrition Services Integration—Guidance and Tools*

**NACS User’s Guide.** To support the effective integration of NACS into HIV, TB, CMAM, and general health and/or nutrition services, FANTA has created user-friendly technical guidance modules in a “living document” format. These are available on the FANTA website and are among FANTA’s most frequently accessed documents. Users can submit comments or questions from any page in the online documents, and the modules are updated regularly with new global guidance and implementation experience.

In Project Year 4, FANTA will continue monitoring feedback and field usage and will provide at least quarterly updates as needed on Module 1 (“What is NACS?”), Module 2 (“Nutrition Assessment and Classification”), Module 3 (“Nutrition Counseling”), Module 4 (“Nutrition Support”), and Module 5 (“Monitoring and Evaluation”). Two additional modules will be developed: Module 6 (“NACS Tools”) and Module 7 (“Strengthening Service Delivery”). LIFT II and Supply Chain Management Systems contributed to Module 4, and Module 7 will be developed in consultation with ASSIST. Module 8 (“Community Support for NACS”) may be added in Project Year 4, pending funding availability. Additional webinars will be organized to present new modules.

**Manual for Nutrition Care of Adults and Adolescents with HIV.** In 2010, FANTA supported WHO-led efforts in collaboration with Tufts, NIH, and USAID to provide nutrition guidance for adults and adolescents, especially in the context of HIV. FANTA participated in a review of the resulting draft *Manual for Nutritional Care and Treatment of HIV-Infected Adolescents and Adults*. Steps and resources for completion of the manual were discussed, along with the possibility of integrating the content into pre-service training programs. OHA requested that FANTA negotiate a subcontract with Tufts and hire a consultant to lead the revision.

In Project Year 4, FANTA will fund consultant(s) to complete the draft manual, coordinate two stakeholder consultation meetings, organize testing of the manual in two or three countries where FANTA provides TA, and coordinate finalization of the manual.

**Generic NACS Training Manual.** FANTA has developed numerous country-specific NACS training manuals, but has received requests from implementers for a manual that can be adapted to other country contexts.

In Project Year 4, FANTA will develop a “generic” facilitators’ guide, participant manual, and presentation for training facility-based health care providers in NACS, with suggestions for local adaptation.

### **Nutrition Service Quality**

**Social and Behavior Change Communication for Effective Education and Impact.** SBCC is employed not only by bilateral projects and implementing agencies but also by government frontline health care providers in helping HIV and TB clients improve their diets and manage drug side effects and symptoms. In the fourth quarter of Project Year 3, FANTA developed a technical note on SBCC and reviewed existing NACS education and training materials with a behavior change lens.

In Project Year 4, FANTA will focus on Zambia to demonstrate the value of SBCC to enhance the uptake of recommended nutritional practices through NACS by:

- Completing the research/literature review to identify lessons from research on nutritional and adherence counseling that can apply to NACS (global-level activity)
- Developing an SBCC module to be integrated into the NACS training for CHWs in Zambia to use with various types of health workers who interact directly with clients, whether in facility, household, or community contexts; lessons learned will be applied in other FANTA countries
- Providing capacity strengthening to CHWs to respond to community and household level barriers with enhanced counseling to increase community demand for and uptake of NACS services and improved nutritional practices, while enhancing engagement, adherence, and retention to ART

**Community of Practice – Dialogue, Documentation, and Dissemination.** There is a global knowledge sharing gap for policy and programming documents, tools, lessons learned, and collective dialogue and actions on NACS services in the context of HIV, as well as for broader target populations. In Project Year 3, OHA urged FANTA to consider developing a community of practice around NACS, building on the *NACS User’s Guide*, and reaching out to the network of IPs, local stakeholders, and technical experts (independent and USAID-funded).

In Project Year 4, pending funding availability, FANTA will develop a web-linked network, enhanced by webinars, an electronic bulletin, and other interactive information sharing mechanisms, to provide a global knowledge sharing platform. Special emphasis will be placed on reaching and engaging field-based stakeholders and practitioners. A second phase may include user posting capabilities and regular online discussion forums. FANTA will also produce a variety of shorter documentation pieces, such as “field notes” to allow for more rapid information sharing on learning from field experience, as well as results from assessments and evaluations.

Pending funding availability, FANTA will also develop up to six short technical documents (“Field Briefs”) and related tools to document NACS processes and operational practices in the field, leveraging country experience for global learning. Examples of field briefs include:

- **NACS Indicator Development:** To document the process for developing and integrating NACS indicators in at least two countries, with recommendations
- **NACS Acceleration Experience in Joint Training:** To compare and contrast the experience among NACS acceleration countries in conducting cross-project training exercises, with lessons learned and better practices
- **Partnership for HIV-Free Survival (PHFS) Experience from Uganda and Tanzania:** To compare and contrast the experience in PHFS implementation, with recommendations for stakeholder consensus building, activity alignment, and defining/documenting success
- **Community Support for NACS:** To identify avenues for community support for and engagement in NACS for improved quality and impact of services; related materials may be developed to analyze community capacity for support to NACS clients and to sensitize community members

- **Counseling Enhancement:** To document lessons learned from “counseling” from NACS implementation and innovative solutions to support improved nutritional outcomes, as well as retention and adherence to antiretroviral therapy (ART); educational techniques, including selective counseling, community-based counseling, and other approaches, will be explored

## Increased Country Nutrition Capacity and Commitment

**Partnership for HIV-Free Survival.** USAID’s PHFS is a six-country (Kenya, Lesotho, Mozambique, South Africa, Tanzania, and Uganda) collaborative effort that is using QI approaches to reduce the rate of mother-to-child transmission of HIV to less than 5 percent while increasing the survival rate of HIV-exposed infants. The partnership, which was led by the Institute for Healthcare Improvement through Quarter 3 of Project Year 2, and which was supported by FANTA, ASSIST, and LIFT, directly supports PHFS in four of the six PHFS countries: Lesotho, Mozambique, Tanzania, and Uganda. In all four of these countries, FANTA plays a leadership role in coordinating the PHFS steering committees, strengthening the management capacity of ministries of health, and training and coaching health care providers in NACS.

In Project Year 4, FANTA will engage with other actors active in this partnership to produce “lessons from the field,” describing country experience with PHFS that could be shared with other countries, such as DRC and Côte d’Ivoire.

## Multisectoral Programming and Coordination for Improved Nutrition Outcomes

### *Nutrition Advocacy and Stakeholder Coordination*

**Food and Nutrition Inter Agency Task Team (IATT) Support.** The IATT was formed out of the Food and Nutrition Roundtable at the 2012 International AIDS Conference to strengthen collaboration among stakeholders and to mainstream and integrate food and nutrition into the HIV response. FANTA participated in meetings of the Research Working Group and the larger IATT meeting and contributed to a literature review by the Research Working Group about the NACS approach. In Project Year 3, OHA asked FANTA to take on its role as the program lead for the IATT. Initial discussions with WFP indicated that WFP prioritized knowledge management and might support an IATT-specific website.

Discussions are ongoing with OHA on this activity. There is a potential opportunity to partner with FHI 360 to support a knowledge management platform for this effort, if the activity moves forward.

### *Technical Assistance Coordination and OHA Support*

USAID funds multiple TA providers at the global level. Coordination is important to maximize leveraging of initiatives and products, enhance synergy and the impact of our collective work, and reduce duplication. Examples of technical coordination include recent review of and collaboration with SPRING on a facility assessment tool and regular coordination with LIFT and ASSIST.

Planning, coordination, collaboration, reporting, human resources, finance, and information technology all require significant engagement of cross-cutting cluster, management, and communications staff. FANTA allocates staff time as appropriate to specific initiatives and country program budgets to ensure delivery of quality services and/or to meet new needs defined by OHA. For example, at OHA’s request, FANTA has provided technical input and support to the MEASURE Evaluation Landscape Analysis, and stands ready to review and support country initiatives or plans to coordinate with the Medical/Nursing Education Partnership Initiative (MEPI/NEPI) in integrating NACS into pre-service training (e.g., in Ethiopia and Mozambique).

In Project Year 4, FANTA will engage with NACS TA partners to support quarterly meetings and ad hoc collaborative initiative planning, implementation, and follow-up. FANTA cluster leads and cross-cutting management, operations, finance, and communications staff will also support country programs and facilitate coordination of project and partner actions to support OHA priorities.

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

FANTA supports MCHN initiatives by helping governments and IPs carry out evidence-based activities at scale. Our approach helps strengthen national consensus and enabling environments for priority nutrition issues for mothers and children; supports integration and delivery of nutrition services in country health programs; and promotes optimal behaviors, such as EBF, adequate complementary feeding, and dietary diversification.

We work with partners to develop and support community MCHN programs by conducting formative assessments, strengthening capacity in the implementation of the Essential Nutrition Actions (ENA) and other key MCHN actions, facilitating dialogue among stakeholders, and developing guidance for community-based approaches.

We also support nutrition advocacy on key country priorities and goals for nutrition policy. We develop targeted advocacy materials for policymakers, work with journalists to increase the quantity and accuracy of nutrition-related media coverage, and sharpen the understanding of the importance of nutrition during the 1,000-day window.

In Project Year 4, FANTA will support MCHN activities in **Côte d’Ivoire, Guatemala, Indonesia, Malawi, Mozambique, Tanzania, Uganda, and Yemen.**

### **Recommendations to Promote Resiliency and Reduce Chronic Malnutrition in Yemen**

In Project Year 3, with funding from FFP, FANTA initiated an activity to assist USAID/Yemen in reviewing its portfolio of activities to provide recommendations on how programming could be re-aligned to promote resilience and have a greater impact on reducing chronic malnutrition. The nutrition situation in Yemen is dire, with high levels of both acute and chronic malnutrition. In this context, nutrition programs often focus on treating acute malnutrition when it occurs, rather than preventing malnutrition during the crucial first 1,000 days. Recommendations for enhancing nutrition programming will be provided to USAID/Yemen and USAID bureaus and offices, including the Asia and Near East Bureau, Bureau for Food Security, FFP, and GH/HIDN. In Project Year 3, FANTA conducted a desk review of data related to nutrition and food insecurity in Yemen, current USAID-funded programs, and national policies and initiatives, and held extensive consultations with a range of stakeholders from the Yemeni government; USAID IPs; USAID and other donors; and other organizations working in the nutrition, agriculture, and livelihoods sectors in the country. Preliminary recommendations have been provided to USAID for review and feedback. During Project Year 4, FANTA will refine and expand on recommendations to produce a final report to meet USAID’s programming need in the evolving socio-political context in Yemen.

### **Consensus Building, Advocacy, and Policy Formulation**

**Development of the Nutrition Advocacy Manual for using PROFILES.** In Project Year 3, FANTA began development of a comprehensive manual for facilitation of the nutrition advocacy process using PROFILES and field-tested sections of the manual. In Project Year 4, FANTA will finalize the manual,

which will include step-by-step instructions for audiences interested in using PROFILES for advocacy. It will also include session plans for workshop and meeting facilitators, presentations with scripted notes, session outlines and handouts for workshop and meeting participants, and templates for use in each step of the process.

**Revision and Development of PROFILES Spreadsheet Models.** The PROFILES spreadsheet workbook comprises models that estimate consequences and benefits related to select nutrition issues that matter to policymakers, such as productivity and education. Recognizing the constant need for such concrete information to aid in decision making, in Project Year 3, FANTA developed a module that links nutrition to cognitive development and educational performance, which will be field-tested and refined in Project Year 4. A module on breastfeeding and one on obesity and overweight will also be field-tested and refined in Project Year 5.

**Nutrition Advocacy Using PROFILES.** In Project Year 4, FANTA will lead a collaborative nutrition advocacy process in various countries as requested using PROFILES, for movement toward greater political and social commitment to improve the nutrition situation in each country. Based on the estimated consequences and benefits that are derived from the PROFILES analysis, FANTA will engage government and other high-level stakeholders to identify, prioritize, and advocate for evidence-based actions to improve nutrition.

Key steps in this process are forming a core working group that oversees the process and bringing together key stakeholders from multiple sectors, donors, and implementing agencies to agree on national and subnational approaches to nutrition advocacy. Consultative workshops and meetings between the core working group and other stakeholders will provide a forum to develop PROFILES estimates related to undernutrition (stunting, wasting, and underweight), low birth weight, micronutrient deficiencies (vitamin A deficiency, iron deficiency anemia, and iodine deficiency), and breastfeeding practices, as well as a roadmap for nutrition advocacy that aligns with the priorities and outcomes outlined in national vision documents. The outcome of the series of workshops and meetings is a national nutrition advocacy plan; subnational action plans, as needed; and corresponding nutrition advocacy materials at each level. In addition, preliminary PROFILES results will be reviewed during a meeting of multisectoral stakeholders from government, USAID partners, U.N. agencies, and other donors and stakeholders. In countries where PROFILES is completed, results will then be finalized and published in a technical report and a summary report.

**Nutrition Advocacy in Tanzania and Uganda.** In Project Year 3, FANTA worked with in-country partners in Tanzania and Uganda to develop PROFILES estimates. In Tanzania, a consultative workshop with stakeholders was held to develop a national nutrition advocacy plan and corresponding nutrition advocacy materials. The next step in the process will be subnational nutrition action planning workshops. During these workshops, participants will identify nutrition problems in their region or district, prioritize interventions to improve nutrition, discuss how nutrition services would be delivered, and begin the process of costing the implementation of prioritized interventions to improve nutrition at the subnational level for budgeting and subnational advocacy purposes.

In Uganda, a consultative workshop with stakeholders was held in Project Year 3 to develop a package of nutrition advocacy materials to support the National Nutrition Advocacy Plan targeting the media; civil society; government ministries, agencies, and departments; parliamentarians; local government; development partners; and the private sector. In Project Year 4, FANTA will continue to work with the Office of the Prime Minister and other partners to begin implementation of the plan.

## IR 2 Countries

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**Country Program Integration.** Since the beginning of FANTA III, each one of our 12 country portfolios has evolved in multiple directions, encompassing new sources of funding while widening and deepening our relationships with local governments and stakeholders. This has resulted in a deep, rich, but disperse knowledge base across locations. To take stock of this wealth of experience, and to ensure that each country program can benefit from the lessons learned in other Country contexts, a meeting will be held in Project Year 4 in a location in Eastern or Southern Africa that will bring together all FANTA Country Program Managers along with their headquarters-based Technical Managers, to consolidate and share their collective knowledge into a documented set of practices that can be shared and borrowed. Each Country Program Manager will be tasked ahead of time with presenting a topic on which they have developed specific expertise; and for which they will develop documentation. A general report will be produced from this activity that will form part of FANTA's experience base. Aside from the value in building team coordination, this activity will offer practical, tested solutions to the USAID Mission they serve in our various countries of service.

### Côte d'Ivoire

In Côte d'Ivoire, FANTA works with the Ministère de la Santé et de la Lutte contre le Sida (Ministry of Health) and local PEPFAR IPs to integrate nutrition services into the package of care for PLHIV, OVC, and infant and young child feeding (IYCF) programs. FANTA also provides TA to the Programme National de Nutrition (PNN) (National Nutrition Program).

#### **Objective 1: Maximize the impact of NACS on Engagement, Adherence, and Retention (EAR) using quality improvement approaches.**

In Project Year 4, FANTA will:

- Collaborate with ASSIST to develop a NACS and EAR collaborative.
- Support a quality gap analysis at 11 NACS learning sites.
- Implement a QI plan at all 11 sites and document the improvement over time.

#### **Objective 2: Strengthen the integration of NACS with focus on EAR into adult HIV care and treatment, PMTCT, OVC, and community services for PLHIV.**

In Project Year 4, FANTA will:

- Adapt existing nutrition counseling materials to address adherence and retention into care and treatment, ART literacy, food-drug interactions and management of drug side effects, and management of OIs at adults HIV care and treatment sites.
- Provide TA for the development/revision of ICYF training modules and counseling tools including national guidelines for Option B+ and complementary feeding and other activities to facilitate the integration of NACS into PMTCT programs.
- Revise the the nutrition manual for social workers to include all aspects of NACS and a focus on the EAR outcome.
- Develop community-based NACS tools and job aids training modules to maximize the impact of NACS on engagement, retention and adherence at community level.

- Support cooking demonstrations as incentive for nutrition assessment/screening, and counselling on food diversity, balanced diet, food safety and hygiene, and engagement, adherence and retention into care.

**Objective 3: Enhance coordination mechanisms linkages between health facilities, social centers, and communities.**

In Project Year 4, FANTA will:

- Support nutrition key stakeholders quarterly meetings.
- Provide TA to strengthen links between NACS facilities, social centers, and the community.
- Provide TA for the development of tools and mechanisms for referral and counter-referral of NACS clients from point of care to ES/L/FS and vice-versa.

**Objective 4: Support the development of a nutrition M&E plan for improved data collection, information sharing, and to inform decisions for improved nutrition and EAR outcomes.**

In Project Year 4, FANTA will:

- Develop M&E tools with specific indicator to collect and monitor NACS activities and capture data that would inform on EAR outcomes at selected learning sites.
- Support one 3-day training for M&E officers from all pilot sites.
- Create a database for NACS and EAR performance indicators, analyze NACS and EAR indicators, and produce monthly reports.

**Objective 5: Develop and disseminate Social and Behavior Change Communication (SBCC) messages and tools.**

In Project Year 4, FANTA will:

- Work with health care providers, social workers, and community leaders to understand the perceptions, beliefs, and practices around food and nutrition and HIV/AIDS.
- Develop/update counseling tools.
- Use NACS as a platform to increase nutrition and ART literacy.
- Use NACS programs as incentives for adherence and retention.

## Democratic Republic of Congo

Since the beginning of our work in DRC, FANTA has provided TA to strengthen the capacity of the Ministry of Health's (MOH) Programme National de Nutrition (PRONANUT) (National Nutrition Program), the provincial nutrition program, and IPs in Kinshasa and Lubumbashi to integrate NACS into health services for adult ART and TB clients and prevention of mother-to-child transmission of HIV (PMTCT) programs.

### **Objective 1: Improve the quality of NACS services.**

In Project Year 4, FANTA will:

- Support QA/QI coaching activities in Kinshasa and Lubumbashi by carrying out training for internal and regional coaches and by supporting coaching meetings and onsite supervisory visits.
- Support the MOH to institutionalize QI in nutrition services.

### **Objective 2: Improve the enabling environment for NACS services.**

In Project Year 4, FANTA will:

- Assist PRONANUT and other MOH services in coordinating and monitoring the rollout of NACS services in Kinshasa and Lubumbashi.
- Support the development and/or adaptation of food and nutrition policies and guidelines.

### **Objective 3: Enhance the evidence base for NACS learning and monitoring.**

In Project Year 4, FANTA will:

- Support the integration of nutrition indicators into the national health information system.
- Assist PRONANUT to improve the nutrition M&E system through the development of tools for nutrition data collection and reporting.
- Support a follow-up assessment of nutrition indicators to document progress/improvement over time.

### **Objective 4: Develop an SBCC strategy for NACS implementation.**

In Project Year 4, FANTA will:

- Develop an SBCC strategy and materials for NACS.
- Test and produce appropriate nutrition counseling materials.
- Develop and test a local food recipe guide.

### **Objective 5: Scale up NACS services to 10 additional sites.**

In Project Year 4, FANTA will:

- Work with PRONANUT, Programme National de la Lutte contre le Sida (National AIDS Program) and USAID/DRC to identify 10 additional sites, including 5 in Kinshasa and 5 in the Katanga provinces. The selection criteria include PMTCT sites with B+ options.
- Provide NACS training to service providers of the newly enrolled NACS sites.
- Provide TA to PEPFAR IPs to strengthen their capacity to supervise the rollout of NACS at the facility level.

## Ethiopia

FANTA has worked closely with the Government of the Federal Democratic Republic of Ethiopia, USAID, and IPs to integrate NACS into HIV care and treatment services in Ethiopia. FANTA has made significant contributions to the development of national guidelines, training documents, and tools that have been instrumental in scaling up NACS throughout the country. In Project Year 4, FANTA's primary objective is to provide TA to the Federal Ministry of Health (FMOH) and seven Regional Health Bureaus (RHBs) as USG-funded IPs hand over the management and oversight of HIV and nutrition services in health facilities to the government. Key components of this assistance will be to ensure that high-quality services are maintained by RHBs through strengthening their capacity and through support to the FMOH to institutionalize NACS as part of routine HIV care and treatment services.

### **Objective 1: Strengthen the capacity of the FMOH and seven RHBs to implement and integrate NACS services at health facilities.**

In Project Year 4, FANTA will:

- Facilitate the effective transition of Food by Prescription (FBP) activities to RHB management. NACS services—particularly the food support program—have been implemented through direct support from USAID's FBP program. With most of PEPFAR's IP projects phasing out by 2015, FBP has been progressively transferring responsibility for all health facility supervision, monitoring, and training, as well as reporting on PEPFAR indicators to RHBs. FANTA will focus on TA to seven RHBs to support this transition and ensure the sustainability and government ownership of NACS for PLHIV and OVC. To enable a successful transition to RHB oversight while maintaining high-quality NACS services, FANTA will hire technical nutrition staff, strengthen RHB ability to do supportive supervision, and train staff in managing the supply chain for specialized foods. Additionally, FANTA will work directly with RHBs to establish and maintain robust M&E systems and to ensure that NACS-related indicators are integrated into the routine government health monitoring system.
- Support the FMOH to strengthen the integration of NACS into routine HIV care and treatment services through targeted TA. FANTA will also continue our support to the FMOH through the provision of targeted nutrition TA. FANTA will assist in the development of integrated nutrition training materials for HIV care and treatment trainings, work with local universities to strengthen their in-service nutrition training, and participate in relevant TWGs. Additionally, FANTA will assist PEPFAR's supply chain management partner, Supply Chain Management System, with an assessment of optimal dosing of specialized food products (SFPs) used in NACS programs. Based on this assessment, FANTA will provide formal recommendations to the FMOH on the most cost-effective NACS food products and guidance on quantification for procurement of these products and will support the technical review of any related guidelines or materials based on those new recommendations.

## Guatemala

During Project Year 3, FANTA finalized a cost analysis of evidence-based nutrition services and provided training to support government uptake of the costing methodology. Building on its previous analysis of dietary practices and locally available foods using the Optifood program (see p. 17), FANTA conducted household trials of FBRs and trained a multidisciplinary group on the application of Optifood to identify the need for agriculture, nutrition, and livelihood interventions to improve diets. Also in Project Year 3, FANTA completed the design of a 90-hour nutrition e-learning course for frontline health workers and implemented a distance learning course for delegates to the national food security commission.

In Project Year 4, the overarching objective is to transform the results of these prior activities into national and local action to address chronic malnutrition.

### **Objective 1: Raise awareness for the need to invest in evidence-based nutrition services to address malnutrition, especially chronic malnutrition.**

During Project Year 3, FANTA and ICEFI, in partnership with the Ministerio de Finanzas Públicas (MINFIN) (Ministry of Public Finance), finalized and gained government approval for a nutrition costing study using the activity-based costing (ABC) methodology, focusing on preventive nutrition actions that the MOH is responsible for implementing to reduce high levels of stunting in accordance with strategies outlined in the Zero Hunger Initiative.

In Project Year 4, FANTA will:

- Disseminate the government-approved nutrition costing report to key audiences and collaborators. FANTA will publish the full costing report and will develop costing briefs targeted to government, civil society groups, and candidates/political parties to advocate for the resources required for nutrition interventions to reduce chronic malnutrition.
- Conduct events to discuss key aspects of the results with USAID; ministries of health, finance, and agriculture; civil society organizations (CSOs); and candidates and political parties, given that 2015 will be an election year for Guatemala and an opportunity for defining candidates' priorities around nutrition.

### **Objective 2: Strengthen collaboration between agriculture, health, and nutrition sectors to reduce malnutrition.**

During Project Year 3, FANTA built on its previous collection of dietary data from women and children in the Western Highlands and market data on commonly consumed foods, which was analyzed in the Optifood program to identify the lowest-cost combination of local foods that met or came as close as possible to meeting nutrient needs of these specific groups. Optifood produced a set of FBRs to improve the diets of women and children from these areas, and FANTA conducted household trials to test the feasibility of families' implementing the FBRs and to explore the availability of recommended foods, given seasonal variation in their access and consumption by women and children.

In Project Year 4, FANTA will:

- Develop a final set of realistic FBRs that can be promoted to improve the quality and diversity of the diets of women and children in the assessed area and, potentially, in other areas of the Western Highlands of Guatemala. Additionally, this activity will provide key information related to agricultural and livestock practices by families, seasonality, time required, and gender implications.

The results will also guide/contribute to the USAID/Guatemala's support for development of an SBCC strategy.

- Provide TA and input to the training of government rural agricultural extension workers, based on the Optifood work and FBR household trials.
- Conduct an analysis of whether existing national data can be used by the Optifood program, potentially offering a cost-saving and time-saving path to identify FBRS without conducting detailed dietary surveys.
- Conduct a review of current data on micronutrient deficiencies in Guatemala, existing national guidelines and programs, and the contribution of Optifood and FBR trial findings, as an input for government planning for needed policies and adjustments to government approaches concerning supplementation, fortification, and dietary changes, including promotion of agriculture/livestock.

**Objective 3: Provide technical assistance to improve maternal, infant, and young child health and nutrition within the context of the Hunger Zero Initiative.**

During Project Year 3, FANTA collaborated with INCAP and NutriSalud to finalize the design of the nutrition distance learning course to build the capacity of frontline health workers to support maternal and child nutrition services in prioritized departments. The content of the course was finalized and a consultation process to provide feedback on the contents and methodology was conducted with the participation of MOH personnel (auxiliary nurses and health educators) from the Western Highlands.

In Project Year 4, FANTA will:

- Implement the distance learning course in high-priority municipalities of the Western Highlands, collaborating closely with USAID partners to define the roles and responsibilities related to joint implementation of the course.

## Lesotho

During Project Year 3, FANTA began providing TA to the nutrition department at the MOH under the auspices of the PHFS, which aims to reduce mother-to-child transmission of HIV to less than 5 percent and to increase survival of HIV-exposed infants. Implemented in coordination with QI work led by ASSIST, FANTA's work aims to improve the provision of NACS services for mother-infant pairs as part of the package of health services offered at every service contact point.

In 2013, Lesotho launched PHFS activities in four health facilities in each of the following three districts: Mophale's Hoek, Butha Buthe, and Thaba Tseka. In 2014, through our Washington, DC-based staff and a full-time Maseru-based consultant, FANTA assisted the MOH in developing and selecting PHFS indicators and launching NACS activities. In Project Year 4, FANTA will continue to lay the groundwork for future scale-up of integrated NACS services by providing on-site mentoring to trained health workers, refining tools that enable better oversight and management of district-level activities, and advocating for improved collection and use of nutrition data. Further, FANTA will respond to TA needs as they are identified by the MOH when it begins the scale-up of PHFS activities to additional facilities and districts.

### **Objective 1: Improve the quality of clinic-based NACS services.**

In Project Year 4, FANTA will:

- Assist MOH staff trained on NACS in Project Year 3 to train health workers in target districts.
- Develop a post-training NACS coaching guide.
- Provide on-site mentoring to health workers.
- Advocate for and support multisectoral supportive supervision visits by district management teams.
- Work with ASSIST to monitor and support QI activities to strengthen the retention of mother-baby pairs in PMTCT programs and to improve the comprehensiveness of routine health visits.
- Test and finalize nutrition communications materials, including counseling cards and take-home information for mothers.

### **Objective 2: Strengthen the quality and use of nutrition data.**

In Project Year 4, FANTA will:

- Provide TA to the nutrition department at the MOH to select nutrition indicators to be used in the national health management information system (HMIS).
- Assist the nutrition department to develop recommendations for changes to data collection and reporting forms to be submitted to the MOH Health Planning Department.
- Assist the nutrition department to select key nutrition indicators to be reported by district nutritionists.
- Develop an online reporting tool to facilitate routine reporting of select nutrition indicators by district nutritionists.
- Assist the nutrition department with analysis and use of routine nutrition data.

## Malawi

A 2011 review of nutrition care, support, and treatment (NCST) services in Malawi, conducted by FANTA in collaboration with USAID, the Office of the President and Cabinet - Department of Nutrition, HIV/AIDS (OPC/DNHA), and the MOH, produced a series of recommendations and priorities to strengthen NCST services. In collaboration with ASSIST and LIFT II, FANTA is supporting the MOH to implement those recommendations and improve the quality of NCST services.

Since 2013, FANTA has provided TA to strengthen national-level policies and strategies; launched a process for integrating NCST indicators and tools into government-led M&E systems; developed technical tools, such as guidelines, training materials, and job aids; and built the competencies of service providers and managers to deliver quality NCST services in Balaka and Karonga districts. In Project Year 4, FANTA will build on these activities by working with managers and service providers at the national, district, facility, and community levels to develop implementation plans for key activities; build the competencies of additional service providers at the clinic and community levels; and improve the quality, availability, and use of NCST data.

### **Objective 1: Improve the enabling environment for NCST by strengthening policies, strategies, and partner coordination.**

In Project Year 4, FANTA will:

- Provide technical support to the OPC/DNHA and MOH in coordinating national-level NCST and SUN steering committees and technical working groups.
- Finalize and disseminate the national NCST implementation plan that links to the 2014–2019 national nutrition strategic plan and nutrition policy.

### **Objective 2: Increase the availability of strategic information for NCST.**

In Project Year 4, FANTA will:

- Strengthen the quality of NCST data that are collected and reported into national HMIS, HIV, and TB M&E systems. Activities will include revising integrated reporting tools, training national and subnational-level managers and clerks on the use and management of NCST data, and providing supportive supervision to facilities and districts.
- Analyze and disseminate information on the prevalence of malnutrition among PLHIV in Malawi on a quarterly basis.

### **Objective 3: Improve the quality of NCST service delivery and management.**

In Project Year 4, FANTA will:

- Develop and disseminate NCST counseling materials.
- Finalize the development of NCST Training Materials and conduct a field test.
- Train a core group of national and district level managers and coaches and USAID implementing partner staff on NCST.
- Conduct supportive supervision to MOH and partner district level coaches to manage quality NCST services in selected districts.

## Mozambique

Since 2009, FANTA has provided TA to integrate nutrition into HIV care and treatment services in Mozambique, which supports the Government of Mozambique HIV and AIDS response plans. The assistance has helped the Mozambique Ministério da Saúde (MISAU) (Ministry of Health) establish and expand the national Programa de Reabilitação Nutricional (PRN) (Nutrition Rehabilitation Program) for treating acute malnutrition among children, adolescents, and adults<sup>5</sup>; develop QA tools and apply QI approaches to improve the quality of PRN implementation; and strengthen counseling for PLHIV, TB patients, and HIV/TB co-infected patients, which also supports the government's national program for TB control.

Under FANTA's leadership, the national IYCF strategy is in the final stages of development; the Baby-Friendly Hospital Initiative has been strengthened; nutrition has been better integrated into MCHN, HIV, and home-based care programs and curricula; and Mozambique has launched the PHFS, which aims to accelerate the adoption and implementation of the WHO 2010 PMTCT guidelines and accompanying HIV and infant feeding guidelines. FANTA's activities expanded to include support to the government's Plano de Acção Multissetorial para a Redução da Desnutrição Crónica em Moçambique (PAMRDC) (Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique) through FTF funding, specifically in the areas of SBCC and linkages between agriculture and nutrition. In Project Year 3, in addition to support in these areas, FANTA also provided TA to assess and recommend improvements to MISAU's national nutrition surveillance system and capacity strengthening activities for MISAU Department of Nutrition staff.

In Project Year 4, FANTA will continue to provide TA to MISAU and partners to integrate nutrition into HIV and TB care and treatment services; strengthen MCHN services in MISAU, health facilities, and community-based programs; and support the PAMRDC under the three objectives listed below.

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

In Project Year 4, FANTA will:

- Support PRN at the national level by pretesting and finalizing the training materials and job aids for PRN II, developing an implementation plan for PRN II, developing and implementing an M&E and commodity forecasting system for PRN I and II, and participating in and supporting the PRN technical working group.
- Provide on-the-job support of PRN I and II implementation in Nampula and Zambézia Provinces at the Direcção Provincial de Saúde (Provincial Health Directorate), Serviços Distritais de Saúde, Mulher, e Acção Social (District Health Office), and health center levels focusing on implementation of the PRN protocols, tracking and forecasting nutrition products, and quality and reporting of PRN data, pending available funding.
- Promote QI by supporting MISAU to field-test and finalize the nutrition standards for PRN, once they are approved by MISAU, and providing additional TA as requested.
- Support counseling for PLHIV and/or TB clients by drafting counseling materials.

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<sup>5</sup> The PRN *Manual for the Treatment and Rehabilitation of Malnutrition, Volume I* (PRN I) covers children and adolescents through 14 years and the PRN *Manual for the Treatment and Rehabilitation of Malnutrition, Volume II* (PRN II) covers adults over 15 years.

- Support nutrition in TB care and treatment by reviewing the nutrition content of the national strategy for community directly observed treatment, short course to be sure that it is harmonized with the nutrition components of the national TB strategic plan, in collaboration with the MISAU National Directorate of Public Health and the PEPFAR-funded TB-Care project.
- Support MISAU with its plans to revise the national nutrition surveillance system by providing TA as requested.

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

In Project Year 4, FANTA will:

- Support the development and approval of the national IYCF strategy.
- Support the Baby-Friendly Hospital Initiative by providing TA to one hospital in Gaza Province to gain certification.
- Assist MISAU to map the current status of implementation of the community-based IYCF counseling materials and identify gap areas, and to review and adapt as needed the new IYCF counseling module on supervision, mentoring, and monitoring that was translated from generic UNICEF materials.
- Support MISAU to implement the PHFS, including coordination of the steering committee, supporting PHFS M&E, interacting with the global PHFS committee, and providing TA in nutrition as requested.

**Objective 3: Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the PAMRDC.**

In Project Year 4, FANTA will:

- Support strengthening of the nutrition components of food security and agriculture policies and link them to efforts to reduce chronic undernutrition by participating in the PAMRDC working group and SUN civil society group and by participating in the technical advisory committee of the FTF-funded, GAIN-led Marketplace for Nutritious Foods project.
- Support MISAU to finalize the *Guiding Strategy of Social and Behavior Change Communication to Prevent Undernutrition in Mozambique: Promotion of Optimal Nutrition Practices in Mozambican Households* and undergo the approval process. Once the strategy is approved, conduct a dissemination workshop and create a one-page summary of the strategy.
- Provide nutrition-related recommendations and resources to the FTF IPs to help align their community-based nutrition strategies and implementation plans with national programs, as requested.

## Namibia

FANTA worked with the Ministry of Health and Social Services (MOHSS) to develop national guidelines, job aids, and training materials on NACS. Following the development of these materials, FANTA trained and mentored facility-based health care providers and community-based health care providers (CBHCPs) in NACS in 15 of the country's 34 health districts. FANTA also supported the development and printing of national NACS M&E tools and job aids, a multi-partner review of the quality of NACS services in six regions to inform institutionalization of NACS as a standard of care in all health facilities, and initiation of a QI process in one health district.

In Project Year 4, FANTA will build on this work to improve the quality of NACS service implementation in up to four high HIV-prevalence regions (Komas, Kavango, Ohangwena, and Oshana). FANTA will strengthen the capacity of facility-based health care providers to deliver and monitor NACS and CBHCPs to deliver nutrition-specific services (community case finding, referral, and follow-up), while linking malnourished clients to nutrition-sensitive interventions to improve nutritional status and ART adherence and retention. Target populations will be malnourished PLHIV, HIV-positive pregnant and post-partum women, and OVC. FANTA will also support QI of facility- and community-based NACS services in one region.

### **Objective 1: Improve the enabling environment for NACS.**

In Project Year 4, FANTA will:

- Strengthen the national NACS TWG.
- Support dissemination of the results of the quality of NACS services review.

### **Objective 2: Scale up and strengthen NACS services at the regional level.**

In Project Year 4, FANTA will:

- Provide refresher training of facility-based health care providers in NACS.
- Strengthen supervision of health care providers trained in NACS.
- Train CBHCPs in NACS and IYCF in the context of HIV.
- Strengthen supervision of CBHCPs trained in NACS.

### **Objective 3: Improve the quality of NACS services.**

In Project Year 4, FANTA will:

- Work with the MOHSS in one region to consolidate a NACS QI process.
- Strengthen referral linkages for NACS clients.

### **Objective 4: Enhance the evidence base for NACS learning and monitoring.**

In Project Year 4, FANTA will:

- Strengthen NACS data collection and reporting.

## Nigeria

The 2008 Nigeria DHS estimated that 41 percent of children under the age of 5 years were chronically malnourished. Of these, almost a quarter (22.8 percent) were severely stunted; while the rate of acute malnutrition for the same population was approximately 14 percent. Rates of malnutrition are particularly serious among PLHIV, which constitute 3.6 percent of the total population—amounting to an estimated 3.3 million PLHIV in Nigeria.

To address these issues, OHA has provided funding to USAID/Nigeria to help integrate the NACS approach in strengthening the nutritional care and treatment of PLHIV. FANTA currently awaits a formal request from USAID/Nigeria to begin its support to NACS in-country. No work plan can be established as of yet, but should the request come from the Mission, FANTA's work will likely entail an initial TDY to meet with stakeholders, visit program sites, and assess needs. Activities may include interacting with the FMOH and IPs to establish a national steering committee and a TWG to support the implementation of NACS within existing HIV and TB services, reviewing national guidelines in the nutritional management of PLHIV and TB, developing a model for the delivery of NACS services that encompass clinical sites and communities, and training frontline staff in providing quality services to NACS clients.

## Tanzania

Since FY 2008, FANTA has helped build capacity to integrate routine nutrition services into health facilities in Tanzania. This work has included providing TA to TFNC to establish a technical group to scale up NACS; developing national NACS guidelines, training materials, job aids, and M&E tools; orienting regional and district health authorities and health facility managers in NACS; and scaling up NACS training and supervision of health care providers with leveraged support from PEPFAR IPs. In Project Year 4, FANTA will continue our work in supporting the government through TFNC and IPs to strengthen the capacity to implement and scale up NACS services in health facilities and communities. Also, as part of FTF, FANTA will assist the Government of Tanzania and a designated interministerial team to update the 1992 National Food and Nutrition Policy and its companion Policy Implementation Strategy in response to the President of Tanzania's commitment at the 2012 G8 New Alliance for Food Security and Nutrition.

### **Objective 1: Strengthen national capacity to scale up NACS in health care facilities.**

In Project Year 4, FANTA will:

- Support NACS training of 240 health care providers in focus regions. FANTA will continue to work with TFNC and the local and regional health and nutrition teams to cascade NACS trainings and supportive supervision to the NACS regional trainers and trained health care providers in Arusha, Dodoma, Iringa, Katavi, Kilimanjaro, Lindi, Mbeya, Njombe, Rukwa, Ruvuma, Shinyaga, and Tabora regions in coordination with local government authorities (LGAs) and with leveraged support from PEPFAR IPs.
- Support the development of a NACS Implementation Guide. FANTA will work with the Ministry of Health and Social Welfare (MOHSW), TFNC, District Nutrition Steering Committees, Regional and District Nutrition Officers, and nutrition partners to finalize a guide for LGAs and IPs to implement NACS. The guide includes instructions on planning training, conducting supportive supervision, quantifying and using SFPs, and using national NACS M&E tools.
- Monitor the integration of NACS into care and treatment to improve programming and inform scale-up. FANTA will continue to provide technical and financial support to review experience in integrating NACS into health facility services (including numbers trained, pre- and post-test scores, and M&E results) to improve programming and inform scale-up.

### **Objective 2: Scale up community NACS across OVC care platform with leveraged support from USAID Pamoja Tuwalee partners.**

In Project Year 4, FANTA will:

- Support finalization, field-testing, and printing of a community NACS package. In Project Year 3, FANTA developed a NACS community package that includes a NACS training manual for community care providers, tools for referral between facility-based NACS services and community-based support structures, and client nutrition education materials. The community package was tested and evaluated in conjunction with TFNC and partners. Based on the findings and recommendations, the NACS community package will be finalized Quarter 1 of Project Year 4.
- Support scale-up and supportive supervision of community NACS with Pamoja Tuwalee partners. FANTA/TFNC will conduct TOTs in five partner-supported regions and continue to provide technical support to integrate and scale up community NACS across the OVC care platform. The Pamoja Tuwalee partners work with LGAs (Community Development Officers, Ward Executive

Officers, Most Vulnerable Children Committee members, and social workers) and extensive sub-partner networks at district and ward levels and communities in designated regions.

- Strengthen referral linkages between facility-based NACS services and community ES/L/FS support. FANTA will continue to work with LIFT II, LGAs, PEPFAR IPs, and other USAID/Tanzania partners to strengthen networks supporting preventive nutrition and improved household resilience and food security through livelihood and economic strengthening activities and support systems.

**Objective 3: Strengthen nutrition services along the pre- and postnatal continuum of care under the PHFS.**

In Project Year 4, FANTA will:

- Participate in the PHFS Steering Committee. FANTA will continue to work closely with three PEPFAR IPs and USAID IPs to support the MOHSW-led PHFS Steering Committee in conducting monthly meetings; developing a country protocol and M&E framework and indicators; selecting PHFS sites; submitting reports to the MOHSW, ASSIST, and USAID; participating in monthly PHFS calls and collaborative learning events; and sharing lessons learned and best practices with key stakeholders.
- Provide follow up coaching and mentoring to health care providers trained in NACS in the 30 PHFS sites. FANTA and TFNC will continue to work with the regional health management teams, community health management teams, Regional and District Nutrition Officers, and PEPFAR IPs to strengthen nutrition services across the continuum of pre- to postnatal care in all 30 PHFS sites. FANTA and TFNC will continue to work with the NACS trainers in each of the three PHFS focus regions to strengthen regional and district capacity to scale up NACS. The NACS training and supportive supervision provides tools and coaching on the integration of nutrition services along the continuum of care, including use of national NACS M&E forms and registers.

**Objective 4: Engage government and other stakeholders in prioritizing and advocating for evidence-based actions to improve nutrition.**

In Project Year 4, FANTA will:

- Support the development of subnational nutrition advocacy plans and materials. FANTA will work with TFNC, USAID, UN REACH, and partners to continue the nutrition advocacy process, specifically to reach the subnational level. Based on the national nutrition advocacy plan, FANTA will support a workshop with key stakeholders to prepare subnational advocacy plans and guidelines for nutrition advocacy that can be used to develop advocacy materials at the subnational level throughout the country.

**Objective 5: Provide TA for national multisectoral nutrition action and coordination.**

In Project Year 4, FANTA will:

- Chair the Development Partners Group – Nutrition. FANTA will continue to lead the Development Partners Group – Nutrition, which has more than 60 members, including donor governments, IPs, U.N. partners, NGOs, and CSOs. Development Partners Group – Nutrition meetings are hosted by IrishAid in its joint role with USAID as the SUN Donor Convener for Tanzania.
- Support revision of the 1992 National Food and Nutrition Policy. FANTA will continue to work with the Prime Minister’s Office (PMO), TFNC, and an interministerial team in the final stage to

revise the 1992 National Food and Nutrition Policy and its companion Policy Implementation Strategy as per the Government of Tanzania Policy Development Guidelines.

- Support the PMO on nutrition governance and multisectoral coordination. FANTA will continue to work with the PMO and key line ministries to improve nutrition governance across sectors and at the PMO-Regional Administration and Local Government level. This work will require close coordination with TFNC and partners working on national nutrition activities.

## Uganda

FANTA has a long history of working at the national level in Uganda to strengthen nutrition policies, programs, and strategies along the prevention-to-treatment continuum. In recent years, this has included working across sectors, including health, agriculture, social development, and the Office of the Prime Minister (OPM), to help them fulfill their roles in the multisectoral Uganda Nutrition Action Plan 2011–2016 (UNAP).

In Project Year 4, FANTA will continue to strengthen the government's ability to implement the UNAP across sectors, with a deeper focus on strengthening local governance for nutrition. This is in alignment with the USAID Multisectoral Nutrition Strategy (2014–2025) IRs on increasing equitable provision and utilization of high-quality nutrition services, increasing country capacity and commitment to nutrition, and increasing multisectoral programming and coordination for improved nutrition outcomes. To accomplish these activities, FANTA will collaborate with government sectors at national and district levels, U.N. agencies, CSOs, and USAID IPs.

### **Objective 1: Increase national awareness of and commitment to addressing malnutrition.**

In Project Year 4, FANTA will:

- Continue to develop prioritized nutrition advocacy materials, including region- and/or district-specific materials that supplement the national nutrition advocacy package, in collaboration with OPM.
- Train nutrition champions on effectively using the national-level advocacy materials completed in Project Year 3 to reach specific target audiences, including the media, civil society, parliamentarians, government ministries, development partners, and the private sector.

### **Objective 2: Increase leadership and technical capacity to plan for, deliver, and monitor integrated nutrition services across sectors.**

In Project Year 4, FANTA will:

- Work with the OPM, the Ministry of Local Government, USAID IPs, and LGAs to strengthen nutrition leadership and governance of district nutrition coordination committees in select FTF focus districts.
- In collaboration with the Ministry of Gender, Labor, and Social Development, finalize the community mobilization guide on nutrition and food security and orient community development officers and FTF partners on how to use the guide.
- Collaborate with the Ministry of Agriculture, Animal Industry, and Fisheries to finalize, print, and disseminate guidelines on integrating nutrition into agriculture enterprises. Additionally, finalize a nutrition manual for agriculture extension workers and orient district production officers and USAID FTF partners on both tools.
- Work with the MOH to finalize, print, and disseminate the Uganda NACS facility training materials, and continue development of a harmonized community training package for village health teams.
- To help increase the pace of scale-up of NACS, revise and adapt the rapid assessment tool for national NACS services. The more user-friendly tool will allow partners to conduct the assessment, which determines if a facility is ready to implement NACS and provides recommendations.
- Support the National Planning Authority to continue developing nutrition planning guidelines that are in line with recently released sector-specific and local government planning guidelines, for

which nutrition was recognized as a cross-cutting issue. This will guide planning at national, local, and sector levels.

- Enroll the second class of Uganda Nutrition Fellows, extending the Fellowship to 2 years. FANTA will recruit and place Fellows; hold an orientation, professional development workshop, and quarterly retreats; and provide management oversight of the program.
- Provide technical support to USAID IPs, as requested.

**Objective 3: Strengthen coordination, information sharing, and learning among nutrition partners.**

In Project Year 4, FANTA will:

- Coordinate, plan, and host information sharing and learning events for USAID nutrition and FTF partners, and provide technical support to major national-level information sharing events, including the Annual Nutrition Forum.
- Continue supporting to PHFS partners, including continued dissemination of information and materials, supportive supervision and mentorship, and data quality assessments, as well as documenting the PHFS process, successes, lessons learned, and recommendations. FANTA will also hold a national conference to share the PHFS experience.

## Zambia

Since FY 2008, FANTA has provided TA to the Zambia MOH and the National Food and Nutrition Commission to integrate nutrition into health care services for PLHIV. In FY 2012, USAID/Zambia requested FANTA support for a NACS Acceleration Plan in Kitwe District in Copperbelt Province (November 1, 2013–September 30, 2015) in collaboration with ASSIST, LIFT II, the Thrive Project, and PCI. In Project Year 3, FANTA worked with the MOH and the Ministry of Community Development, Mother and Child Health (MCDMCH) at national, provincial, and district levels and with ASSIST and LIFT to support integration of NACS into 25 of the district's 52 health care facilities.

In Project Year 4, FANTA will continue to work with the government and PEPFAR partners to strengthen Kitwe District coordination and integration of NACS and scale up NACS implementation to another district. Activities will include capacity building, mentoring, and supervision of facility-based health care providers and community volunteers; developing and providing NACS materials, job aids, and equipment; strengthening government NACS M&E systems; and assessing nutrition knowledge, attitudes, and practices to inform an SBCC strategy.

### **Objective 1: Improve the enabling environment for NACS.**

In Project Year 4, FANTA will:

- Support nutrition activities of the MOH at the central level.
- Support meetings of multisectoral food and nutrition steering committees in Kitwe and Mansa districts.

### **Objective 2: Scale up NACS services.**

In Project Year 4, FANTA will:

- Help organize, fund, and participate in a NACS Acceleration Strategic Planning Meeting in a second district.
- Conduct a baseline assessment of the capacity of health care facilities in the second district to implement NACS.
- Provide NACS equipment and supplies to target health facilities in the second district through the MOH.
- Support NACS and integrated management of acute malnutrition (IMAM) training and supervision in the second district.

### **Objective 3: Improve the quality of NACS services.**

In Project Year 4, FANTA will:

- With ASSIST, support a QI process in selected sites in Kitwe and a second district.
- Work with LIFT II to strengthen referrals between facility-based NACS services and community ES/L/FS support.

### **Objective 4: Enhance the evidence base for NACS learning and monitoring.**

In Project Year 4, FANTA will:

- With ASSIST, support a QI process in selected sites in Kitwe and a second district to improve NACS learning/monitoring.
- Strengthen NACS data collection and reporting.

## Annex 1. Performance Management Plan for Project Year 4

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<b>PROJECT OBJECTIVE: Food security and health policies, programs and systems for improved nutrition strengthened</b>			
<b>1</b> Number of assisted countries that have advanced at least one phase in the integration of nutrition approaches	This indicator is a summary compilation of the following IR 2 indicators: - Integration of nutrition into HIV response (see Figure A1.1 for phases and milestones) - Strengthening MCHN policies, advocacy, systems, and capacities (see Figure A1.2 for phases) - Integration of CMAM into national health systems (see Figure A1.3 for phases)	In an annual participatory process, FANTA staff assesses the integration milestones and corresponding phases reached by each country.	<b>HIV:</b> 6 countries. DRC: Phase 2 to Phase 3; Malawi: Phase 2 to Phase 3; Lesotho: Phase 1 to Phase 2; Ethiopia Phase 2 to Phase 3; Tanzania: phase 2 to Phase 3 ; Zambia: Phase 2 to Phase 3  <b>MCHN:</b> 1 country. Guatemala-Policy Strengthening: Micronutrient review Phase 0 to Phase 1  <b>CMAM:</b> 0 countries. FANTA work on CMAM at country level discontinued.
<b>2</b> Impact stories produced about nutrition policies/ programs/systems being strengthened by FANTA	Evidence in the form of qualitative impact stories of selected nutrition policies/programs/systems that have been strengthened through FANTA assistance.	During annual work plan activities, the FANTA Sr. M&E Advisor along with the Senior Management Team will meet to identify potential impact stories and assign responsibility for researching and writing the stories.	<u>Project Year 4 Target:</u> 1 TBD

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<b>CROSS-CUTTING GENDER INTEGRATION</b>			
<p><b>3 Percentage of FANTA deliverables with gender considerations integrated</b></p>	<p>The denominator for this indicator consists of all deliverables referenced in current PY PMP targets that fall into one of the following four categories:</p> <ul style="list-style-type: none"> <li>- Policy recommendation reports</li> <li>- Tools (including training curricula)</li> <li>- Assessments/Evaluations (non-IRB)</li> <li>- Research (IRB)</li> </ul> <p>The numerator will be the total number of deliverables in the denominator that either 1) successfully demonstrate that gender considerations have been incorporated throughout the deliverable, or 2) contain at least one stand-alone section meeting one or more of the following objectives:</p> <ul style="list-style-type: none"> <li>- Identify, understand, and explain gaps that exist between males and females, and the relevance of gender norms and power relations in the specific context.</li> <li>- Provide guidance on bridging gender-based gaps and reducing gender disparities.</li> <li>- Provide programmatic guidance specifically for females or males within the target population.</li> </ul>		<p><u>Project Year 4 Target: 25%</u></p>
<b>INTERMEDIATE RESULT 1: Global evidence and capacity for food security and health policies, programs and systems for improved nutrition strengthened</b>			
<p><b>4 (IR1.1) Impact stories produced about FANTA research being used/applied</b></p>	<p>This is a specific type of impact story described in indicator #2. These stories must detail the impact of FANTA research findings.</p>		<p><u>Project Year 4 Target: 1 impact story</u> TBD</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<p>5 (IR1.1) Number of research publications produced</p>	<p>List of research publications issued</p> <p>“Research publication” includes:</p> <ul style="list-style-type: none"> <li>- peer reviewed publications</li> <li>- research-related publications (research reports, occasional papers, technical briefs, articles) that are published by FANTA and disseminated via the website</li> </ul>	<p>Routine project records of research publications.</p>	<p>Project Year 4 Target: 18</p> <ol style="list-style-type: none"> <li>1. PM2A Burundi follow up on children 0-23 months</li> <li>2. Report on primary and secondary pregnancy and birth outcomes, and on cost-effectiveness of LNS and IFA for birth outcomes in Bangladesh</li> <li>3. Report on maternal adherence to supplements during pregnancy and the immediate postpartum period in Bangladesh</li> <li>4. Report on secondary data analysis to explore if standardized MUAC cutoffs can be used to identify MAM and SAM among pregnant women</li> <li>5. Bolivia exit strategies report</li> <li>6. Honduras exit strategies report</li> <li>7. India exit strategies report</li> <li>8. Kenya exit strategies report</li> <li>9. Exit strategy synthesis report</li> <li>10. Final report on the effectiveness of dietary interventions during pregnancy in Malawi</li> <li>11. The impact of LNS provision to pregnant women on neonatal size and pregnancy duration in rural Malawi</li> <li>12. Interim technical report to document impact of monthly SP and azithromycin on mortality, morbidity and child growth</li> <li>13. Report of a pilot study to test an infant cognition eye-tracking screening tool in Malawi</li> <li>14. Nutrition/cognitive development technical note</li> <li>15. Ag/climate change technical note</li> <li>16. IPC food consumption indicators study report</li> <li>17. Madagascar LAM study report</li> <li>18. Integration of family planning into nutrition and food security programming</li> </ol>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<p><b>6 (IR1.1)</b> <b>Number of research activities that have advanced at least one stage on the Pathway from Research to Field Implementation and Use</b></p>	<p>A research activity is defined as an activity in which a defined methodology or protocol is followed to systematically collect and/or analyze information to advance knowledge, the results and/or recommendations of which are generally made available to the public, or a specific target audience via a presentation, technical report, peer review article, or other dissemination vehicle.</p> <p>Status of each of FANTA’s current research activities on the Pathway from Research to Field Implementation and Use. The Pathway is adapted from USAID/GH’s Health-Related Research and Development Activities at USAID- Report to Congress, May 2006.</p> <p>FANTA’s proposed adapted version of the Pathway contains six stages:</p> <ol style="list-style-type: none"> <li>1) Problem identification (strategic planning, problem identification and priority setting)</li> <li>2) Design and development (review of evidence and formulation of program theory; applied research and testing to create tools, approaches, and interventions)</li> <li>3) Releasing documentation (packaging and release of written documents (policy, guidelines, tools)</li> <li>4) Implementation (facilitation of adoption of approach, country-level program/policy rollout/diffusion into regular use, monitoring of program rollout)</li> <li>5) Assessment (evaluate, refine program theory, revise documentation)</li> <li>6) Consensus (agreement between researchers and practitioners that approach should be the norm)</li> </ol>	<p>For each of the principle research activities, FANTA specialists in consultation with the AOR will identify targets during work planning and will determine whether activity reached intended target during annual reporting.</p>	<p><u>Project Year 4 Targets:</u> 8 activities</p> <ol style="list-style-type: none"> <li>1. Exit strategies research – stage 2 to stage 3</li> <li>2. LNS-RTI study – stage 2 to stage 3</li> <li>3. Secondary analysis of MUAC cutoffs for pregnant women – stage 2 to stage 3</li> <li>4. Secondary analysis of MUAC cutoffs for adults– stage 1 to stage 2</li> <li>5. Documenting programmatic experiences with linear growth monitoring – stage 1 to stage 2 (<u>pending confirmation of GH funding to undertake the activity in FY15</u>)</li> <li>6. Madagascar mixed methods LAM delivery science study – stage 2 to stage 3</li> <li>7. TIPS Optifood research in Guatemala – stage 2 to stage 3</li> <li>8. Lessons learned from integrating family planning into nutrition and food security programming – stage 2 to stage 3</li> <li>9. Household food consumption indicators study – stage 2 to stage 3</li> </ol>
<p><b>7 (IR1.2)</b> <b>Impact stories produced about FANTA M&amp;E and other tools being used or applied</b></p>	<p>This is a specific type of impact story described in indicator #2. These stories must be about the impact of FANTA tools.</p>		<p><u>Project Year 4 Targets:</u> 1 impact story</p> <ol style="list-style-type: none"> <li>1. WDDP</li> </ol>
<p><b>8 (IR1.2)</b> <b>Number of tools developed</b></p>	<p>List of the new tools developed.</p> <p>A tool is defined broadly as any sort of approach or methodology or instrument designed to demonstrate how to do something or facilitate getting something done. It can be a worksheet, a checklist,</p>		<p><u>Project Year 4 Targets:</u> 45</p> <p>See Annex 2 for planned tools.</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
	a set of steps, guidelines, technical reference materials, indicator guidelines, etc.		
<b>9 (IR 1.3)</b> <b>Number of global normative standards and policies being strengthened</b>	<p>List of new/developing global normative standards and policies to which FANTA is contributing</p> <p>Global normative standards and policies are criterion/models/rules that have been publically accepted or supported or promoted by respected international institutions, like U.N.-affiliated bodies. They are usually codified in a formal publication.</p>	<p>The global norms and policies for FANTA to participate in each year will be identified in discussions between FANTA and USAID during work planning. At reporting time, FANTA will report on global norms and policies where FANTA participated.</p>	<p><u>Project Year 4 Targets: 5</u></p> <p><u>IR 1</u></p> <ol style="list-style-type: none"> <li>1. FFP M&amp;E policy and guidance document</li> <li>2. Chronic IPC technical revisions</li> <li>3. Acute IPC technical revisions</li> <li>4. FFP development food assistance projects early warning and response element policies and guidance</li> <li>5. FFP strategy</li> </ol>
<b>9b</b> <b>Number of national level policies or strategies strengthened</b>	<p>List of national level policies or strategies strengthened as the result of FANTA technical assistance.</p>		<p><u>Project Year 4 Targets: 5</u></p> <p>TBD</p>
<b>10 (IR1.3)</b> <b>Number of posters/ presentations delivered</b>	<p>List of professional meetings and events at which posters/presentations of FANTA work delivered</p> <p>This includes formal professional meetings/workshops/conferences for which a formal report would come out of and not routine presentations made as a part of offering technical assistance. Presentations/posters could have been delivered by non-FANTA staff, as long as presentations/posters were about FANTA work or research/presentation was funded by FANTA.</p>	<p>Count of events where presentations/posters were delivered.</p> <p>Tracking spreadsheet includes: title of event, title of presentation/poster, FANTA staff name, location, date, audience.</p>	<p><u>Project Year 4 Targets: 40</u></p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<p><b>11 (IR1.4)</b> <b>Post-training adoption rate (average and for each training activity)</b></p>	<p>As part of its standard approach to training, all FANTA trainings will include a follow-up with trainees to assess whether the skills imparted during the training, or the tasks/steps covered during the workshop, have been adopted, used, applied, or resulted in behavior change, as expected. The post-training adoption measurement for each training event will be appropriately adapted to the specific objectives of each training and the expected change.</p> <p>Levels of post-training adoption:</p> <ul style="list-style-type: none"> <li>- High adoption</li> <li>- Medium adoption</li> <li>- Low adoption</li> </ul> <p>FANTA has dropped this indicator, as it has become evident that it will not be possible to collect associated data.</p>	<p>The measurement of adoption rate depends on the specific objective of the training. FANTA staff delivering the training will keep records on the post-training adoption rates and submit these for aggregation. Aggregation methodology is TBD.</p>	<p>N/A</p>
<p><b>12 (IR1.4)</b> <b>Number of men and women trained by FANTA</b></p>	<p>This is a count of participants attending trainings given by FANTA. This will be disaggregated by funding source, topic, and sex.</p>	<p>Attendance sheets from trainings will be tabulated for this indicator.</p>	<p><u>Project Year 4 Targets:</u> 1,000</p>
<p><b>13 (IR1.4)</b> <b>Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)</b></p>	<p>FANTA will use a standardized approach to all its capacity building activities which includes having participants fill out evaluation forms at the end of each training session.</p>	<p>FANTA will ask training participants to fill out evaluation forms at the end of the training. The scores of the evaluation forms will be tabulated across all FANTA trainings each year.</p>	<p><u>Project Year 4 Targets:</u> 100%</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<p><b>14 (IR1.4)</b>  <b>Average percentage point change in score between pre- and post-tests of participants of FANTA trainings</b></p>	<p>FANTA will use a standardized approach to all its capacity building activities which includes beginning all formal trainings with a pre-test and ending with a post-test. The average improvement between the tests will be tabulated.</p> <p>FANTA developed the methodology to measure this indicator in a systematic way across training sessions during Project Year 2.</p>	<p>Pre- and post-tests will be given to participants at all FANTA trainings each year. Scores can be tabulated from both tests and the average improvement between pre- and post-test scores. This will be averaged across all FANTA trainings each year.</p>	<p><u>Project Year 4 Target: 25%</u></p>
<p><b>INTERMEDIATE RESULT 2: Country-driven food security and health policies, programs and systems for improved nutrition strengthened</b></p>			
<p><b>15 (IR2.3)</b>  <b>Number of HIV countries reaching Phase 3 in terms of integrating nutrition into national HIV policies/programs/systems</b></p>	<p>Status of each assisted country in terms of integrating nutrition into national HIV policies/programs/systems.</p> <p>There are three phases. See <b>Figure A1.1</b> for a description of the phases and milestones.</p>	<p>In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration milestones reached by each country.</p>	<p><u>Project Year 4 Target: 5 countries</u>                      DRC, Malawi, Ethiopia, Tanzania, Zambia</p>
<p><b>16 (IR2.4)</b>  <b>Number of MCHN countries reaching Phase 3 in any thematic focus area in the process of improving their MCHN policies/advocacy/systems/capacities</b></p>	<p>MCHN measures the number of assisted countries that have advanced at least one phase in any of the following thematic focus areas:</p> <ul style="list-style-type: none"> <li>– Policy</li> <li>– Advocacy</li> <li>– Systems Strengthening</li> <li>– Capacity Strengthening</li> </ul> <p>See <b>Figure A1.2</b> for an explanation of the phases.</p>	<p>In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration phases reached by each country.</p>	<p><u>Project Year 4 Target: 3 countries</u>                      Tanzania (advocacy): Phase 2 to Phase 3</p> <p>Uganda (systems strengthening): Phase 1 to Phase 3 for local governance systems for nutrition; (capacity strengthening for community workers: Phase 1 to Phase 3</p> <p>Guatemala (capacity strengthening): E-learning Phase 3C</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<b>17 (IR 2.1)</b> <b>Number of countries reaching Phase 2 and Phase 3 in the process of integrating CMAM into their policies/ programs/systems</b>	FANTA measures the evolution of integration of CMAM into health systems through its integration phase matrix. The matrix considers specific milestones in each of the following domains: – Governance – Financing – Workforce – Information – Equipment & products – Service delivery  See <b>Figure A1.3</b> for an explanation of the phases.	Annual review with national authorities and stakeholders of CMAM integration will allow identifying which milestones have been achieved and classify the country.	<u>Project Year 4 Target: 0 countries</u>
<b>USAID Offices’ Reporting Indicators for Annual Operational Plans and Performance Reports</b>			
<b>18 # of people trained in child health and nutrition through USG-supported health area programs, during the FY (GH/HIDN indicator)</b>	This indicator refers to all trainings fully or partially funded by GH/HIDN Core funds. For FANTA, we anticipate that the target and achieved numbers for this indicator will be 0, except under exceptional circumstances.		<u>Project Year 4 Target: 0</u>
<b>19 # of female IP staff trained in M&amp;E funded by FFP (FFP indicator)</b>			<u>Project Year 4 Target: 52</u>
<b>20 # of male IP staff trained in M&amp;E funded by FFP (FFP indicator)</b>			<u>Project Year 4 Target: 86</u>
<b>21 # of female USAID staff trained in M&amp;E funded by FFP (FFP indicator)</b>			<u>Project Year 4 Target: 5</u>
<b>22 # of male USAID staff trained in M&amp;E funded by FFP (FFP indicator)</b>			<u>Project Year 4 Target: 5</u>
<b>23 # of evaluations, undertaken during the FY, partially or fully funded by FFP (FFP indicator)</b>	Evaluation involves a systematic collection of information on the performance and impacts of on-going or completed USG-funded projects, programs, or sub-sets of activities.		<u>Project Year 4 Targets: 3</u> 1. Bangladesh FFP qualitative final evaluation 2. PM2A evaluation (Burundi) 3. PM2A evaluation (Guatemala)

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
<p><b>24 # of sector assessments, undertaken during the FY (FFP indicator)</b></p>	<p>Sector assessments are undertaken to provide comprehensive analyses of needs and opportunities in a particular sector so that informed strategic and programmatic decisions can be made. A sector is broadly defined to include gender, environment, agriculture, industry, food security, health, education, and democracy.</p>		<p><u>Project Year 4 Targets: 5</u>                      1. FSCF for country #1                      2. FSCF for country #2                      3. FSCF for country #3                      4. FSCF for country #4                      5. Yemen country assessment</p>
<p><b>25 # of countries with introduction OR expansion of cutting edge nutrition interventions, during the FY (GH/HIDN indicator)</b></p>	<p>Research or interventions that are cutting edge or innovative that were fully or partially funded by GH/HIDN. Tools should only be included in this category if they drive or underpin an innovative or cutting edge intervention.</p>		<p><u>Project Year 4 Targets: 2</u>                      1. Bangladesh: LNS and MNP research                      2. Malawi: LNS research</p>
<p><b>26 # of information gathering or research activities, during the FY (GH/HIDN indicator/FFP indicator)</b></p>	<p>FANTA anticipates that USAID client offices (FFP, DCHA/OFDA, Missions) will ask FANTA to report on specific standards and custom indicators at the end of each fiscal year. The indicator should only include activities fully or partially funded by GH/HIDN, or activities fully or partially funded by FFP.</p>		<p><u>Project Year 4 Targets (partially or fully funded by FFP): 8 activities</u>                      1. PM2A study in Guatemala                      2. PM2A study in Burundi                      3. Exit strategy study in Bolivia                      4. Exit strategy study in Honduras                      5. Exit strategy study in Kenya                      6. Exit strategy study in India                      7. Yemen country assessment                      8. Linear growth activity</p> <p><u>Project Year 4 Targets (partially or fully funded by GH/HIDN): 9 activities</u>                      1. Effectiveness of lipid-based nutrient supplements (LNS) in Bangladesh                      2. Effectiveness of dietary interventions during pregnancy in Malawi                      3. Interventions to effectively treat moderate acute malnutrition (MAM) among HIV-positive and HIV-negative women during pregnancy                      4. Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from MAM                      5. Standardized MUAC cutoffs for pregnant women and adults                      6. The impact of a promising prenatal health intervention on</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 4 Oct. 1, 2014–Sept. 30, 2015
			children’s growth, development and mortality 7. Mixed-methods lactation amenorrhea method (LAM) delivery science study 8. Field testing of a new method to measure early childhood cognitive development 9. Linear growth activity
<b>27 # of technologies and tools under development during the FY (GH/HIDN indicator)</b>	The indicator should only include technologies and tools developed with full or partial GH/HIDN funding. FANTA’s contribution to this indicator will primarily consist of tools and not technologies, though there may be exceptions.		<u>Project Year 4 Targets: 13</u> 1. Women’s dietary diversity indicator guide 2. Nutrition advocacy manual using PROFILES (pending confirmation of funding from GH) 3. Sub-national nutrition action planning workshop modules (pending confirmation of funding from GH) 4. Nutrition costing workshop module (pending confirmation of funding from GH) 5. PROFILES cognitive development and education module (pending confirmation of funding from GH) 6. PROFILES suboptimal breastfeeding practices module (pending confirmation of funding from GH) 7. PROFILES child obesity and overweight module (pending confirmation of funding from GH). 8. Anthropometric Indicators Measurement Guide 9. Nutrition Program Design Assistant update 10. Toolkit to monitor effective coverage of CMAM programs 11. Monitoring the effective coverage of SMAM programs 12. Optifood (Limited release) 13. Revised Chronic IPC Addendum
<b>28 # of countries engaged in capacity building activities, during the FY, to strengthen assessment, design, and implementation of FFP projects (FFP indicator)</b>	Countries are FFP intervention countries receiving TA assistance from FANTA. This includes food security country frameworks (FSCF); regional and country-specific M&E workshops; baseline, midterm and final evaluation (BL/MTE/FE) support; Layers; early warning and response (EWR)/trigger indicators; and indicators performance tracking table (IPTTs)/results frameworks (RF) and multi-year assistance program (MYAP) reviews.		<u>Project Year 4 Targets:</u> FSCFs: 4 Country assessment: 1 Regional and country-specific M&E workshops: 5 BL/MTE/FE support and RF/IPTT: 10

**Figure A1.1. Phases and Milestones of Integration of Nutrition into HIV Response**

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

<sup>6</sup> Guidelines should address nutrition assessment, critical nutrition actions for PLHIV, nutrition counseling, treatment of malnutrition, and referral to support services or nutrition for PLHIV integrated into other guidelines (e.g., for management of acute malnutrition or medical treatment of HIV).

<b>TASK</b>	<b>PHASE 1. FANTA Leadership and Coordination</b> <i>At least five Phase 1 milestones achieved</i>	<b>PHASE 2. FANTA Technical Assistance</b> <i>At least five Phase 1 and three Phase 2 Milestones achieved</i>	<b>PHASE 3. Government Leadership and Coordination</b> <i>At least five Phase 1, three Phase 2, and three Phase 3 milestones achieved</i>
<b>TRAININGS</b>	<ul style="list-style-type: none"> <li>9. National nutrition and HIV training materials, including the topics discussed under the guidelines, developed and/or integrated into other health training materials</li> <li>10. National training materials developed for community-based nutrition care for PLHIV</li> <li>11. National nutrition and HIV training, supervision, and mentoring plan developed</li> <li>12. Trainers of facility-based service providers trained using national nutrition and HIV training materials</li> <li>13. Trainers of community-based service providers trained in nutrition for PLHIV</li> </ul>	<ul style="list-style-type: none"> <li>4. Facility-based service providers trained in initial sites using national nutrition and HIV training materials</li> <li>5. Community-based service providers trained in nutrition for PLHIV in initial sites</li> <li>6. Trained service providers mentored and supervised</li> </ul>	<ul style="list-style-type: none"> <li>2. Additional facility-based service providers trained using national nutrition and HIV training course</li> <li>3. Additional community-based service providers trained in nutrition for PLHIV</li> <li>4. Refresher training conducted for service providers previously trained in NACS</li> <li>5. Trained service providers mentored and supervised</li> <li>6. Opportunities for nutrition and HIV professional development or ongoing capacity development available</li> <li>7. Nutrition and HIV included in pre-service training of health care providers</li> </ul>
<b>SBCC</b>	<ul style="list-style-type: none"> <li>14. Formative research done to inform a SBCC strategy for nutrition and HIV</li> <li>15. Nutrition and HIV SBCC strategy developed</li> </ul>	<ul style="list-style-type: none"> <li>7. SBCC strategy implemented to include SBCC materials (e.g., counseling and client education materials, radio messages) developed</li> </ul>	<ul style="list-style-type: none"> <li>8. SBCC strategy monitored and evaluated</li> </ul>
<b>SUPPLIES, EQUIPMENT, AND MATERIALS</b>	<ul style="list-style-type: none"> <li>16. Job aids developed to support national nutrition and HIV guidelines and training materials</li> </ul>	<ul style="list-style-type: none"> <li>8. Job aids disseminated</li> <li>9. MOH and/or partners support procurement of SFPs to treat malnutrition</li> <li>10. MOH and/or partners provide NACS supplies, equipment, and materials</li> </ul>	<ul style="list-style-type: none"> <li>9. SFPs procured and distributed as part of MOH supply system</li> </ul>
<b>IMPLEMENTATION</b>		<ul style="list-style-type: none"> <li>11. Nutritional status of clients assessed in initial sites</li> <li>12. Clients counseled in initial sites</li> <li>13. SFPs prescribed to treat malnutrition in initial sites</li> <li>14. Two-way clinic-community referral system established</li> <li>15. QI system in place</li> </ul>	<ul style="list-style-type: none"> <li>10. NACS services scaled up beyond initial sites</li> <li>11. SFPs to treat malnutrition prescribed beyond initial sites</li> <li>12. Nutritional status of PLHIV routinely assessed according to care standards</li> <li>13. Clients routinely counseled on nutrition according to care standards</li> <li>14. Clients routinely referred between clinic and community services</li> </ul>

<b>TASK</b>	<b>PHASE 1. FANTA Leadership and Coordination</b> <i>At least five Phase 1 milestones achieved</i>	<b>PHASE 2. FANTA Technical Assistance</b> <i>At least five Phase 1 and three Phase 2 Milestones achieved</i>	<b>PHASE 3. Government Leadership and Coordination</b> <i>At least five Phase 1, three Phase 2, and three Phase 3 milestones achieved</i>
<b>MONITORING AND EVALUATION</b>	17. Tools developed to collect data on nutrition services for PLHIV	16. Nutrition and HIV data routinely collected in initial sites 17. Data monitored and evaluated in initial sites	15. Data routinely collected in scale-up sites 16. Data used for decision making 17. Nutrition and HIV indicator(s) included in the national health management information system

**Figure A1.2. Phases in FANTA’s Process of Strengthening MCHN Policies, Advocacy, Systems, and Capacities**

<b>PHASE 1.</b> <b>ASSESS</b>	<b>PHASE 2.</b> <b>PLAN</b>	<b>PHASE 3.</b> <b>IMPLEMENT</b>	<b>PHASE 4.</b> <b>EVALUATE</b>
Identify gaps, challenges and opportunities.	Develop an approach (e.g., strategy, implementation plan, protocol).	<ul style="list-style-type: none"> <li><b>A.</b> Review existing materials.</li> <li><b>B.</b> Revise existing or develop new materials.</li> <li><b>C.</b> Hold trainings, workshops, or meetings in support of the materials.</li> <li><b>D.</b> Follow-up and coordinate</li> <li><b>E.</b> Monitor and evaluate the approach.</li> </ul>	<p><b>Policy:</b> A favorable policy environment exists.</p> <p><b>Advocacy:</b> Demand for, visibility of, and resources for nutrition are increased.</p> <p><b>Systems Strengthening:</b> Government and nongovernment entities are aligned and provide a common platform of nutrition services.</p> <p><b>Capacity Strengthening:</b> The capacity of the country to coordinate on a multisectoral level and improve the quality of nutrition services from prevention to treatment is strengthened.</p>

**Figure A1.3. Phases for Integration of CMAM into National Health Systems**

Health System Building Blocks	Phases of Integration			
	Phase 0	Phase 1	Phase 2	Phase 3
<b>Governance</b>	<ul style="list-style-type: none"> <li>CMAM program implemented in pilot areas and recognized by national government as a necessary approach for treatment of acute malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization of key stakeholders to the importance of structured responses to acute malnutrition</li> <li>Scale-up plan designed that targets focus areas (high prevalence/caseload areas) and is tailored to local context</li> <li>Global CMAM guidelines agreed upon and national guidelines initiated</li> <li>Development of CMAM in-service training packages initiated</li> </ul>	<ul style="list-style-type: none"> <li>Inclusion of CMAM in national nutrition policy initiated</li> <li>National scale-up strategy developed and costed</li> <li>National CMAM guidelines finalized, endorsed, and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>National nutrition policy including CMAM endorsed</li> </ul>
<b>Financing</b>		<ul style="list-style-type: none"> <li>Nonemergency funds secured for CMAM scale-up (&gt; 1 year)</li> </ul>	<ul style="list-style-type: none"> <li>National funds available for at least 25% of CMAM costs (as per costed strategy)</li> </ul>	<ul style="list-style-type: none"> <li>All CMAM costs supported by national funds</li> </ul>
<b>Workforce</b>		<ul style="list-style-type: none"> <li>Minimum CMAM personnel requirements for national and subnational levels identified</li> <li>CMAM in-service training initiated</li> </ul>	<ul style="list-style-type: none"> <li>25% increase in nutrition positions at national and subnational levels</li> <li>25% increase in trained workforce in targeted areas</li> <li>Design of CMAM pre-service training packages for relevant personnel initiated</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 50% nutrition positions created at national and subnational levels</li> <li>&gt; 50% workforce trained in targeted areas</li> <li>CMAM pre-service training packages available and integrated into relevant personnel curriculums</li> </ul>
<b>Information</b>		<ul style="list-style-type: none"> <li>Minimum data collection needs and reporting formats required for routine M&amp;E of CMAM program identified, and roles and responsibilities identified for CMAM M&amp;E at all levels of the health system</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly analysis of CMAM performance conducted at national and subnational levels and disseminated at the facility level</li> <li>Coverage of CMAM programs monitored and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>CMAM performance M&amp;E integrated into HMIS</li> <li>Coverage of CMAM programs &gt; 50% in targeted areas</li> </ul>
<b>Equipment and products</b>	<ul style="list-style-type: none"> <li>Ready-to-use therapeutic food (RUTF) accepted as the required product for treatment of SAM</li> </ul>	<ul style="list-style-type: none"> <li>RUTF available for scale-up areas</li> </ul>	<ul style="list-style-type: none"> <li>RUTF integrated into national essential medicine list and available to targeted areas through the health system national and subnational supply system</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable access to RUTF ensured through national funding mechanisms</li> </ul>

Health System Building Blocks	Phases of Integration			
	Phase 0	Phase 1	Phase 2	Phase 3
Service delivery		<ul style="list-style-type: none"> <li>&gt; 10% of targeted facilities providing CMAM services and &gt; 10% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 25% of targeted facilities providing CMAM services and &gt; 25% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 50% of targeted facilities providing CMAM services and &gt; 50% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral)</li> </ul>

## Annex 2. Tools<sup>7</sup> under Development in Project Year 4

Name of Tool	Anticipated Project Year of Completion
<b>IR 1.2</b>	
Minimum dietary diversity indicator guide for women	Project Year 4
Revised IPC chronic addendum	Project Year 4
<b>IR 1.3</b>	
Anthropometric Indicators Measurement Guide	Project Year 5 (draft in Project Year 4)
<b>IR 1.4</b>	
E-learning course on integrating nutrition into agriculture programs	Project Year 4
Nutrition Advocacy Manual using PROFILES	Project Year 4
PROFILES Cognitive Development and Education Module – Refined	Project Year 4
PROFILES Suboptimal Breastfeeding Practices Module – Refined	Project Year 4
PROFILES child obesity and overweight module – Refined	Project Year 5
Guidelines on country-level nutrition costing	Project Year 5
Gender analysis statement of work guidance	Project Year 4
SAPQ indicator reference templates (revised)	Project Year 4
Online sample size calculator to accompany the sampling guide on beneficiary-based surveys	Project Year 4
Online sample size calculator to accompany the sampling guide for population-based surveys	Project Year 4
Nutrition Program Design Assistant (Updated Version)	Project Year 4
Final NACS costing tool and user’s guide (pending funding availability)	Project Year 5
Toolkit to monitor the coverage of CMAM programs	Project Year 5
<b>IR 2.1</b>	
See section 1.4	

<sup>7</sup> Annexes 2–4 provide forecasts that are as accurate as possible at the time of finalization of this work plan. The specific deliverables completed by FANTA in Project Year 4 may change to accommodate USAID requests.

Name of Tool	Anticipated Project Year of Completion
<b>IR 2.3</b>	
NACS User's Guide: Modules 6, 7, 8	Project Year 4
Generic NACS Training Manual (facilitator's guide, participant manual, power points for training facility-based health care providers)	Project Year 4
Zambia nutrition SBCC module for community actors	Project Year 4
Zambia NACS SBCC orientation module for health care supervisors	Project Year 4
Technical Field Brief: NACS Indicator Development	Project Year 4
Technical Field Brief: NACS Acceleration Experience in Joint Training	Project Year 4
Technical Field Briefs: PHFS Experience from Uganda and Tanzania	Project Year 4
Technical Field Briefs (2): Community Support for NACS	Project Year 4
<b>IR 2 Countries</b>	
<b>Côte d'Ivoire</b>	
Community-Based NACS: Tools and Job aids for Community Health Workers	Project Year 4
<b>Democratic Republic of Congo</b>	
Local food recipe guide	Project Year 4
<b>Guatemala</b>	
Video on ABC methodology	Project Year 4
Video on FBR trials	Project Year 4
Nutrition E-Learning Course for Frontline Health Workers	Project Year 4
<b>Lesotho</b>	
Infant and Young Child Feeding counseling cards	Project Year 4
Maternal Nutrition counseling cards	Project Year 4
Nutrition for People Living with HIV counseling cards	Project Year 4
Take-home nutrition materials for mothers	Project Year 4
NACS Training Manual for Health Workers	Project Year 4
NACS Coaching Guide	Project Year 4
District online nutrition reporting tool	Project Year 4

Name of Tool	Anticipated Project Year of Completion
<b>Malawi</b>	
NCST counseling tools	Project Year 4
<b>Namibia</b>	
CBHCP NACS register	Project Year 4
<b>Tanzania</b>	
Revised NACS Package for Health Facilities (2nd Edition)	Project Year 4
<b>Uganda</b>	
Orientation guide on use of the Advocacy Materials	Project Year 4
National nutrition Planning Guidelines.	Project Year 4
Integrated Community mobilization guide and packages on nutrition and food security for community mobilizers and resource people	Project Year 4
Monitoring and supervision tool for community mobilization and mainstreaming of gender issues in food security and nutrition interventions in local government	Project Year 4
Guidelines for integrating nutrition in agriculture enterprise mix	Project Year 4
Nutrition Training Manual for Agricultural Extension workers	Project Year 4
NACS facility training package	Project Year 4
Community nutrition training package and tools for VHTs	Project Year 5
NACS rapid assessment tool	Project Year 4
<b>Zambia</b>	
Nutrition counseling cards	Project Year 4
CBHCP NACS register	Project Year 4

### Annex 3. Planned Trainings for Project Year 4

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
<b>IR 1.4</b>			
FFP M&E Workshop - Burundi	Nov 2014	Burundi	Newly awarded FFP projects
FFP M&E Workshop - Malawi	December 2014	Malawi	Newly awarded FFP projects
FFP M&E Workshop - Madagascar	Nov 2014	Madagascar	Newly awarded FFP projects
FFP M&E Workshop - Nepal	January 2015	Nepal	Newly awarded FFP projects
DC M&E Information Sharing Meeting	Oct 2014	Washington, DC	HQ staff from Newly awarded FFP projects
Webinar(s) to launch publication of sampling guide on beneficiary-based surveys	Early 2015	Washington, DC	FFP awardees, FFP IPs, FFP staff, BFS staff
<b>IR 2 Countries</b>			
<b>Côte d'Ivoire</b>			
NACS & QI approaches to increase Engagement, Adherence, and Retention into care for PLHIV	January 2015	TBD	Nurses, physicians, and adherence counsellors
NACS and EAR M&E essentials for health care providers	February 2015	TBD	M&E officers
IYCF practices for Social workers	April 2015	TBD	Social workers, mid wives, and nurses working at social centers
Community-based NACS for community health workers	May 2015	TBD	Community health workers
<b>Democratic Republic of Congo</b>			
NCAS training for service providers	March 2015	Kinshasa and Lubumbashi	Nurses, physicians, and nutritionists
QA/QI for NACS coaches	May 2015	Kinshasa and Lubumbashi	NACS coaches
SBCC training	July 2015	Kinshasa and Lubumbashi	NACS implementers

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
<b>Ethiopia</b>			
NACS Training of Trainers	February 2015	Oromia, Tigray, Addis Ababa, Dire Dawa, Harari, SNNPR, Amhara	Health Practitioners
NACS Training of Trainers	June 2015	Oromia, Tigray, Addis Ababa, Dire Dawa, Harari, SNNPR, Amhara	Health Practitioners
<b>Guatemala</b>			
Nutrition e-learning course	October 2014–March 2015	Western Highlands	Course facilitators Frontline health workers
<b>Lesotho</b>			
Nutrition Assessment, Counseling, and Support	November 2014	Thaba Tseka	Clinic-based health providers
<b>Malawi</b>			
NCST training of trainers/managers	May–September 2015	Balaka, Karonga and Lilongwe	National-, district-, and zonal-level managers and clinicians
NCST- data management training	November 2014	Balaka, Karonga	Data managers, officers and clerks
<b>Namibia</b>			
NACS refresher training for facility- based health care providers	October 2014	Rundu	Nurses from Kavango Region
NACS training of CBHCPs	November 2014	Windhoek	NANASO
NACS training of CBHCPs	March 2015	Ondangwa	NARP coordinators and volunteers from Ohangwena Region
NACS refresher training for facility-based health care providers	April 2015	Ondangwa	Nurses from Ohangwena Region
Community IYCF training of CBHCPs	May 2015	Ondangwa	NARP coordinators/ supervisors
NACS training of CBHCPs	July 2015	Windhoek	NARP coordinators and volunteers from Khomas Region

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
NACS refresher training for facility based health care providers	September 2015	Ondangwa	Nurses from Oshana Region
NACS training of CBHCPs	September 2015	Rundu	NARP coordinators/ supervisors from Kavango Region
<b>Tanzania</b>			
NACS training and coaching	November 2014–August 2015	Nzega, Tabora Region	Health care providers in PHFS sites
NACS training and coaching	November 2014–August 2015	Mbeya City, Mbeya Region	Health care providers in PHFS sites
NACS training and coaching	November 2014–August 2015	Mufindi, Iringa Region	Health care providers in PHFS sites
NACS mentorship and coaching	November 2014–August 2015	Iringa, Mbeya, Ruvuma, Tabora, Arusha, Kilimanjaro, Lindi, Njombe, Rukwa, Katavi, Shinyanga	Health care Providers
Community NACS TOT	January 2015	WEI regions, TBD	Community health workers, MVCC members, MVC volunteers
Community NACS TOT	January 2014	PACT regions, TBD	Community health workers, MVCC members, MVC volunteers
NACS TOT training	March 2015–May 2015	Dodoma, Njombe, Rukwa, Katavi Shinyanga	Health care providers
<b>Uganda</b>			
Orientation of champions and NGOs on the use of advocacy materials	March 2015	Kampala	Media, departments, sectors, partners, local governments
Orientation of districts on the planning and budgeting guidelines	May–June 2015	Various Districts	Ministries, Local government, IPs
Orientation on community mobilization guide and package	January–March 2015	Various Districts	District Community Development officers and partners
Orientation on integrating nutrition in agriculture enterprise mix	April–May 2015	Various districts	District production officers and FTF Partners

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
Training on agriculture nutrition handbook for extension workers	January–June 2015	Various Districts	District production officers and FTF partners
Orientation on NACS rapid assessment tool	January 2015	Kampala	USG partners
<b>Zambia</b>			
IMAM training of facility-based health care providers	January 2015	Mansa District	Physicians, clinical officers, nurses, and pharmacists
Training of NACS trainers	February–March 2015	Mansa District	District nutritionists and MCDMCH trainers
NACS training of facility-based health care providers	March–June 2015	Second district	Doctors, nurses, clinical officers, pharmacists
NACS training of community health workers and community volunteers		Kitwe District	Community health workers and community volunteers
NACS training of community health workers and community volunteers	March–May 2015	Second district	Community health workers and community volunteers
Formative research methods training		Second district	Community health workers and community volunteers

## Annex 4. Publications and Key Deliverables under Development in Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
<b>IR 1.1</b>	
Report on the first follow-up to the baseline survey, with a focus on children 0–23 months in the PM2A program in Burundi	Project Year 4
Bolivia Exit Strategy Report	Project Year 4
Honduras Exit Strategy Report	Project Year 4
India Exit Strategy Report	Project Year 4
Kenya Exit Strategy Report	Project Year 4
Exit Strategy Synthesis Report	Project Year 4
Report on primary and secondary pregnancy and birth outcomes, and on cost-effectiveness of LNS and IFA for birth outcomes in Bangladesh	Project Year 4
Report on maternal adherence to supplements during pregnancy and the immediate postpartum period in Bangladesh	Project Year 4
Report on supplement adherence in children in Bangladesh	Project Year 5
Report on the results of the process evaluation of integrating the LNS and MNP distribution within the local organization's MCHN program in Bangladesh	Project Year 5
Journal article on the effect of LNS/IFA supplementation on maternal anemia during pregnancy and postpartum	Project Year 5
Journal article on maternal diet in the study population (eating less and the implications on diet quality and weight gain during pregnancy) in Bangladesh	Project Year 5
Journal article(s) on the prevalence of, and factors associated with anemia, low and high BMI, and depressive symptoms in early pregnancy among rural women in North-West Bangladesh	Project Year 5
Study report, with laboratory results, of effectiveness of dietary interventions during pregnancy in Malawi	Project Year 4
Study report on treatment of MAM during pregnancy	Project Year 5
Effectiveness of interventions for sustaining nutritional status among children who have recently recovered from MAM	Project Year 5
Interim technical report to document the impact of monthly SP and azithromycin on mortality, morbidity and child growth	Project Year 4
Report on the impact of prenatal health interventions on children growth, development, and mortality in Malawi	Project Year 5
Report on secondary data analysis to explore if standardized MUAC cutoffs can be used to identify MAM and SAM among pregnant women	Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
Report on secondary analysis to explore if standardized MUAC cutoffs can be used to identify MAM and SAM among adults	Project Year 5
Technical Brief on the role of nutrition policy in the context of USAID's multilateral nutrition strategy	Project Year 4
Technical Brief on the role of CMAM in the context of USAID's multilateral nutrition strategy	Project Year 4
Technical Brief on M&E in the context of USAID's multilateral nutrition strategy	Project Year 4
Formative research findings from linear growth monitoring assessment	Project Year 5
Integrating family planning with food security and nutrition technical brief	Project Year 4
Desk Review of Programs Integrating Family Planning with Food Security and Nutrition	Project Year 4
Madagascar LAM study report	Project Year 4
<b>IR 1.2</b>	
Report of a field study to test an infant cognition eye-tracking screening tool in Malawi	Project Year 4
Revisions to the current version of the IPC chronic addendum	Project Year 4
Integrated Food Security Phase Classification (IPC) Household Food Consumption Indicators Analysis	Project Year 4
Landscape analysis of overweight/excess weight gain during pregnancy in 24 MCH priority countries	Project Year 4
Review of evidence on the effectiveness of mid-pregnancy counseling on excess weight gain during pregnancy	Project Year 4
Women's dietary diversity indicator guide	Project Year 4
<b>IR 1.3</b>	
Report of a stakeholder meeting on the use of small-quantity lipid-based nutrient supplements (SQ-LNS) for the prevention of malnutrition	Project Year 4
Food security country framework for country TBD	Project Year 4
Food security country framework for country TBD	Project Year 4
Food security country framework for country TBD	Project Year 4
Food security country framework for country TBD	Project Year 4
Food security country framework for country TBD	Project Year 4
FFP M&E Policy and Guidance document	Project Year 4
FFP Indicators Handbook (update)	Project Year 4
FFP FY14 Impact Stories (approximately 10 stories)	Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
FFP FY14 Annual Results Reports Consolidated Impacts	Project Year 4
FFP Country Priority Spreadsheet	Project Year 4
Gender annual monitoring indicators PIRS (up to 4)	Project Year 4
Anthropometric Indicators Measurement Guide (tool)	Project Year 5
<b>IR 1.4</b>	
Technical note on nutrition and cognitive development	Project Year 4
Ag/Climate change technical note	Project Year 4
Protocol to field test the CMAM coverage monitoring toolkit and the plan to develop the toolkit materials	Project Year 4
Summary reports from CMAM Forum meetings	Project Year 4
Summary reports from Nutrition Forum meetings	Project Year 4
Summary report from Global Nutrition Cluster meetings	Project Year 4
Summary reports from SUN Community of Practice meetings	Project Year 4
Report on the field test of the NACS costing tool and user's guide in Zambia (pending funding availability)	Project Year 4
Final performance evaluation report for FFP MYAPs in Bangladesh	Project Year 4
Guidance on compiling a statement of work for and selecting an appropriate party to conduct gender analyses	Project Year 4
SAPQ indicator reference guide	Project Year 4
Synthesis of findings from project-level early warning indicator pilot(s)	Project Year 4
Sampling guide on beneficiary-based surveys in support of data collection for selected Feed the Future and Food for Peace agricultural monitoring indicators	Project Year 4
Updated sampling guide for population-based surveys	Project Year 5
Dual-frame indicator estimates for FTF/FFP Zone of Influence in Guatemala	Project Year 4
Four briefs on key project design consideration for MCHN programming	Project Year 4
E-learning course on integrating nutrition into agriculture programs (tool)	Project Year 4
Nutrition Advocacy Manual using PROFILES (tool)	Project Year 4
PROFILES Cognitive Development and Education Module – Refined (tool)	Project Year 4
PROFILES Suboptimal Breastfeeding Practices Module – Refined (tool)	Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
PROFILES child obesity and overweight module – Refined (tool)	Project Year 5
Guidelines on country-level nutrition costing (tool)	Project Year 4
Gender analysis statement of work guidance (tool)	Project Year 4
SAPQ indicator reference templates (revised) (tool)	Project Year 4
Online sample size calculator to accompany the sampling guide on beneficiary-based surveys (tool)	Project Year 4
Online sample size calculator to accompany the sampling guide for population-based surveys (tool)	Project Year 4
Nutrition Program Design Assistant (Updated Version) (tool)	Project Year 4
Final NACS costing tool and user’s guide (pending funding availability) (tool)	Project Year 5
Toolkit to monitor the coverage of CMAM programs (tool)	Project Year 5
<b>IR 2.1</b>	
See section 1.4	N/A
<b>IR 2.3</b>	
Nutrition Counseling Literature Review Report	Project Year 4
NACS User’s Guide: Modules 6, 7, 8 (tool)	Project Year 4
Generic NACS Training Manual (facilitator’s guide, participant manual, power points for training facility-based health care providers) (tool)	Project Year 4
Zambia nutrition SBCC module for community actors (tool)	Project Year 4
Zambia NACS SBCC orientation module for health care supervisors (tool)	Project Year 4
Technical Field Brief: NACS Indicator Development (tool)	Project Year 4
Technical Field Brief: NACS Acceleration Experience in Joint Training (tool)	Project Year 4
Technical Field Briefs: PHFS Experience from Uganda and Tanzania (tool)	Project Year 4
Technical Field Briefs (2): Community Support for NACS (tool)	Project Year 4
<b>IR 2.4</b>	
Yemen Recommendations to Support Resiliency and Reduce Chronic Malnutrition	Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
<b>IR 2 Countries</b>	
<b>Côte d'Ivoire</b>	
Local Ivorian food recipe guide	Project Year 4
Community-Based NACS: Tools and Job aids for Community Health Workers (tool)	Project Year 4
<b>Democratic Republic of Congo</b>	
SBCC Strategy for DRC	Project Year 4
Local food recipe guide (tool)	Project Year 4
<b>Ethiopia</b>	
Food by Prescription/NACS Transition Plan	Project Year 4
Regional Health Bureau Supervision Tool	Project Year 4
Revised National Guidelines for the Treatment of Acute Malnutrition in Adult PLHIV	Project Year 5
<b>Guatemala</b>	
Report of Costing of Essential Nutrition Interventions to Reduce Chronic Malnutrition in Guatemala (Spanish) and Nutrition Costing Summary Report in English	Project Year 4
Costing brief for government	Project Year 4
Costing brief for civil society	Project Year 4
Costing brief for candidates/political parties	Project Year 4
Report on Validation of Food-Based Recommendations Validation of Food-Based Recommendations (FBRs) Developed by Using Optifood for Children 6–11 and 12–23 Months of Age and Pregnant and Lactating Women in the Western Highlands of Guatemala (English and Spanish)	Project Year 4
FBR Brief on protein/animal source foods	Project Year 4
FBR Brief on micronutrients	Project Year 4
FBR Brief on agriculture and livestock practices	Project Year 4
Literature review on Micronutrient Deficiencies and Programmatic Strategies in Guatemala (Spanish)	Project Year 4
Report on the use of ENCOVI data to conduct Optifood in Guatemala	Project Year 4
Video on ABC methodology (tool)	Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
Video on FBR trials (tool)	Project Year 4
Nutrition E-Learning Course for Frontline Health Workers (tool)	Project Year 4
<b>Lesotho</b>	
Report on recommendations for data collection and reporting tools	Project Year 4
Infant and Young Child Feeding counseling cards (tool)	Project Year 4
Maternal Nutrition counseling cards (tool)	Project Year 4
Nutrition for People Living with HIV counseling cards (tool)	Project Year 4
Take-home nutrition materials for mothers (tool)	Project Year 4
NACS Training Manual for Health Workers (tool)	Project Year 4
NACS Coaching Guide (tool)	Project Year 4
District online nutrition reporting tool (tool)	Project Year 4
<b>Malawi</b>	
National NCST implementation plan	Project Year 4
NCST counseling tools (tool)	Project Year 4
<b>Mozambique</b>	
Mozambique Manual for the Treatment and Rehabilitation of Malnutrition, Volume II, Training Materials: Facilitator's Guide, Participant Handouts, and PowerPoint slides	Project Year 4
Mozambique Manual for the Treatment and Rehabilitation of Malnutrition, Volume II, Job Aids	Project Year 4
Communication materials for nutrition counseling for PLHIV and/or TB	Project Year 5
Guiding Strategy of Social and Behavior Change Communication to Prevent Undernutrition in Mozambique: Promotion of Optimal Nutrition Practices in Mozambican Households	Project Year 4
<b>Namibia</b>	
Nutrition TWG TOR	Project Year 4
NACS review report dissemination workshop report	Project Year 4
FANTA exit strategy	Project Year 4
CBHCP NACS register (tool)	Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
<b>Tanzania</b>	
NACS Program Review	Project Year 4
NACS Implementation Guide	Project Year 4
Community NACS package	Project Year 4
National Food and Nutrition Policy (for submission to Cabinet Secretariat)	Project Year 4
Final National Nutrition Advocacy Plan	Project Year 4
Subnational Nutrition Advocacy Plans	Project Year 4
Nutrition Advocacy Materials	Project Year 4
Guidelines for Developing Subnational Advocacy Plans	Project Year 4
Revised NACS Package for Health Facilities (2nd Edition) (tool)	Project Year 4
<b>Uganda</b>	
Advocacy Materials for Local Government	Project Year 4
PHFS Documentation Report	Project Year 4
DNCC Year 1 Lessons Learned	Project Year 4
UNF Year One Final Report	Project Year 4
Orientation guide on use of the Advocacy Materials (tool)	Project Year 4
National nutrition Planning Guidelines (tool)	Project Year 4
Integrated Community mobilization guide and packages on nutrition and food security for community mobilizers and resource people (tool)	Project Year 4
Monitoring and supervision tool for community mobilization and mainstreaming of gender issues in food security and nutrition interventions in local government (tool)	Project Year 4
Guidelines for integrating nutrition in agriculture enterprise mix (tool)	Project Year 4
Nutrition Training Manual for Agricultural Extension workers (tool)	Project Year 4
NACS facility training package (tool)	Project Year 4
Community nutrition training package and tools for VHTs (tool)	Project Year 5
NACS rapid assessment tool (tool)	Project Year 4

Topic or Working Title	Anticipated Project Year of Completion
<b>Zambia</b>	
Report of the process of NACS integration	Project Year 4
Report of QI process	Project Year 4
NACS SBCC strategy	Project Year 4
Nutrition counseling cards (tool)	Project Year 4
CBHCP NACS register (tool)	Project Year 4

## Annex 5. Fora and Groups in which FANTA Participates in Project Year 4

### Global Fora and Groups in which FANTA Participates

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
<b>Agriculture-Nutrition COP</b>	Global	Share info, research, new evidence on the link between agriculture practices and nutrition outcomes	Open (Email sign-up)	<a href="https://knowledge-gateway.org/ag2nut">https://knowledge-gateway.org/ag2nut</a>	Monthly calls; regular email updates	No known institutional affiliation	n/a	Participate in webinars; COP monthly calls; stay abreast of developments in Ag/Nut	Rebecca Egan, Gilles Bergeron
<b>CF&amp;N (Clean, Fed &amp; Nurtured) Community of Practice</b>	Global	Bring together WASH, nutrition, and ECD to promote child growth and development	Alive & Thrive, FANTA, WASHplus, the Global Public-Private Partnership for Handwashing, Save the Children	<a href="https://www.facebook.com/CleanFedNurtured">https://www.facebook.com/CleanFedNurtured</a>	Monthly	Rotating	Rotating	Participant; host meeting on rotating basis	Monica Woldt
<b>CMAM Forum</b>	Global	Centralize efforts to facilitate progress in addressing acute malnutrition by bringing together technical groups, initiatives, and resources	Organizations and individuals interested and working in CMAM	<a href="http://www.cmamforum.org">http://www.cmamforum.org</a>	Quarterly steering committee meetings	Action Against Hunger-International (ACF)	First Floor, Rear Premises, 161-163 Greenwich High Road, London, SE10 8JA	Participate in bi-monthly calls; provide technical guidance as needed; stay abreast of developments in CMAM	Tina Lloren
<b>CORE Group Nutrition Working Group (CORE/NWG)</b>	Global	Develop tools, guidance, and educate members on community-based nutrition programming	Organizations and individuals interested and working in community-based nutrition	<a href="http://www.coregroup.org">www.coregroup.org</a>	2 meetings/yr of CORE Group, during which CORE/ NWG meets. More frequent phone calls, occasional TAGs and webinars	CORE Group	CORE Group 919 18 <sup>th</sup> Street NW, Washington DC 20006	Active member; participates in all meetings; work on specific activities (e.g. NPDA, tech briefs); provide TA as needed	Lesley Oot, Kristen Cashin
<b>FSN (Food Security and Nutrition) Network Gender Task Force</b>	Global	Identify and disseminate tools and promising practices for gender integration in food security and nutrition programming		<a href="http://www.fsnnetwork.org/task-force/gender">http://www.fsnnetwork.org/task-force/gender</a>	3-4 times/year	TOPS	Save the Children 2000 L St NW, Suite 500, Washington DC, 20036	Participate in the taskforce meetings; collaborate with the gender taskforce for reviews of FANTA technical documents such as the FFP baseline and final evaluation gender indicator PIRS. In FY15, FANTA will develop FFP's annual	Reena Borwankar

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
								<p>monitoring indicators and guidance for a FFP gender analysis scope of work.</p> <p>Collaborate with gender taskforce members on the development and review of documents as needed.</p>	
<b>iCCM-Nut (Integrated Community Case Management and Nutrition)</b>	Global	The growing interest in deepening linkages between nutrition and iCCM as a way to increase the reach and coverage of treating malnourished children and potentially for preventing malnutrition led to creation of this group in 2014 to explore options for strengthening integration of iCCM and nutrition and to identify/prioritize opportunities to support its implementation	Health and nutrition professionals from UN agencies, NGOs, academia, donors, and inter-agency collaborators	N/A	Ad hoc	ACF-International (currently)	ACF-International is located at: First Floor, Rear Premises, 161-163 Greenwich High Road, London, SE10 8JA	Participate in key meetings and contribute to the technical dialogue	Tina Lloren
<b>IPC (Integrated Food Security Phase Classification) Chronic Food Insecurity Working Group</b>	Global	Develop the analytical process and associated technical tools necessary for analyzing chronic food insecurity at the sub-national level	Organizations and individuals interested and working in IPC	<a href="http://www.ipcinfo.org/ipcinfo-technical-development/ipc-chronic-scale/en/">http://www.ipcinfo.org/ipcinfo-technical-development/ipc-chronic-scale/en/</a>	Ad hoc conference calls and semi-annual/tri-annual at rotating locations	IPC Global Support Unit, FAO	Viale delle Terme di Caracalla, 00153 Rome, Italy	Invited member of the IPC Chronic Food Insecurity Working Group; provide regular TA in the development of the analytical process and technical tools for chronic food insecurity analysis	Laura Glaeser
<b>IPC (Integrated Food Security Phase Classification) Nutrition Working Group</b>	Global	Lead the development of the IPC Nutrition Phase Classification for Acute Situations. Tasked with piloting a prototype nutrition classification tool in 4-6 countries which will then be the basis for the new classification system	Organizations and individuals interested and working in IPC	<a href="http://www.ipcinfo.org/ipcinfo-home/en/">http://www.ipcinfo.org/ipcinfo-home/en/</a>	Periodic email communication	IPC Global Support Unit, FAO	Viale delle Terme di Caracalla, 00153 Rome, Italy	Participate as an observer and support the technical discussions where needed	Tina Lloren

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
<b>MIYCN-FP (Maternal, Infant and Young Child Nutrition and Family Planning) Integration WG</b>	Global	Bring together the Postpartum Family Planning community of practice, LAM working group and the nutrition community to provide a forum for those interested in nutrition, infant and young child feeding and family planning. This group manages the MIYCN-FP toolkit	Organizations and individuals interested and working in FP, LAM, IYCN, MCHN	<a href="https://knowledge-gateway.org/miycnfp">https://knowledge-gateway.org/miycnfp</a> <a href="https://www.k4health.org/toolkits/miycn-fp">https://www.k4health.org/toolkits/miycn-fp</a>	2-3 times/year	Co-chaired by Maternal and Child Survival Program (previously MCHIP) and SPRING	JSI 1616 Fort Myer Drive 16th Floor Arlington, VA 22209 USA	Participate in the working group meetings and in the <i>Documentation of Field Experiences and Results</i> sub-group whose objective is to promote and collect documentation of MIYCN-FP activities and locate promising resources for the MIYCN-FP toolkit. FANTA will present the findings of the desk review on integration of family planning in nutrition and food security programs at one of the Working Group meetings in PY 4.	Reena Borwankar
<b>PHFS (Partnership for HIV-Free Survival)</b>	Global	Initiative to accelerate adoption & implementation of 2010 WHO Guidelines in six member countries: conceived by WHO & PEPFAR, owned/led by MOHs in 6 countries, positioned under the Child Survival WG of the IATT on Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children	MOH from TZ, Kenya, SA, Lesotho, MZ, Uganda; UNICEF, IHI, ASSIST, HEALTHQUAL, and FANTA	N/A	Monthly/Bi-monthly conference calls at the global level; monthly in-country meetings	USAID / PEPFAR	URC/ASSIST, 7200 Wisconsin Avenue, Suite 600 Bethesda, MD 20814	Provide nutrition TA as part of the QI process to improve child survival and eliminate HIV transmission	Rebecca Egan (for global activities). FANTA Country Program Managers for participating countries
<b>PLEW (Project-Level Early Warning) Interest Group</b>	Global	The PLEW Interest Group responds to the desire of development project staff from a range of donor organizations for a forum to share information, lessons learned, promising practices, and tools and other resources to assist in implementation of PLEW elements	Organizations and individuals interested and working in early warning systems	<a href="http://www.fsnnetwork.org/interest-group/program-level-early-warning">http://www.fsnnetwork.org/interest-group/program-level-early-warning</a>	Quarterly	FANTA	FHI 360, 1825 Connecticut Ave NW, Washington DC 20011	As founding member of the PLEW Interest Group (supported by TOPS) program, FANTA develops the content for and runs each quarterly meeting	Laura Glaeser

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
<b>SUN CoP on Costing, Tracking, Planning, Implementing, and Financing</b>	Global	Provide a forum for partners in the SUN Movement to share developments and best practices on planning, costing, tracking of funds, and mobilizing resources for scaled-up multi-sectoral actions that contribute to nutrition	Practitioners from various countries and more than ten external entities, including FANTA.	<a href="http://scalingupnutrition.org/">http://scalingupnutrition.org/</a>	Periodic conference calls; ad-hoc in-person meetings	UNDP	Palais des Nations CH-1211, Genève 10, Switzerland	Participate in the group's periodic calls and in-person meetings when feasible to provide updates on FANTA's costing activities and stay informed about technical developments and activities among other projects and agencies	Tina Lloren
<b>GNC (Global Nutrition Cluster)</b>	Global	Partnership established in 2006 to improve effectiveness of humanitarian response programs by ensuring greater predictability, accountability, and partnership	INGOs and agencies, UN organizations, donors, and individuals interested and working in humanitarian response	<a href="http://nutritioncluster.net/">http://nutritioncluster.net/</a>	Monthly core member conference calls; bi-annual meetings	UNICEF	UNICEF Geneva is located at: Avenue de la Paix 5, 1202 Genève, Switzerland	Participate in monthly core member calls; occasionally attend GNC meetings to keep abreast of latest issues in emergency nutrition; review guidance & tools as requested by GNC coordinators	Tina Lloren
<b>Nutrition Forum</b>	Global	Aims to strengthen nutrition programs, with a particular focus on prevention and treatment of acute malnutrition in all contexts and undernutrition in fragile contexts. The Nutrition Forum facilitates technical discussions and supports coordination among the partners while ensuring linkages and complementarity with other coordination structures such as the Global Nutrition Cluster (GNC).	Nutrition IPs based in the US and Canada	N/A	Quarterly	Consortium with rotating secretariat; currently is ACF-US	ACF-US: 247 West 37th Street, 10th Floor, New York, NY 10018	Stay abreast of technical developments and emergency programs and share technical updates from FANTA	Tina Lloren
<b>TOPS M&amp;E Task Force</b>	Global	Share key M&E news, ideas, and suggested approaches among FFP IPs; vet different technical issues and introduce potential new topics for the group to consider (all related to M&E of FFP programs, esp'y development programs); raise	FFP IPs, FANTA	N/A	Bi-monthly	TOPS	Save the Children 2000 L St NW, Suite 500, Washington DC, 20036	Attend meeting, listen and participate in discussions; add agenda items when appropriate; e.g., when FFP asks FANTA to discuss an issue on which feedback is needed from FFP IPs	Sujata Bose

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
		issues or items of interest to the broader group							
<b>TOPS Nutrition Task Force</b>	Global	Improve the quality of nutrition implementation in food security and nutrition programming	Representatives from NGO Title II grantees and partner organizations in government, academia and the private sector	<a href="http://www.fsnnetwork.org/task-force/nutrition-and-food-technology">http://www.fsnnetwork.org/task-force/nutrition-and-food-technology</a>	Ad hoc	TOPS	Save the Children 2000 L St NW, Suite 500, Washington DC, 20036	Participating member	Lesley Oot, Kristen Cashin
<b>TOPS PAC (Program Advisory Committee)</b>	Global	Establish inclusive implementer-driven and field-oriented collaboration and information sharing networks to develop new knowledge and more effective practices; collect and analyze evidence; build consensus to support, disseminate, and adopt improvements; and strengthen program planning, design, implementation, and monitoring and evaluation skills	Representatives from the organizations that collaborate with TOPS	N/A TOPS general website: <a href="http://www.fsnnetwork.org">http://www.fsnnetwork.org</a>	Quarterly	TOPS	Save the Children 2000 L St NW, Suite 500, Washington DC, 20036	Attends all meetings and contribute to the technical aspects of TOPS' work, where relevant	Laura Glaeser
<b>ISISN (International Society for Implementation Science in Nutrition)</b>	Global	Convene and promote dialogue among scientists, policy leaders, and practitioners to advance research on the delivery of nutrition interventions world-wide	Scientist, policy leaders, private sector leaders, practioners	<a href="http://www.implementationsciencesociety.org/">http://www.implementationsciencesociety.org/</a>	Periodic	N/A	MDG Health Alliance 650 Madison Ave, 22 <sup>nd</sup> floor, New York, NY 10022	Founding member Participate in meetings, deliberations, review of strategies and plans, propose agenda items	Gilles Bergeron
<b>USAID Anemia Taskforce</b>	Global	Bring together USAID agencies and partners for coordination of efforts on anemia control and prevention	USAID/GH/HIDN, PMI, NTDs, MCHIP, SPRING, FANTA	N/A	Quarterly	USAID/GH/HIDN	1300 Pennsylvania Av, Washington DC 20011	Report and present FANTA's work on anemia control and prevention, coordinate with partners and USAID agencies when warranted	Zeina Maalouf Manesseh

**In-Country Fora and Groups in which FANTA Participates**

Forum/ Group Name	Country Location	Purpose Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
<b>USAID/PEPFAR Food and Nutrition Partners TWG</b>	Ethiopia	Propose standard protocol for the management of MAM and SAM in PLHIV, including recommendations for standardized dosages and treatment duration; Propose the most biologically effective and cost efficient supplementary food(s) to be used in place of the existing RUSF for MAM	FANTA (Chair); WFP; FBP; USAID/Ethiopia (Care and Support Team; HSS Team; FTF Team) SCMS; ENGINE	N/A	Monthly	FANTA	FHI360, Addis Ababa, Ethiopia	Chair the group	Abdulaziz Oumer
<b>Nutrition Distance Learning for Frontline Health workers WG</b>	Guatemala	Define, plan, review, coordinate & propose an implementation strategy for the Nutrition Distance Learning designed in close collaboration with INCAP and Nutrisalud	INCAP, Nutrisalud, HEPP, PASMO		Monthly, ad-hoc conference calls	FANTA and INCAP		Co-lead; define M&E of course; facilitate participation of USAID partners; liaise with MOH	Maggie Fischer
<b>USAID Guatemala Health and Education Working Group</b>	Guatemala	Plan, coordinate and develop joint activities being implemented by HEO partners in support of the Western Highlands Integrated Program, specifically related to health and nutrition	USAID/HEO	N/A	Monthly	USAID Guatemala	HEO	Participate, collaborate and coordinate the WG; provide input to work plans, reports, organization of meetings	Maggie Fischer
<b>MOH WG on IYCF (Infant and Young Child Feeding)</b>	Mozambique	Produce the technical materials related to IYCF and oversees the implementation of IYCF programming nationwide.		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	Co-chair of the IYCF working group, along with the MOH Nutrition Department	Alejandro Soto
<b>MOH WG on M&amp;E and Surveillance</b>	Mozambique	Oversee programming and produce the technical materials, e.g., protocols and training materials, in M&E and Surveillance		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	Provide TA to the MOH for the M&E and nutrition surveillance at a national level, including participation in this working group	Alejandro Soto

<b>MOH WG on SBCC</b>	Mozambique	Oversee programming and produce technical materials for SBCC related to nutrition, e.g., national strategies		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	Co-chair the SBCC working group along with the MOH Nutrition Department	Alejandro Soto
<b>MOH WG on the Nutrition Rehabilitation Program (Programa de Reabilitação Nutricional [PRN])</b>	Mozambique	oversees the implementation of the PRN nationwide and produces the technical materials that are the foundation of the program, e.g., protocols and training materials		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	Participation in this WG and provide technical assistance to the MOH for the PRN at a national level	Alejandro Soto
<b>Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique (Plano de Acção Multisectorial Para a Redução da Desnutrição Crónica em Moçambique [PAMRDC])</b>	Mozambique	WG on the national policy framework aiming to accelerate the reduction of chronic undernutrition. Oversee the implementation of the plan nationwide.		N/A	Periodic	Technical Secretariat for the MOH's Food and Nutrition Security (Secretariado Técnico de Segurança Alimentar e Nutricional [SETSAN])	Praça dos Heróis Moçambicanos, Maputo, CP 1406, Maputo, Mozambique	Active member of the PAMRDC; stay abreast of developments; contribute to the technical discussions; share updates from FANTA's side	Alejandro Soto
<b>SUN Civil Society Platform</b>	Mozambique	Raise the profile of nutrition on the national agenda and align the strategies, efforts, and resources of civil society with the Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique (Plano de Acção Multisectorial Para a Redução da Desnutrição Crónica em Moçambique [PAMRDC])		N/A	Periodic	The Nutrition and Food Security Association (Associação para Nutrição e Segurança Alimentar [ANSA])	Avenida Agostinho Neto 389, Maputo, Mozambique	Active member of the SUN civil society platform; stay abreast of developments; contribute to the technical discussions; share updates from FANTA's side	Alejandro Soto
<b>Ag/Nut WG</b>	Uganda	Provide leadership and oversight to integrate nutrition in the ag sector	Government Ministries and Agencies, UN Agencies	<a href="http://www.agriculture.go.ug">www.agriculture.go.ug</a>	Ad hoc	Ministry of Agriculture, Animal Industry and Fisheries	Lugard Avenue, Entebbe	Provide technical/logistic support; organize meetings/workshops; develop and/or review technical content	Francis Muhanguzi
<b>Anaemia WG</b>	Uganda	Discuss issues and work out strategies for reducing anemia	Ministries, CSOs, Academia and	<a href="http://www.health.go.ug">www.health.go.ug</a>	Quarterly	Ministry of Health	Plot 6 Lourdel Road, Kampala	Make technical presentations; review	Brenda Namugumya

		among women of reproductive age and children below 5 years	Implementing partners					documents; participate in meetings	
<b>Multi-Sectoral Nutrition Coordination Committee</b>	Uganda	Provide leadership and oversight for implementation of the UNAP	Key technical experts, GoU Ministries, UN Agencies, USAID, World Bank, IrishAid; Nutrition IPs, Private partners, Academia, Nutrition associations/ societies, civil society	<a href="http://www.opm.go.ug">www.opm.go.ug</a>	Monthly	Office of the Prime Minister	PLOT 9-11 APOLLO KAGGWA ROAD. P.O. BOX 341, KAMPALA, UGANDA	Represent, mobilize and coordinate USAID IPs; participate in planning and organization of the Annual Nutrition Forum	Brenda Namugumya
<b>Nutrition Technical WG</b>	Uganda	WG of technical officers mandated to plan/implement actions to integrate nutrition in the social development sector	Government Ministries, UN Agencies and FANTA	<a href="http://www.mglsd.go.ug">www.mglsd.go.ug</a>	Ad hoc	Ministry of Gender, Labour and Social Development	Simbamanyo House, Plot 2 George Street, Kampala	Provide technical/ logistic support; support relevant meetings/ workshops; develop technical content for discussion and review by the technical WG	Francis Muhanguzi
<b>Nutrition WG</b>	Uganda	Debate and agree on specific recommendations and actions to be implemented to address malnutrition	Government Ministries, CSOs, Academia and Implementing partners	<a href="http://www.health.go.ug">www.health.go.ug</a>	Monthly	Ministry of Health	Plot 6 Lourdel Road, Kampala	Make technical presentations; review documents; participate in meetings	Dr. Hanifa Bachou
<b>PHFS Coordination Committee</b>	Uganda	Coordinate implementation of the PHFS, articulate issues, priorities and recommendations that PHFS actors can undertake.		<a href="http://www.health.go.ug">www.health.go.ug</a>	Quarterly	Ministry of health	Plot 6 Lourdel Road, Kampala	Provide technical / logistic support; organize meetings/workshops; develop and/or review technical content	Lydia Gesa

## Annex 6. Status of Project Year 4 FANTA Country Work Plans<sup>8</sup>

Country	Status of PY4 Country Work Plans	
	Finalized	Still Under Discussion
Cote d'Ivoire		X
DRC		X
Ethiopia	X	
Guatemala	X	
Lesotho		X
Malawi	X	
Mozambique		X
Namibia		X
Tanzania		X
Uganda	X	
Zambia	X	

<sup>8</sup> Status of FANTA country work plans as of January 12, 2015.

