

# FANTA III

FOOD AND NUTRITION  
TECHNICAL ASSISTANCE

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## **FANTA Project Year 3 Annual Report October 1, 2013–September 30, 2014**

Cooperative Agreement Number  
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IMPROVING LIVES

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**November 2014**

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## Abbreviations and Acronyms

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AIDS	Acquired Immunodeficiency Syndrome
ART	antiretroviral therapy
ASSIST	Applying Science to Strengthen and Improve Systems Project
BBS	beneficiary-based surveys
BFHI	Baby-Friendly Hospital Initiative
BFS	USAID Bureau for Food Security
BMI	body mass index
CMAM	community-based management of acute malnutrition
COUNSENUITH	Centre for Counselling, Nutrition and Health Care
CSB	corn-soy blend
DAI	Development Alternatives, Inc.
DiscussionTIME	Discussion for FFP M&E
DRC	Democratic Republic of Congo
EBF	exclusive breastfeeding
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
FANTA	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning Systems Network
FFP	USAID Office of Food for Peace
FSCF	Food Security Country Framework
FY	Fiscal Year
GAIN	Global Alliance for Improved Nutrition
GH	USAID Bureau for Global Health
GMP	growth monitoring and promotion
HDDS	Household Dietary Diversity Score
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
HIDN	USAID Office of Health, Infectious Diseases and Nutrition
HIV	human immunodeficiency virus
HKI	Helen Keller International
I-TECH	International Training and Education Center for Health
IFPRI	International Food Policy Research Institute
IMAM	integrated management of acute malnutrition
INCAP	<i>Instituto de Nutrición de Centro América y Panamá</i> (Institute of Nutrition of Central America and Panama)
IP	Implementing Partner (USAID)
IPC	Integrated Food Security Phase Classification
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRB	internal review board
IYCF	infant and young child feeding
LAM	mixed-methods

LGA	Local Government Authority
LNS	lipid-based nutrient supplement(s)
LNSRN	LNS Research Network
M&E	monitoring and evaluation
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries (Uganda)
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
MFDI	Media for Development International
MI	Micronutrient Initiative
MINFIN	<i>Ministerio de Finanzas Públicas</i> (Ministry of Public Finance) (Guatemala)
MISAU	<i>Ministério da Saúde</i> (Ministry of Health) (Mozambique)
mm	millimeter(s)
MNP	multiple micronutrient powder(s)
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services (Namibia)
MSU	Michigan State University
MUAC	mid-upper arm circumference
NACS	nutrition assessment, counseling, and support
NCST	nutrition care, support, and treatment (Malawi)
NFNC	National Food and Nutrition Commission (Zambia)
NGO	nongovernmental organization
NIN	National Institute of Nutrition (Vietnam)
NPDA	Nutrition Program Design Assistant
OHA	USAID Office of HIV/AIDS
PCI	Project Concern International
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PIRS	performance indicator reference sheets
PLHIV	people living with HIV
PM2A	Preventing Malnutrition in Children under 2 Approach
PMO	Prime Minister's Office (Tanzania)
PMTCT	prevention of mother-to-child transmission of HIV
PRN	<i>Programa de Reabilitação Nutricional</i> (Nutrition Rehabilitation Program) (Mozambique)
PVO	private voluntary organization
QI	quality improvement
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SBC	social and behavior change
SBCC	social and behavior change communication

SESAN	Secretariat for Food and Nutrition Security (Guatemala)
SFP	specialized food product
SP	sulfadoxine pyrimethamine
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project
SSFP	Smiling Sun Franchise Program
SUN	Scaling Up Nutrition
TA	technical assistance
TAHEA	Tanzania Home Economics Association
TB	tuberculosis
TFNC	Tanzania Food and Nutrition Centre
TOPS	Technical and Operational Performance Support Program
UC Davis	University of California – Davis
U.N.	United Nations
UNAIDS	Joint U.N. Special Programme on HIV/AIDS
USAID	U.S. Agency for International Development
USG	U.S. Government
UTA	University of Tampere (UTA)
VAAC	Viet Nam Administration of HIV/AIDS Control
WASH	water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization
WUSTL	Washington University in St. Louis

## FANTA Project Year 3 Key Achievements

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In Project Year 3, FANTA made countless achievements to strengthen food security and health policies, programs, and systems for improved nutrition. The following are some of the project's highlights for the year, which are described in further detail within the report.

**Increasing country-level commitment to nutrition.** In Project Year 3, FANTA worked in 14 countries to increase political and social commitment to nutrition. For example, in Tanzania, FANTA led a multi-stakeholder collaborative process with the Prime Minister's Office and the Tanzania Food and Nutrition Commission that utilized PROFILES estimates to illustrate the negative consequences of failing to reduce the country's nutrition problems over the next decade, and the benefits of improved nutrition over the same time period. As a part of these activities, FANTA debuted two new PROFILES models; one that links nutrition to cognitive development and learning potential and one that estimates the consequences of suboptimal breastfeeding practices. FANTA also worked with Tanzanian stakeholders to develop a National Nutrition Advocacy Plan, and revise the National Food and Nutrition Policy and the Policy Implementation Strategy. In Guatemala, FANTA supported the government in implementing its Zero Hunger Plan through costing the scale-up of quality nutrition programming, strengthening program linkages between nutrition and agriculture, and building national capacity to provide a comprehensive package of prevention-based nutrition services. In Uganda, FANTA supported the implementation of the Uganda National Nutrition Advocacy Plan through the development of nutrition advocacy materials. Technical assistance and support were also provided to the Scaling Up Nutrition (SUN) movement in several countries. In Malawi, FANTA provided technical assistance to the SUN Task Force and National Nutrition Committee on nutrition care, support, and treatment, and in Namibia, FANTA contributed to the SUN country evaluation report and policy briefs on stunting and maternal nutrition.

**Consensus on a women's dietary diversity indicator.** FANTA worked with the Food and Agriculture Organization of the United Nations (FAO) and other partners from 2005–2010 on the Women's Dietary Diversity Project (WDDP) to develop simple yet high-quality indicators to assess the quality of women's diets. In 2012, WDDP initiated a follow-on project (WDDP II) with the objective of identifying additional data sets that could be analyzed to result in a dichotomous indicator for global use. The results from the WDDP II analyses were the basis for discussion at a multi-stakeholder technical meeting, which FANTA and FAO jointly convened on July 15–16, 2014 to reach consensus on a global dietary diversity indicator for women. The meeting included representatives from academia, international research institutes, and United Nations and donor agencies. At the meeting, a global dietary diversity indicator for women was unanimously agreed on. The new indicator reflects consumption of at least 5 of 10 food groups—women consuming foods from five or more of the food groups have a greater likelihood of meeting their micronutrient needs than women consuming foods from fewer food groups. FANTA will work with FAO to develop a user manual and advocate for inclusion of the indicator in global monitoring frameworks.

**Nutrition surveillance systems.** FANTA completed, published, and disseminated a global review of existing nutrition surveillance systems in 16 countries to help implementing organizations determine what type of surveillance system best suits their needs. The report was accessed nearly 1,000 times online and downloaded 300 times over an 8-month period. Nutrition surveillance systems for nutrition and health monitoring can allow countries to identify trends in the deterioration of the nutrition, health, or food security situation well before the onset of a crisis and can facilitate the initiation of timely response and mitigation efforts. While a variety of nutrition surveillance systems have been developed, tested, and applied, no one standard model is appropriate for all contexts.

**Preventing Malnutrition in Children under 2 Approach (PM2A).** In Project Year 3, FANTA continued its cluster-randomized trial on the implementation of PM2A in Guatemala and Burundi to examine the impact and cost-effectiveness of PM2A on child nutritional status (stunting, underweight,

and anemia) and the optimal composition, size, and duration of PM2A food rations for nutritional outcomes. The research questions and baseline and operations research results from the Catholic Relief Services and Mercy Corps programs were presented at a stakeholder event in Washington, DC. More than 70 stakeholders attended the event which included presentations by FANTA, IFPRI, Catholic Relief Services, and Mercy Corps. The event consisted of participatory sessions on program-research partnerships and on lessons learned in the implementation of PM2A.

**NACS implementation guidance.** One of FANTA's most popular downloads in Project Year 3 was a set of technical guidance modules on NACS called *NACS: A User's Guide*. The guidance modules, which were accessed online more than 3,000 times in Project Year 3, provide practical information on the integration of NACS into existing clinical services, describe the rationale and components of the approach, and provide links to reference documents and job aids. Intended to be living documents, the modules were continuously revised based on user feedback collected by FANTA. FANTA also organized a webinar that was hosted by CORE Group and included presentations by USAID and FANTA staff.

**Integrated programming and collaboration on NACS implementation.** In Project Year 3, FANTA continued to work closely with USAID global partners like 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 to strengthen NACS implementation. For example, in the Democratic Republic of Congo, FANTA, LIFT, and ASSIST conducted joint training for 64 health providers on NACS service delivery, quality assurance and improvement, and linkages to economic strengthening opportunities. In Zambia, FANTA and LIFT developed a national NACS training manual for community health workers and community volunteers. In Malawi, FANTA, LIFT, and ASSIST conducted training on improving the quality of nutrition service delivery in HIV and TB care. In Haiti, FANTA and SPRING collaborated on a 3-day training of trainers for NACS service providers. In Uganda, FANTA and ASSIST conducted quarterly national learning sessions for the Partnership for HIV-Free Survival and FANTA worked with SPRING on the development of the Uganda Nutrition Advocacy Strategy. In addition, FANTA provided technical assistance to MEASURE Evaluation on a NACS landscape analysis.

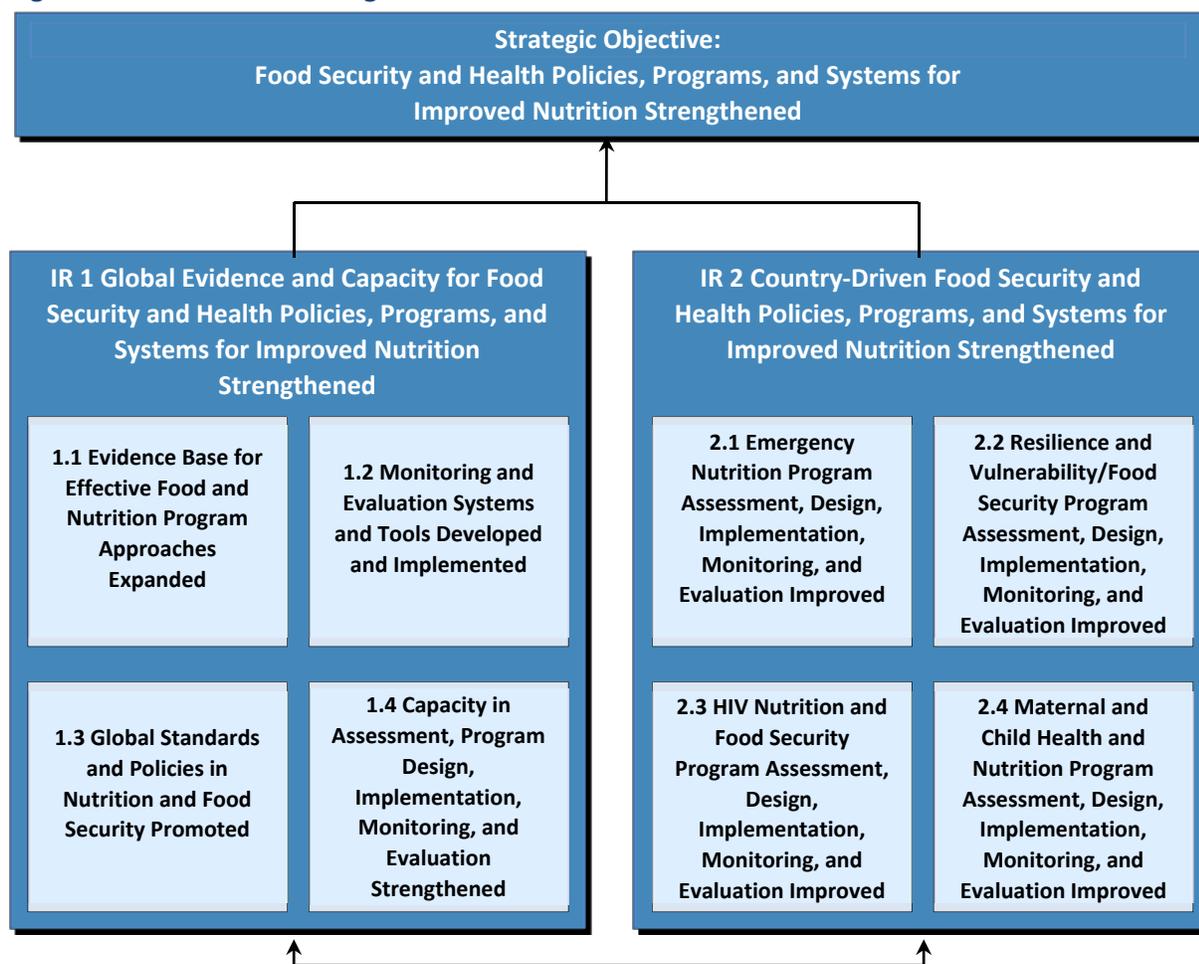
**Nutrition analyses for Asia.** At the request of the USAID Bureau for Asia and Food for Peace, FANTA conducted a landscape analysis of countries in South Central Asia (Bangladesh, India, Nepal, and Tajikistan) and Southeast Asia (Burma, Cambodia, Indonesia, Laos, the Philippines, Timor Leste, and Vietnam). In Project Year 3, FANTA presented the results of this analysis to representatives from USAID's Bureau for Asia, Global Health Bureau, Office of Food for Peace, and Bureau of Food Security. The analysis described the current nutrition situation, scale of the problem, and current efforts and needs for additional nutrition interventions, particularly to guide USAID's Bureau for Asia and Missions on opportunities to expand nutrition programming in these regions and countries.

**Gender integration for Food for Peace (FFP) development food assistance projects.** In Project Year 3, FANTA continued to provide technical assistance to FFP and awardees related to the measurement of gender integration in their FFP development food assistance projects. A proposed menu of gender outcome indicators that was developed with feedback from FFP and other USAID staff resulted in the adoption of eight required indicators intended for use by awardees during data collection at baseline and final evaluation. To support the rollout of these indicators, FANTA drafted performance indicator reference sheets (PIRS) and coordinated the review of these PIRS through the Technical and Operational Performance Support Program (TOPS) taskforces for gender and monitoring and evaluation. FANTA also wrote the gender section of the FFP policy and guidance for monitoring, evaluation, and reporting of FFP development projects, and provided recommendations on how gender integration can be incorporated into the FFP Draft Annual Results Report Guidance.

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

The Strategic Objective of the U.S. Agency for International Development (USAID)-funded Food and Nutrition Technical Assistance III Project (FANTA<sup>1</sup>) 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. FANTA’s work falls under two Intermediate Results (IRs), which each contain four sub-IRs (see **Figure 1**). **Table 1** displays activities by sub-IR in the countries in which FANTA worked in Project Year 3.

**Figure 1. FANTA Strategic Framework**



<sup>1</sup> The project is currently operating under its fourth Cooperative Agreement (February 2012–February 2017). For the purposes of this work plan, “FANTA” also refers to work begun under previous Cooperative Agreements. “Project Year” 1, 2, or 3 refers to the first, second, or third year of the current agreement.

**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						X
Bolivia	X							
Burundi	X							
Côte d'Ivoire							X	X
DRC							X	
Ethiopia							X	X
Guatemala	X	X				X		X
Haiti				X	X		X	X
Honduras	X							
India	X							
Kenya	X							
Lesotho							X	
Madagascar	X							
Malawi	X	X					X	
Mozambique							X	X
Namibia							X	
Tanzania							X	X
Uganda							X	X
Vietnam							X	
Yemen			X			X		
Zambia							X	
Zimbabwe				X				

## Knowledge Management

Over the past year, FANTA encouraged and supported the transfer of knowledge by disseminating program experiences, research findings, and tools to strengthen nutrition both globally and at the country level. The project used various platforms to reach 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 following table provides a snapshot of FANTA's reach through these platforms in Project Year 3.

Online Outlets	By End of Project Year 3
Website ( <a href="http://www.fantaproject.org">www.fantaproject.org</a> )	<b>121,570</b> page views (see <b>Annex 6</b> for details)
FANTA Update e-newsletter	<b>825</b> subscribers
Twitter (@FANTAproject)	<b>216</b> followers (see <b>Annex 6</b> for details)
Webinar	<b>44</b> attendees (Introduction to NACS webinar held in February 2014)
Blogs	<b>10</b> (blogs were highlighted on USAID's IMPACTblog, Feed the Future's e-newsletter, and FHI 360's Degrees)
Trainings	
All trainings	<b>70</b> (see <b>Annex 4</b> for details)
Total trained	<b>4,093</b> individuals (see <b>Annex 4</b> for details)
Publications and presentations	
Presentations/posters	<b>80</b> (see <b>Annex 3</b> for details)
Publications	<b>29</b> (see <b>Annex 5</b> for details)
Tools	<b>26</b> (see <b>Annex 2</b> for details)
Deliverables	<b>68</b> (see <b>Annex 5</b> for details)
Impact stories	<b>6</b>
Journal/news articles	<ol style="list-style-type: none"> <li>1. "Challenges in Infant and Young Child Nutrition in the Context of HIV," <i>AIDS</i>, November 2013 special supplement</li> <li>2. "The Science of Designing Food for the World's Poor," <i>The Atlantic</i>, June 2, 2014</li> <li>3. "Providing Lipid-Based Nutrient Supplements Does Not Affect Developmental Milestones among Malawian Children," <i>Acta Paediatrica</i>, posted November 2013.</li> <li>4. "Lipid-Based Nutrient Supplements Do Not Affect the Risk of Malaria or Respiratory Morbidity in 6- to 18-Month-Old Malawian Children in a Randomized Controlled Trial," <i>Journal of Nutrition</i>, posted September 27, 2014.</li> </ol>

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

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

d promising food and nutrition program approaches and strategies under IR 1.1. Highlights from these activities include the following:

- Hosted an event in Washington, DC, for more than 70 stakeholders on the preventing malnutrition in children under 2 approach and organized a follow-up learning event
- Conducted a stakeholder workshop in Burundi to share research results regarding a study the preventing malnutrition in children under 2 approach
- Posted and disseminated a report on supplement adherence among pregnant women enrolled in a study on lipid-based nutrient supplements in Bangladesh, and presented findings related to the study at three conferences
- Presented initial findings from a study on the effectiveness of dietary interventions during pregnancy in Malawi at three international conferences
- Published and disseminated a literature review: “Use of Cutoffs for Mid-Upper Arm Circumference (MUAC) as an Indicator or Predictor of Nutritional and Health-Related

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

The FFP development food assistance program is the largest nonemergency food assistance program in the world, providing more than US\$350 million in development resources on an annual basis to reduce food insecurity among vulnerable populations in Africa, Asia, and Latin America and the Caribbean. In light of this substantial investment by USAID, it is imperative that FFP food and nutrition program approaches reflect state-of-the-art knowledge. In Project Year 3, FANTA worked with FFP on the following studies to build the global evidence base for effective food security and nutrition program approaches and policies.

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

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 and

cost-effectiveness of PM2A on child nutritional status (stunting, underweight, and anemia) and the optimal composition, size, and duration of PM2A food rations for nutritional outcomes.

In Project Year 3, FANTA continued collection of program costing data and longitudinal data among enrolled women and their children in Guatemala. In Burundi, FANTA drafted a report on the first follow-up to the baseline survey, with a focus on children 0–23 months, which will be completed in Project Year 4. FANTA also conducted an in-country stakeholder workshop to share the results of the first follow-up to the baseline survey, and continued collecting program costing data to be used in the cost-effectiveness analysis at the end of the study.

In addition, FANTA hosted a PM2A stakeholder event in Washington, DC, which more than 70 stakeholders attended. The event included presentations by FANTA, IFPRI, Catholic Relief Services, and Mercy Corps. It also included an overview of the research questions that the PM2A studies are designed to answer, a description of Catholic Relief Services' and Mercy Corps' programs, and baseline and operations research results from the Burundi and Guatemala studies. The event consisted of participatory sessions on program-research partnerships and on lessons learned in the implementation of PM2A. FANTA organized a follow-up learning event in January 2014 to allow for participation by USAID staff who were unable to attend the first event due to a government shutdown.

**Effective exit strategies for FFP development food assistance projects** (funded by FFP, March 2009–September 2015, implemented by Tufts University). 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 into their designs a specific exit strategy that describes how the project intends to withdraw from the implementation area while ensuring that the benefits of any project achievements are not jeopardized and that progress continues. An earlier review of documented experience with FFP project exit strategies found little rigorous evidence on the effectiveness of different types of exit strategies. To explore the effectiveness of exit strategies and provide guidance to future projects on how to incorporate exit strategies that ensure sustainability of benefits into projects design, FANTA initiated multiyear studies in Bolivia, Honduras, India, and Kenya. Each country study includes three components:

- A review of awardee planned exit strategies and the implementation of those strategies in the final projects year
- A qualitative review 1 year after the projects ended to understand processes of change
- In-depth qualitative and quantitative assessments 2 years after exit to assess the extent to which the impacts of the projects were sustained or improved, and to understand factors of success or failure in the specific exit strategies

All data collection has been completed and in Project Year 3, reports for Bolivia, Honduras, and Kenya were drafted. The findings from the India country study were presented to USAID/India and USAID/Washington staff. All four country reports are expected to be completed in Project Year 4 along with a summary report providing a synthesis of findings across the countries. FANTA will organize a dissemination workshop for the FFP community in Washington, DC once the full set of reports are completed.

## Specialized Food Product Studies

In recent years, there has been remarkable progress in the development and improvement of specialized food products (SFPs) designed to prevent and/or treat poor nutritional status. FANTA worked on the following three SFP studies in Project Year 3.

**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 initiated an effectiveness study to evaluate the use of LNS for the prevention of chronic malnutrition in children and the improvement of nutritional status among pregnant and lactating women in Bangladesh. This cluster-randomized, controlled effectiveness study involves four study arms:

- LNS to the mother during pregnancy and the first 6 months postpartum, plus LNS to the child starting at 6 months of age and up to 24 months
- Iron/folic acid 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
- Iron/folic acid 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
- Iron/folic acid 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 up to 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 3 included data on child outcomes (e.g., anthropometry, micronutrient status, 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 expenditure data). Also in Project Year 3, draft reports from the study were prepared, including a report on the willingness to pay for LNS during pregnancy and a report on health care expenditures during pregnancy/delivery and immediate postpartum care. The report on supplement adherence among pregnant women enrolled in the study, which was drafted in Project Year 2, was completed and published on the FANTA website in Project Year 3. In addition, the effectiveness of LNS on birth outcomes was presented at the Experimental Biology meeting in April 2014; the effects of LNS on maternal anthropometric indicators in late pregnancy were presented at the 2014 meeting of the Society for Pediatric and Perinatal Epidemiological Research (SPER) in June 2014; and maternal supplement adherence data were presented at the Micronutrient Forum meeting in June 2014.

**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 potential to reduce the incidence of severe stunting before the age of 18 months, linear growth retardation often starts before 6 months of age, in the fetal period, or as the result of a preterm birth. Previous studies have shown maternal reproductive tract infections and malaria during pregnancy to be important risk factors for preterm births and infants born with low birth weight, which are associated with linear growth faltering in early childhood and beyond.

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 iron/folic acid

supplementation. The results of the study will inform whether LNS or multiple micronutrient supplementation—in comparison to the standard of care (iron/folic acid 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 3, FANTA drafted the final study report including laboratory results, which will be finalized and published in Project Year 4. Additionally, several presentations of the initial findings from the study were made at international conferences, including at a research dissemination workshop in Mangochi, Malawi on March 21, 2014; at the Nestle Nutrition Institute Workshop in Magaliesburg on March 31, 2014; and at the International Association for Dental Research Conference in Cape Town, South Africa, June 25–28, 2014.

**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). Internationally, there is no agreement on the method of diagnosis or treatment of moderate or severe malnutrition during pregnancy; therefore, the World Health Organization (WHO) currently does not have guidelines for the diagnosis or nutritional treatment of pregnant women with moderate or severe malnutrition. In addition, the benefits of treatment of MAM during pregnancy remain undocumented. To respond to this gap in evidence-based treatment protocols, in Project Year 3 FANTA initiated a study 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 the nutrient deficits during pregnancy, will result in improved MAM recovery rates among pregnant women and higher infant birth weights and lengths compared to the current standard of care in Malawi, which is a ration consisting of corn-soy blend (CSB) and iron/folic acid supplementation. During Project Year 3, FANTA finalized the protocol for the study, submitted it for internal review board (IRB) approval, and began study enrollment.

## Multisector Intervention Studies

Despite long-standing efforts to address stunting through nutrition interventions, linear growth retardation among children remains a persistent problem. Recently, there has been increased recognition that dietary interventions alone may not be sufficient to ensure optimal child growth and that in many cases, multisector interventions, or interventions not typically classified as “nutrition interventions,” are necessary to achieve the greatest nutritional impact. During Project Year 3, FANTA continued working on or began the following studies.

**Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from MAM** (funded by GH, November 2012–December 2015, implemented by WUSTL). FANTA research completed in 2013 showed that more than 30 percent of children in Malawi that successfully recovered from MAM after treatment either relapsed or died within a 12-month follow-up period. This finding suggests that children successfully treated for MAM remain vulnerable and might benefit from additional interventions and/or a longer period of food supplementation. To investigate the possibility to improve the long-term effectiveness of MAM treatment, in Project Year 2, FANTA initiated a study to examine the effectiveness of a longer period of food supplementation, 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 will investigate the relative effectiveness of whey vs. soy RUSF for treatment of MAM among children. The FANTA add-on study randomizes, by site, children that have recovered from MAM into either an intervention or a control group. The intervention group receives whey RUSF for 8 weeks beyond their recovery for MAM, along with malaria chemoprophylaxis for 3 months, a 14-day course of zinc to improve environmental enteropathy, a one-time albendazole treatment for deworming, and a

single insecticide-treated bed net. The control group receives only bed nets 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). In Project Year 3, study enrollment was completed, and follow up of the enrolled children began. In the following project years, a draft report of the study findings will be prepared and the final report will be published.

**The impact of a promising prenatal health intervention on children’s growth, development, and mortality** (funded by GH, August 2014–August 2016). 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 the adverse health outcomes or about cost-effective prevention or management alternatives in 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 in this study was monitored up to the age of 5 years (at 3, 6, 9, 12, 15, 18, 24, 30, 36, 48, and 60 months), and their development was assessed at the age of 5 years. However, up until now, the results from these follow-up data have not yet been analyzed. In Project Year 3, FANTA began outlining an analysis plan to investigate the impact of a combined azithromycin and monthly SP intervention during pregnancy on childhood morbidity and mortality. In Project Year 4, the data analysis plan for evaluating the impacts on childhood morbidity and mortality will be finalized and analysis of the data will be undertaken. Later in Project Year 4, analyses will also be undertaken to investigate the impact of a combined azithromycin and monthly SP intervention during pregnancy. In Project Year 5, the last portion of data analyses will be undertaken, with an aim to evaluate the effect of the intervention on childhood growth and development. Also in Project Year 5, the final report documenting the impact of the intervention on childhood morbidity, mortality, growth and development will be completed and published on the FANTA website.

### Mid-Upper Arm Circumference Studies

Mid-upper arm circumference (MUAC) has become an accepted measure for screening children for acute malnutrition and for determining eligibility for services to manage acute malnutrition in children. Building on the promise of MUAC as a simple, reliable indicator of nutritional status, FANTA is carrying out a set of research studies to help build the evidence base for expanding the use of MUAC among diverse target groups in various programmatic settings. In Project Year 3, FANTA carried out the following studies.

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

To address this gap and complement WHO's review of MUAC-related literature, FANTA initiated research to build the evidence base 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 part of 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. This report was published on the FANTA website and disseminated early in Project Year 3. For next steps, in Project Years 4 and 5, FANTA will carry out secondary data analysis to explore if standardized MUAC cutoffs can be used to identify MAM and SAM among pregnant women and adults. The results from the secondary data analysis for pregnant women and adults will be available in Project Years 4 and 5, respectively.

**Simplification of community-based management of acute malnutrition (CMAM) discharge criteria** (funded by GH, March 2011–October 2014). Two of the primary advantages of CMAM programs are wide-scale coverage and the ability of families to return more quickly to their daily lives. Any simplification of the protocol that will save time and costs and reduce complexity should translate into an ability to provide care for more children while expending the same resources. CMAM programs currently use weight-for-height or the percent weight gain measure to monitor treatment progress and assess eligibility for discharge. However, using MUAC instead could offer significant time savings for program staff, simplifying both monitoring and discharge procedures.

To explore this, FANTA initiated an operational study in Malawi to test the safety of using a MUAC of 125 mm for two consecutive visits as a discharge criterion for children admitted to CMAM programs. Children 6–59 months of age with a MUAC less than 115 mm that presented at select CMAM sites without medical complications were enrolled in the study beginning in March 2011. Once a child attained a MUAC of at least 125 mm for two consecutive visits, the child was discharged from treatment as recovered. Recovered children were monitored biweekly for 3 months after discharge to assess if any adverse outcomes (including relapse or death) had occurred. If fewer than 10 percent of the discharged children experience relapse or non-accidental death in the 3 months following discharge, MUAC greater than or equal to 125 mm will be considered “safe” in the context of this study. In Project Year 3, the final report from the study was drafted and will be completed in Project Year 4.

## Delivery Science Studies

In Project Year 3, FANTA carried out the following three delivery science research studies to understand how to implement effective, efficient, and equitable food and nutrition programs.

**Lessons learned from integrating family planning into nutrition and food security programming** (funded by USAID Office of Population and Reproductive Health, May 2013–September 2015). The USAID's Multi-Sectoral Nutrition Strategy 2014–2025, launched in May 2014, promotes both nutrition-specific interventions primarily delivered in the health sector and nutrition-sensitive interventions involving other sectors. An important nutrition-sensitive intervention that is often overlooked in nutrition and food security programming, but has been prioritized in the USAID nutrition strategy, is family planning and reproductive health services. To date there has been little documented evidence on integrating family planning into food security and nutrition programming.

To build the evidence base in this area, in Project Year 3, FANTA conducted an extensive desk review to compile, review, and synthesize programmatic experiences to better understand *how* food security and/or nutrition programs are integrating family planning. A draft technical report was reviewed by USAID and

in Project Year 4, FANTA will finalize the report and share results through a series of dissemination and advocacy events primarily within the Agency.

**Mixed-methods lactation amenorrhea method (LAM) delivery science study** (funded by USAID/Madagascar and GH, 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, having declined from 1.6 percent in 2003/2004 to 1.0 percent in 2008/2009. To strengthen exclusive breastfeeding (EBF) and LAM-related programming in Madagascar, FANTA initiated a literature review of existing evidence relating to EBF and LAM and began preparations to work with John Snow, Inc./MAHEFA, a USAID/Madagascar Implementing Partner (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, received FHI 360 and local IRB approval to move forward with the study, and began collection of the formative research data in USAID/MAHEFA's area of implementation in the Diana region of Madagascar.

**Assessment of growth monitoring and promotion (GMP) programs** (funded by USAID/Madagascar, November 2012–July 2014). In late 2011, USAID completed a Nutrition Improvement Framework for Madagascar, which recommended the completion of a GMP assessment. To assist USAID/Madagascar in responding to this recommendation, FANTA assessed current child GMP activities, with a focus on USAID/Madagascar programs, and identified specific steps to strengthen GMP implementation, primarily at the community level, through a stakeholders' workshop. During the workshop, FANTA shared the preliminary results of the assessment and developed an action plan to improve GMP implementation in USAID/Madagascar programs. The use of GMP as a platform to educate mothers about key actions, including the Essential Nutrition Actions and family planning, was explored as part of this assessment. FANTA finalized the GMP assessment report and shared the final report, in English and French, with USAID/Madagascar in Project Year 3.

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

In Project Year 3, FANTA worked on six key activities to support practical systems and tools for rigorous M&E under IR 1.2. Highlights include the following:

- Co-hosted a meeting on the Women’s Dietary Diversity Project that resulted in a new global indicator to measure women’s dietary diversity, meeting the need for a simple yet high-quality indicator to assess the quality of women’s diets
- Published and disseminated a “Review of National Nutrition Surveillance Systems” to help organizations determine the types of surveillance that may be appropriate for a given context
- Participated in an international working group for the Integrated Food Security Phase Classification to develop a chronic food insecurity classification system and participated in a pilot of the system in Bangladesh and Guatemala
- Completed the first phase of analysis of select household food consumption indicator data to strengthen acute analysis within the Integrated Food Security Phase Classification
- Provided technical assistance to MEASURE Evaluation on an analysis of adoption of harmonized indicators for nutrition assessment, counseling, and support in 16 countries

### Monitoring and Evaluation Systems

FANTA couples rigorous science with innovation and field practicality to develop, refine, and validate tools and monitoring and evaluation (M&E) systems that respond to stakeholders’ needs. In Project Year 3, this work included the following activities.

**Review of nutrition surveillance systems** (funded by the USAID Bureau for Africa). Nutrition surveillance systems for nutrition and health monitoring can allow countries to identify trends in the deterioration of the nutrition, health, or food security situation well before the onset of a crisis and can facilitate the initiation of timely response and mitigation efforts. While a variety of nutrition surveillance systems have been developed, tested, and applied, no one standard model is appropriate for all contexts. Furthermore, the different approaches that have been used to date have not been systematically compiled and reviewed to evaluate their appropriateness for a given context. To fill this gap, FANTA completed, published, and disseminated a global review of existing nutrition surveillance systems in sixteen countries, with analysis organized in a user-friendly matrix to help implementing organizations determine what type of surveillance system best suits their needs. The report was accessed nearly 1,000 times online and downloaded 300 times over an 8-month period.

**Field-testing of a new method to measure early childhood cognitive development** (funded by GH). Recently, 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-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 3, FANTA finalized a study protocol and initiated field work in rural Malawi to pilot test this new cognitive development measurement technique with 30 (full-term) infants 9 months of age. The aim of this pilot study is to document any adjustments that are required for conducting eye-tracking studies in low-resource settings and to make preliminary comparisons of data collected among infants in a high- and a low-income setting (Finland and Malawi, respectively). Following completion of the pilot study, FANTA will carry out a longitudinal, observational study in Malawi to examine how maternal and child nutrition and the duration of pregnancy at birth are associated with children's cognitive development to further advance the development and validation of the tool in a low-resource setting.

**Development of a new method to classify chronic food insecurity in the context of the Integrated Food Security Phase Classification (IPC)** (funded by GH). The IPC is a standardized approach to classifying food insecurity. IPC classification is conducted through a forum involving host government entities, the United Nations (U.N.), nongovernmental organizations (NGOs), and civil society partners. In 2013 IPC asked FANTA to participate in a working group—the Chronic Working Group—to develop an agreed-upon system for classifying the severity of chronic food insecurity, given our technical expertise in food security and nutrition causal analysis and our work to develop and validate indicators (e.g., the Household Hunger Scale [HHS] and the Household Dietary Diversity Score [HDDS], both of which are employed in IPC acute analysis) to capture some of its important dimensions.

In Project Year 3, as a member of the Chronic Working Group, FANTA helped to develop and pilot a chronic classification prototype in four countries (Kenya, Malawi, Bangladesh, and Guatemala; FANTA staff participated in the Bangladesh and Guatemala pilots) and held a series of consultative meetings following the pilots to share lessons learned and make associated adjustments to the chronic classification system. The IPC released version 1.0 of the IPC Chronic Classification in July 2014. The IPC anticipates rolling out version 1.0 of the Chronic Classification in up to eight countries (Nepal, Philippines, Bangladesh, Kenya, Uganda, Burundi, Zimbabwe, and El Salvador) prior to the end of the 2014 calendar year.

**IPC household food consumption indicators study** (funded by the USAID Bureau for Africa). In 2013, FANTA and the Famine Early Warning Systems Network (FEWS NET) initiated a study to more closely examine the food consumption indicators that the IPC uses for household-level food insecurity phase classification. In particular, the study seeks to determine more precisely how the ranges of food insecurity measured by each indicator relate to one another and to the phases of food insecurity severity set out in the IPC Acute Food Insecurity Reference Table for Household Group Classification. Specifically, the study examines the following household food consumption indicators: HHS, HDDS, coping strategies index, food consumption score, and outcome analysis from the household economy approach. Both FANTA and FEWS NET collected the secondary data to be used for the analysis portion of the study.

In Project Year 3, FANTA and FEWS NET completed the first phase of analysis of the indicator data (descriptive statistics, correlations, and cross-tabulations) and drafted an analysis phase one report. In Project Year 4, FANTA and FEWS NET will complete the second (and final) phase of analysis of the indicator data (concordance and dimensionality analyses), draft and disseminate a full analysis and study

findings report, and consult with the IPC Technical Advisory Group on: (1) potential revisions to the IPC Acute Food Insecurity Reference Table for Household Group Classification given study findings and (2) an outline for a future research agenda based on the study findings. It is anticipated that the results of this study will facilitate a process that 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.

**Women’s dietary diversity 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 2005–2010 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 research fell short of being able to recommend a dichotomous cut-off for these indicators, given that the evidence from the research did not support the use of a standard cut-off across all data sets analyzed.

In 2012, FAO initiated a follow-on project (WDDP II) to FANTA’s work, with the objective of identifying additional data sets that could be analyzed following the same analysis protocol and syntax that had been developed by FANTA under WDDP I. FANTA is a collaborator in this work, providing technical input into the analyses, write-up of the findings, and interpretation of the results.

The results from the WDDP II analyses were the basis for discussion at a multi-stakeholder technical meeting, which FANTA and FAO jointly convened on July 15–16, 2014 with the aim to reach consensus on a global dietary diversity indicator for women. The meeting included representatives from academia, international research institutes, and United Nations and donor agencies. At the meeting, a global dietary diversity indicator for women was unanimously agreed on. The new indicator reflects consumption of at least 5 of 10 food groups; women consuming foods from five or more of the food groups have a greater likelihood of meeting their micronutrient needs than women consuming foods from fewer food groups. The indicator can be generated from surveys and provides a new tool for assessment, target-setting, and advocacy. FANTA contributed to communications efforts (development of a brief) and dissemination efforts (through the *FANTA Update* and website) to promote the new indicator; FANTA’s webpage on the indicator was viewed over 300 times over 20 days and the brief was downloaded 66 times in that period. Next steps include developing user manuals and seeking opportunities to collect the data, in particular in large-scale surveys. Where it is relevant and would add value, FANTA will advocate for inclusion of the indicator in global monitoring frameworks.

**HHS validation** (funded by the USAID Bureau for Food Security [BFS]). In Project Year 3, FANTA was requested to analyze secondary HHS data collected in Feed the Future baseline studies to examine the internal and cross-cultural validity of the HHS using similar analytic methods and validity criteria as applied in a 2010 FANTA HHS study. However, due to the unavailability of the data sets for analysis, this work was not undertaken and has since been postponed indefinitely.

## Indicator Development and Harmonization

In collaboration with USAID, international organizations, and private voluntary organizations (PVOs), FANTA works to advance the M&E metrics adopted by food and nutrition programs. In Project Year 3, this work included the following.

**Harmonized indicators for nutrition assessment, counseling, and support (NACS)** (funded by the USAID Office of HIV/AIDS [OHA]). In Project Year 3, FANTA worked with OHA to provide responsive TA to a MEASURE Evaluation landscape analysis. This analysis focuses on documenting the adoption of harmonized indicators for NACS in 16 priority countries, the extent to which these indicators have been integrated into national systems, the strengths and challenges associated with collection and reporting, and understanding the way these indicators are used for decision making related to NACS activities. FANTA has supported this process through:

- Provision of technical input into the design of the survey tool to be used to interview key personnel at the national, regional/district, and facility level
- Providing a network of contacts of close to 100 key individuals involved in NACS from the pre-selected priority countries as potential respondents to the survey
- Undertaking an initial desk review and analysis on the extent to which the harmonized indicators have been adopted in national systems
- Providing ongoing support from FANTA in-country staff to ensure an enabling environment for the landscape analysis (for example, by connecting MEASURE staff with appropriate contacts in country, facilitating meetings, etc.)

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

In Project Year 3, FANTA worked on 13 activities under IR 1.3 to strengthen, develop, and disseminate policies, guidance, and training materials in relevant project focus areas. Highlights include the following:

- Proposed eight indicators that were adopted by FFP to measure gender integration in their development food assistance projects
- Co-hosted with CORE Group a webinar attended by 44 stakeholders to introduce the NACS User's Guide for integration of NACS into prevention, care, and treatment of infectious diseases such as HIV and TB
- Led the development of two lesson plans on principles for promoting food security and nutrition and working with the media to promote food security and nutrition for the *Make Me a Change Agent* training manual
- Conducted a desk review to provide recommendations on how programming in Yemen could be realigned to promote resiliency and have a greater impact on reducing chronic malnutrition
- Developed two Food Security Country Frameworks and one desk review to provide programmatic guidance to FFP development food assistance program awardees on the objectives, approaches, and institutional partnerships needed to ensure the effective use of resources in reducing food insecurity in select countries
- Reviewed and commented on 11 applications for FFP development food assistance projects to assist FFP in making funding decisions
- Completed several draft sections of a FFP Monitoring, Evaluation, and Reporting Policy and Guidance document, which provides comprehensive information on M&E requirements and associated guidance for FFP development food assistance projects

### 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, and other programs to guide measurement of their programmatic anthropometric indicators, and it remains the key document 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). In Project Years 2 and 3, FANTA conducted a needs assessment using the TOPS M&E and Nutrition/Food Technology email list to gather feedback on the structure, purpose, and utility of the current guide, as well as feedback on what to include in a revised document; undertook a literature review of existing anthropometry guides and relevant documents; and developed a detailed outline for the new guide. In the following project years, FANTA will hold an expert consultative meeting, inviting key staff from USAID, WHO, Demographic and Health Surveys, and leading experts in anthropometry from academic institutions to discuss key technical questions related to anthropometric methods and content of the guide. Following this consultation, FANTA will finalize an

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

### Specialized Food Products

FANTA participates in international consultations and working groups and engages with researchers and implementing organizations to advance the state of knowledge on SFPs for the prevention and treatment of malnutrition. In Project Year 3, FANTA carried out the following activity.

**LNS Research Network** (funded by GH). The LNS Research Network (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 pregnant and lactating women. In Project Year 3, FANTA continued its active participation in the LNSRN. This included updating current research profiles for FANTA's ongoing research studies involving LNS. Also in Project Year 3, FANTA engaged in initial planning discussions for a Project Year 4 meeting to be co-hosted with UC Davis on programmatic experiences in using LNS for the prevention of malnutrition.

### Support to CORE Working Groups

FANTA provided support to CORE Working Groups through the following activities in Project Year 3.

**Nutrition Program Design Assistant (NPDA)** (funded by GH). The NPDA is a workbook and reference guide to help PVOs design context-specific nutrition programs and was developed by CORE, FANTA, and Save the Children in 2010. In Project Year 3, FANTA supported the Nutrition Working Group in the continued rollout of the NPDA and provided technical support to update select sections of the NPDA. The finalized update to the NPDA will be released in Project Year 4. Development of a computer-based version of the NPDA was not pursued as there was limited partner interest in the activity.

**NACS Webinar and Presentations** (funded by OHA – Plus Up). In Project Year 3, FANTA jointly hosted a webinar with CORE to introduce stakeholders to the NACS User's Guide, which is a FANTA-developed tool to help program managers and implementers integrate NACS into prevention, care, and treatment of infectious diseases such as HIV and TB (see **section IR 2.3** for details on the tool). The webinar was attended by 44 participants. In addition, during the spring CORE group meeting, FANTA presented feedback received on the NACS User's Guide and participated in a joint technical presentation (lead by Project Concern International [PCI]) to describe the evolution of counseling approaches used in NACS, constraints to effective counseling, and proposed methods to improve nutrition counseling.

**“Make Me a Change Agent” training manual** (funded by GH). In Project Year 2, FANTA collaborated with the CORE SBC Working Group to review and contribute to lesson plans for the *Make Me a Change Agent* training manual for community health workers which includes a series of short training modules for essential behavior change skills. In Project Year 3, FANTA led the development of two lesson plans on how to: (1) influence and (2) work with the media (entitled, “Influence: Principles and Techniques for Promoting Food Security and Nutrition” and “Working with the Media to Promote Food Security and Nutrition,” respectively). In addition, FANTA revised sections of the *Make Me a Change Agent* training manual based on feedback from field tests conducted by working group members. It is anticipated that all of the lesson plans developed for the training manual will be provided to USAID in Project Year 4.

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

In Project Year 3, FANTA initiated an activity to assist USAID/Yemen in reviewing its portfolio of activities to provide recommendations on how programming could be realigned to promote resiliency and have a greater impact on reducing chronic malnutrition. FANTA conducted a desk review of data related to nutrition and food insecurity in Yemen, current USAID-funded programs in the country, 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 nutrition, agriculture, and livelihoods. During Project Year 4, FANTA will refine and expand on recommendations to produce a final report to meet USAID's need in the evolving socio-political context in Yemen.

## FFP Program Support

In Project Year 3, FANTA carried out the following activities in support of FFP's development food assistance program.

**Food Security Country Frameworks (FSCFs)** (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 governments, FANTA implements in-depth national food security assessments to identify the location, nature, and level of food insecurity in countries targeted for FFP programming. 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, and institutional partnerships needed to ensure the effective use of resources in reducing food insecurity in the selected country/countries. The assessments also seek to align with Feed the Future implementation plans in countries where relevant. In Project Year 3, FANTA developed two FSCFs and completed one desk review in support of an FSCF.

**FFP project application reviews** (funded by FFP). Each year, FFP receives and evaluates applications for FFP development food assistance projects. In Project Year 3, FANTA participated in the Fiscal Year (FY) 2014 FFP technical evaluation committees for Burundi, Madagascar, and Malawi, reviewing all applications submitted for each country (11 applications in total) and providing detailed comments on the quality of proposed interventions, the ration sizes proposed for various target groups, the integration of gender considerations into the projects, and the M&E plans. The review assists FFP in making funding decisions and identifying issues for applicants to address in the subsequent round of submissions.

**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 FFP development food assistance projects. To support FFP in meeting these reporting requirements, in Project Year 3, FANTA provided TA to FFP to draft and compile several chapters of the FFP *Monitoring, Evaluation, and Reporting Policy and Guidance* document, which provides comprehensive information on M&E requirements and associated guidance for FFP development food assistance projects. In Project Year 3, FANTA completed a draft of each chapter to be included in the document. In Project Year 4, the chapters will be shared with FFP senior management for their review and comment.

**FFP Indicators Handbook** (funded by FFP). In 2011, FANTA developed the *FFP Indicators Handbook* as an accompanying document to the FFP Information Bulletin 11-03 that listed the new FFP indicators for baseline and final evaluation surveys. The handbook provides the definitions, questionnaires, and tabulation instructions necessary for FFP survey implementers to collect and tabulate data on the

indicators. The Handbook has gone through a number of internal updates to keep pace with changes in FFP M&E policy. In Project Year 3, FANTA drafted the following updates to the *FFP Indicators Handbook*:

- Expanded the handbook to incorporate 36 annual monitoring indicators. Many of these indicators are Office of U.S. Foreign Assistance Resources “F” indicators or Feed the Future indicators and, therefore, already have PIRS. FANTA has identified existing F and Feed the Future PIRS, and is inserting the text of these PIRS in the FFP PIRS template and adjusting the PIRS language to the FFP context.
- Aligned the existing FFP baseline and final evaluation PIRS to the new Feed the Future language reflected in the October 2013 version of the Feed the Future Handbook.
- Aligned the handbook to reflect changes in the disaggregation and data points in the FFP management information system.
- Developed draft PIRS for 10 “required if applicable” annual monitoring indicators.
- Posted a request through the FSN Network to all FSN partners to forward examples of tools to support data collection of the F/Feed the Future annual monitoring indicators.

In Project Year 3, FANTA also completed internal and external reviews of the 10 PIRS and the 8 gender PIRS. Feedback from these reviews will be integrated into the FFP Indicators Handbook in Project Year 4, and the updated Handbook will be available in Project Year 4.

**Gender indicators for FFP development food assistance projects** (funded by FFP). In Project Year 3, FANTA continued to provide TA to FFP and awardees related to the measurement of gender integration in their FFP development food assistance projects. Building on efforts in the first two years of FANTA, including feedback from technical consultations with FFP and other USAID staff, gender experts, and awardees, in Project Year 3, FANTA proposed a revised menu of gender outcome indicators for FFP consideration. In May 2014, FFP adopted eight baseline and final evaluation indicators. The set of “required if applicable” indicators measure gender integration at the FFP First Level Objective, namely: (a) inclusive agriculture sector growth and (b) improved nutritional status, especially of women and children.

To support the rollout of the gender indicators, in Project Year 3, FANTA drafted the PIRS for the eight approved gender indicators and coordinated the review of these PIRS through the TOPS gender and M&E taskforces; wrote the gender section of the FFP policy and guidance for monitoring, evaluation, and reporting of FFP development projects; and updated the gender session to be delivered at the FY 2014 M&E workshops targeting new awardees. In addition, FANTA provided recommendations on how gender integration can be incorporated into the FFP Draft Annual Results Report Guidance, including how the FFP annual monitoring indicators requiring sex disaggregation can be analyzed and reported to be able to track progress on gender integration through the project lifecycle. In Project Year 4, FANTA will finalize the PIRS for the gender indicators to be included in the FFP Indicator Handbook. FANTA will also assist FFP in identifying up to four new annual monitoring gender indicators to complement the set of baseline and final gender indicators and develop PIRS for these indicators.

**FFP annual, midterm, and final evaluation impacts** (funded by FFP). To highlight the success and achievements of the FFP program, in Project Year 3, FANTA summarized the impacts of each FFP awardee that submitted a midterm and final evaluation and compiled a consolidated list of outcomes and impacts from FFP Annual Results Reports that were submitted.

**Early warning and response vision document** (funded by FFP). Beginning in 2013, FANTA, using inputs from a range of sources, including pilot studies, a desk review of published and grey literature, and formal and informal stakeholder consultations, began drafting a vision document that recommends a series of programmatic shifts for FFP to consider to more optimally implement the program-level early warning (PLEW) element of FFP development food assistance projects. In particular, the results of this research indicate that rethinking and reframing the purpose of the PLEW element away from structural program response (injecting emergency resources into ongoing development programs) and toward monitoring program context (e.g., tracking; transmitting information on; and, when necessary, responding to the evolution of key food security conditions in project implementation areas) will increase the relevance, utility, and ultimate sustainability of this element. In Project Year 3, FANTA completed a draft of this document, which will be reviewed and shared with FFP for feedback in Project Year 4.

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

In Project Year 3, FANTA worked on 14 activity areas under IR 1.4 to strengthen the capacity of different projects and organizations. Highlights include the following:

- Completed content development for five modules for an e-learning course on integrating nutrition into agriculture programming
- Developed two PROFILES modules—one that links nutrition to cognitive development and learning potential, and another on suboptimal breastfeeding practices—to estimate consequences of malnutrition in a country
- Provided technical support to the FFP program on baseline studies conducted in two countries, reviewed M&E materials for 10 different FFP projects, and held five “brownbag” learning sessions for FFP staff on various topics relevant to FFP programming
- Drafted a beneficiary-based sampling guide to provide FFP awardees and Feed the Future program implementers with specific guidance on data collection methodologies in support of FFP and Feed the Future agricultural annual monitoring indicators

Using results from effectiveness studies, delivery science, operations research, 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

In Project Year 3, FANTA carried out the following activities to strengthen nutrition program assessment, design, implementation, and M&E through capacity building at the individual, institutional, and local, regional, and national levels.

**E-learning course for integrating nutrition into agriculture programming** (funded by BFS). The results framework for Feed the Future 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 2013, 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. To date, FANTA has developed a detailed course outline, course development plan, completed development of content for five modules and produced a prototype course session including graphics, narration, and interactive features. The module will be completed and available online in Project Year 4.

**Nutrition and cognitive development technical note** (funded by GH). Recent reviews have highlighted the role of improved nutrition on the cognitive development 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 technical note addresses how cognitive development is measured and highlights successes and challenges of implementing integrated programs and will be published in Project Year 4.

**Climate change and agriculture technical note** (funded by GH). Climate changes are expected to reduce crop and livestock productivity, which will worsen malnutrition by constraining food supply growth and resulting in higher prices that will affect caloric intake. For vulnerable populations throughout the world, climate change adaptation efforts can be directed at household farm management practices and efforts to improve resilience through improved livelihoods alternatives. 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. The technical note will be finalized and disseminated in Project Year 4.

**PROFILES, nutrition costing models, and nutrition advocacy manual** (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 policy makers, such as mortality, productivity, and education. FANTA has used PROFILES with country stakeholders as a comprehensive platform for nutrition advocacy in Bangladesh, Ethiopia, Ghana, and Haiti. 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 learning potential, as well as a module on suboptimal breastfeeding practices, both of which will be field-tested and refined in Project Year 4. FANTA also continued work on developing a comprehensive manual for facilitation of nutrition advocacy using PROFILES and nutrition costing. The manual, which includes step-by-step instructions for program managers interested in using PROFILES and nutrition costing for advocacy, will be completed in Project Year 4 and made available in Project Year 5.

**Technical guidance for integration of CMAM into health systems.** CMAM is currently being implemented in more than 60 countries worldwide. As countries move to integrate CMAM into their national health systems, gaps are emerging that limit the extent of the integration process. The main gaps include the low coverage rates shown by most CMAM programs, due to suboptimal community mobilization; low service delivery performance, due to ineffective capacity development and high rates of attrition of health personnel; and the inability of countries with low prevalence of acute malnutrition to provide services, due to the absence of guidance on how to tailor CMAM to nonemergency contexts. To address these challenges, during Project Year 3, FANTA developed a framework for the integration and/or scale-up of CMAM within existing health systems. The framework identifies key health system functions necessary for successful CMAM implementation. FANTA also developed a health system assessment checklist that identifies existing health system gaps that must be addressed to provide CMAM services through the health system. In addition, an outline was developed to create modules for each health system building block to provide guidance on how to address the identified gaps based on the framework.

**Monitoring the effective coverage of CMAM programs.** Reaching high coverage is critical to successful CMAM implementation, and frequent measurements are needed to assess adequate coverage. However, currently available coverage evaluation methods are too expensive and complex for routine monitoring. In Project Year 3, FANTA developed a spreadsheet-based tool to monitor CMAM program coverage that is cost-effective, rapid, and simple and that can easily be integrated into routine CMAM practices. At the same time, UNICEF had been working on the development of a set of indicators to include in routine CMAM databases to monitor determinants of coverage and support bottleneck analyses, and the Coverage Monitoring Network, led by Against Hunger-International, had the mandate to

test and operationalize new coverage monitoring methods. Given the complementarity of these efforts, FANTA entered into a partnership with these organizations to test the tools and approaches in three countries in Project Year 4. A final tool and user's guide will be produced in Project Year 5.

**Integration of nutrition services along the continuum of care.** In Project Year 3, FANTA had proposed developing tools to strengthen health and nutrition workers' capacity to address nutrition issues more comprehensively, including guidance on nutritional concerns, training materials, guidance on M&E, and case studies. Development of the tools were not moved forward due to lack of funding for this activity and the loss of key staff whom were leading the activity.

### Support to USAID's FFP Program

In Project Year 3, FANTA provided the following TA to FFP and USAID Missions to strengthen approaches to assessment, strategy, design, implementation, and M&E throughout the program cycle.

**Support to FFP for FY 2013 FFP baseline studies** (funded by FFP). FFP funded and centrally managed a third-party firm to conduct baseline studies for countries with new FFP projects awarded in FY 2012 and FY 2013. This shift in policy was supported by the findings from FANTA's Second Food Aid and Food Security Assessment, which emphasized the need for increased quality in the FFP baseline and final evaluation data.

FFP requested that FANTA provide TA for the baseline studies to be carried out for the FFP development food assistance projects awarded in FY 2013 in Zimbabwe and Haiti. In Project Year 3, FANTA provided TA for the implementation of the baseline studies, which included design of the sampling strategy, both for the population-based baseline survey and for a special beneficiary-based impact evaluation of the food voucher component of the project in Haiti. FANTA assisted FFP in reviewing all deliverables submitted by the evaluation firm, including the inception report, sampling plan, quantitative instruments, qualitative methodology and instruments, field procedure manuals, and training materials for the enumerators, supervisors, and anthropometrists. In Project Year 3, FANTA also attended and helped to facilitate workshops conducted by the third-party firm for all new FFP awardees in Zimbabwe and Haiti. FANTA also assisted in the monitoring of enumerator, supervisor, and anthropometrist training in the field in Haiti, prior to the commencement of data collection.

**Review of FFP awardee M&E documents** (funded by FFP). FANTA assists FFP officers in reviewing awardee M&E documents, such as results frameworks (now LogFrames) and Indicator Performance Tracking Tables (IPTTs). These two key documents establish a program's theory of change and system for assessing whether a program achieves its desired results. In Project Year 3, FANTA reviewed results frameworks and IPTTs for newly awarded FFP development food assistance projects in Haiti and Zimbabwe. This assistance was provided both as part of preparation for in-country M&E workshops and TA visits, as well as through ongoing TA. FANTA also reviewed other M&E documents, such as midterm and final evaluation scopes of work and reports, M&E plans, and PIRS for a range of projects. Specifically, FANTA reviewed M&E documents for more than 10 different FFP awards in Bangladesh, Burkina Faso, Democratic Republic of Congo (DRC), Guatemala, Haiti, Liberia, Malawi, and Madagascar.

**Brownbag sessions for FFP** (funded by FFP). In its role as a technical resource to FFP, FANTA keeps FFP staff abreast of important topics relevant to FFP programming by delivering a series of brownbag sessions throughout the year. These sessions are 1.5 hours long and cover topics requested by FFP in the areas of M&E, food security, and nutrition. Each session entails a short presentation followed by discussion and exercises. In Project Year 3, FANTA delivered brownbag sessions on the following topics: elements of a social and behavior change communication program (October 2013); links between

nutrition and agriculture (November 2013); introduction to Optifood (January 2014); tips for assessing final evaluations (July 2014); and reviewing midterm evaluation reports and integrating findings into programming (August 2014).

## Support to FFP Awardees

In addition to supporting FFP, FANTA provides direct TA to FFP awardees. In Project Year 3, FANTA carried out the following activities.

**M&E workshops for new FFP awardees** (funded by FFP). Since FY 2008, FANTA has developed and delivered M&E workshops at the start-up of new FFP development food assistance projects. The purpose of these workshops is to convey FFP M&E requirements and to strengthen awardees' key M&E documents, including each project's theory of change, LogFrame (previously, results frameworks), and IPTT. In Project Year 2 and into Project Year 3, FANTA provided in-country TA on M&E to the new FFP Awardee in Haiti. Due to the distinctive design of the Haiti project, and the fact that there was only one awardee in Haiti, FANTA did not deliver an M&E workshop, but rather addressed the M&E capacity building of this new awardee through a 2-week TA visit. The objective of the visit was to apprise the new awardee of FFP's M&E requirements and to work directly with the awardee to refine its results framework and IPTT.

**Development of annual monitoring indicator learning modules** (funded by FFP). Due to the novelty and complexity of FFP's new set of annual monitoring indicators, in Project Year 2, FANTA organized an annual monitoring workshop in Washington, DC for FY 2012 FFP awardee M&E staff, with the objective of strengthening capacity to collect the new annual monitoring indicators. In Project Year 3, instead of organizing a similar workshop for FY 2013 awardees, FANTA planned to provide TA to the FY 2013 awardees and begin the development of indicator-specific modules that contain detailed indicator definitions; guidance on data collection; and practical exercises to further build capacity for collecting, tabulating, and interpreting data for the annual monitoring indicators. Early in Project Year 3, FANTA conducted a needs assessment (by email) among FY 12 and FY 13 FFP awardees to assess whether there was a clear need for these types of modules. The results yielded mixed information and FANTA agreed with FFP to undertake further investigation in Project Year 4 and beyond to determine whether such modules will be useful for their intended audience.

**Guidance on beneficiary-based surveys to collect data for agricultural annual monitoring indicators** (funded by FFP and BFS). FFP and BFS have indicated that FFP awardees and Feed the Future program implementers could benefit from specific guidance on data collection methodologies in support of FFP and Feed the Future agricultural annual monitoring indicators. To meet this need, FANTA undertook the drafting of a beneficiary-based sampling guide. FANTA adopted a two-phase approach in the development of this guidance. In the first phase, FANTA conducted exploratory consultations with 25 FFP awardees and Feed the Future program implementers to learn about their program delivery and routine monitoring systems and gain a solid understanding of the underlying contexts of the various programs. In Project Year 3, FANTA implemented the second phase of this process, which involved the preparation of written guidance on sampling for beneficiary-based surveys, one possible mechanism for collecting data in support of annual monitoring indicators. The guide focused on the use of beneficiary-based surveys for four annual monitoring indicators. Prior to the commencement of drafting the guide, a series of consultations were convened between FANTA, FFP, and BFS to discuss and agree on the contents of the guide. A first draft of the guide was produced in Project Year 3 and it is expected that a final version will be completed in Project Year 4.

**Supporting FFP awardees on program and ration design and M&E** (funded by FFP). As in previous years, in Project Year 3, FANTA responded to ad hoc technical questions from FFP awardees related to program and ration design and M&E. In addition, FANTA continued to moderate DiscussionTIME (Discussion for FFP M&E), the email list that operates as an online forum for FFP M&E practitioners. DiscussionTIME provides a venue for about 150 members to ask technical questions or discuss M&E-related issues. In Project Year 3, FANTA used the DiscussionTIME forum specifically to provide TA to FFP M&E practitioners on the FFP baseline/final evaluation and annual monitoring indicators. This involved inviting M&E staff from 2012 and 2013 FFP awards (those currently tasked with collecting this new set of indicators) to join and participate in the listserv.

**Collaboration with TOPS** (funded by FFP). In Project Year 3, FANTA continued to participate in the TOPS task forces on nutrition, SBC, gender, and M&E to support the development and implementation of work plans and TOPS's capacity building efforts. Specifically, FANTA staff co-chaired the SBC task force, coordinating bi-monthly meetings and ensuring task force work plan deliverables were met. Also in Project Year 3, FANTA collaborated with TOPS to re-launch the PLEW interest group to encourage and facilitate the exchange of ideas, methods, lessons learned, and promising practices surrounding program-level early warning and response, ultimately applying insights from these exchanges to enhance the PLEW element within FFP development food assistance projects.

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

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For IR 2, the following sections provide an update on activities under IR 2.1–2.4 that were carried out from Headquarters, and were not funded by a specific country Mission. Afterwards an update is provided on country-specific activities.

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

A key achievement under IR 2.1 in Project Year 3 includes publishing and disseminating promising practices and lessons learned from early warning and response efforts undertaken in Haiti from 2010–2013.

**Emergency response in Haiti.** In 2010, FANTA, in close collaboration with the Government of Haiti’s National Food Security Coordination Unit and the Famine Early Warning Systems Network in Haiti, piloted emergency trigger indicators and thresholds for FFP development food assistance projects in order to facilitate more rapid responses to emerging food security problems. From 2012–2013, FANTA followed up with these same stakeholders to understand how the pilot effort was progressing. In Project Year 3, based on follow-up findings, FANTA developed, published, and disseminated a series of recommendations for the FFP projects to strengthen implementation of the pilot effort in Haiti, as well as recommendations to improve program-level early warning and response across all FFP development food assistance projects.

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

A key achievement under IR 2.2 in Project Year 3 includes finalizing a nutrition-focused landscape analysis of 11 countries in South and Southeast Asia to inform expansion of USAID nutrition programming in these locales.

**Asia landscape analysis.** At the request of the USAID Bureau for Asia and FFP, FANTA conducted a landscape analysis for countries in South Central Asia (Bangladesh, India, Nepal, and Tajikistan) and Southeast Asia (Burma, Cambodia, Indonesia, Laos, Philippines, Timor Leste, and Vietnam) in Project Year 3. The analysis described the current nutrition situation, scale of the problem, and discussed current efforts and needs for additional nutrition interventions, particularly to guide the USAID Bureau for Asia and Missions on opportunities to expand nutrition programming in these regions and countries. FANTA submitted the two regional reports and 11 country profiles to the USAID Bureau for Asia and FFP.

**Development of a new method to classify chronic food insecurity in the context of the IPC.** See section 1.2.

**IPC household food consumption indicators study.** See section 1.2.

**Recommendations to Promote Resiliency and Reduce Chronic Malnutrition in Yemen.** See section 1.3.

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

At the global level, FANTA achievements under IR 2.3 in Project Year 3 include the following:

- Completed, posted, and disseminated four modules of the NACS User’s Guide: “What is NACS?” “Nutrition Assessment and Classification,” “Nutrition Counseling,” and “Nutrition Support.” The modules were accessed online over 3,000 times
- Supported the Partnership for HIV-Free Survival in Lesotho, Mozambique, Tanzania, and Uganda through coordinating steering committees, strengthening the management capacity of ministries of health, and training and coaching health care providers in NACS
- Coordinated a literature review of the evidence of the impact of NACS on morbidity, mortality, retention in HIV care, ongoing HIV transmission, and quality of life among PLHIV
- Contributed to a paper on “Challenges in Infant and Young Child Nutrition in the Context of HIV,” published in a November 2013 special supplement on pediatric HIV in the journal *AIDS*

At the country level, in Project Year 3, FANTA supported nutrition and food security programs in the context of HIV and other infectious diseases in 12 countries: Côte d’Ivoire, the Democratic Republic of Congo, Ethiopia, Haiti, Lesotho, Malawi, Mozambique, Namibia, Tanzania, Uganda, Vietnam, and Zambia. This work, which is described in detail in each country section, included:

- Integrating the NACS approach into health services at the national, program, clinic, and community levels
- Working with partners to incorporate quality improvement (QI)/quality assurance and economic strengthening, livelihood, and food security as a part of routine systems and to create or strengthen linkages between facility-based NACS services and community-focused support
- In some countries, expanding work on HIV to other infectious diseases (such as TB and malaria) and harmonizing nutrition, HIV, and CMAM services to maximize impact
- Helping stakeholders build their M&E frameworks for NACS

### Guidelines and Protocols for NACS and HIV

**NACS guidance.** To support the integration of NACS into existing clinical services, FANTA has prepared several iterations of a set of technical guidance modules (*NACS: A User’s Guide*) to describe the rationale and components of the approach and provide practical information with links to reference documents and job aids. In Project Year 3, three modules (“What is NACS?” “Nutrition Assessment and Classification,” and “Nutrition Counseling”), were posted on the FANTA website. Intended to be living documents, the modules were revised based on user feedback. The User’s Guide was promoted in a webinar given by USAID and FANTA staff (hosted by CORE Group), FANTA and CORE Group listserv announcements, and an in-person consultation with CORE Group members during a semi-annual meeting. During Project Year 3, the modules were accessed online more than 3,000 times. A technical brief on NACS outlining the history of NACS, its relationship with CMAM, and the NACS approach was submitted to USAID for comment during Project Year 3.

**WHO Nutrition Guidelines Advisory Group and the *Manual for Nutrition Care of Adults-Adolescents*.** In the wake of a WHO-led effort to develop nutrition guidance in the context of HIV, FANTA joined forces with Tufts, the National Institutes of Health (NIH), and USAID in 2013 to develop guidance for nutrition care for adults and adolescents. FANTA participated in and supported Tufts travel to a 2-day meeting at NIH to review the resulting draft *Manual for Nutritional Care and Treatment of HIV-Infected Adolescents and Adults*. Meeting participants discussed steps and resources for completion of the manual, including the possibility of integrating the content into pre-service training programs, and an outline of a NACS manual for care and support of PLHIV developed by the World Food Programme (WFP) and the Joint U.N. Special Programme on HIV/AIDS (UNAIDS). To lead the completion of this document, FANTA negotiated a sub-contract with Tufts, hired a consultant, to lead the revision and will continue to facilitate planning between OHA, the Academy of Nutrition and Dietetics, and consultants to revise the manual revisions during Project Year 4.

**Food hygiene and water, sanitation, and hygiene (WASH) in HIV-affected households.** PLHIV are particularly susceptible to water- and food-borne infections because of their weakened immune systems. PEPFAR supports WASH interventions to help prevent opportunistic infections among PLHIV, but food safety and hygiene have not been significant components of these interventions. In prior years, FANTA conducted a literature review that identified critical intervention points to improve food hygiene for vulnerable groups. Specifically, the review identified priority problem areas and critical action points at the household level in developing countries to improve food hygiene and decrease the vulnerability of PLHIV to food-borne illnesses. In Project Year 3, FANTA developed a draft technical brief on food hygiene for program managers and policy makers, a draft tool to assess food hygiene at the household level, and made plans to test the tool in Zambia. The final products associated with this effort will be delivered in Project Year 4.

### **Tools, Methods, and Approaches to Support NACS and HIV**

**Body mass index (BMI) wheel.** BMI is the preferred measure of thinness for non-pregnant/postpartum adults, but the calculations involved in deriving this index are complex and prone to error. Through USAID support, FANTA has been working with Children’s Hospital Boston to develop a “BMI wheel” that would make it easier for health care providers to find clients’ BMI and BMI-for-age without having to use BMI charts. A prototype was developed and tested during Project Year 3 for usability in four countries (Namibia, Tanzania, Uganda, and Zambia) and revised based on testing results. FANTA has finalized the design and content for wheels in English, Portuguese, and French and taken orders from eight countries. In early 2015, 20,000 wheels will be distributed to the countries.

**Social and behavior change communication.** SBCC techniques are used by implementing agencies and governments to support frontline health care providers in helping PLHIV and TB clients improve their diets and manage drug side effects and symptoms. FANTA undertook a targeted effort in Project Year 3 to increase the effectiveness of SBCC in the provision of nutrition counseling by hiring a second SBCC advisor, reviewing existing NACS education and training materials with a behavior change lens, and developing a technical note on SBCC. FANTA’s SBCC-related activities also included in-depth analytical support for national SBCC strategy development and advocacy planning through PROFILES’ estimates and consultative processes; initiation of a literature review on nutrition counseling in the context of HIV care and support; and examination of the potential for existing nutrition education, counseling, and training materials to influence behavior change.

**M&E indicators and systems.** (Please see IR 1.2 for details on FANTA guidance on M&E indicators for NACS.) FANTA provided headquarters support for a number of country-level activities, creating opportunities to leverage experience from one country system to others where country work plans

permitted. These activities included supporting the integration of NACS indicators into government-led M&E systems; developing strategies to promote use of routine NACS-related data from health facilities; developing and refining NACS data collection and reporting tools; analyzing existing nutrition information and data management system indicators, performance, and challenges; assessing the quality of data on key NACS indicators; evaluating NACS services; and assessing the capacity of health facilities for NACS implementation.

**NACS costing tool.** As more countries adopt and scale-up NACS, demand is increasing to build government capacity to cost services and leverage donor support. In Project Year 3, FANTA reviewed tools developed for NACS and CMAM as well as PROFILES costing components in order to facilitate integration into government budgets. Plans were established to test the NACS costing tool in Zambia in Project Year 4, and develop a flexible nutrition costing tool, combining CMAM and NACS approaches to costing, which will be tested in Mozambique in Project Year 4.

### The Partnership for HIV-Free Survival

USAID's Partnership for HIV-Free Survival (PHFS) is a six-country collaborative effort led by WHO and the Institute for Health Care Improvement (IHI) that uses QI approaches to reduce the rate of mother-to-child transmission of HIV (MTCT) to less than 5 percent while increasing the survival rate of HIV-exposed infants. In Project Year 3, FANTA directly supported PHFS in four of the six PHFS countries (Lesotho, Mozambique, Tanzania, and Uganda) where it played 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. FANTA has also prompted interest in PHFS on the part of USAID/DRC. FANTA worked with global and local partners to set priorities, select PHFS indicators, and develop processes that enabled partners to work together and share results. At the global level, FANTA participated in partner meetings and helped develop new tools to monitor progress and allow cross-country sharing. FANTA has begun to document country processes for establishing and implementing the PHFS partnership, including the preparation and dissemination of a field learning note on Mozambique's experience in engaging PHFS stakeholders.

### Needs Assessment of Online Nutrition and HIV Information

In Project Year 2, FANTA analyzed the cost-efficiency of the ProNUTRITION online forum that it had managed for a decade and concluded that more recent websites and information hubs led by organizations such as the World Bank, the SUN Movement, and 1,000 Days had a wider mandate and audience base, and links to robust and well-funded advocacy initiatives. In Project Year 3, FANTA, in consultation with OHA, proposed developing a focused community of practice around NACS, building on the *NACS User's Guide* and reaching out to a network of IPs, local stakeholders, and technical experts (independent and USAID).

Relatedly, the Food and Nutrition Inter Agency Task Team (IATT) was formed out of the Food and Nutrition Roundtable at the 2012 International Conference to foster closer collaboration among stakeholders and mainstream and integrate food and nutrition into the HIV response. In Project Year 3, OHA asked FANTA to take on the role as the program lead for the IATT. Initial discussions with WFP indicated that knowledge management was a priority and possible support for an IATT-specific website. Discussions are ongoing with OHA on this activity and will be followed up in Project Year 4.

### Literature Review of HIV Care and Support Mechanisms

At the request of OHA, FANTA's sub-partner Tufts University summarized and reviewed evidence for the impact of HIV care and support programs (specifically, NACS programs, including provision of

SFPs) on mortality, morbidity, retention, quality of life, and HIV transmission. FANTA supported screening of 1,900 articles while Tufts reviewed relevant studies; a summary of the analysis was provided to USAID. While evidence is abundant for the association of poor nutritional status on initiation of antiretroviral therapy (ART) with increased mortality and other adverse outcomes and for the positive effects of therapeutic and supplementary feeding on nutrition outcomes such as weight gain, appropriate studies of the effectiveness of NACS interventions on the five outcomes have not yet been published or were not available at the time of the literature search.

### **Integration of NACS into Pre-Service Training**

FANTA collaborates with USG and local stakeholders to incorporate nutrition concepts and approaches into national HIV programs and roll out NACS training materials at all levels. National NACS materials can be adapted for pre-service as well as in-service training. In Project Year 2, FANTA participated in an initial Medical/Nursing Education Partnership Initiative meeting with OHA, the Academy for Nutrition and Dietetics, and NIH that resulted in an action plan for integrating nutrition into the curricula of medical and nursing students at four leading Ethiopian academic facilities (Addis Ababa University, Defense University, Hawassa University, and Haramaya University). FANTA has been ready to support this activity, which is pending agreement among OHA, USAID/Ethiopia, and local stakeholders.

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

FANTA's work under IR 2.4 in Project Year 3, which is reported throughout various sections of this report, includes the development of PROFILES modules, the Food Security Country Frameworks, recommendations to reduce chronic malnutrition in Yemen, and an analysis of nutrition in Asia. At the country level, in Project Year 3, FANTA supported maternal and child health and nutrition (MCHN) activities in Bangladesh, Côte d'Ivoire, Ethiopia, Guatemala, Haiti, Mozambique, Tanzania, and Uganda. This work, which is described in detail in each country section, included:

- Helping governments and IPs carry out evidence-based actions at scale. FANTA's approach includes helping to strengthen national consensus and enabling environments for priority nutrition issues for mothers and children; supports the integration and delivery of nutrition services in country health programs; and promotes optimal behaviors, such as exclusive breastfeeding, adequate complementary feeding, and dietary diversification.
- Working with partners to develop and support community MCHN programs by conducting formative assessments, strengthening capacity in the implementation of the Essential Nutrition Actions and other key MCHN actions, facilitating dialogue among stakeholders, and developing guidance for community-based approaches.
- Supporting nutrition advocacy on key country priorities and goals for nutrition policy—FANTA developed targeted advocacy materials for policy makers; worked with journalists to increase the quantity and accuracy of nutrition-related media coverage; and sharpened the understanding of the importance of nutrition during the 1,000-day window from the start of a women's pregnancy until her child's second birthday.

## IR 2 Countries

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### Bangladesh

FANTA concluded TA activities in Project Year 3, and a final report on activities conducted from 2010–2014 on integrating and strengthening maternal and child nutrition in Bangladesh was submitted to USAID. Specific objectives and achievements during the past year include the following.

**Objective 1: Building on the PROFILES and nutrition cost model analyses, finalize the advocacy process for increased attention and government support of nutrition, from prevention to treatment, to create movement toward implementation and integration of nutrition services and facilitate the transition of this activity to other stakeholders.**

FANTA’s work on this objective in Project Year 3 focused on working with the media to increase national attention on nutrition. Specific activities and achievements include the following.

- Building on nutrition advocacy efforts since 2012, FANTA worked with a media partner to strengthen the capacity of the mass media in Bangladesh to offer quality nutrition coverage and investigative segments on nutrition, with a focus on the continuum of care, from prevention to treatment of malnutrition.
- Following media trainings in 2013 with more than 100 members of the media, FANTA worked with a subset of 18 trained journalists in a mentorship program to strengthen investigative journalism skills in nutrition.
- FANTA developed a media handbook for reporting on nutrition issues.
- FANTA organized two TV talk shows, one on the national state-owned channel, Bangladesh Television that has a wide reach, especially to rural audiences, and another on the private satellite channel, MOHONA TV. During the talk shows, the panel focused on nutrition issues that candidates in the upcoming elections should be concerned with, including how high rates of malnutrition in Bangladesh adversely affect health, education, the economy, and human development in the country. Discussants highlighted PROFILES results and the benefits for the nation if the government invested in nutrition now and provided adequate nutrition services throughout the country, the importance of the first 1,000 days, and how inexpensive practices could improve nutrition at the household level. Both programs have been aired several times.
- FANTA completed follow-up media monitoring to assess the impact nutrition advocacy activities had with the media during the project. Findings were compiled in a media analysis report and submitted to USAID. Comparison of the baseline media monitoring (January–June 2012) to the follow-up monitoring (February–October 2013) showed that coverage of nutrition-related events, feature articles, and editorials greatly increased in the follow-up monitoring as well as the clarity of articles and how compelling articles were to readers. The number of in-depth reports on nutrition also increased in the follow-up monitoring and, from a qualitative angle, had more robust information on nutrition and investigative reporting than the baseline, including special emphasis on handwashing and hygiene.

**Objective 2: Complete the provision of TA and capacity strengthening to integrate nutrition— Essential Nutrition Actions, infant and young child feeding (IYCF), and key hygiene practices— into health services at facility and community levels in the Smiling Sun Network managed by the NGO Health Service Delivery Project and transition responsibility for these activities to the NGO Health Service Delivery Project.**

- In Project Year 3, a clinic readiness assessment was completed to assess the extent to which Smiling Sun Network service providers who had been trained in Project Year 2 were applying their new skills. The assessment found that the majority of providers trained continued to provide mothers with counseling on IYCF but that there was a need for greater oversight, quality control, and continued in-service training to strengthen skill-building.
- To conclude activities that were begun in 2012 and 2013, FANTA expanded the IYCF training for staff in the Smiling Sun Network to an additional 50 clinics in the Feed the Future zone of influence. In all, a total of 2,980 Smiling Sun Network service providers were trained in Project Year 3.

**Objective 3: Conclude efforts to strengthen the capacity of key local institutions, including the Government of Bangladesh, in nutrition, as requested, and transition activities to be managed by the Government of Bangladesh and other stakeholders.**

- In Project Year 3, FANTA completed the national mapping of nutrition services in Bangladesh, in partnership with Helen Keller International, Bangladesh. The findings were disseminated at a national event. The results of this mapping will help the Government of Bangladesh and its partners better plan resource allocation and service delivery in nutrition across the country, and will enable the government to optimize and leverage resources while minimizing duplication of services.
- FANTA continued its active engagement in finalizing the development of the national CMAM guidelines, strategy, and training materials to support the initial planning and expansion on CMAM services in Bangladesh.
- FANTA completed a literature review on the acute malnutrition situation in South Asia as a means to make the case for the expansion of CMAM services in Bangladesh.
- FANTA completed a review of existing nutrition curricula to identify gaps and needs in terms of training service providers in nutrition and subsequently spearheaded the development of a 3-day national basic nutrition training curriculum for use by the Government of Bangladesh and all its partners.
- FANTA supported the Government of Bangladesh's revision of an order on the dosage of iron-folic acid supplements for pregnant and lactating women and on MNP for preschool-aged children. In particular, FANTA completed a pilot study on the distribution of iron/folic acid to postpartum mothers in partnership with MaMoni and the government to demonstrate the feasibility and sustainability of this approach.

## Côte d'Ivoire

FANTA has long been a part of efforts to introduce nutritional care and support concepts, tools, and methods for PLHIV in Côte d'Ivoire. During Project Year 3, FANTA focused on the following objectives in Côte d'Ivoire.

### **Objective 1: Strengthen care and support for PLHIV and TB clients through the integration of nutrition into HIV and TB services.**

Nutritional support has proved to be beneficial when used to accompany pharmacotherapy for HIV and TB infections. In Côte d'Ivoire, FANTA has been supporting the integration of nutrition interventions into the care and treatment for PLHIV and TB through the following activities:

- Assisted the Ministry of Health and PEPFAR's IPs in planning the inclusion of NACS activities into their annual work plan. Five workshops were held for this purpose (four at the regional level and one at the district level). These comprehensive "micro work plans" provide valuable help to health facilities as they integrate nutrition-related activities into their existing annual work plan.
- Supported the training of a pool of 20 regional trainers from six regions (Bélier, N'Zi Ifou, Bounkani-Gontougo, Cavally-Guemon, Kabadougou-Bafing-Folon, and Gbokle-Nawa-San Pedro).
- To improve the capacity of Ministry of Health and PEPFAR IPs, FANTA provided TA for the development of a coaching toolkit to train and coach nutrition service providers in the delivery of NACS services. The kit included an orientation guide, power point slides, site visit checklist, report templates, and more.
- Facilitated the coordination of NACS implementation at 25 sites by organizing and supporting two meetings of the nutrition steering committee.
- Provided TA to the National Nutrition Program to create and put in place a database to monitor nutrition activities in Côte d'Ivoire through the analysis of their health information system.
- Supported the realization of the following studies:
  - An acceptability trial of SFPs for PLHIV. In Cote d'Ivoire, Plumpy'Nut and CSB are used to treat SAM and MAM for PLHIV, respectively. However, due to frequent stock-out and other parameters, these two ready-to-use therapeutic foods (RUTF) are sometimes used in either case of malnutrition. The trial compared the acceptability of these products. Preliminary results revealed a preference of CSB over Plumpy'Nut. Final results will be available in Project Year 4.
  - Evaluation of the implementation of NACS services. FANTA assisted the National Nutrition Program, National Program for the Care of PLHIV, and National Program for Orphans and Vulnerable Children to conduct a study to evaluate nutrition interventions the first phase of NACS implementation in HIV and TB care and treatment sites. The findings of the study will inform the scale-up of NACS, QI, and better programming. Final results will be available in Project Year 4.
- Provided TA to National Nutrition Program to develop a national SBCC strategy for nutrition.

### **Objective 2: Strengthen the nutrition care and support of orphans and vulnerable children in Côte d'Ivoire.**

There are approximately 63,000 children in Cote d'Ivoire living with HIV and about 340,000–440,000 orphans due to AIDS, according to 2012 UNAIDS estimates. The National Program for Orphans and Vulnerable Children provides nutritional care and support for orphans and vulnerable children through community social centers. FANTA provided TA to the national program to strengthen prevention of

mother-to-child transmission of HIV (PMTCT) service providers' capacity to promote optimal feeding practices for HIV-exposed infants and young children and to strengthen social service centers' capacity to provide nutrition services to orphans and vulnerable children. Specifically, FANTA provided:

- TA to the National Program for Orphans and Vulnerable Children to develop and conduct a baseline assessment of the coverage and quality of nutrition services offered to orphans and vulnerable children at 21 social centers supported by the program.
- Worked with the National Nutrition Program to finalize a consolidated plan for nutrition under the Infant and Young Child Nutrition Project.

## Democratic Republic of Congo

With support from USAID and PEPFAR, FANTA provides TA to the DRC MOH to strengthen its ability to provide quality NACS services to PLHIV. Over the course of the past year, FANTA procured anthropometric equipment and supported capacity building efforts to roll out NACS at 16 sites, including 10 sites in Kinshasa Province and 6 in Katanga Province (Lubumbashi). Specific objectives and achievements for the past year include the following.

**Objective 1: Strengthen the technical capacity of the National Nutrition Program and other MOH central services to coordinate and supervise the integration of nutrition activities into HIV programs through implementation of NACS as part of routine HIV and TB health service delivery, including PMTCT services.**

In DRC, the offices of the National Nutrition Program, the National AIDS Program, and the National TB Program work closely together on integrated health programs. In support of those efforts, FANTA has provided TA for the integration of nutrition programs into the care and treatment of PLHIV and TB to the National Nutrition Program and MOH. The following was achieved during Project Year 3.

- After completing IRB requirements, FANTA carried out a study to assess the nutrition care and treatment process, the quality of nutrition services offered to PLHIV, the profile of the actors involved in delivering those services, and the nutritional status of clients arriving at service delivery sites. Data were analyzed and a report was submitted in the last quarter of FY14.
- FANTA supported the organization of meetings that brought MOH and USAID PEPFAR partners together in order to coordinate the delivery of nutrition services. Specific activities included:
  - The organization of the first meeting of IPs working in targeted NACS sites to harmonize approaches for integrating nutrition into HIV care and support and to reach a consensus among partners regarding respective roles and responsibilities in NACS implementation within these sites.
  - Technical support to a workshop organized by the MOH with support from UNICEF to validate the new version of the National Nutrition Policy.
  - Technical support for a provincial meeting in Kinshasa on nutrition, organized by the provincial MOH.

**Objective 2: Provide technical support for the roll out of the NACS approach as an integral part of health services, especially the care and treatment package of services delivered to PLHIV and other vulnerable groups in the targeted sites.**

With technical support from FANTA, NACS approaches were integrated into the care and treatment package for PLHIV at 16 health facilities. The following activities were completed during Project Year 3.

- FANTA reviewed and adapted NACS training modules previously developed for PLHIV in Haiti and supported a workshop to validate those materials in November 2013. Participants in the workshop included officials from the National Nutrition Program, the National AIDS Program, and other government and nongovernmental agencies involved in HIV and TB control programs.
- In December 2013, FANTA organized a training of trainers workshop in the first six targeted health facilities in Kinshasa. The workshop included 33 participants including heads/directors of NACS facilities, nutritionists, and health care and nutrition providers from IPs that support the targeted sites.

- In January 2014, FANTA provided technical support for rolling out the NACS approach in 10 additional sites, including 4 sites in Kinshasa and 6 in Lubumbashi. In preparation of the implementation of NACS at the newly enrolled health facilities, FANTA supported a 5-day orientation workshop for 33 service providers from the new sites. Parties to the NACS Acceleration Partnership (FANTA, LIFT II, and ASSIST) designed and conducted training sessions jointly in Kinshasa in May 2014. A total of 64 health providers (including physicians, nurses, nutritionists, and HIV specialists) received training on NACS, the fundamentals of quality assurance/QI, and linking to economic strengthening opportunities. The training sessions in each province concluded by designating internal and external coach teams for each NACS site, describing the roles and responsibilities for the teams, and outlining next steps.
- FANTA procured anthropometric equipment and cooking demonstration kits for all 16 NACS sites in both Kinshasa and Lubumbashi.

## Ethiopia

Over the last several years, FANTA has largely focused on supporting USAID, PEPFAR, and the Government of Ethiopia to integrate NACS into HIV clinical services. In Project Year 3, specific objectives and achievements include the following.

### **Objective 1: Strengthen the quality and integration of MOH and seven Regional Health Bureaus to implement NACS activities at health facilities.**

- FANTA contributed to the MOH-led effort to develop a “blended integrated nutrition learning module.” FANTA co-led the development of modules on nutrition and communicable diseases, nutrition and non-communicable diseases, nutrition and other health conditions, and nutrition counseling. This leadership involved content development, creation of instructional design, and participation in the review process for specific modules.
- FANTA actively participated in Ethiopia’s national PMTCT technical working group. The FANTA country office and FANTA headquarters provided feedback on the PMTCT national guidelines with specific attention paid to “infant feeding in the context of HIV” in light of the country’s adoption of option B+.
- FANTA participated in the technical review of national guidelines on SAM, micronutrients, and maternal, adolescence, infant, and young child nutrition. FANTA also took a lead role in reviewing and updating the national micronutrient guidelines, focusing specifically on the sections related to zinc (its purpose, deficiency, and supplementation), food diversification, and food fortification.
- To support Save the Children’s Food by Prescription project’s transition of the NACS program to Regional Health Bureaus, FANTA met with the Amhara Bureau and visited one health center to participate in and observe methods employed by the Food by Prescription project and Bureau staff in assessing the capacity of NACS facilities as they transition these activities to the regional government. FANTA also developed a Monitoring and Evaluation Engagement Strategy to monitor the transition of Food by Prescription activities to the Regional Health Bureaus.

### **Objective 2: Increase government support for nutrition through advocacy.**

- In Project Year 3, FANTA developed a package of nutrition advocacy materials for media; policymakers and parliamentarians; officials at the regional, *woreda*, and *kebele* levels; development partners; civil society; and the private sector. The advocacy materials will be disseminated and used in advocacy events by USAID IPs.
- FANTA, in collaboration with the USAID ENGINE project and the MOH, organized and participated in an advocacy workshop for 50 parliamentarians. This workshop updated the parliamentarians on nutrition in general, the social and economic losses generated by undernutrition, and the policy changes needed to implement Ethiopia’s National Nutrition Program. The session resulted in the development of an action plan and concurrence by government leaders that nutrition should be included as an agenda item requiring a multisectoral approach. Additional advocacy workshops were planned by the MOH to provide similar advocacy sessions with other subnational government members.
- FANTA also provided TA on nutrition advocacy for 70 Ministry of Women, Child and Youth Affairs members at a session that transpired at the end of Project Year 3.

## Guatemala

During Project Year 3, FANTA continued to assist the Government of Guatemala in the implementation of its Zero Hunger Plan through costing the scale-up of quality nutrition programming, strengthening program linkages between nutrition and agriculture, and building national capacity to provide a comprehensive package of prevention-based nutrition services. To accomplish this work, FANTA collaborated closely with key government sectors (health, agriculture, and finance ministries as well as the Secretariat of Food and Nutrition Security), USAID and partner organizations, U.N. agencies, and international and local NGOs. Specific objectives and achievements for the past year include the following.

### **Objective 1: Raise awareness of the need for quality nutrition services and of the need to improve service delivery to address malnutrition, especially chronic malnutrition.**

During Project Year 3, FANTA, with assistance from the Central American Institute of Fiscal Studies, continued its collaboration with the Ministry of Finance and the MOH to develop a costing report on prevention-based nutrition programming based on actions described in the Zero Hunger Plan. Specific activities included the following.

- The development of a final draft national costing report demonstrating the cost of a comprehensive package of preventive nutrition interventions delivered at-scale, as well as identifying the budget needed to deliver those interventions over a 10-year period. In producing the report, special effort was placed on clearly describing the budget gap so that the report could be used to help raise awareness for increased nutrition funding.
- The preparation of technical notes and presentations to stakeholders explaining the nutrition costing model, including definition of technical and financial assumptions for costing, and progress updates in carrying out this analysis.
- The creation of departmental and national-level costing spreadsheets and tables to permit department-level costing to be considered separately.
- The submission of a draft report for review, approval, and endorsement by the Ministry of Finance and MOH.
- Participation in a Ministry of Finance technical working group to conduct the review, update, and adjustment of the nutrition intervention costing formulas of the Results Based Management Agreement to reduce stunting and maternal mortality. These costing formulas will be used for 2015 national health budgeting and the national work plan.
- Completion of a training manual on the activity-based costing methodology to build the capacity of government staff to calculate and budget effective nutrition programming in the national budget.

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

As part of its efforts to understand dietary patterns in the Western Highlands of Guatemala and identify options to improve diet quality, beginning in 2012, FANTA collaborated with INCAP to identify nutrients that are not likely to be met by the local food supply (using Optifood) and used this information to formulate food-based recommendations to improve nutrient intake. During Project Year 3, FANTA:

- Finalized the report: *Development of Evidence-based Dietary Recommendations for Children, Pregnant Women, and Lactating Women Living in the Western Highlands of Guatemala*. The report provides an in-depth description of the methods used to assess dietary practices of children

and mothers, as well as the Optifood analysis to develop and propose the food-based recommendations.

- Prepared a technical brief in Spanish and English, “From Generation of Knowledge to Action,” that describes the process and uses of Optifood to date in Guatemala.
- Presented Optifood results and key findings during national and regional workshops with key stakeholders from the Government of Guatemala, USAID partners, and academia.
- Shared Optifood results with the private industry and the Center for Corporate Action on Social Responsibility in Guatemala, and created a working group with representatives from the private sector to discuss the potential voluntary fortification of foods, particularly iron fortification of sugar.
- Disseminated Optifood results relevant to micronutrient supplementation to the MOH and working group responsible for updating national micronutrient supplementation guidelines. Given that children 6–8 months and pregnant women would still not meet requirements for iron and zinc based on the local diet (even if the dietary changes proposed by Optifood were adopted), the recommendation was made to continue and expand supplementation programs, such as distribution of micronutrient powders.
- Trained 72 agricultural extension workers to promote nutrition-sensitive interventions to improve nutrition outcomes. This training was conducted in close collaboration with Counterpart International, financed by the U.S. Department of Agriculture, the Ministry of Agriculture, the National System of Rural Extension, and the University of San Carlos of Guatemala.
- Developed a research protocol and field instruments for a qualitative study to assess the feasibility of household’s implementing the food-based recommendations, which was approved by FHI 360 and INCAP’s IRB. Fieldwork was conducted in Huehuetenango and Quiche. Study results will be used to develop a final set of realistic recommendations that can be promoted to improve the nutrient intake of women and children in areas of the Western Highlands of Guatemala.
- Designed and implemented an Optifood training course for USAID partners, research institutions, and universities to build national capacity to use Optifood and understand the implications and practical applications of the tool. Nineteen participants completed an intensive 3-day training workshop and 14 participants completed half-day workshops.

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

In support of the Zero Hunger Plan, FANTA continued its efforts to build national nutrition capacity and to strengthen the skills of health and nutrition personnel working in the priority areas of the Western Highlands by working on the following activities in Project Year 3.

- In close collaboration with INCAP and Nutri-Salud, FANTA finalized the design of a nutrition distance learning course for front line health workers. The course includes eight computer-generated learning modules covering the Essential Nutrition Actions, a printed module related to self-esteem of health care workers, and participant and facilitator’s guides.
- FANTA held meetings with the MOH in one key area of the Western Highlands to solicit feedback from auxiliary nurses and graduated nurses on the course contents and on the distance-learning technology itself. USAID partner organizations Nutri-Salud and Manoff also provided expert technical feedback on the course. During Project Year 4, the course will be implemented in selected prioritized municipalities, with a component involving in-person study circles for peer interaction and mentorship.

- FANTA also supported the roll-out of an e-learning course to train the National Food and Nutrition Security Secretariat's (SESAN's) municipal and departmental delegates to more effectively implement the Zero Hunger Plan, the SINASAN Law, and the Food and Nutrition Security Policy. A total of 128 participants took the course, making it the first time that a virtual learning modality was implemented by SESAN to train and strengthen the capacity of its delegates. SESAN carried out a second training later on in 2014 to train an additional cohort of delegates.

## Haiti

During Project Year 3, FANTA supported the Government of Haiti and USAID priorities by working to: prepare the Ministry of Public Health and Population to integrate NACS into HIV programming; increase national support for nutrition in Haiti; and strengthen nutrition services for women. FANTA's work was carried out under the following three objectives.

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

In collaboration with the Government of Haiti and other stakeholders, FANTA developed technical guidance and tools that provide evidence-based reference materials to facilitate the integration of NACS into HIV programs. In Project Year 3, FANTA carried out the following activities:

- With USAID partners and other stakeholders, finalized a national NACS protocol with standardized anthropometry methods, classification cutoffs by age, and nutrition care plans by age.
- Developed, tested, and revised a training module on NACS (reference manual, facilitator's manual, and participant's manual) for hospital- and facility-based service providers.
- To support the implementation and monitoring of NACS activities, FANTA developed job aids, classification and care algorithms, nutrition care registers, and reporting templates as part of the NACS training materials.
- Integrated newly developed NACS indicators into FANTA's NACS documents and data collection tools.
- Prior to rolling out NACS training for providers, held a 2-day NACS orientation workshop targeting the nutrition focal points from MOH and 10 Departments with the goals of mapping nutrition interventions at the departmental level; orienting nutrition focal points on the essential NACS interventions; and strengthening facility and community level nutrition activities.
- Collaborated with the SPRING project to conduct a 3-day training of trainers for 20 managers and service providers from six hospitals. This acted as a launch of NACS training fostering direct learning on the part of service providers and initiating a de facto NACS network in Haiti. This established a strong base from which SPRING could continue to provide NACS training and support implementation at the site level.

### **Objective 2: Increase national support for nutrition in Haiti**

In previous years, FANTA carried out a consultative effort using PROFILES to inform high-level decision makers of the benefits of improved nutrition and the costs of not taking action to improve nutrition in the population. Following collaborative meetings and a workshop with stakeholders to develop PROFILES estimates, FANTA carried out the following activities in Project Year 3:

- Led a 4-day workshop with stakeholders to develop a National Nutrition Advocacy Plan. The activities outlined in the plan are expected to contribute to increased visibility, commitment, action, and resources for nutrition in the health, agricultural, education, and social development sectors. The plan targets media; the legislative branch including the parliament; the executive branch including the Office of the President, Prime Minister, ministries, and departmental delegates; donors; and civil society organizations.
- To support implementation of the National Nutrition Advocacy Plan, developed a package of three nutrition advocacy materials focused on nutrition and health; nutrition and agriculture; and nutrition and education.

- While costing of a comprehensive national nutrition program was planned for Project Year 3, it was discovered that a costing exercise was also being conducted by SUN; therefore FANTA did not move forward with costing.

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

- FANTA assisted the Ministry of Public Health and Population National Nutrition Unit in developing counseling materials targeted at promoting optimal nutrition practices among pregnant and lactating women. FANTA worked with partners to field test the counseling materials in French and Haitian Creole. The materials focused on dietary diversity, health visits, healthy weight gain during pregnancy, iodized salt, iron folate, and Vitamin A during the post-partum period.

## Lesotho

The government of Lesotho has committed to reducing the rate of mother-to-child HIV transmission and is supported by multiple USAID partners through the six-country PHFS. As the primary nutrition partner in the PHFS, FANTA has focused on building the capacity of the MOH and district health offices to plan, oversee, and strengthen the quality of NACS provided to HIV-positive women and their infants. In Project Year 3, FANTA helped the MOH develop the training materials, job aids, quality standards, and indicators that will enable national and district officials and coaches to adequately train, mentor, and support facility-based health providers in three districts: Mophale's Hoek, Butha Buthe, and Thaba Tseka. Specifically, the following objective and achievements were met.

### **Objective 1: Improve the quality of clinic-based NACS services for HIV-infected women and their children.**

The government of Lesotho and its partners have been providing NACS services to HIV-affected people for several years. Through its TA, FANTA works to improve the quality of service delivery and strengthen planning for and oversight of NACS services in Lesotho, and during Project Year 3, accomplished the following activities:

- Developed and pilot-tested national NACS training of trainers curriculum, including both a trainer and participant manual, a training of trainers participant manual, and a health worker training participant manual. This was followed by a training of trainers for all district nutritionists and key MOH staff at the national level.
- Assisted the MOH to develop an annual work plan and select indicators for its PHFS initiative.
- Conducted a workshop for the MOH to develop nutrition counseling cards on maternal nutrition, IYCF, and nutrition for PLHIV, and build the capacity of the MOH to develop BCC materials.

## Malawi

In 2011 FANTA implemented a rapid review on the status of nutrition programming in the context of HIV in Malawi. In Project Year 3, FANTA began working with partners to address weaknesses identified during the rapid review. Specific objectives and achievements for the past year include the following.

### **Objective 1: Strengthen national-level coordination of nutrition care, support, and treatment (NCST) and SUN Movement, and advocate for the integration of NCST into national policies, strategies, plans, and M&E systems.**

As Malawi updates its National Nutrition Policy and Strategic Plan, FANTA has been providing TA to the MOH; Office of the President and Cabinet/Department of Nutrition, HIV and AIDS; and nongovernmental partners to ensure collaboration and coordination between actors at the national and subnational levels. Key activities in Project Year 3 include the following:

- Established a field office in Malawi including recruiting a country project manager and nutrition and HIV specialist.
- Provided TA to the SUN Task Force and the National Nutrition Committee.
- Provided TA to review the terms of reference for the NCST technical working group and provided continued technical support to the working group on issues such as appropriate food supplementation for adolescents and adults, selecting NCST indicators, and strengthening coordination between actors.
- Initiated the process of drafting a national strategic plan for the implementation of NCST.
- Made significant technical contributions toward a review of existing M&E tools and processes and development of recommendations to integrate nutrition indicators into the national health monitoring and information system and the HIV and TB M&E system.

### **Objective 2: Developing technical tools that will strengthen the quality of NCST service delivery and management.**

Scaling up high-quality NCST services to new service delivery platforms, such as PMTCT, TB, and HIV services, requires that service providers have guidelines, job aids, and monitoring tools to facilitate effective prevention and treatment of malnutrition. In Project Year 3, FANTA made significant contributions to developing those tools with the following activities:

- Reviewed and updated the national NCST guidelines by garnering input from stakeholders and incorporating suggestions and most up-to-date international standards into the guidelines.
- Collaborated with USAID's ASSIST project to develop integrated NCST and quality improvement training materials.
- Created first drafts of a variety of job aids, including new counseling cards for critical nutrition actions and posters with information on nutrition assessment and classification such as how to calculate BMI, take weight, measure MUAC, and measure height.
- Drafted and field tested NCST M&E tools.

**Objective 3: Strengthening competencies of NCST managers and service providers at the national and subnational levels.**

In Project Year 3, FANTA completed the following activities to build the capacity of service providers:

- Designed tools for and carried out an assessment of service providers (non-health and health workers) competencies to deliver NCST services in Balaka and Karonga districts in order to ensure training is appropriately tailored to participants' skill level and job duties
- Conducted in-service training on NCST for 7 district level managers and 31 service providers in Balaka district. Participants' post-test scores reflected a 31 percentage point increase in knowledge on average.
- Led a learning session on nutrition assessment and client retention in care and treatment for 34 service providers.
- Provided post-training on-the-job mentoring to service providers in Balaka and Karonga districts.

## Mozambique

Since 2009, FANTA has provided TA to integrate nutrition into HIV care and treatment services in Mozambique. In Project Year 3, FANTA continued to provide TA to the Mozambique Ministério da Saúde (MISAU) (Ministry of Health) and partners to strengthen the *Programa de Reabilitação Nutricional* (PRN) (National Nutrition Rehabilitation Program), nutrition surveillance, IYCF, Baby-Friendly Hospital Initiative, and PMTCT. FANTA also supported the government's Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique in growth monitoring and SBCC, and through capacity strengthening activities with MISAU Department of Nutrition staff. FANTA's work in Mozambique is organized under three objectives and one cross-cutting activity. Specific objectives and achievements for the past year include the following.

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

- FANTA completed the development of job aids and 5 of the 10 training modules for the *Manual for the Treatment and Rehabilitation of Malnutrition, Volume II* (PRN Volume II) for adolescents and adults 15 years of age and over, including pregnant and lactating women. This and PRN Volume I on children and adolescents through 14 years of age are the first complete set of guidelines on acute malnutrition for the population. The contents of the PRN Volume II training materials will be pre-tested and finalized in Project Year 4.
- FANTA trained 217 provincial, district, and health center staff on the treatment of MAM with CSB with partners in Sofala, Manica, Niassa, Nampula, and Zambezia provinces using training materials developed by FANTA. Participants saw a 25 percentage point increase on average from their pre-test to their post-test results. MISAU plans include establishing and strengthening care and treatment services for patients with MAM in these provinces.
- FANTA published and disseminated *Results of the Survey to Prioritize Nutrition Counseling Messages for PLHIV and/or TB in Mozambique* in English and Portuguese. The messages identified in the survey will form the basis of the communication materials being developed for health care workers.
- FANTA collaborated with MISAU and WHO to conduct an assessment of the national sentinel site nutrition surveillance system and posted and disseminated an assessment report, *Analysis of the Sentinel Site Nutrition Surveillance System in Mozambique*. The assessment found that, in general, the system was not functioning well and was not responding to its stated objectives. FANTA recommended that MISAU redirect its efforts in nutrition surveillance to better align with desired objectives.
- FANTA analyzed data from the application of QI approaches to improve PRN implementation through a collaboration with the USAID PEPFAR-funded Clinical HIV/AIDS Services Strengthening in Niassa project. Results showed that after 2 months of quality improvement implementation, 100 percent of children seen at at-risk child consultations had their registration and anthropometric data and nutritional status recorded.
- In collaboration with the USAID-funded Regional Outreach Addressing AIDS through Development Strategies II project, FANTA provided recommendations to improve the technical content of a brochure on nutrition aimed at groups at high risk of HIV transmission along major transport routes such as truck drivers, traders, business people, staff in bars and lodgings, and border and customs officers.

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

- FANTA supported the approval process for the national IYCF policy by assisting MISAU to respond to comments received by the Ministry of Public Works and the Ministry of Women and Social Action. In July, MISAU decided to change the IYCF policy into a strategy. MISAU and UNICEF will lead the revision of the policy to a strategy, and FANTA will provide technical support.
- FANTA supported the launch and implementation of the PHFS in three provinces and supported harmonization of PHFS with the MISAU National Strategy for Quality Improvement of Care and Treatment and PMTCT Services. FANTA also hosted the Southern Regional PHFS Meeting in Maputo with ministries from Lesotho, Mozambique, and South Africa along with partners. Participants shared progress and challenges, discovered solutions, and built networks to strengthen implementation. FANTA also developed a plan for the flow of PHFS information from health centers to the districts, to the provinces, and to the central steering committee and agreed on the plan with stakeholders.

**Feed the Future Objective 1: Increase MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique.**

- FANTA updated the MISAU anthropometric growth curves to reflect the 2006 WHO growth standards in support of MISAU's growth monitoring and promotion program and collection of anthropometric indicators.
- FANTA drafted the first national *Guiding Strategy of Social and Behavior Change Communication to Prevent Undernutrition in Mozambique: Promotion of Optimal Nutrition Practices in Mozambican Households*. The SBCC guiding strategy will help ensure coordination of SBCC in nutrition programming and harmonization of messages among key stakeholders, and will guide the development of program-specific SBCC strategies. As a part of the strategy development, FANTA led the SBCC task force, reviewed existing nutrition communication documentation, and conducted a consultative workshop for the strategy development.
- FANTA became a member of and an active participant in the SUN civil society in Mozambique and the Working Group for the Multisectoral Action Plan led by the Technical Secretariat for Food Security and Nutrition. FANTA also assisted the Feed the Future-funded Marketplace for Nutritious Food project run by the Global Alliance for Improved Nutrition (GAIN) by recommending improvements to the nutrition content of the first project newsletter and participating in two of the community of practice meetings. It is anticipated that FANTA will begin to provide support to Feed the Future IPs when the new USAID/Mozambique Feed the Future program is awarded in FY 2015.

**Cross-Cutting Activity: Strengthen the capacity of the MISAU Department of Nutrition staff to improve food and nutrition program design, implementation, and M&E.**

- FANTA trained MISAU Department of Nutrition M&E staff in the analysis of PRN data and the use of pivot tables in Microsoft Excel. FANTA also developed an orientation guide for the M&E technicians to process the *Manual for the Treatment and Rehabilitation of Malnutrition*, Volume I data, including validation criteria, analysis, and evaluation of the quality of the data using primary sources.

- FANTA supported MISAU in an analysis of three potential software programs for the national sentinel site nutrition surveillance system: ANTHRO, Epi Info, and ENA-SMART. ANTHRO was decided to be the most user-friendly and readily available software program. FANTA also clarified the objective of the computer program, which helped MISAU plan further steps for the nutrition surveillance system.
- FANTA supported capacity building of MISAU nutrition staff to train health staff in the management and treatment of MAM with CSB in five provinces. The capacity building has helped to improve MISAU staff skills and abilities to train in the care and treatment of MAM, an important aspect of PRN to prevent further deterioration of nutritional status.

## Namibia

Since 2008, FANTA has provided TA to the Ministry of Health and Social Services (MOHSS) Food and Nutrition Sub-division to integrate nutrition into HIV services, with NACS services now provided in over 250 health facilities in the country. In Project Year 3, FANTA continued to strengthen government capacity to deliver quality NACS services along the continuum of care and assume full responsibility for the management of NACS services, in line with the Namibia Global Health Initiative Strategy. Specific objectives and achievements for the past year include the following.

### **Objective 1: Strengthen national capacity to scale up NACS to prevent and treat malnutrition in people with infectious and non-communicable diseases.**

FANTA provided technical support to the MOHSS to institutionalize NACS in the government health system and plan for the sustainability of NACS training and mentoring. FANTA also helped the MOHSS update and develop numerous national nutrition policy documents. To ensure sustainable MOHSS procurement of nutrition commodities, FANTA worked with the MOHSS to evaluate tenders for SFPs. Other achievements include:

- Development of job aids to assist health care providers in nutrition assessment.
- Technical contributions to the SUN country evaluation report, policy briefs on stunting and maternal nutrition, and revised integrated management of neonatal and childhood illness guidelines.
- MOHSS approval for publication of a report of a FANTA-supported review of the quality of implementation of NACS services in six regions.
- Co-facilitation of NACS training of 133 health care providers from five regions and participation in supervisory support visits organized by the MOHSS Primary Health Care Directorate to three regions.
- Technical support for development of a national integrated nutrition service delivery package, which includes minimum nutrition activities that health providers should deliver to clients at different service delivery points.
- Joint supervisory and support visits to 20 health facilities to mentor health care providers in nutrition assessment, recordkeeping, and reporting.

### **Objective 2: Strengthen links between facility-based NACS and community services.**

Namibia has a national health education worker program, community counselors assigned to health care facilities, and community-based health care providers working with local and international NGOs. These cadres are critical to identify malnourished people who do not access health facilities, refer them for treatment, provide nutrition counseling, and link them with community economic support. Activities to strengthen community NACS in Project Year 3 included:

- Contributing to the MOHSS community health subdivision national training manual for health education workers.
- With the International Training and Education Center for Health (I-TECH) and the Global Fund to Fight AIDS, TB and Malaria, updating the community nutrition training curriculum developed by FANTA in 2010.
- Developing community NACS job aids, supervisory tools, and M&E forms.

- Providing technical and financial support for NACS training of trainers, community coordinators, and volunteers from five NGOs.
- Providing MUAC tapes to trained community-based health care providers.
- Providing technical support to the LIFT II project for a stakeholder workshop on the NACS approach.

**Objective 3: Support the integration of nutrition into maternal and child health programming.**

To contribute to Namibia's efforts to reduce stunting, FANTA provided technical and financial assistance to the MOHSS Primary Health Care Division to strengthen maternal, infant, and young child nutrition through the following activities:

- Training of nurses and community counselors in IYCF counseling, including in the context of HIV.
- Technical support to develop an Integrated Nutrition Service Delivery Package for all clients visiting primary health care facilities.

## Tanzania

FANTA undertook five objectives in Project Year 3 to improve the capacity of the Government of Tanzania to strengthen and scale nutrition service delivery and improve the integration of nutrition into policies and programs at the national level. To accomplish those objectives, FANTA collaborated with the Tanzania Food and Nutrition Centre (TFNC) on the national scale-up of NACS into health facilities and community services, leveraging support from PEPFAR IPs, Prime Minister's Office (PMO), nutrition partners, and Feed the Future stakeholders. Specific objectives and achievements for the past year include the following.

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

- FANTA worked with TFNC, regional health management teams, council health management teams, and Local Government Authorities (LGAs) to scale up NACS in health facilities in multiple regions in collaboration with PEPFAR IPs. FANTA provided technical support to TFNC National Trainers and NACS Regional Trainers who conducted NACS training of trainers and sensitized LGAs on NACS in Katavi, Ruvuma, Rukwa, Mbeya, Iringa, Tabora, and Lindi regions. FANTA built the capacity of multiple IPs (EGPAF, Walter Reed, Baylor, and Tunajali [Deloitte]) to plan and implement the scale-up of NACS in collaboration with LGAs in health facilities in their designated regions, enabling IPs to meet their service delivery targets for NACS as reported in the PEPFAR annual progress report.
- FANTA provided national NACS training materials, job aids, M&E forms and registers and more than 10,000 sets of MUAC tapes to IPs and LGAs.

### **Objective 2: Support the development of a NACS community training package and scale-up of NACS across the orphans and vulnerable children platform with leveraged support from Pamoja Tuwalee partners.**

- FANTA developed a NACS community package (currently in draft form) 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. TFNC national NACS trainers used the draft NACS community package to train Pamoja Tuwalee implementers, a nation-wide PEPFAR/USAID-funded consortium implemented by Africare, FHI 360, PACT, and World Education, Inc. for care of orphans and vulnerable children. TFNC evaluated the draft package during practical use and recorded observations and edits for finalization of the materials in the first quarter of Project Year 4.
- FANTA provided technical support to TFNC for a NACS community training of trainers with additional support from two partners in the Pamoja Tuwalee consortium. These trainers subsequently went on to train more than 1,600 community service providers on NACS with support from the Pamoja Tuwalee partners. FANTA provided more than 3,000 sets of MUAC tapes to World Education, Inc., Tanzania Home Economics Association (TAHEA), FHI 360, and PACT for use by trained community service providers.

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

- FANTA and TFNC worked with regional health management teams, council health management teams, and PEPFAR IPs to strengthen nutrition services across the continuum of pre- to postnatal care in all 30 PHFS sites. FANTA and TFNC worked with these entities to develop teams of more

than 20 NACS trainers in each of the three PHFS focus regions to strengthen regional and district capacity to scale-up NACS through training of trainers.

- FANTA and TFNC directly coordinated with the LGAs, District and Regional Nutrition Officers, EGPAF, Tunajali, and Baylor to conduct supportive supervision at all 30 health facilities participating in PHFS. The 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.**

- FANTA, in coordination with the PMO and TFNC, led a multi-stakeholder collaborative process that culminated in PROFILES estimates which illustrate the negative consequences for Tanzania of failing to reduce its nutrition problems over the next decade, and the benefits of improved nutrition over the same time period. This process included partner coordination, facilitating meetings with a core working group, a stakeholder meeting, a 4-day PROFILES workshop, and a stakeholder meeting to discuss PROFILES preliminary estimates and advocacy issues in preparation of an advocacy workshop. A report of the findings from the PROFILES exercise was completed and disseminated to the government and partners.
- FANTA worked with stakeholders during a consultative workshop to develop a National Nutrition Advocacy Plan which identifies and prioritizes target audiences and aligns advocacy efforts with national nutrition priorities. Creative briefs on nutrition advocacy materials were developed during the workshop on priority topics. In Project Year 4, FANTA will continue development of the priority nutrition advocacy materials to be disseminated and used in advocacy events. Additionally, FANTA will work with the PMO, TFNC, USAID, U.N. REACH, and partners to continue the nutrition advocacy process, specifically to reach the sub-national level.

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

- FANTA worked with the PMO, TFNC, and an inter-ministerial team of senior policy analysts and technical officers to revise the 1992 National Food and Nutrition Policy and the Policy Implementation Strategy. The policy and strategy were vetted in consultative meetings with LGAs, the National Multisectoral Nutrition Technical Working Group, civil society organizations, the private sector, media, parliamentarians, and ministries, departments and agencies. The revised policy and strategy are expected to be submitted to the Cabinet Secretariat in December 2014.
- FANTA strengthened the coordination and functionality of nutrition dialogue structures by chairing the Development Partner Group for Nutrition and by supporting the secretariat of the High Level Steering Committee for Nutrition and the National Nutrition Multisectoral Technical Working Group as requested by the government.

## Uganda

In Project Year 3, FANTA built on previous work to strengthen nutrition programming and support rollout of the Uganda Nutrition Action Plan, which guides nutrition programming throughout Uganda. Specific objectives and achievements for the past year include the following.

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

In Project Year 3, FANTA worked on the following:

- Oriented 15 District Nutrition Coordinate Committees in USAID partner districts by providing guidance on the Uganda Nutrition Action Plan, districts' roles in scaling up the plan, and developing action plans to move the process forward.
- Using PROFILES models and data from the 2011 Uganda Demographic and Health Surveys, updated estimates of the economic and health consequences if there were no improvements in Uganda's nutrition problems from 2013 to 2025 and the clear benefits of improved nutrition in that time period, including thousands of lives saved, improved cognitive development and length of time in school, and economic gains exceeding US\$1.6 billion through 2025.
- To support the implementation of the Uganda National Nutrition Advocacy Plan, FANTA developed nutrition advocacy materials, based on the PROFILES estimates and the Cost of Hunger in Africa Uganda report. A consultative workshop with stakeholders was held to agree on key content and prioritize the materials. Targeted audiences for the material include media; civil society; development partners; local government; parliamentarians; and government ministries, departments, and agencies.
- Collaboratively developed the Uganda Nutrition Advocacy Strategy with SPRING and U.N. agencies.

### **Objective 2: Strengthen leadership and technical capacity across sectors to deliver integrated nutrition services at all levels.**

FANTA collaborated with several ministries and partners to develop guidelines, tools, and training materials; mentor and train nutrition professionals; and conduct assessments that helped improve capacity of the system, from the national to community level, to deliver integrated nutrition services. Specifically, in Project Year 3 FANTA worked on the following:

- Completed draft guidelines to enhance integration of nutrition in agriculture extension activities, in collaboration with the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF). The guidelines, which will be finalized in Project Year 4 after stakeholder consultation, will help extension field staff understand how agriculture can positively impact nutrition and provide examples of zonal enterprise (crop/livestock) combinations based on nutritional value in addition to commercial potential.
- Began the process of developing national nutrition planning guidelines in collaboration with the National Planning Authority. A technical working group has been established, existing guidelines have been reviewed, and working group agreement on content of guidelines has been achieved.
- In collaboration with the Ministry of Gender, Labour, and Social Development, developed a draft user-friendly package on community mobilization for nutrition targeted to community resource persons. The package includes a guide, flip charts, fact sheets, flyers, counseling cards, checklists, and referral forms for children with special needs. Multisectoral national and district level consultations informed the design and content of the package, which facilitates interaction among

sectors and will help to increase community-level demand and uptake of services. Pre-testing, finalization, printing, dissemination, and orientation on the guide will take place in Project Year 4.

- Completed the first round of the Uganda Nutrition Fellowship. Eight Fellows, placed with nutrition agencies including USAID IPs, MOH, NGOs, and hospital nutrition units, graduated from the program in Project Year 3. Fellows received mentorship, professional development training, and completed projects related to their placement. The Fellowship will recruit a second round of Fellows in Project Year 4.
- Completed a technical update of the NACS facility-based training materials, which expand NACS to include all pregnant and lactating women and children under 5 as well as PLHIV or TB and contain guidance on malnutrition prevention and treatment. Final edit, layout, and printing will take place in Project Year 4.
- Coordinated and oversaw training on NACS for health workers in Masindi and Jinja districts of Uganda, in support of the AIDS Support Organization.
- Conducted NACS rapid assessments in 29 health facilities in collaboration with USAID to determine whether the health facilities had the human and infrastructure capacity; nutrition materials, supplies, equipment, and tools; and storage capacity for RUTF to successfully provide NACS services. FANTA determined whether facilities could begin providing NACS services and made recommendations for improvement based on assessment results, supporting the scale-up of NACS in Uganda. As part of TA to USG PEPFAR and Nutrition IPs, FANTA made a presentation on NACS implementation and reporting, highlighting strengths and areas for improvement.
- Completed data analysis and finalized the health facility performance assessment for integrated management of acute malnutrition (IMAM) and NACS in eight districts and Kampala. Results were presented to stakeholders and discussed in a workshop. The final report provides information on potential gaps in the health system building blocks for delivery of nutrition services and recommendations to address them to improve overall delivery of nutrition in Uganda.
- Worked with WHO to develop a clear protocol and plan to develop food-based recommendations in Uganda (using Optifood), including providing technical guidance on development of tools and input on selection of organization to conduct the nutrition and dietary surveys. In Project Year 4, WHO is considering moving forward with implementing the Optifood process, and FANTA will provide technical support, as needed.
- Integrated nutrition content into the MOH community curriculum on elimination of mother-to-child transmission of HIV to facilitate scale-up of NACS at the community level. Building on this, FANTA has begun working with the MOH to develop a harmonized training package on nutrition interventions at the community level beyond NACS. In Project Year 3, FANTA developed a concept note to guide the process, worked with MOH departments to define the materials and determine which department will collaborate on the activity, and has begun reviewing existing community nutrition materials. The materials will be completed in Project Year 4.
- Developed data quality assessment concept note and tools, and conducted data quality assessments for 21 key PHFS indicators in 24 health facilities in six districts, which improved the quality of data reported by the health facilities engaged in PHFS.
- Supported development, finalization, and printing of revised health management information system tools to better capture nutrition indicators, and trained staff at 32 health facilities on how to use the revised health management information system tools.

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

In Project Year 3, FANTA worked on the following:

- Supported the Uganda Action for Nutrition Society, a membership organization for nutrition professionals in Uganda, to develop and launch a website that contains key resources and information relevant to the nutrition situation in Uganda and helps improve information-sharing and networking. In addition, FANTA supported finalization and printing of the Uganda Action for Nutrition Society's strategic plan, summary brochures, and leaflets.
- Supported development and implementation of PHFS baseline survey, including developing the protocol and tools, participating in data collection, leading data analysis, and drafting the baseline survey report.
- Conducted four quarterly national learning sessions for PHFS partners, in collaboration with the ASSIST project, in which partners focused on changes to improve the quality of services.
- FANTA supported the OPM to plan and hold the inaugural National Nutrition Forum hosted by the Prime Minister of Uganda on December 2–3, 2013. The forum included a technical workshop, an advocacy event, and an exhibition. FANTA mobilized and coordinated the USAID nutrition partners to ensure active participation and enhance the visibility of USAID's nutrition support during the forum.
- Coordinated a USAID nutrition partner learning session involving field visits to Kabale and Kisoro districts in which host partners shared experiences, successes, and challenges.
- Participated in the Africa Nutrition Epidemiology Conference VI in Accra Ghana, July 21–26, presenting posters on the Uganda Nutrition Fellowship and strengthening local governance for improved nutrition.
- Conducted joint supportive supervision in collaboration with the MOH in which all PHFS partners participated and made recommendations for mentorship and improvement of the initiative activities.
- Conducted a continuous quality improvement training jointly planned with USAID ASSIST. The training was conducted for 25 coaches in the six PHFS district. The objective of the training was to build the capacity and competence of regional and district coaches in districts collaboratively implementing the PHFS initiative in applying modern quality improvement methods to accelerate implementation of the initiative.

## Vietnam

Since 2008, FANTA has worked with the National Institute of Nutrition (NIN) to integrate nutrition into HIV care and treatment in Vietnam. In 2012, FANTA assessed opportunities for integrating nutrition into HIV services and piloting IMAM for children under 5 in Đắk Lắk, one of the country's poorest provinces. In Project Year 3, FANTA continued to work with NIN and PEPFAR/Vietnam to integrate nutrition into HIV services and worked with NIN and the Viet Nam Administration of HIV/AIDS Control (VAAC) to pilot NACS for PLHIV in two district hospitals and IMAM for children under 5 years of age in three communes in Đắk Lắk Province in the Central Highlands. Specific objectives and achievements for the past year include the following.

### **Objective 1: Provide TA to NIN to coordinate integration of NACS into HIV services to reduce malnutrition and optimize treatment outcomes.**

Based on the *National Guidelines for Nutrition Care and Support of People Living with HIV* and consultative meetings with managers of outpatient clinics and PEPFAR/Vietnam-supported HIV services, FANTA worked with NIN, VAAC, and the FHI 360/Vietnam Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project to strengthen the capacity of government health care providers to provide nutrition assessment, counseling, and sustainable nutrition support at HIV care and treatment sites. Activities included:

- Supporting dissemination of 1,000 copies of the *National Guidelines for Nutrition Care and Support of People Living with HIV* to 54 health managers from VAAC, the MOH, and provincial AIDS committees and outpatient clinics providing HIV services.
- Working with NIN to finalize national nutrition and HIV training materials, including a trainer's guide, participant handouts, and PowerPoint slides.
- Co-facilitating five nutrition and HIV training of trainers courses for 144 provincial trainers from the nine PEPFAR priority provinces.
- Supporting NIN in finalizing data analysis from and writing a report of the results of a 2012 study of the prevalence of acute malnutrition among adult pre-ART and ART clients in 29 outpatient clinics.

### **Objective 2: Provide TA to pilot the integration of IMAM into three communes in Krông Bông District and nutrition services for PLHIV in Buôn Ma Thuật District in Đắk Lắk Province.**

FANTA worked with NIN, VAAC, and UNICEF to enhance the capacity of the district hospital and commune health system, including village health workers and nutrition collaborators, in Krông Bông District, Đắk Lắk Province, to implement the national IMAM guidelines and nutrition and HIV guidelines. Specifically, FANTA activities and achievements include the following:

- With NIN, conducted site assessments of the capacity of district and provincial hospitals and commune health stations to implement IMAM and NACS for PLHIV and based on the results, developed a training plan and procurement plan for anthropometric equipment and locally produced RUTF to treat malnourished children and adults.
- With NIN, co-facilitated three IMAM training courses for 37 facility-based health care providers and 31 village health workers, and nutrition and HIV training for 68 health managers and health care providers at the provincial, district, and commune levels in Đắk Lắk Province.

- Between March and September 2014, 2,557 children in the targeted communes were screened for malnutrition, and 223 were found to have acute malnutrition, 92 were severely malnourished, and 131 were moderately malnourished. Of 92 severely malnourished children, 23 were treated as inpatients with therapeutic milks and locally produced RUTF supplied by NIN, and 69 were treated as outpatients with RUTF.

## Zambia

Since 2008, FANTA has provided TA to the Government of the Republic of Zambia MOH and National Food and Nutrition Commission (NFNC) to integrate nutrition into health care services for PLHIV. In 2014, FANTA worked with the MOH and Ministry of Community Development, Mother and Child Health (MCDMCH) at the national, provincial, and district levels and worked with other partners to support integration of NACS into 27 health care facilities in Kitwe District. Specific objectives and achievements for in Project Year 3 included the following.

### **Objective 1: Strengthen the capacity of health care providers in 27 health facilities in Kitwe District to provide NACS services to PLHIV and orphans and vulnerable children.**

In Project Year 3, FANTA worked on the following:

- Supported and organized a Kitwe NACS Acceleration Strategic Planning Meeting with central, provincial, and district representatives from the MOH and MCDMCH, National AIDS Council, and PEPFAR partners, resulting in a joint NACS work plan.
- Developed a joint memorandum of understanding among Kitwe NACS Acceleration partners.
- Conducted site assessments in 27 health facilities of strengths and gaps for NACS implementation, resulting in identification of needs for training, equipment, and materials.
- Oriented 12 local health authorities and district hospital managers to mobilize support for district integration of NACS.
- With the MOH and Thrive Project, developed data collection and reporting tools to support NACS implementation.
- Analyzed client flow to inform facility-based monitoring and reporting.
- Supported and participated in two national stakeholder workshops to update the national *Nutrition Guidelines for Care and Support of People Living with HIV* and NACS training materials for facility-based providers.
- Collaborated with NFNC and Kitwe NACS Acceleration partners to develop 10 NACS job aids for facility-based providers.

### **Objective 2: Strengthen links between facility-based NACS and community support services.**

- A key element of NACS success is the continuum of care between nutrition support services offered at health facilities and those available at the community level. To strengthen those links, FANTA collaborated in Project Year 3 with the MOH, MCDMCH, NFNC, PCI, and LIFT II to develop a national NACS training manual for community health workers and community volunteers. The manual was completed and is awaiting validation from MCDMCH.

## Annex 1. Performance Management Plan for Project Year 3

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
<b>PROJECT OBJECTIVE: Food security and health policies, programs, and systems for improved nutrition strengthened</b>				
1 Number of assisted countries that have advanced at least one phase in the integration of nutrition approaches	<p>This indicator is a summary compilation of the following IR 2 indicators:</p> <ul style="list-style-type: none"> <li>- Integration of nutrition into HIV response (see <b>Figure A1.1</b> for phases and milestones)</li> <li>- Strengthening MCHN policies, advocacy, systems, and capacities (see <b>Figure A1.2</b> for phases)</li> <li>- Integration of CMAM into national health systems (see <b>Figure A1.3</b> for phases)</li> </ul>	<p>In an annual participatory process, FANTA staff assesses the integration milestones and corresponding phases reached by each country.</p>	<p><u>Project Year 3 Targets:</u>  <b>HIV:</b> 2 countries                      Vietnam: Phase 1 to Phase 2                      Côte d'Ivoire: Phase 2 to Phase 3   <b>MCHN</b> - 1 country                      Uganda: Systems Strengthening: Phase 1 to Phase 2 and Phase 3   <b>CMAM</b> - 2 countries                      Uganda and Mozambique: Phase 1 to Phase 2</p>	<p><u>Project Year 3 Achievements:</u>  <b>HIV:</b> 2 countries. Vietnam: Phase 1 to Phase 2. Cote d'Ivoire: Phase 2 to Phase 3.   <b>MCHN:</b> 1 country. Guatemala –Capacity Strengthening related to Optifood use by core group: Phase 1 to Phase 3C   <b>CMAM:</b> 0 countries. FANTA work on CMAM discontinued.</p>
2 Impact stories produced about nutrition policies/programs/systems being strengthened by FANTA	<p>Evidence in the form of qualitative impact stories of selected nutrition policies/programs/systems that have been strengthened through FANTA assistance.</p>	<p>During annual work plan activities, the FANTA Sr. M&amp;E Advisor along with the Senior Management Team will meet to identify potential impact stories and assign responsibility for researching and writing the stories.</p>	<p><u>Project Year 3 Targets:</u> 2                      1. Uganda Nutrition Action Plan                      2. TBD</p>	<p><u>Project Year 3 Achievements:</u> 2                      1. Repositioning Nutrition in Uganda Through Nutrition Advocacy: Development of the Uganda Nutrition Action Plan                      2. Building Uganda's Next Generation of Nutrition Leaders</p>
<b>CROSS-CUTTING GENDER INTEGRATION</b>				
3 Average gender integration score across all FANTA TA activities	<p>The denominator for this indicator consists of all deliverables referenced in current Project Year 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>		<p><u>Project Year 3 Targets:</u> 5%</p>	<p><u>Project Year 3 Achievements:</u> 18%                      (list of deliverables used to derive this are available upon request)</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	
	<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>To streamline reporting, FANTA will count all deliverables listed against indicators 5, 8, 23, 24, and 27 (of the global PMP) that have been finalized within the reporting year. For indicator 27, only the deliverables that have been completed will be counted.</p>			
<p>4 (IR 1.1) Impact stories produced about FANTA research being used/applied</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 3 Targets:</u> 2 impact stories</p> <ol style="list-style-type: none"> <li>1. CMAM</li> <li>2. TBD</li> </ol>	
<p>5 (IR 1.1) Number of research publications produced</p>	<p>List of research publications issued “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><u>Project Year 3 Targets:</u> 15 research publications</p> <ol style="list-style-type: none"> <li>1. Integration of family planning into nutrition and food security programming</li> <li>2. PM2A Burundi follow up on children 0-23 months</li> <li>3. PM2A Burundi operations research</li> <li>4. Bolivia exit strategies report</li> <li>5. Honduras exit strategies report</li> <li>6. India exit strategies report</li> <li>7. Kenya exit strategies report</li> <li>8. Synthesis exit strategies report</li> <li>9. CMAM MUAC only for discharge study report</li> <li>10. Madagascar GMP study report</li> <li>11. Madagascar LAM study report</li> <li>12. IPC food consumption indicators study report</li> <li>13. Nutrition/cognitive development technical note</li> <li>14. RUTF acceptability study in Vietnam report</li> <li>15. MAM/SAM in Vietnam study report</li> </ol>	

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
<p>6 (IR 1.1) Number of research activities that have advanced at least one stage on the <i>Pathway from Research to Field Implementation and Use</i></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 <i>Pathway from Research to Field Implementation and Use</i>. The Pathway is adapted from <i>USAID/GH’s Health-Related Research and Development Activities at USAID- Report to Congress</i>, 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 3 Targets:</u> 11 activities</p> <ol style="list-style-type: none"> <li>1. Integration of family planning into nutrition and food security programming study – stage 2 to stage 3</li> <li>2. Exit strategies study – stage 2 to stage 3</li> <li>3. CMAM MUAC only for discharge study – stage 2 to stage 3</li> <li>4. Madagascar GMP study – stage 2 to stage 3</li> <li>5. Madagascar LAM study – stage 2 to stage 3</li> <li>6. IPC food consumption indicators study – stage 2 to stage 3</li> <li>7. RUTF acceptability study in Vietnam – stage 2 to stage 3</li> <li>8. MAM/SAM study in Vietnam – stage 2 to stage 3</li> <li>9. Acceptability study in Cote d’Ivoire – stage 2 to stage 3</li> <li>10. Food by prescription default/relapse study in Ethiopia – stage 1 to stage 2</li> <li>11. Treatment of MAM during pregnancy – stage 1 to stage 2</li> </ol>	<p><u>Project Year 3 Achievements:</u> 13 activities</p> <ol style="list-style-type: none"> <li>1. CMAM MUAC only for discharge study – stage 2 to stage 3</li> <li>2. Madagascar GMP study – stage 2 to stage 3</li> <li>3. RUTF acceptability study in Vietnam – stage 2 to stage 3</li> <li>4. Treatment of MAM during pregnancy – stage 1 to stage 2</li> <li>5. Impact of a prenatal health intervention on children’s growth, development and mortality – stage 1 to stage 2</li> <li>6. Secondary analysis of MUAC cutoffs for pregnant women – stage 1 to stage 2</li> <li>7. Madagascar mixed methods LAM delivery science study – stage 1 to stage 2</li> <li>8. Validation of infant cognition screening tool – stage 1 to stage 2</li> <li>9. Women’s dietary diversity indicator work – stage 3 to stage 6</li> <li>10. Optifood research in Guatemala – stage 2 to stage 3</li> <li>11. Lessons learned from integrating family planning into nutrition and food security programming – stage 1 to stage 2</li> <li>12. Acceptability study in Cote d’Ivoire – stage 2 to stage 3</li> <li>13. Validation of Food-Based Recommendations – stage 1 to stage 2</li> </ol>
<p>7 (IR 1.2) Impact stories produced about FANTA M&amp;E and other tools being used or applied</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 3 Targets:</u> 2 impact stories</p> <ol style="list-style-type: none"> <li>1. IYCF Indicator</li> <li>2. TBD</li> </ol>	<p><u>Project Year 3 Achievements:</u> 2 impact stories</p> <ol style="list-style-type: none"> <li>1. Developing Tools to Measure Progress on Infant and Young Child Feeding</li> <li>2. Survey Findings Prompt Action to Improve Admission and Default Rates for Children with Severe Acute Malnutrition</li> </ol>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
<p>8 (IR 1.2) Number of tools developed</p>	<p>List of the new tools developed.</p> <p>A tool is defined broadly as any sort of approach or methodology or instrument designed to demonstrate how to do something or facilitate getting something done. It can be a worksheet, a checklist, a set of steps, guidelines, technical reference materials, indicator guidelines, etc.</p>	<p>FANTA and USAID will discuss list of tools to be developed during work planning. FANTA will report on tools produced at reporting time.</p>	<p><u>Project Year 3 Targets:</u> 42 tools</p> <p><u>IR1</u></p> <ol style="list-style-type: none"> <li>1. Nutrition surveillance matrix</li> <li>2. NPDA tool</li> <li>3. Ag/nutrition e-learning tool</li> <li>4. NACS costing tool</li> </ol> <p><u>IR2</u></p> <ol style="list-style-type: none"> <li>1. Standard operating procedures on NACS (<b>Côte d'Ivoire</b>)</li> <li>2. Recipe booklet on nutrition status (<b>Côte d'Ivoire</b>)</li> <li>3. SBCC tool for PLHIV and TB. (<b>Côte d'Ivoire</b>)</li> <li>4. Database to monitor nutrition activities (<b>Côte d'Ivoire</b>)</li> <li>5. Guide for community NACS (<b>Côte d'Ivoire</b>)</li> <li>6. Nutrition screening tools (<b>Côte d'Ivoire</b>)</li> <li>7. Nutrition and HIV training manual (<b>Viet Nam</b>)</li> <li>8. Community NACS training manual (<b>Namibia</b>)</li> <li>9. QI training manual for NACS (<b>Namibia</b>)</li> <li>10. Supervision and mentoring tool (<b>Namibia</b>)</li> <li>11. SBCC tool on nutrition (<b>Haiti</b>)</li> <li>12. Supervisory and Monitoring tools (<b>Bangladesh</b>)</li> <li>13. Activity-based costing tool on nutrition (<b>Guatemala</b>)</li> <li>14. Mentorship and Coaching Tools (<b>Uganda</b>)</li> <li>15. Community Mobilization tool (<b>Uganda</b>)</li> <li>16. Guidelines for Integration of Nutrition into Agriculture Programs (<b>Uganda</b>)</li> <li>17. Planning and budgeting guidelines (<b>Uganda</b>)</li> <li>18. Reference materials (<b>Uganda</b>)</li> <li>19. Performance assessment tool (<b>Uganda</b>)</li> <li>20. Farmer Group development Manual (<b>Uganda</b>)</li> <li>21. Farmer Forum Development Manual (<b>Uganda</b>)</li> <li>22. NACS site checklist (<b>Tanzania</b>)</li> <li>23. NACS implementation Guide (<b>Tanzania</b>)</li> <li>24. National Nutrition and HIV Guidelines (<b>Tanzania</b>)</li> <li>25. Training manual and job aids (<b>Mozambique</b>)</li> <li>26. Communication materials for counseling (<b>Mozambique</b>)</li> <li>27. National IYCF policy brief (<b>Mozambique</b>)</li> <li>28. TOR for Regional Health Bureau (<b>Ethiopia</b>)</li> <li>29. TOR for Nutrition Technical Committees (<b>Ethiopia</b>)</li> <li>30. Guidance on nutrition (<b>Ethiopia</b>)</li> </ol>	<p><u>Project Year 3 Achievements:</u> 26 tools</p> <p>See Annex 2 for the list of tools.</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
			31. Guidance on nutrition sectoral inclusion <b>(Ethiopia)</b> 32. Training curriculum <b>(Ethiopia)</b> 33. Training curriculum for MDR-TB <b>(Ethiopia)</b> 34. Tracking tool on MDR-RB patients <b>(Ethiopia)</b> 35. Brochure & job aids on HIVN care & treatment <b>(DRC)</b> 36. Recipe guide on locally available food <b>(DRC)</b> 37. Brochure on locally available food for PLHIV <b>(DRC)</b> 38. Supportive supervision tools <b>(DRC)</b>	
9 (IR 1.3) Number of global normative standards and policies being strengthened	List of new/developing global normative standards and policies to which FANTA is contributing  Global normative standards and policies are criterion/models/rules that have been publically accepted or supported or promoted by respected international institutions, like U.N.-affiliated bodies. They are usually codified in a formal publication.	The global norms and policies for FANTA to participate in each year will be identified in discussions between FANTA and USAID during work planning. At reporting time, FANTA will report on global norms and policies where FANTA participated.	<u>Project Year 3 Targets:</u> 2 standards/policies  <u>IR1</u> 1. FFP M&E policy and guidance document 2. FFP strategy  <u>IR2</u> 1. 10 standards/policies 2. TBD	<u>Project Year 3 Achievements:</u> 4  <u>IR1</u> 1. FFP M&E policy and guidance document 2. Chronic IPC 3. FFP development food assistance projects early warning and response element policies and guidance 4. FFP strategy
9b Number of national level policies or strategies strengthened	List of national level policies or strategies strengthened as the result of FANTA technical assistance.		<u>Project Year 3 Targets:</u> 10 standards/policies  <u>IR2</u> 1. 10 standards/policies 2. TBD	<u>Project Year 3 Achievements:</u> 8  <u>IR2</u> 1. National IYCF Strategy (Mozambique) 2. National PRN Guidelines (Mozambique) 3. NCST Implementation Plan (Malawi) 4. CMAM Operational Plan (Malawi) 5. Guideline for Multisectoral Nutrition Program Implementation (Ethiopia) 6. Food and Nutrition Policy (Tanzania) 7. National nutrition planning guidelines (Uganda) 8. Nutrition costing report (Guatemala)

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
<p>10 (IR 1.3) Number of posters/presentations delivered</p>	<p>List of professional meetings and events at which posters/presentations of FANTA work delivered</p> <p>This includes formal professional meetings/workshops/conferences for which a formal report would come out of and <b>not</b> 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. Tracking spreadsheet includes: title of event, title of presentation/poster, FANTA staff name, location, date, audience.</p>	<p><u>Project Year 3 Targets:</u> 5 posters/presentations</p> <p><u>IR1</u> 5 posters/presentation</p> <p><u>IR2</u> N/A</p>	<p><u>Project Year 3 Achievements:</u> 80 posters/presentations See Annex 3 for a list of posters/presentations.</p>
<p>11 (IR 1.4) Post-training adoption rate (average and for each training activity)</p>	<p>As part of its standard approach to training, all FANTA trainings will include a follow-up with trainees to assess whether the skills imparted during the training, or the tasks/steps covered during the workshop, have been adopted, used, applied, or resulted in behavior change, as expected. The post-training adoption measurement for each training event will be appropriately adapted to the specific objectives of each training and the expected change.</p> <p>Levels of post-training adoption:</p> <ul style="list-style-type: none"> <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><u>Project Year 3 Targets:</u> 0</p> <p>FANTA has dropped this indicator, as it has become evident that it will not be possible to collect this data.</p>	<p>NA</p>
<p>12 (IR 1.4) Number of men and women trained by FANTA</p>	<p>This is a count of participants attending trainings given by FANTA. This will be disaggregated by funding source, topic, and sex.</p>	<p>Attendance sheets from trainings will be tabulated for this indicator.</p>	<p><u>Project Year 3 Targets:</u> 2,897 people trained</p> <p><u>Under IR1 activities:</u> 120 people trained (FFP funding)</p> <p><u>Under IR2 country activities:</u></p> <ul style="list-style-type: none"> <li>- 1145 Total people trained (Mission/OHA funding)</li> <li>- 677 Total people trained (OHA funding)</li> <li>- 330 Total people trained (Mission/GH funding)</li> <li>- 625 Total people trained (PEPFAR funding)</li> </ul> <p><u>By country:</u></p> <ul style="list-style-type: none"> <li>- 92 people trained Côte d'Ivoire (OHA funding)</li> <li>- 175 people trained - Vietnam (PEPFAR funding)</li> <li>- 40 people trained - Vietnam (OHA Plus-up funding)</li> <li>- 210 people trained – Namibia (PEPFAR funding)</li> </ul>	<p><u>Project Year 3 Achievements:</u> 4,093 people trained (see Annex 4. for details)</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	
			- 40 people trained – Haiti (OHA funding) - 150 people trained – Bangladesh (Mission/GH funding) - 80 people trained – Guatemala (Mission/GH funding) - 1,145 people trained – Tanzania (Mission/OHA funding) - 40 people trained - Mozambique (OHA funding) - 240 people trained – Ethiopia (Mission/PEPFAR funding) - 100 people trained – Uganda (Mission GH funding) - 65 people trained – DRC (OHA Plus Up funding) - 150 people trained – DRC (OHA Plus Up funding) - 250 people trained – DRC (OHA Plus Up funding)	
13 (IR 1.4) Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)	FANTA will use a standardized approach to all its capacity building activities which includes having participants fill out evaluation forms at the end of each training session.	FANTA will 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.	<u>Project Year 3 Targets:</u> TBD	
14 (IR 1.4) Average percentage point change in score between pre- and post-tests of participants of FANTA trainings	FANTA will use a standardized approach to all its capacity building activities which includes beginning all formal trainings with a pre-test and ending with a post-test. The average improvement between the tests will be tabulated.  FANTA developed the methodology to measure this indicator in a systematic way across training sessions during Project Year 2.	Pre- and post-tests will be given to participants at all FANTA trainings each year. Scores can be tabulated from both tests and the average improvement between pre- and post-test scores. This will be averaged across all FANTA trainings each year.	<u>Project Year 3 Targets:</u> TBD	

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
<b>INTERMEDIATE RESULT 2: Country-driven food security and health policies, programs, and systems for improved nutrition strengthened</b>				
15 (IR 2.3) Number of HIV countries reaching Phase 3 in terms of integrating nutrition into national HIV policies/programs/systems	Status of each assisted country in terms of integrating nutrition into national HIV policies/programs/systems.  There are three phases. See <b>Figure A1.1</b> for a description of the phases and milestones.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration milestones reached by each country.	<u>Project Year 3 Targets:</u> 1 country <b>Côte d’Ivoire</b> – Phase 2 to Phase 3	<u>Project Year 3 Achievements:</u> 1 country <b>Cote d’Ivoire:</b> Phase 2 to Phase 3
16 (IR 2.4) Number of MCHN countries reaching Phase 3 in any thematic focus area in the process of improving their MCHN policies/advocacy/systems/capacities	MCHN measures the number of assisted countries that have advanced at least one phase in any of the <i>following thematic focus areas</i> : – Policy – Advocacy – Systems Strengthening – Capacity Strengthening  See <b>Figure A1.2</b> for an explanation of the phases.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration phases reached by each country.	<u>Project Year 3 Targets:</u> 1 country <b>Uganda</b> – Systems Strengthening: Phase 1 to Phase 2 and Phase 3	<u>Project Year 3 Achievements:</u> 1 country <b>Uganda</b> (advocacy): Phase 2 to Phase 3  Systems Strengthening <b>Uganda:</b> Phase 1 to Phase 3
17 (IR 2.1) Number of countries reaching Phase 2 and Phase 3 in the process of integrating CMAM into their policies/programs/systems	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 3 Targets:</u> 2 countries  <b>Uganda and Mozambique</b> – Phase 1 to Phase 2	<u>Project Year 3 Achievements:</u> 0 countries
<b>USAID Offices’ Reporting Indicators for Annual Operational Plans and Performance Reports</b>				
18 # of people trained in child health and nutrition through USG-supported health area programs, during the FY (GH/HIDN indicator)	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 3 Targets:</u> 0	<u>Project Year 3 Achievements:</u> 0

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
19 # of female IP staff trained in M&E funded by FFP (FFP indicator)			Project Year 3 Targets: 20	Project Year 3 Achievements: 0
20 # of male IP staff trained in M&E funded by FFP (FFP indicator)			Project Year 3 Targets: 20	Project Year 3 Achievements: 0
21 # of female USAID staff trained in M&E funded by FFP (FFP indicator)			Project Year 3 Targets: 10	Project Year 3 Achievements: 0
22 # of male USAID staff trained in M&E funded by FFP (FFP indicator)			Project Year 3 Targets: 10	Project Year 3 Achievements: 0
23 # of evaluations undertaken during the FY, partially or fully funded by FFP (FFP indicator)	Evaluation involves a systematic collection of information on the performance and impacts of on-going or completed USG-funded projects, programs, or sub-sets of activities.		Project Year 3 Targets: 2 1.PM2A Assessment (Burundi) 2.PM2A Assessment (Guatemala)	Project Year 3 Achievements: 2 1.PM2A evaluation (Burundi) 2.PM2A evaluation (Guatemala)
24 # of sector assessments, undertaken during the FY (FFP indicator)	Sector assessments are undertaken to provide comprehensive analyses of needs and opportunities in a particular sector so that informed strategic and programmatic decisions can be made. A sector is broadly defined to include gender, environment, agriculture, industry, food security, health, education, and democracy.		Project Year 3 Targets: 2 2 FSCFs	Project Year 3 Achievements: 3 1.FSCF for country #1 2.FSCF for country #2 3. Yemen country assessment
25 # of countries with introduction OR expansion of cutting edge nutrition interventions, during the FY (CMAM for FANTA) (GH/HIDN indicator)	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.		Project Year 3 Targets: 2 1. Bangladesh: LNS and MNP research 2. Malawi: LNS research	Project Year 3 Achievements: 2 1.Bangladesh: LNS and MNP research 2.Malawi: LNS research

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
<p>26 # of information gathering or research activities, during the FY (GH/HIDN indicator/FFP indicator)</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 3 Targets (partially or fully funded by FFP): 6 activities</u></p> <ol style="list-style-type: none"> <li>1. PM2A study in Guatemala</li> <li>2. PM2A study in Burundi</li> <li>3. Exit strategy study in Bolivia</li> <li>4. Exit strategy study in Honduras</li> <li>5. Exit strategy study in Kenya</li> <li>6. Exit strategy study in India</li> </ol> <p><u>Project Year 3 Targets (partially or fully funded by GH/HIDN): 8 activities</u></p> <ol style="list-style-type: none"> <li>1. Effectiveness of lipid-based nutrient supplements (LNS) in Bangladesh</li> <li>2. Effectiveness of dietary interventions during pregnancy in Malawi</li> <li>3. Interventions to effectively treat moderate acute malnutrition (MAM) among HIV-positive and HIV-negative women during pregnancy</li> <li>4. Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from MAM</li> <li>5. Standardized MUAC cutoffs for pregnant women and adults</li> <li>6. Simplification of CMAM discharge criteria</li> <li>7. Mixed-methods lactation amenorrhea method (LAM) delivery science study</li> <li>8. Assessment of growth monitoring and promotion programs</li> </ol>	<p><u>Project Year 3 Achievements (partially or fully funded by FFP): 6 activities</u></p> <ol style="list-style-type: none"> <li>1. PM2A study in Guatemala</li> <li>2. PM2A study in Burundi</li> <li>3. Exit strategy study in Bolivia</li> <li>4. Exit strategy study in Honduras</li> <li>5. Exit strategy study in Kenya</li> <li>6. Exit strategy study in India</li> <li>7. Yemen country assessment</li> </ol> <p><u>Project Year 3 Achievements (partially or fully funded by GH/HIDN): 11 activities</u></p> <ol style="list-style-type: none"> <li>1. Effectiveness of lipid-based nutrient supplements (LNS) in Bangladesh</li> <li>2. Effectiveness of dietary interventions during pregnancy in Malawi</li> <li>3. Interventions to effectively treat moderate acute malnutrition (MAM) among HIV-positive and HIV-negative women during pregnancy</li> <li>4. Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from MAM</li> <li>5. Standardized MUAC cutoffs for pregnant women and adults</li> <li>6. Simplification of CMAM discharge criteria</li> <li>7. Impact of a promising prenatal health intervention on children’s growth, development, and mortality</li> <li>8. Mixed-methods lactation amenorrhea method (LAM) delivery science study</li> <li>9. Assessment of growth monitoring and promotion programs</li> <li>10. Field testing of a new method to measure early childhood cognitive development</li> <li>11. Collaboration with FAO on women’s dietary diversity indicator development/validation</li> </ol>
<p>27 # of technologies and tools under development during the FY (GH/HIDN indicator)</p>	<p>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.</p>		<p><u>Project Year 3 Targets: 11 technologies and tools</u></p> <ol style="list-style-type: none"> <li>1. Optifood</li> <li>2. PROFILES</li> <li>3. NPDA tool</li> <li>4. Chronic Food Insecurity IPC Tool</li> <li>5. CMAM Integration Module 1: Assessment of health system bottlenecks and strengths for integration of CMAM</li> <li>6. CMAM Integration Module 2: Adjusting CMAM model to health system specifics</li> </ol>	<p><u>Project Year 3 Achievements: 8</u></p> <ol style="list-style-type: none"> <li>1. Optifood</li> <li>2. PROFILES</li> <li>3. NPDA tool</li> <li>4. Chronic Food Insecurity IPC Tool</li> <li>5. Nutrition advocacy manual using PROFILES and nutrition costing</li> <li>6. PROFILES cognitive development and education module</li> <li>7. PROFILES suboptimal breastfeeding practices module</li> <li>8. Monitoring the effective coverage of CMAM programs</li> </ol>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014	ACHIEVEMENTS PROJECT YEAR 3 OCTOBER 1, 2013–SEPTEMBER 30, 2014
			7. CMAM Integration Module 3: Design of national scale-up plan, strategies, and policies 8. CMAM Integration Module 4: Capacity development system for CMAM 9. CMAM Integration Module 5: Integrating and enhancing nutrition information in CMAM 10. Monitoring the effective coverage of CMAM programs 11. Nutrition continuum of care	
28 # of countries engaged in capacity building activities, during the FY, to strengthen assessment, design, and implementation of FFP programs (FFP indicator)	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 and multi-year assistance program (MYAP) reviews.		<u>Project Year 3 Targets:</u> FSCFs: 2 Regional and country-specific M&E workshops: 3 BL/MTE/FE support and results framework/IPTT: 10	<u>Project Year 3 Achievements:</u> FSCFs: 3 Country assessment: 1 Regional and country-specific M&E workshops: 2 BL/MTE/FE support and results framework/IPTT: 9

**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>2</sup></li> </ol>	<ol style="list-style-type: none"> <li>2. Guidelines disseminated</li> <li>3. Nutrition care standards developed for QI</li> </ol>	
<b>TRAININGS</b>	<ol 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> </ol>	<ol 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> </ol>	<ol 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> </ol>
<b>SBCC</b>	<ol 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> </ol>	<ol 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> </ol>	<ol style="list-style-type: none"> <li>8. SBCC strategy monitored and evaluated</li> </ol>

<sup>2</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>SUPPLIES, EQUIPMENT, AND MATERIALS</b>	16. Job aids developed to support national nutrition and HIV guidelines and training materials	8. Job aids disseminated 9. MOH and/or partners support procurement of SFPs to treat malnutrition 10. MOH and/or partners provide NACS supplies, equipment, and materials	9. SFPs procured and distributed as part of MOH supply system
<b>IMPLEMENTATION</b>		11. Nutritional status of clients assessed in initial sites 12. Clients counseled in initial sites 13. SFPs prescribed to treat malnutrition in initial sites 14. Two-way clinic-community referral system established 15. QI system in place	10. NACS services scaled up beyond initial sites 11. SFPs to treat malnutrition prescribed beyond initial sites 12. Nutritional status of PLHIV routinely assessed according to care standards 13. Clients routinely counseled on nutrition according to care standards 14. Clients routinely referred between clinic and community services
<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 services 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 sub-national 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 sub-national 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 sub-national 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 programs that offer CMAM services 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 sub-national levels and disseminated at the facility level</li> <li>Coverage of programs that offer CMAM services monitored and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>CMAM performance M&amp;E integrated into health management information system</li> <li>Coverage of programs that offer CMAM services &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 sub-national supply system</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable access to RUTF ensured through national funding mechanisms</li> </ul>
<b>Service delivery</b>		<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 Completed in Project Year 3

Name of Tool	Completion Date
<b>IR 2</b>	
NACS User's Guide Modules 1–3 (online)	December 2013
NACS User's Guide Modules 4 (Nutrition Support) and 5 (NACS Data Collection and Management)	September 2014
BMI wheel (revised)	September 2014
<b>IR 2 Countries</b>	
<b>Côte d'Ivoire</b>	
NACS Coaching Toolkit for Cote d'Ivoire	June 2014
Recipe Booklet	September 2014
<b>Guatemala</b>	
Activity-Based Costing Methodology Training Guide in Spanish " <i>Guia Metodologica ABC</i> "	July 2014
<b>Haiti</b>	
NACS Protocol for Facility-Based Service Providers in Haiti	November 2013
NACS Reference Manual for Facility-Based Service Providers in Haiti	November 2013
NACS Training Manual for Facility-Based Service Providers in Haiti	November 2013
NACS Participant Manual for Facility-Based Service Providers in Haiti	November 2013
<b>Lesotho</b>	
Training of trainers manual	September 2014
Training of trainers participant manual	September 2014
<b>Malawi</b>	
NCST Guidelines (draft)	September 2014
NCST training materials modules 1, 2, 6 (draft)	September 2014
NCST performance standards	June 2014
NCST M&E tools (draft)	September 2014
NCST Service Providers Competence Assessment Tool	September 2014
<b>Namibia</b>	
Community NACS data collection tool	April 2014
Updated NACS training manuals for facility- and community-based providers	July 2014
<b>Tanzania</b>	
Updated NACS Health Facility M&E Forms and Registers	May 2014
<b>Uganda</b>	
Uganda Nutrition Advocacy Package	August 2014

Name of Tool	Completion Date
<b>Zambia</b>	
Site assessment tool	January 2014
NACS monthly report form	April 2014
NACS client card	April 2014
Interim nutrition register	June 2014
NACS job aids	September 2014

### Annex 3. Presentations and Posters Delivered in Project Year 3

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
<b>IR 1</b>					
FFP Learning Series – Brownbag sessions	Elements of an Social Behavior Communication Change Strategy	Tara Kovach, FANTA	Washington DC	October 9, 2013	FFP CBO and AMEX staff
FFP Learning Series – Brownbag sessions	Links Between Nutrition & Agriculture	Richard Magnani, FANTA	Washington DC	November 6, 2013	FFP CBO and AMEX staff
FFP Learning Series – Brownbag sessions	Introduction to Optifood	Monica Woldt, FANTA	Washington DC	January 23, 2014	FFP CBO and AMEX staff
ILiNS Malawi Mangochi Research Dissemination Conference	TUMCHP studies involving pregnant women	Per Ashorn, University of Tampere; Megan Deitchler, FANTA reviewer and technical manager	Mangochi, Malawi	March 21, 2014	ILiNS Malawi Mangochi Research Dissemination Conference
Nestle nutrition institute workshop	Prevention of intrauterine growth restriction and preterm birth with presumptive antibiotic treatment of pregnant women	Per Ashorn, University of Tampere; Megan Deitchler, FANTA reviewer and technical manager	Magaliesburg, South Africa	March 31, 2014	Nutrition scientists, researchers and practitioners
Experimental Biology meeting (ZMM)	The effectiveness of LNS on birth outcomes in Bangladesh	Malay Mridha, UC Davis; Megan Deitchler, FANTA reviewer	San Diego, CA	April 28, 2014	Nutrition research community
Spring CORE Group Meeting	How to Ensure Counseling is NOT a Mini-Lecture!	Serigne Diene, FHI 360; Sascha Lamstein, SPRING Project/JSI; Janine Schooley, PCI;	Silver Spring, MD	May 6, 2014	Participants at the Spring CORE group meeting
Spring CORE Group Meeting	NACS Users' Guide Consultation	Serigne Diene, FHI 360; Wendy Hammond, FHI 360	Silver Spring, MD	May 8, 2014	Participants at the Spring CORE group meeting
Micronutrient Forum (ZMM)	Adherence to intake recommendations for lipid-based nutrient supplements and iron/folic acid among pregnant and lactating	Kassandra Harding, UC Davis; Zeina Maalouf-Manasseh, FANTA reviewer and technical manager	Addis Ababa, Ethiopia	June 2-6, 2014	Researchers, policy makers and practitioners in the field of micronutrients
Society for Pediatric and Perinatal Epidemiological Research meeting (ZMM)	The effects of LNS on maternal anthropometric indicators in late pregnancy	Susana Matias, UC Davis; Zeina Maalouf-Manasseh, FANTA reviewer and technical manager	Seattle, WA	June 23-24, 2014	Pediatric and perinatal epidemiologic research community
International association for dental research conference	Maternal periapical infections shorten pregnancies and reduce newborn-size in Malawi	Ulla Harjunmaa, University of Tampere; FANTA reviewer and technical manager	Cape Town, South Africa	June 25, 2014	Dentists and researchers in oral health issues
Reaching consensus on a global dietary diversity indicator for women	Indicator qualities, broad criteria, and uses	Mary Armiond, UC Davis; Megan Deitchler, technical manager	Washington, DC	July 15, 2014	International stakeholders from donor and research institutions

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Reaching consensus on a global dietary diversity indicator for women	Overview of WDDP I methodology	Doris Wiesmann, Consultant; Megan Deitchler, technical manager	Washington, DC	July 15, 2014	International stakeholders from donor and research institutions
Reaching consensus on a global dietary diversity indicator for women	Overview of WDDP II methodology	Pauline Allemnad, FAO; Megan Deitchler, technical manager	Washington, DC	July 15, 2014	International stakeholders from donor and research institutions
Reaching consensus on a global dietary diversity indicator for women	Results for two candidate indicators	Yves Martin-Prevel, IRD; Megan Deitchler, technical manager	Washington, DC	July 15, 2014	International stakeholders from donor and research institutions
Reaching consensus on a global dietary diversity indicator for women	Overview of practical and operational issues for an indicator for global tracking	Megan Deitchler, FANTA/FHI 360	Washington, DC	July 15, 2014	International stakeholders from donor and research institutions
Reaching consensus on a global dietary diversity indicator for women	How the selected indicator for global tracking can be interpreted and communicated	Gina Kennedy, Biodiversity; Megan Deitchler, technical manager	Washington, DC	July 16, 2014	International stakeholders from donor and research institutions
Reaching consensus on a global dietary diversity indicator for women	Next steps	Terri Ballard, FAO; Megan Deitchler, technical manager	Washington, DC	July 16, 2014	International stakeholders from donor and research institutions
FFP Learning Series – Brownbag sessions	Tips on Assessing Final Evaluation Reports	Pamela Velez-Vega, FANTA	Washington DC	July 23, 2014	FFP CBO and AMEX staff
FFP Learning Series – Brownbag sessions	Reviewing MTE reports and Integrating Findings into Programming	Sujata Bose, FANTA	Washington DC	August 26, 2014	FFP CBO and AMEX staff
Implementation Science meeting (ZMM)	FANTA's experience with challenges in local infrastructure/local capacity as related to implementation science/research	Zeina Maalouf-Manasseh	Washington, DC	September 4, 2014	INGOs, research community, donors
<b>IR 2 Countries</b>					
<b>Ethiopia</b>					
Continuing medical education (CME) for nurses and pediatricians organized by Ethiopian Pediatric Society	Nutrition Assessment Counseling and Support	Telahun Teka	Addis Ababa	November 29, 2013	Pediatricians and nurses
Continuing medical education (CME) for nurses and pediatricians organized by Ethiopian Pediatric Society	Zinc deficiency and infection (diarrhea)	Telahun Teka	Addis Ababa	November 29, 2013	Pediatricians and nurses

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Pre-service Training; Update on Nutrition:	1. Communicable disease & nutrition 2. Non-communicable diseases & nutrition 3. Nutrition & surgery, 4. Nutrition & counseling	FANTA/FHI360	Hawassa	February 3-5, 2014	Nutritionist, Public Health Specialist, Nurse, Midwife training instructors
Nutrition Advocacy to Parliamentarians	Basic Nutrition	FANTA/FHI360	Adama	March 14, 2014	50 parliamentarians
Micronutrient Forum	Multisector Engagement, using examples of four activities	Telahun Teka, FANTA	Addis Ababa	June 4, 2014	Researchers, policy makers, and practitioners in the field of micronutrients
Nutrition Advocacy for Staffs of Ministry of Women, Youth and Children	Basic Nutrition	FANTA/FHI360	Addis Ababa	July 18, 2014	70 staff members
<b>Guatemala</b>					
USAID EGAT Portfolio Review Meeting	FANTA's activities with special emphasis on Optifood	Maggie Fischer	Guatemala City	October 15, 2013	USAID and EGAT partners
Meeting with PROSAN/MOH to prepare for ENSMI working group technical meeting	Use and application of HHS and ELCSA	Luisa Samayoa	Guatemala City	October 15, 2013	Nutritionists from PROSAN/MOH
Sharing of results of nutrition and logistics costing studies	Preliminary results of nutrition costing study	Carlos Martinez Maggie Fischer (Introductory remarks and objectives of study)	Guatemala City	October 24, 2013	Technical staff from Ministers of Health and Finance
Sharing of results of nutrition and logistics costing studies	Preliminary results of nutrition costing study	Carlos Martinez Maggie Fischer (Introductory remarks and objectives of study)	Guatemala City	October 25, 2013	Ministers of Health and Finance, Vice-ministers of Health and Finance, and key staff from both ministries from central level
USAID Health and Education Portfolio Review Meeting	FANTA's activities during FY13	Maggie Fischer	Guatemala City	October 25, 2013	USAID/HEO Director, heads of projects, CEO and managers of Health and nutrition projects
Information session related to Optifood training	OPTIFOOD tool and considerations for participation in training	Maggie Fischer Frances Knight	Guatemala City	December 9, 2013	Representatives from the Government of Guatemala, universities, research institutions, and USAID partners
Nutri-Salud technical meeting with local nutritionists to discuss operational research and role of Nutri-Salud	Operational research to test food-based recommendations generated by Optifood	Frances Knight Luisa Samayoa	Guatemala City	December 10, 2013	CEO of Nutri-Salud, Nutrition Technical Coordinator, local Nutri-Salud teams

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Technical consultation for updating current dietary guidelines of children	Food based recommendations for children from the Western Highlands	Maggie Fischer Manolo Mazariegos Frances Knight	Guatemala City	December 10, 2013	Professionals from the Government of Guatemala, academia, cooperating agencies
Meeting with MOH and Ministerio de Finanzas Públicas (Ministry of Public Finance [MINFIN]) to share preliminary results of nutrition costing study	Preliminary results of nutrition costing study	Maggie Fischer Carlos Martinez Alejandra Contreras	Guatemala City	January 23, 2014	2 Vice ministers of Health, Director of DPT/MINFIN, Director of Planning Unit of MOH, USAID HEO officers Director of Finance of MOH, Staff members from MOH and MINFIN
Workshop to update nutrition costing formulas	Process and methodology to update nutrition costing recipes	Aracely Vásquez/MOH Carlos Martinez	Guatemala City	April 23, 28, 29, 2014	MOH Program Managers and Planning Unit, Personnel from DPT/MINFIN
<b>Malawi</b>					
USAID/Family Health Partners Meeting	Improving the Quality of Nutrition Service Delivery in HIV and TB Care	Tiwonge Moyo – ASSIST Alice Nkoroi – FANTA Zach Andersson – LIFT II	Lilongwe	June 6, 2014	USAID staff in Family Health. USAID IPs – SSDI, MCHIP, INVC, Feed the Children, SHOPS, LUANAR –Nutrition Department, USAID/DELIVER, Peace Corp Volunteers, ASSIST, FANTA and LIFT II
Lilongwe University of Agriculture and Natural Resources, BSc. Nutrition and Food Science - Guest Lecture	Introduction to NACS and Nutrition Care Support and Treatment (NCST) in Malawi	Alice Nkoroi - FANTA	Lilongwe	June 17, 2014	4 <sup>th</sup> Year Students in BSc. Nutrition and Food Science Course
<b>Namibia</b>					
Church Alliance for Orphans (CAFO) M&E workshop	Nutrition and Health at Early Childhood Development Centres	Fred Alumasa	Windhoek	June 11, 2014	CAFO Regional Coordinators
<b>Tanzania</b>					
PHFS National Launch with LGAs in Iringa	Overview of National Nutrition Situation and Role of NACS in PHFS	FANTA/TFNC	Iringa/Mufindi	October 8, 2013	Tunajali, EGPAF, URC, Jhpiego, MOHSW/RCH/PMTCT Unit
Revision of the National Food Nutrition Policy	Small Technical Government Team Working Session #2 Draft 2 to Draft 3	FANTA/TFNC/PMO	Protea Hotel, Dar es Salaam	November 8, 2013	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Revision of the National Food Nutrition Policy	Small Technical Government Team Working Session #3 Draft 4	FANTA/TFNC/PMO	Morogoro	January 21-25, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD
NACS Community Partners Planning Meeting	NACS Community Roll Out Plan	FANTA	Dar es Salaam	January 28, 2014	All Pamoja Tuwalee (USAID orphans and vulnerable children partners): Africare/TAHEA, Pact, World Education, and FHI 360; COUNSENUTH and DAI
Revision of the National Food Nutrition Policy	Small Technical Government Team Working Session #4 Draft 5	FANTA/TFNC/PMO	NIMR CEEM, Dar es Salaam	February 28, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD
PROFILES Stakeholders Meeting	Supporting Nutrition Advocacy	FANTA/PMO/TFNC	Dar es Salaam	March 10, 2014	PMO, TFNC, MOHSW, NBS, MAFC,MCDGC, President's Office Planning Commission, MLDF, MOEVDT, UN REACH, UNICEF, WHO, WFP, USAID, WB, HKI, Save the Children, PANITA, GAIN, Ifakara Health Institute, Sokoine University of Agriculture, Mwanzo Bora (Feed the Future)
PROFILES Workshop	Supporting Nutrition Advocacy	FANTA/TFNC/PMO	Dar es Salaam	March 11-14, 2014	PMO, TFNC, MAFC, MCDGC, President's Office Planning Commission, MLDF, UN REACH
PROFILES Results Meeting	Supporting Nutrition Advocacy	FANTA/TFNC/PMO	Dar es Salaam	March 19, 2014	PMO, TFNC, MOHSW, NBS, MAFC,MCDGC, President's Office Planning Commission, MLDF, MOEVDT, UN REACH, UNICEF, WHO, WFP, USAID, WB, HKI, Save the Children, PANITA, GAIN, Ifakara Health Institute, Sokoine University of Agriculture, Mwanzo Bora (Feed the Future), FAO, DFID, Graca Machel Trust
Revision of the National Food Nutrition Policy	Small Technical Government Team Working Session #5: Additional inputs Draft 5	FANTA/TFNC/PMO	NIMR CEEM, Dar es Salaam	March 26, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Revision of the National Food Nutrition Policy	Small Technical Government Team Working Session #6: Draft 5 to Draft 6	FANTA/TFNC/PMO	TFNC Board Room, Dar es Salaam	March 30-April 1, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD
PHFS National Learning Session	NACS Rollout in the PHFS sites	TFNC/FANTA	Dar es Salaam	April 3, 2014	MOHSW,PHFS IPs partners, USAID,CSOs, LGAs from Iringa, Mbeya and Tabora
Iringa Region Nutrition Partners Meeting	NACS Roll out in Iringa Region	FANTA/TFNC	Iringa	April 10, 2014	RNuO, DNuO, UNICEF, Concern , LIFT II
Mbeya City Nutrition Partners Meeting	NACS Rollout in Mbeya Region	FANTA/TFNC	Mbeya	May 5, 2014	MSD, Baylor, JSI Deliver
LIFT II Network Analysis Feedback Meeting	(1) National Nutrition Situation (2) National Roll out of NACS	FANTA/TFNC	Iringa/Mafinga	May 15, 2014	USAID, CSOs, FBOs, NGOs, Iringa and Mufindi LGAs
Arusha Region Meeting to Develop the Strategy for Rapid Reduction of Maternal Mortality	Nutrition Situation in Tanzania	FANTA/TFNC	Arusha	May 22, 2014	RC, RMO, RCH Co, IPs, World Education
Joint Review Meeting on District Council Nutrition Activities	(1) Nutrition Situation in Tanzania (2) Guideline for councils for the preparation of the plan and budget for nutrition	FANTA/TFNC	Arusha	May 23, 2014	RC, DCs, Council Chairs, Councilors, DEDs, DAS, DMOs, RNuO, DNuos, World Education, Media
Dissemination of Community and School Nutrition Assessment Results (World Education)	Dissemination of Community Nutrition Assessment Results at Community Level in 6 Wards of Arusha City	FANTA/TFNC/World Education	Arusha	May 24, 2014	City Mayor, City Director, District Commissioner, Social Welfare Officer, City Medical Officer, Education Officer, Nutrition Officer, Councilors, Police Desk and Religion Leaders
USAID Nutrition Partners Meeting	FANTA Technical Assistance to TFNC, PMO. LGAs and USAID IPs	FANTA	Dar es Salaam	June 18, 2014	USAID staff and 25 staff from USAID nutrition IPs
Consultative Meeting on the NFNP #1: National Multisectoral Nutrition Technical Working Group	(1)Guidelines on Policy Documents (2) Overview of the NFNP Revision Process	FANTA/PMO/President's Office - Public Service Management	Dar es salaam	July 10, 2014	Members of the National Multisectoral Nutrition Technical Working Group
Revision of the National Food Nutrition Policy	Working Session #7: Drafting the NFNP Implementation Strategy – Zero Draft	FANTA/TFNC/PMO	Morogoro	July 14-18, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Meeting of the High Level Steering Committee on Nutrition	(1) Tanzania PROFILES Estimates (2) Revision of the Food and Nutrition Policy (3) Support for Nutrition Advocacy	TFNC/MLFD/FANTA	Dar es Salaam	July 17, 2014	PMO/PO/TFNC/PRMO RALG, MOHSW, MOEVT/DPs, UN, CSOs
Revision of the National Food Nutrition Policy	Working Session #8: Drafting the NFNP Implementation Strategy – Draft #1	FANTA/TFNC/PMO	Bagamoyo	July 23-25, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD
Meeting of the Multisectoral Nutrition Technical Working Group	(1) Tanzania PROFILES Estimates (2) Revision of the Food and Nutrition Policy (3) Support for Nutrition Advocacy	FANTA/TFNC/PMO	Dar es Salaam	August 5, 2014	Members of the National Multisectoral Nutrition Technical Working Group
Consultative Meeting on the NFNP #2: RAs and LGAs	(1) Guidelines on Policy Documents (2) Overview of the NFNP Revision Process	FANTA/TFNC/PMO	Dodoma	August 13-14, 2014	41 Representatives from 24 regions
Consultative Meeting on the NFNP #3: Parliamentary Standing Committee on Social Affairs	(1) Guidelines on Policy Documents (2) Overview of the NFNP Revision Process	FANTA/TFNC/PMO	Dodoma	August 16, 2014	44 Members of Parliament, Deputy Minister of Health and Social Welfare
Nzega Supportive Supervision Meeting with the DMO	NACS Rollout in 10 PHFS sites	FANTA/TFNC	Tabora/Nzega	August 11, 2014	DMO, DNuO, DACC, RCHCo, EGPAF, MOHSW
First Joint Nutrition Sector Review convened by PMO and TFNC supported by UN REACH, FANTA, IrishAid and UNICEF	1) Tanzania PROFILES Estimates (2) Revision of the Food and Nutrition Policy (3) Support for Nutrition Advocacy	FANTA/TFNC/MLDF	Dar es Salaam	August 19-21, 2014	100+ participants including the PS-PMO, PS-MOHSW, President's Advisor on Nutrition, Dep PS-PMO-RALG
Consultative Meeting on the NFNP #4: Ministries, Departments and Agencies (MDAs)	(1) Guidelines on Policy Documents (2) Overview of the NFNP Revision Process	FANTA/TFNC/PMO	Protea Hotel, Dar es Salaam	August 26, 2014	28 Representatives from MDAs
Revision of the National Food Nutrition Policy	Working session #8 Analysis and Tabulation of Inputs from Consultative Meetings	FANTA/TFNC/PMO	Morogoro	September 1-6, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD
Nutrition Advocacy Planning workshop	Set of FANTA Advocacy Workshop Presentations	FANTA/PMO/TFNC/UN REACH	Dar es Salaam	September 8-11, 2014	PMO,TFNC UN REACH, UNICEF, USAID, MOHSW, and key ministries

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Revision of the National Food Nutrition Policy	Working session #9: Integration of Inputs from the Consultative Meetings into the NFNP	FANTA/TFNC/PMO	Morogoro	September 22-25, 2014	Policy revision team: PMO,TFNC, MOHSW, President's Office Public Service Management, MOAFC, MLFD
<b>Uganda</b>					
MAAIF strategies for food and nutrition strategies for vulnerable districts	Agriculture food security and Nutrition Linkages	Francis Muhanguzi		November 20, 2013	District Agricultural and food security officials
Nutrition Implementing Partners Meeting	Nutrition, Assessment, Counseling and Support (NACS) Implementation and reporting	Apophia Karen Tumwine		November 12, 2013	Nutrition Technical/Focal persons from USAID Nutrition Implementing partners, USAID Nutrition AORs and COP/Manager PIN and FANTA, respectively
The MAAIF UNLEE planning meeting	Technical working group meeting to plan ANNLEE workshop 4-6 December, 2013	MAAIF organizing committee Francis Muhanguzi		December 4, 2013	FANTA, MAAIF officials and Partners
Partnerships for Strengthening University Food and Nutrition Sciences Training and Research in Eastern and Southern Africa Workshop.	Competencies required of Human Nutrition Graduates in Uganda	Brenda Namugumya (FANTA)	Kampala, Uganda	May 14, 2014	Staff, current students and alumni of Makerere University School of Food Science, Nutrition and Bio engineering
Africa Nutrition Epidemiology Conference VI	Implementing the Uganda Nutrition Fellowship Program: A multistakeholder approach to strengthen competencies of nutrition graduate	Brenda Namugumya (FANTA) Bridget Ralph (FANTA) Dr. Hanifa Bachou (FANTA)	Accra, Ghana	July 23, 2014	Nutrition and epidemiology technical professionals from across Africa
Africa Nutrition Epidemiology Conference VI	Considerations in strengthening governance for nutrition in local government: establishing the district nutrition coordination committees in Uganda	Boaz Musiimenta (OPM) Brenda Namugumya (FANTA) Dr. Hanifa Bachou (FANTA)	Accra, Ghana	July 23, 2014	Nutrition and epidemiology technical professionals from across Africa

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
<b>Zambia</b>					
Quality improvement training for senior health care staff (QI coaches) from Thrive-supported sites	Identifying Improvement aims; identifying and testing changes for improvement	Earnest Muyunda	Kitwe, Zambia	January 22, 2014	Senior health care providers from the Provincial Health Offices, provincial hospitals, District Community Medical Offices, and health facilities supported by Thrive in Ndola, Kitwe, and Mufulira districts
Technical Update Meeting on Nutrition and HIV Guidelines and Training Materials	Nutrition and HIV Updates	Earnest Muyunda	Kitwe, Zambia	April 15, 2014	Officials from the Ministry of Health, Ministry of Community Development, Mother and Child Health, National Resources Development College, Thrive, PCI and FANTA and from the Kabwe District Health Office and Provincial Office
Provincial Nutrition Meeting	Update on Nutrition and HIV Policies and Guidelines	Dr. Earnest Muyunda, FANTA	Lusaka, Zambia	April 28, 2014	MOH provincial nutritionists

## Annex 4. Trainings Delivered in Project Year 3

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
<b>IR 2 Countries</b>							
<b>Bangladesh</b>							
Cascade training on IYCF and hygiene practices for NGO HQ staff of Smiling Sun Network/ the NGO Health Service Delivery Project	Bangladesh Breastfeeding Foundation, NGO Health Service Delivery Project staff	50 Smiling Sun Network clinics in 4 districts	September–November 2013	3 days	Health providers in Smiling Sun clinics	1,562	80
<b>Guatemala</b>							
E-Learning “Food and Nutrition Security Local Planning”	FANTA/INCAP - SESAN	Guatemala	September 2013-December 2013	4 months	Municipal and departmental delegates from prioritized departments and municipalities	32	68
Linkages between agriculture, health and nutrition in the Module IV “Food and nutrition security in Guatemala and financial services for agricultural services”	FANTA in collaboration with Counterpart International	Huehuetenango	March 17-21, 2014	3 days	Agricultural Rural extensionists from San Marcos and Huehuetenango	23	50
Use of HHS and ELCSA		Guatemala City	October 23, 2013	1 day	PROSAN/MOH personnel	3	
Optifood Core training course	FANTA	Guatemala	January–May, 2014	5 months 3 day intensive training and 6 biweekly sessions	USAID partners, research institutions and academia	Intensive: 16 Workshops: 11	Intensive: 3 Workshops: 3
Training of fieldworkers in use of instruments for food-based recommendations	FANTA-INCAP-Nutri-Salud	Quetzaltenango	May 2014	3 days	Fieldworkers from Nutri-Salud, INCAP and FANTA	12	1
Update of Nutrition Costing “Recipes”		Guatemala City	April 23, 28 and 29, 2014	3 days	Managers and key technical staff from MOH and MINFIN	16	29

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
<b>Haiti</b>							
Training of trainers on NACS and the use of NACS training module	FANTA and SPRING	Port au Prince	December 2014	3 days	Government facility workers	20 total	
NACS orientation workshop	FANTA		November 2014	2 days	Nutrition focal points from MOH Central and 10 Departments	30 total	
<b>Lesotho</b>							
NACS training of trainers	FANTA, MOH	Maseru, Lesotho	April 28- May 1, 2014	5 days	District Nutritionists, staff from national MOH, staff from partner organizations	17	3
<b>Malawi</b>							
NCST managers training	FANTA and ASSIST	Balaka	June 23 -27, 2014	1 day followed by 4 day practice	District Level -Nutrition Officers, Environmental Health Officers, PMTCT Coordinators, ART Coordinator and TB Coordinator	1	6
NCST health provider training – Modules 1, 2, and 6 (Balaka)	FANTA and ASSIST	Balaka	June 24-27, 2014	4 days	Medical Assistants, Nurses, Health Surveillance Assistants, ART Clerks and Expert Clients	17	21
NCST health provider learning sessions (Balaka)	FANTA and ASSIST	Balaka	September 2014	4 days	Medical Assistants, Nurses, Health Surveillance Assistants, ART Clerks and Expert Clients	14	20
<b>Mozambique</b>							
Protocol for the treatment of moderate acute malnutrition with CSB Plus	FANTA	Nampula city, Nampula Province, Mozambique	January 30, 2014	1 day	Provincial-, district-, and health center-level staff who are involved in the distribution and/or prescription of CSB for moderate acute malnutrition.	36	3
Protocol for the treatment of moderate acute malnutrition with CSB Plus	FANTA	Beira city, Sofala Province, Mozambique	February 7, 2014	1 day	Provincial-, district-, and health center-level staff who are involved in the distribution and/or prescription of CSB for moderate acute malnutrition.	28	16

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Protocol for the treatment of moderate acute malnutrition with CSB Plus	FANTA	Chimoio city, Manica Province, Mozambique	February 11, 2014	1 day	Provincial-, district-, and health center-level staff who are involved in the distribution and/or prescription of CSB for moderate acute malnutrition	15	21
Protocol for the treatment of moderate acute malnutrition with CSB Plus	FANTA	Lichinga city, Niassa Province, Mozambique	February 28, 2014	1 day	Provincial-, district-, and health center-level staff who are involved in the distribution and/or prescription of CSB for moderate acute malnutrition	15	21
Protocol for the treatment of moderate acute malnutrition with CSB Plus	FANTA	Quelimane city, Zambézia Province, Mozambique	May 17, 2014	1 day	Provincial-, district-, and health center-level staff members who are involved in the distribution and/or prescription of CSB for moderate acute malnutrition	27	35
<b>Namibia</b>							
NACS training	MOHSS, FANTA, I-TECH	Keetmanshoop	November 11–14, 2013	3 days	Nurses	14	3
ART training for doctors (nutrition session)	FANTA	Windhoek	February 13, 2014	1 hour	Doctors	10	18
Community IYCF training	MOHSS, FANTA, Catholic AIDS Action	Mariental	January 27–31, 2014	5 days	Community counselors	11	2
Community IYCF training	MOHSS, FANTA, Catholic AIDS Action	Mariental	January 27–31, 2014	5 days	Nurses	15	2
Nutrition and ART training	MOHSS	Windhoek	February 13, 2014	1 day	Doctors	10	18
NACS inpatient	MOHSS, FANTA, National Health Training Centre (NHTC)	Ondangwa	March 24–25, 2014	2 days	Nurses and doctors	3	13
NACS inpatient	MOHSS, FANTA, NHTC	Ondangwa	March 26–28, 2014	3 days	Nurses, health information system officers	5	19
NACS outpatient training	MOHSS, FANTA, NHTC	Ondangwa	March 24–25, 2014	2 days	Nurses and doctors	3	13
NACS outpatient training	MOHSS, FANTA, NHTC	Ondangwa	March 26–28, 2014	3 days	Nurses and health information system officers	5	19

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS inpatient training of trainers	MOHSS, FANTA, Global Fund, I-TECH	Windhoek	April 7–8, 2014	2 days	Community health program administrators (CHPAs), senior health program administrators (SHPAs), primary health care (PHC) supervisors, and nurses	16	1
NACS outpatient training of trainers	MOHSS, FANTA, Global Fund, I-TECH	Windhoek	April 9–11, 2014	3 days	CHPAs, SHPAs, PHC supervisors, and nurses	16	1
NACS training	MOHSS, FANTA, Global Fund, I-TECH	Windhoek	April 22–25, 2014	4 days	Nurses and community counselors	27	3
Training of trainers in community nutrition care and support	FANTA, I-TECH	Otjiwarongo	July 8–11, 2014	4 days	Regional and economic strengthening coordinators from Project Hope and Catholic Aids Action	19	11
<b>Tanzania</b>							
NACS Health Care Providers training	FANTA/TFNC/EGPAF/NACS Regional Trainers	Tabora/Nzega	November 11-15, 2013	5 days	Medical Officers, clinicians, nurses, nutritionists from Nzega District	20	10
NACS Health Care Providers training	FANTA/TFNC/Tunajali	Iringa/Mafinga	November 25-29, 2013	5 days	Medical Officers, clinicians, nurses, nutritionists from Mafinga District	22	8
NACS Health Care Providers training	FANTA/TFNC/Walter Reed	Ruvuma/Songea	January 27-31, 2014	5 days	Medical Officers, clinicians, nurses, nutritionists from Ruvuma Region	21	9
NACS/PHFS Supportive Supervision	FANTA/TFNC/District Nutrition officer	Iringa/Mufindi	March 3-7, 2014	5 days	NACS trained staff at 10 PHFS sites	31	19
NACS Health Facility Training of Trainers	FANTA/TFNC/Walter Reed	Ruvuma/Songea	March 17-22, 2014	6 days	Medical Officers, clinicians, nurses, nutritionists from Njombe and Ruvuma Region	15	9
NACS Transfer Training	FANTA/TFNC/Walter Reed/NACS Regional Trainers	Ruvuma/Songea	March 24-28, 2014	5 days	Medical Officers, clinicians, nurses, nutritionists from Ruvuma Region	17	13
NACS Community Training for LGAs	FANTA/TFNC/DAI/LIFT II/TAHEA	Iringa/Mufindi	April 7-9, 2014	3 days	WEO, VEO, DPLO, DED DLDO, CSO from Mufindi and Kilolo Districts	9	21
NACS/PHFS Supportive Supervision	FANTA/TFNC/LIFT II	Iringa/Mufindi	April 11-16, 2014	4 days	NACS trained staff at 8 PHFS sites	21	9

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS Health Care Providers training	FANTA/TFNC/EGPAF/ NACS Regional Trainers	Tabora/Uyui	April 14-16, 2014	5 days	Medical Officers, clinicians, nurses, nutritionists from Uyui District	15	12
NACS Health Care Providers training	FANTA/TFNC/EGPAF/ NACS Regional Trainers	Tabora/Sikonge	April 14-16, 2014	5 days	Medical Officers, clinicians, nurses, nutritionists from Sikonge District	22	3
NACS Health Care Providers training	FANTA/TFNC/EGPAF/ NACS Regional Trainers	Tabora/Igunga	April 22-26, 2014	5 days	Medical Officers, clinicians, nurses, nutritionists from Igunga District	11	10
NACS Health Care Providers training	FANTA/TFNC/EGPAF/ NACS Regional Trainers	Tabora/Urambo	April 22-26, 2014	5 days	Medical Officers, clinicians, nurses, nutritionists from Urambo District	N/A	N/A
NACS/PHFS Supportive Supervision	FANTA/Baylor/City Nutrition Officer	Mbeya City	May 5-13, 2014	7 days	NACS trained staff at 10 PHFS sites	51	31
NACS Community Training of Trainers	FANTA/TFNC/Pamoja Tuwalee (FHI360) and sub-grantees/NACS Regional Trainers	Pwani/Kibaha	June 9-13, 2014	5 days	Orphans and vulnerable children focal persons, social welfare officers, district nutritionists, HBC providers from Dar es Salaam and Pwani Regions	18	6
NACS Community Training of Trainers	FANTA/TFNC/Pamoja Tuwalee (FHI360) and sub-grantees/NACS Regional Trainers	Morogoro/Kilombero	June 16-20, 2014	5 days	Orphans and vulnerable children focal persons, social welfare officers, district nutritionists, HBC providers from Zanzibar and Morogoro Regions	15	10
NACS Community Training of Trainers	FANTA/TFNC/Pamoja Tuwalee (Africare/TAHEA) and sub-grantees/NACS Regional Trainers	Dodoma	July 21-25, 2014	5 days	Orphans and vulnerable children focal persons, social welfare officers, economic strengthening officers, district nutritionists, HBC providers from Singida and Dodoma Regions	18	12
NACS Community Training of Trainers	FANTA/TFNC/Pamoja Tuwalee (Africare/TAHEA) and sub-grantees/NACS Regional Trainers	Njombe	July 21-25, 2014	5 days	Orphans and vulnerable children focal persons, social welfare officers, economic strengthening officers, district nutritionists, HBC providers from Iringa and Njombe Regions	16	15

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS Sensitization	FANTA/TFNC/EGPAF	Lindi	August 1, 2014	1 day	Council health management teams, regional health management teams, RMO, DMOs from all districts	13	16
NACS/PHFS Supportive Supervision	FANTA/TFNC/LGAs/TAHEA	Iringa/Mufindi	August 4-8, 2014	5 days	LGAs and NACS trained staff at Lugoda Hospital, Alamano Centre and TAHEA/Tupendane Ndwili ES Centre	33	4
NACS Training of Trainers	FANTA/TFNC/EGPAF/NACS regional Trainers	Lindi	August 11-16, 2014	6 days	Medical Officers, clinicians, nurses, nutritionists from Lindi Region	17	8
NACS/PHFS Supportive Supervision	FANTA/TFNC/EGPAF/District Nutrition Officer and RCH Coordinator	Tabora/Nzega	August 11-16, 2014	5 days	NACS trained staff at 10 PHFS sites	35	15
NACS Transfer Training	FANTA/TFNC/EGPAF/NACS Regional trainers	Lindi	August 18-22, 2014	5 days	Medical Officers, clinicians, nurses, nutritionists from all Lindi districts	19	9
<b>Uganda</b>							
Training on revised health management information system	FANTA, MOH, and the AIDS Support Organization	Jinja and Manafwa	June 30-July 4, 2014	5 days	Health facility staff	30	60
Training on revised health management information system	FANTA and SPRING	Mbarara	September 8-12, 2014	5 days	Health Facility staff	162	102
<b>Vietnam</b>							
Inpatient management of malnutrition	FANTA and NIN	Buon Ma Thuot, Vietnam	March 4-6, 2014	3 days	Doctors and nurses from the Pediatric and Infectious Disease Department of the Dak Lak Provincial Hospital and Krong Bong District Hospital	11	3
Option B+ training courses	FANTA	Vinh, Vietnam	March 10-13, 2014	4 days	Doctors and nurses from 53 communes of Dien Chau District and Que Phong District, Nghe An Province	59	45
Pretest training material	FANTA and NIN	Hanoi, Vietnam	April 17-19, 2014	3 days	Health care providers from Hanoi PAC, outpatient clinics of Hanoi	4	13

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Option B+ training	FANTA	Lao Cai Province, Vietnam	April 22-25, 2014	4 days	Health care providers from 37 commune health stations of Sapa and Van Ban districts, Lao Cai Province	45	31
NACS training	FANTA and NIN	Can Tho City, Vietnam	June 24-27, 2014	4 days	29 health care providers from the Provincial HIV/AIDS Centers (PACs), Reproductive Health Centers (RHCs), provincial/district Preventive Medical Center (PMC), Pediatric Departments of the Provincial General Hospitals (PGHs), and outpatient clinics of Can Tho and An Giang Provinces	21	8
NACS training	FANTA and NIN	Quan Hau, Vietnam	July 9-12, 2014	4 days	30 health care providers from the PACs, RHCs, PMCs, PGH Pediatric Departments, outpatient clinics of Quang Ninh, Hai Phong and Nghe An provinces	20	10
NACS training	FANTA and NIN	Ho Chi Minh City, Vietnam	July 22-25, 2014	4 days	33 health care providers from the PACs, RHCs, PMCs, Nhi Dong 1 and 2 hospitals, Ho Chi Minh Nutrition Center, and outpatient clinics of Ho Chi Minh and Dak Lak provinces	25	8
NACS training	FANTA and NIN	Lao Cai Province, Vietnam	August 26-29, 2014	4 days	31 health care providers from the PACs, RHCs, PMCs, Tropical Disease and TB & Lung hospitals, and outpatient clinics of Hanoi, Lao Cai, and Dien Bien provinces	23	8
<b>Zambia</b>							
NACS orientation of district health staff	FANTA, ASSIST, Thrive	Kitwe, Zambia	March 19, 2014	1 day	Health managers and support staff from the Kitwe District Community Health Office (K-DCHO)	12	8

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
IMAM training	MOH and FANTA	Kitwe, Zambia	March 23–30, 2014	6 days	Enrolled and registered nurses, counselors, clinical officers, District Health Information Officer, District Health Education Officer, District MCH Coordinator, and District Nutritionist	21	4
NACS training for facility-based health care providers	FANTA, MOH, MCDMCH, NFNC	Kitwe, Zambia	May 19–23 2014	5 days	Enrolled nurses, registered nurses, counselors	24	1
NACS training for facility-based health care providers	FANTA, MOH, MCDMCH, NFNC	Kitwe, Zambia	June 23–27, 2014	5 days	Enrolled nurses, registered nurses, counselors, clinical officers	22	4
NACS training for facility-based health care providers	FANTA, MOH, MCDMCH, NFNC	Kitwe, Zambia	August 11–15, 2014	5 days	Enrolled nurses, registered nurses, counselors, clinical officers	14	10
NACS training of trainers	FANTA, MOH, MCDMCH, NFNC	Kitwe, Zambia	September 4, 2014	1 day	Enrolled nurses, registered nurses, counselors, clinical officers	10	10
NACS training for facility-based health care providers	FANTA, MOH, MCDMCH, NFNC	Kitwe, Zambia	September 8–12, 2014	5 days	Enrolled nurses, registered nurses, counselors, clinical officers	14	11

## Annex 5. Publications and Key Deliverables Completed in Project Year 3

### Publications

Title	Publication Date
<b>IR 1</b>	
Use of Cutoffs for MUAC as an Indicator or Predictor of Nutritional and Health- Related Outcomes in Adolescents and Adults: A Systematic Review (2013)	November 2013
Review of National Nutrition Surveillance Systems	January 2014
Impact Story: Studying the Use of Antibiotics for Treating Severe Acute Malnutrition	May 2014
Impact Story: Survey Findings Prompt Action to Improve Admission and Default Rates for Children with Severe Acute Malnutrition	September 2014
Introducing the Minimum Dietary Diversity – Women (MDD-W) Global Dietary Diversity Indicator for Women	September 2014
Rang-Din Nutrition Study: Assessment of Participant Adherence to Lipid-Based Nutrient and Iron-Folic Acid Supplements among Pregnant and Lactating Women in the Context of a Study on the Effectiveness of Supplements in Bangladesh	September 2014
Impact Story: Developing Tools to Measure Progress on Infant and Young Child Feeding	September 2014
Providing Lipid-Based Nutrient Supplements Does Not Affect Developmental Milestones among Malawian Children (Acta Paediatrica)	November 2013
Lipid-Based Nutrient Supplements Do Not Affect the Risk of Malaria or Respiratory Morbidity in 6- to 18-Month-Old Malawian Children in a Randomized Controlled Trial (Journal of Nutrition)	September 2014
<b>IR 2</b>	
Challenges in Infant and Young Child Feeding in the Context of HIV (AIDS: Official Journals of the International AIDS Society)	November 2013
NACS: A User's Guide (Modules 1, 2, 3)	December 2013
<b>IR 2 Countries</b>	
<b>Bangladesh</b>	
Integrating and Strengthening Maternal and Child Nutrition in Health Service Delivery in Bangladesh: A Report on FANTA Activities from 2010 to 2014	June 2014
<b>Ghana</b>	
SLEAC/SQUEAC Coverage Survey Report: Agona West Municipal District	October 2013
SLEAC/SQUEAC Coverage Survey Report: Ashaiman Municipality	October 2013
National CMAM Scale-up Costing Report, 2013-2017	November 2013
Strengthening Nutrition in Ghana: A Report on FANTA Activities from 2007 to 2013	January 2014
<b>Guatemala</b>	
Development of Evidence-Based Dietary Recommendations for Children, Pregnant Women, and Lactating Women Living in the Western Highlands of Guatemala (Summary report) <i>Also available in Spanish, see next item</i>	October 2013
Desarrollo de Recomendaciones Dietéticas Basadas en Evidencia para Niños, Mujeres Embarazadas y Mujeres Lactantes que Viven en el Altiplano Occidental de Guatemala (Informe ejecutivo)	October 2013
Development of Evidence-Based Dietary for Children, Pregnant Women, and Lactating Women Living in the Western Highlands of Guatemala (Full report)	June 2014

Title	Publication Date
<b>Haiti</b>	
Early Warning and Response in Title II Development Food Assistance Programs: Promising Practices and Lessons Learned from the Haiti Title II Multi-Year Activity Programs Pilot (2010–2013)	May 2014
<b>Mozambique</b>	
Resultados do Inquérito de Priorização das Mensagens de Aconselhamento Nutricional para Pessoas Vivendo com HIV e/ou TB em Moçambique	October 2013
Results of the Survey to Prioritize Nutrition Counseling Messages for People Living with HIV and/or Tuberculosis in Mozambique (also available in Spanish, see next item)	October 2013
The Partnership for HIV-Free Survival (PHFS) Southern Regional Meeting Report, Maputo, Mozambique, October 23-24, 2013	December 2013
Analysis of the Sentinel Site Nutrition Surveillance System in Mozambique	June 2014
<b>Namibia</b>	
Review of Nutrition Assessment, Counselling, and Support (NACS) Service Implementation in Namibia	November 2013
<b>Uganda</b>	
Impact Story: Building Uganda's Next Generation of Nutrition Leaders	July 2014
Impact Story: Repositioning Nutrition in Uganda through Advocacy	September 2014
<b>Vietnam</b>	
Acceptability of Two Ready-to-Use Therapeutic Foods among HIV-Positive Patients in Vietnam	November 2013
Impact Story: Investigating Sustainable Options for Treating Malnutrition among People Living with HIV in Vietnam	September 2014

## Key Deliverables

Title	Completion Date
<b>IR 1</b>	
Assessment and Action Plan to Strengthen Growth Monitoring and Promotion within USAID/Madagascar-Funded Programs	November 2013
FY 13 Annual Results Reports Summaries	March 2014
FFP Impact Stories (12 stories)	May 2014
Operationalizing the Measurement of Gender Integration in USAID/Food for Peace FFP Development Food Assistance Programs (DRAFT)	April 2014
Desk Review of Programs Integrating Family Planning with Food Security and Nutrition (DRAFT)	June 2014
Evaluation et Plan d'action pour renforcer les programmes de Suivi et de Promotion de la Croissance financés par l'USAID/Madagascar	July 2014
Sampling Guide on Beneficiary-Based Surveys in support of data collection for selected Feed the Future and Food For Peace agricultural monitoring indicators (DRAFT)	July 2014
Report on adherence to LNS and iron/folic acid among pregnant women in Bangladesh	September 2014
Re-Envisioning the FFP Program-Level Early Warning and Response Element – From Trigger Indicators and Thresholds to Streamlined, Sustainable Context Monitoring: A Review of Practice (DRAFT)	September 2014
Food Security Country Framework (country 1 DRAFT)	September 2014
Food Security Country Framework (country 2 DRAFT)	September 2014
Country Desk Review for FFP (DRAFT)	September 2014
Module I: Cross Cutting/Gender Integration (in FFP Indicators Handbook) (DRAFT)	September 2014
<b>IR 2</b>	
NACS User's Guide Module 5 (NACS Data Collection and Management)	September 2014
BMI wheel (revised)	September 2014
<b>IR 2 Countries</b>	
<b>Bangladesh</b>	
Working Together for Our Children, Our Future: A Fact Sheet on Agriculture and Nutrition in Bangladesh	September 2013
Working Together for Our Children, Our Future: A Fact Sheet on Education and Nutrition in Bangladesh	September 2013
Working Together for Our Children, Our Future: A Fact Sheet on Family Planning and Nutrition in Bangladesh	September 2013
Integrating Infant and Young Child Feeding Services into the Smiling Sun Network: Results of a Clinic Readiness Assessment in Bangladesh	December 2013
Basic Nutrition Training Curriculum Guide for Frontline Health Workers	December 2013
Working Together for Our Children, Our Future: A Call to Action for Media Gatekeepers on Nutrition in Bangladesh	December 2013
Proposed Strategy and Approach for Managing Acute Malnutrition in Bangladesh	January 2014
National Mapping of Nutrition Interventions and Projects in Bangladesh	January 2014
Managing Acute Malnutrition: A Review of the Evidence and Country Experiences in South Asia and a Recommended Approach for Bangladesh	January 2014
Review of Nutrition-Related Curricula for Health Service Providers in Bangladesh	March 2014
Report on IYCF Trainings Conducted by FANTA in Bangladesh	March 2014
Distribution of Iron/Folic Acid to Postpartum Mothers by Government Service Providers in Bangladesh: Process Documentation of a Pilot Project in Madhabpur Upazila, Habiganj District, Sylhet Division, Bangladesh	April 2014
Reporting on Nutrition: A Handbook for the Media in Bangladesh	April 2014

Title	Completion Date
Media Analysis Report: Nutrition and Health Issues in the Media	April 2014
Media Advocacy Activities in Bangladesh: January 2012-March 2014	April 2014
Reporting effectively on nutrition: Report on media training	January 2014
<b>Côte d'Ivoire</b>	
Rapport de la Revue CCNSC (report for a workshop in Cote d'Ivoire)	
<b>Ethiopia</b>	
Ethiopian Nutrition Advocacy Package	August 2014
Blended Integrated Nutrition Learning Module draft	September 2014
<b>Ghana</b>	
Assessment of Nutrition Competencies among Tutors Teaching Nutrition in Nursing, Midwifery, and Community Nutrition Programs	October 2013
<b>Guatemala</b>	
Technical brief in Spanish "From Generation of Knowledge to Action."	June 2014
Draft Report in Spanish of "Costing of Essential Nutrition Interventions to Reduce Chronic Malnutrition in Guatemala" ( <i>Costeo de las Intervenciones Esenciales en Nutrición Para la Reducción de la Desnutrición Crónica Infantil en Guatemala</i> )	August 2014
Optifood Full Report in Spanish entitled "Desarrollo de recomendaciones dietéticas basadas en evidencia dirigidas a niños, mujeres embarazadas y mujeres lactantes del Altiplano Occidental de Guatemala"	August 2014
<b>Haiti</b>	
Haiti PROFILES 2013 Technical Report (in French)	January 2014
Haiti PROFILES 2013 Summary Report (in French)	January 2014
Haiti Nutrition Advocacy Package (in French)	January 2014
Haiti Nutrition Advocacy Plan (in French)	March 2014
Haiti Maternal Nutrition Counseling Cards (in French and Haitian Creole)	March 2014
<b>Malawi</b>	
Report on competencies of NCST service providers in Balaka District (Draft)	September 2014
Report on integration of NACS indicators into the health management information system, HIV and TB M&E systems in Malawi (Draft)	September 2014
<b>Tanzania</b>	
Tanzania PROFILES 2014 Summary Report	August 2014
Tanzania PROFILES 2014 Final Technical Report	September 2014
Tanzania Nutrition Advocacy Plan	September 2014
Tanzania Nutrition Advocacy Package	September 2014
<b>Uganda</b>	
Analysis of Social and Behaviour Change Communication (SBCC) Documents in Uganda to Inform the Development of a Nutrition SBCC Strategy	October 2013
Uganda Action for Nutrition Society Strategic Development Plan 2013/14–2018/19: Adequate Nutrition for Prosperity	December 2013
Assessment of Health Facilities in Uganda: Are They Capable of Providing NACS Services?	February 2014
Assessment of Health Facilities in Uganda Police Barracks and Prisons for Readiness to Deliver NACS Services	April 2014

Title	Completion Date
Health Systems Performance Assessment for IMAM and NACS in Uganda: Considerations for Delivery of Nutrition Services	August 2014
We Are Many Using the Same Land: Perceived Challenges to Smallholder Agriculture and Implications for Household Food Security and Nutrition in North and Southwest Regions of Uganda	March 2014
Rapid Assessment of Health Facilities in Acholi and Lango Sub-regions for Readiness to Deliver NACS Services	July 2014
PHFS Baseline Report	August 2014
Uganda PROFILES 2013 Technical Report	September 2014
Uganda PROFILES 2013 Summary Report	September 2014
Uganda PROFILES Advocacy Brief	September 2014
Uganda PROFILES Agriculture and Nutrition Brief	September 2014
Uganda PROFILES Economic Development and Nutrition Brief	September 2014
Uganda PROFILES Education and Nutrition Brief	September 2014
Uganda PROFILES Health and Nutrition Brief	September 2014
Uganda PROFILES Media Brief	September 2014
Healthy System Performance Assessment for IMAM/NACS in Uganda: Considerations for Delivery of Nutrition Services	September 2014
<b>Zambia</b>	
Nutrition Assessment, Counselling and Support (NACS) Training Manual for Community Health Workers and Community Volunteers	June 2014
Nutrition Assessment, Counselling and Support (NACS) Training Manual for Facility-Based Providers	July 2014

## Annex 6. Project Year 3 Website Statistics

### Website

Webpages viewed	121,570	Web visits	43,158
Countries and territories	198	Unique visits	28,821
Traffic from referrals/websites linking to our content	19%	Traffic from search engines	67%
Visitors using a mobile device or tablet	12%	Returning visitors	34%

#### Notable organizations and groups that link to fantaproject.org (referrers)

FAO, UNICEF, FHI 360, World Vision, CMAM Forum, Improved Global Governance for Hunger Reduction Programme (EU, FAO, IFAD, WFP), Eldis, IFPRI, POPLINE, USAID, International Malnutrition Task Force, WHO, UN Standing Nutrition, Emergency Nutrition Network, CORE Group, Cornell University, University of California-San Francisco

#### Top 10 countries/territories (locations for website visitors)

United States, India, Kenya, United Kingdom, Ethiopia, Uganda, Bangladesh, Philippines, South Africa, Canada

Top 5 webpages (excludes homepage and publications page)	Project Year 3 Page views
Tools	4,233
Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide	3,812
Nutrition Assessment, Counseling, and Support (NACS): A User's Guide	3,370
Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide	2,985
Training Guide for Community-Based Management of Acute Malnutrition (CMAM)	2,892
Top 5 downloads	Project Year 3 Downloads
Nutrition Assessment, Counseling, and Support (NACS): A User's Guide	1,272
Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide	1,141
Training Guide for Community-Based Management of Acute Malnutrition (CMAM)	1,130
Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide	795
Household Hunger Scale (HHS): Indicator Definition and Measurement Guide	651

## Twitter

The project created a Twitter account, @FANTAProject, at the beginning of Project Year 3 as a new medium to disseminate latest project findings and results, as well as connect and learn more about complementary work by other projects, organizations, and USAID Offices and Missions.

Followers	Tweets	Mentions	Retweets	Favorites
216	155	71	55	41

### Organizations, groups, and projects following @FANTAProject

Africa Nutrition Matters, AIDS.gov, Alive & Thrive, Bioversity International, Challenge (10 billion by 2050), ChangeMaker, Chicago Counsel Agriculture and Food Program, Child Health Now, Civil Society Alliance for Scaling Up Nutrition (Bangladesh), Clean Fed & Nurtured, Climate Diplomacy, Community for Zero Hunger, CORE Group, CSO-SUN Alliance, DefeatDD, DSM Nutrition, Edesia, Elizabeth Glaser Foundation, Ending Hunger, FANRPAN, Feed the Future, FHI 360, FIELD-Support LWA, Firland NW TB Center, Food Tank, FSN Network, Generation Nutrition, Global Panel on Agriculture and Food Systems for Nutrition, Global Resilience Partnership, HarvestPlus, Hope for Bangladesh, icddr,b, ICT for Ag, Conflict and Health, IDEAS, IFPRI/WCAO, INCAP, InterAction, ITC Agritrade, Jigyasa Foundation, Johns Hopkins CCP, LIFT II Project, Maternova, Measure DHS, Micronutrient Forum, MSF Science, PATH Advocacy, PHM Tanzania, PTA Project, REACHOUT Consortium, Self Help Africa, Sight and Life, Social Good Moms, SMART Methodology, SPRING Project, SUN (Movement) Business Network, The Tabora Project, Tanzania Watch, Tufts Nutrition, URC, USAID ASSIST, USAID Bangladesh, USAID Food for Peace, USAID Guatemala, USAID MCSP, Valid Nutrition, WASHplus, WFP USA

Most popular tweets	Date
ICYMI: the <a href="#">@USAID</a> Action Plan outlines how 24 countries will accelerate progress in maternal & child survival <a href="http://ow.ly/BI1RL">http://ow.ly/BI1RL</a>	September 10
Looking forward to today's <a href="#">#ISymposium</a> giving examples of research to practice in nutrition. Live webcast at <a href="http://ow.ly/B5d8e">http://ow.ly/B5d8e</a>	September 4
Advocacy efforts are raising awareness of the importance of optimal <a href="#">#breastfeeding</a> <a href="http://ow.ly/zYndC">http://ow.ly/zYndC</a> <a href="#">#WBW2014</a>	August 5
Dr. Hanifa Bachou explains why <a href="#">#breastfeeding</a> is important for mothers and children in <a href="#">#Uganda</a> <a href="http://ow.ly/zR9gd">http://ow.ly/zR9gd</a> <a href="#">#WBW2014</a>	August 4
A lot was accomplished in Bangladesh in 4 yrs! Sharing our final report and lessons learned. <a href="http://ow.ly/yBHBX">http://ow.ly/yBHBX</a>	July 8
<a href="#">.@USAID</a> BD Sharing our report on activities and lessons learned in Bangladesh over the yrs. <a href="http://ow.ly/yBHib">http://ow.ly/yBHib</a>	July 2
Volunteers play an important role in management of <a href="#">#undernutrition</a> in <a href="#">#Ghana</a> . p.6 of our report explains how <a href="http://ow.ly/t9XNU">http://ow.ly/t9XNU</a>	March 19
Gains made in <a href="#">#Ghana</a> and lessons on approaches to address <a href="#">#malnutrition</a> are highlighted in our latest report <a href="http://ow.ly/t9yuM">http://ow.ly/t9yuM</a>	January 31

