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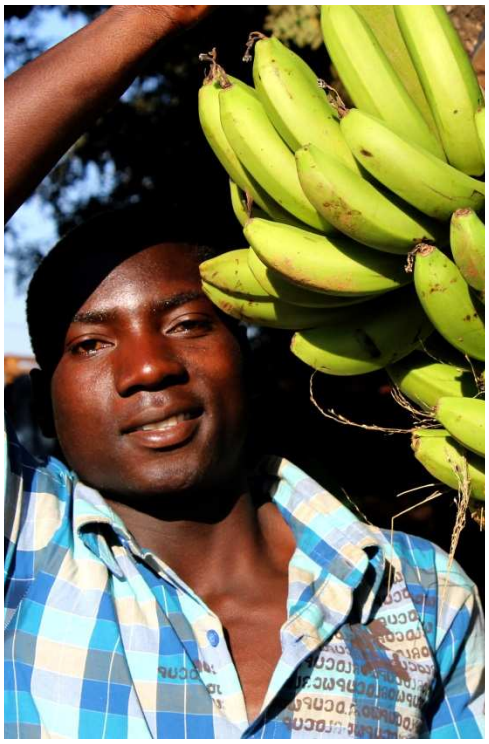
SPRING
Strengthening Partnerships, Results, and Innovations in Nutrition Globally

SPRING Annual Report

Project Year 4



Final Version – December 2015

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ABOUT SPRING
The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

RECOMMENDED CITATION
SPRING. 2015. *SPRING Annual Report Project Year 4*. Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.

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This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

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Acronyms

AAP	Anemia Action Plan
AEA	Agricultural Extension Agent
AHOP	USAID AgroHorizon Project
AIN	Aquaculture for Improved Nutrition project
AMEP	Activity Monitoring and Evaluation Plan
AREA	Accelerated Reduction Efforts on Anaemia
ARFH	Association for Reproductive and Family Health
ASC	agents de santé communautaire
BCC	behavior change communication
BFHI	Baby Friendly Hospital Initiative
CCC	Circle of Collaborative Chiefs of Party
CHP	Community-based Heath Planning Service
C-IYCF	community infant and young child feeding
CLTS	community-led total sanitation
CNC	Community Nutrition Champion
COP	Chief of Party
CoP	Community of Practice
CSO	civil society organization
DAE	Directorate of Agriculture Extension
DATA	District Assessment Tool for Anemia
DCOP	Deputy Chief of Party
DG	Digital Green
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DHIMS	District Health Information Management System
DMI	Development Media International
DNCC	District Nutrition Coordination Committee
DRACPN	Direction Nationale and Direction Régionale de l'Assainissement et de Contrôle des Pollutions et Nuisances (Regional Directorate for Hygiene and Control of Pollution and Nuisances)
DRS	Regional Directorate for Sanitation
DTC	directeurs technique du centre

E4H	Evaluate for Health
EHA	essential hygiene actions
EMMP	Environmental Mitigation and Monitoring Plan
ENA	essential nutrition actions
F&O	finance and operations
FANTA	Food and Nutrition Technical Assistance III (project)
FFS	farmer field school
FNS	farmer nutrition school
FY	fiscal year
GAIN	Global Alliance for Improved Nutrition
GHS	Ghana Health Services
GLEE	Global Learning Exchange Event
GOB	Government of Bangladesh
GON	Government of Nigeria
HFP	homestead food production
HIFASS	Health Initiatives for Safety and Stability in Africa
HKI	Helen Keller international
HPU	Health Promotion Unit
IER	Institute of Rural Economy
IFA	iron folic acid
IPHN	Institute of Public Health and Nutrition
IR	intermediate result
IYCF	infant and young child feeding
JSI	JSI Research & Training Institute, Inc.
KM	knowledge management
KSMIRCE	Kyrgyz State Medical Institute for Retraining and Continuing Education
KVHC	Kyrgyz Association of Village Health Committees
LAHIA	Livelihoods, Agriculture and Health Interventions in Africa
LEAP	Livelihood Empowerment Against Poverty 1,000 (project)
LEO	Leveraging Economic Opportunities (project)
LGA	local government area
LINK	Linking Investments for Nutrition in the 1,000 Days (group)

LOPIN	Local Partners for Orphans and Vulnerable Children
M&E	monitoring and evaluation
METSS	Monitoring, Evaluation, and Technical Support Services
MIS	management information system
MIYCN	maternal, infant, and young child nutrition
MNP	micronutrient powder
MOA	Ministry of Agriculture
MOFA	Ministry of Food and Agriculture
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOU	memorandum of understanding
MSPP	Ministère de la Santé Publique et de la Population
NACS	nutrition assessment, counseling, and support
NAWG	National Anemia Working Group
NFP	Nutrition Focal Point
NGO	nongovernmental organization
NHSDP	NGO Health Service Delivery Project
NRVCC	nutrient-rich value chain commodities
ODF	open defecation-free
OPM	Office of the Prime Minister
OVC	orphans and vulnerable children
PAHO	Pan American Health Organization
PBN	Pathways to Better Nutrition (case studies)
PCV	Peace Corps Volunteer
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	primary healthcare center
PHI	post-harvest infrastructure
PITT	Performance Indicator Tracking Tool
PLW	pregnant and lactating women
PMP	performance monitoring plan
QI	quality improvement
RC	relais communautaires

RCHCIB	Revitalization of Community Health Care Initiatives in Bangladesh
REF-NACS	Rapid Evaluation of Facility-Lefel Nutrition Assessment, Counseling, and Support tool
REGIS-ER	Resilience and Economic Growth in the Sahel – Enhanced Resilience (project)
RING	Resiliency in Northern Ghana project
RMS	Regional Medical Store
SAAO	sub-assistant agricultural officer
SADA	Savannah Accelerated Development Authority
SBCC	social and behavior change communication
SDP	service delivery point
SMILE	Sustainable Mechanism for Improved Livelihoods and Household Empowerment
SMOH	State Ministry of Health
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally project
STEER	Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families (project)
SUN	Scaling Up Nutrition Movement
TOPS	Technical and Operational Performance Support (project)
TOR	terms of reference
TOT	training of trainers
UGM	umbrella grant mechanism
UNSCN	United Nations Standing Committee on Nutrition
USAID	United States Agency for International Development
USG	United States Government
VSLA	village savings and loan associations
WASH	water, sanitation, and hygiene
WATSAN	water, sanitation, and hygiene committees
WEAI	Women's Empowerment in Agriculture Index
WEWE	Widows and Orphans Empowerment Organization
WHA	World Health Assembly
WHIP	USAID's Western Highlands Integrated Program
WRA	women of reproductive age
ZOI	zone of influence

Executive Summary

At the clos of the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project's fourth year of implementation, the project continued to reach a growing number of people with nutrition interventions in SPRING's seven country programs. In addition, we further influenced the global health and development communities through thought leadership around multi-sectoral nutrition programing, drawing on both the knowledge of our experts from across sectors and our on-the-ground implementation experience.

Highlights from our four Core-funded technical leadership activities are included below:

1. **Preventing Anemia:** SPRING's Anemia Team supported country-led multi-sectoral anemia programing in Uganda, Ghana, and Sierra Leone, providing technical assistance to help stakeholders better understand the anemia landscape and support the Government of Uganda in developing a multi-sectoral anemia action plan. The Anemia Team also successfully tested its innovative district assessment tool for anemia and collaborated with the United Nations Standing Committee on Nutrition to launch a community of practice focused on moving the global anemia agenda forward.
2. **Catalyzing Social and Behavior Change:** SPRING's Social and Behavior Change Team finalized its guidance for using community video to improve nutrition and leveraged community radio and viral video to promote resiliency and improved nutrition in the Sahel. In addition, working with the Global Alliance for Improved Nutrition (GAIN), we convened behavior change experts to develop a strategic agenda for at-scale social and behavior change communication. Similarly, in collaboration with the Pan American Health Organization (PAHO) and the Food and Nutrition Technical Assistance III (FANTA) project, we convened a high-level technical consultation on optimal dietary practices for adolescent girls and women of reproductive age.
3. **Strengthening Systems for Nutrition:** SPRING's Systems Team worked with national governments and development partners to better understand the funding cycles and decision making that influence nutrition financing. As part of this effort, we conducted training sessions to build capacity of various Ugandan Ministries on nutrition budget analysis and a systems-based approach to nutrition programing in Uganda. The Systems Team also developed tools to help implementing partners place nutrition into the context of its surrounding systems.
4. **Linking Agriculture and Nutrition:** SPRING's Agriculture to Nutrition Team focused on developing methods for operationalizing the pathways from agriculture to nutrition conceptual framework, including growing evidence that supports nutrition-sensitive agricultural outcomes through technical assistance at both global and country levels. Through targeted technical assistance, innovative tools, such as the Nutrition-Sensitive Context Assessment Locator, and knowledge sharing activities, the Agriculture to Nutrition Team is building capacity to apply evidence-based knowledge and practice in nutrition-sensitive agriculture programing.

SPRING's country programs continue to make tangible improvements in nutrition in different regions of the world. In three of SPRING's seven countries, we have reached over four million people with nutrition training and services. This included training over 37,000 people and supporting 73 institutions at over 3,000 service sites through the third quarter of project year four.

The SPRING project in **Bangladesh** continued to scale up its work to integrate essential nutrition and hygiene actions into government-sponsored projects and build nutrition capacity among frontline health and agriculture extension workers, growing its coverage of the target population from 30 to 50 percent. We established 1,280 new

farmer nutrition schools (FNS) in fiscal year (FY) 15, reaching an additional 24,028 women. This progress brings the cumulative number of FNS to 5,141 and the number of participants to 101,245 since the project's inception.

In **Haiti**, SPRING closed out its office in Port-au-Prince after three years of successful implementation. The Haiti team focused on enhancing nutrition systems and building capacity for delivery of quality nutrition services. The project also expanded evidence-based learning for the design, planning, and management of effective nutrition programs, eventually transitioning its activities to other United States Agency for International Development (USAID)-funded projects so that the nutrition agenda can continue to move forward smoothly.

SPRING launched its **Ghana** country office, which focuses on improving delivery of high-impact services and generating increased demand for those services. These activities resulted in the creation of the "1,000-day household" approach, which encompasses a range of social and behavior change communication activities. We also launched the "WASH 1,000" approach, which builds capacity around community-led total sanitation and targets the reduction of aflatoxin levels in ground nuts through improved testing and storage techniques.

We established an office in the **Kyrgyz Republic** and launched activities, including a baseline survey, formative research, and other critical analyses and trainings to build the capacity of over 7,000 people to deliver nutrition services and messages. SPRING also trained and mobilized over 2,000 community volunteers who began disseminating key nutrition messages to households and communities throughout target areas.

SPRING also opened its office in **Mali** and began activities to increase access to diverse and quality foods and roll out farmer-nutrition school trainings. Those trainings instructed 500 leaders who eventually reached 5,500 people with messages about best practices for optimal nutrition and hygiene. To reach our FY15 training target, we educated 375 participants in essential nutrition and hygiene actions and triggered 15 villages in community-led total sanitation.

In **Nigeria**, SPRING continued to support orphans and other vulnerable children, helping USAID-funded projects and local nongovernmental organizations (NGOs) to integrate infant and young child feeding interventions into existing President's Emergency Plan for AIDS Relief (PEPFAR)-funded programs. With a focus on capacity building, we conducted supportive supervision visits and led nutrition trainings for government counterparts, community volunteers, and primary healthcare center (PHC) workers across the country.

As the SPRING office reached its fourth full year of implementation in **Uganda,** the project prepared to shift focus from the district to the national level, working in a coordinated way across sectors to accelerate industrial food fortification and reduce anemia. We also continued to integrate nutrition assessment, counselling, and support into heath facilities; enhance community outreach; and improve referral and follow-up mechanisms in health facilities**.**

SPRING continues to be a leader in knowledge management for global nutrition. Through the development of technical tools and publications and the coordination of in-person and virtual events, we are supporting USAID to move the global nutrition agenda forward. Over this past year, we have hosted 19 events and shared over 400 nutrition resources from SPRING and others on the project website.

This annual report provides an overview of SPRING's accomplishments in FY15 through summaries of both core-funded and field-funded activities, detailed financial information, and a description of the current organization of the growing SPRING team. It is our hope that this annual report demonstrates our continued commitment to respond to country needs and make significant progress toward fulfilling the goals of Feed the Future and USAID's Multi-Sectoral Nutrition Strategy.

SPRING FY15 OVERVIEW

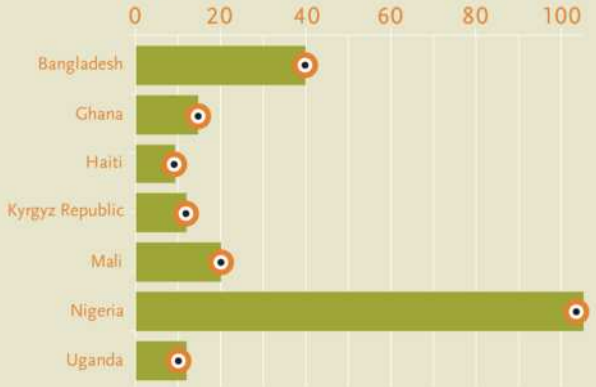
USAID FROM THE AMERICAN PEOPLE

SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

The SPRING project continued to expand its reach and contribute to the global nutrition knowledge base in project year 4.

EXPANDING PRESENCE

SPRING continues to expand its global reach and scale of country programs.



Sub-national geographic units reached. **In all SPRING-supported countries, the project met or exceeded** its year four targets for sub-national geographic coverage.

GROWING THE EVIDENCE

63 informational products and success stories

10 sets of training materials

19 events

30 briefs and reports

REACHING PEOPLE

SPRING is working with ministries of health and agriculture, health professionals, students, and community members to improve nutrition practices in seven countries.

SPRING is building local capacity to improve health outcomes through a range of nutrition-specific and nutrition-sensitive practices.

EXERTING INFLUENCE

The five highlights below are a selection of many events and network engagement that showcased the project's global leadership in agriculture and nutrition.

- November — Designing the Future of Nutrition Social and Behavior Change Communication Conference USA
- December — Nutrition Global Learning and Evidence Exchange, Cambodia
- February — Technical Meeting on the Diet and Eating Practices of Adolescent Girls and Women of Reproductive Age, USA
- March — Record Attendance for Measuring Impact across Agriculture-Nutrition Pathways Webinar, Global
- June — Launch of the Nutrition-Sensitive Context Assessment Guide, Global

This graphic is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI) with partners Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute. The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

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1. Accomplishments by Global Initiatives

Preventing Anemia

Globally, progress in reducing anemia rates in the past two decades has been limited, despite prevention and control efforts. Under the umbrella of USAID's Multi-Sectoral Nutrition Strategy, SPRING is focusing on comprehensive interventions that address the high burden of anemia on women and children. Our approach to anemia prevention and control is collaborative, multi-sectoral, and data-driven across local, national, and global levels.

Our efforts in PY4 focused on supporting countries to effectively coordinate anemia reduction efforts through establishment of national multi-sectoral anemia platforms, developing capacity at sub-national levels to plan and implement anemia prevention and control programs, and building global alliances and partnerships to advocate for stronger anemia programming. Some key highlights from PY4 are described in more detail below.

Facilitating Country-Led Multi-Sectoral Anemia Programming

A critical focus area within SPRING's anemia portfolio is supporting country-led processes to address anemia and to strengthen multi-sectoral and multi-stakeholder anemia programming at the national level. Building on PY3, we have supported and documented country experiences in Uganda, Ghana, and Sierra Leone over the past year.

In Uganda, we collaborated with national-level partners to convene key government officials and implementing partners in the second National Anemia Stakeholder Meeting and continued to support the National Anemia Working Group (NAWG) in tracking interventions in the Anemia Action Plan (AAP) 2014/2015. This work included supporting the development of the AAP Progress Report, providing technical guidance in developing a national anemia strategy which will be finalized in PY5, and providing direction on the iron folic acid (IFA) supplementation packaging study designed by the NAWG, also to be completed in PY5. Further, we conducted in-depth interviews with NAWG members to gain an understanding of the various factors that enable or inhibit successful establishment, implementation, and sustainability of national-level multi-sectoral anemia programming. The findings of this qualitative research were shared with the NAWG to extract key lessons learned which can be used to improve in-country processes. The NAWG indicates that significant progress has been made since inception of the AAP, including establishing a functional working group, securing commitments from senior officials of the Ministry of Health (MOH) and partners, generating national interest and action towards multi-sectoral interventions to address anemia, implementing the AAP in four thematic areas, and creating a platform to share best practices of ongoing high-impact anemia interventions in-country and globally.

In Ghana and Sierra Leone, we conducted and finalized landscape analyses that provide information on the risk factors for anemia, assess coverage of programs responsible for anemia prevention and/or control, and review both countries' anemia-related policies. In PY5, we will disseminate these findings to build momentum around anemia, improving understanding and appreciation of the situation in-country and mobilizing national-level, multi-sectoral efforts to address it. In addition, the results of these analyses will inform the development of clear guidance on how to conduct a similar landscape analysis in other countries and contexts, contributing to global learning on this topic.

Testing the District Assessment Tool for Anemia

SPRING has developed the District Assessment Tool for Anemia (DATA), a Microsoft Excel-based tool that not only assists in the prioritization of district-level action on anemia, but also increases awareness of the multifaceted nature of anemia as well as the multi-sectoral effort needed to prevent and treat it. In PY4, we tested DATA in

Ghana with a two-step approach that included testing the tool at the regional level in Tamale, the capital of the Northern Region, which was followed by a two day district level workshop in Kumbungu district headquarters. The "ground-truthing" process was an effort to evaluate the suitability of the tool to the local context. We solicited input from officials from the Regional Health Directorate, Regional Coordination Council, the departments of Agriculture, Education, Environmental Health, and Water and Sanitation, as well as from USAID and its local implementing partners. We used inputs from this process to guide discussions at the district level workshop, where participants included district managers from different sectors, including health, agriculture, education, environmental health, water, and education. Other invited guests at the workshop were the USAID/Resiliency in Northern Ghana (RING) and USAID/Systems for Health projects. Technical experts from SPRING/DC and SPRING/Ghana facilitated the workshop, assisting district managers to navigate through various components of the tool and leading a decision-making process to prioritize anemia program action through group work and consensus building.

Feedback from the participants was positive, and their suggestions and comments for the tool and its implementation are being incorporated into the next version of the tool for Ghana. We learned important lessons from this first country testing of DATA, including the necessity of involving all levels of government (national, regional, and district) and providing government officials with information about workshop objectives and expectations ahead of time. During the prioritization process, it is critical to identify what inputs are required for decision making, and to identify areas where DATA can assist district managers in their process of prioritization. Further, it is ideal to customize the district-level questionnaire using indicators that are familiar and used on a regular basis, and to insert pre-defined indicators only where there is a gap in necessary data. We are currently compiling findings and lessons learned from this process into a final report to be completed in PY5.

Building a Global Community for Anemia through the AREA Community of Practice

In the past year, SPRING worked in close collaboration with the United Nations Standing Committee on Nutrition (UNSCN) to launch and moderate the Accelerated Reduction Efforts on Anaemia (AREA) Community of Practice (CoP). One of the World Health Assembly (WHA) Global Nutrition Targets is to halve the number of women of reproductive age affected by anemia by 2025. As a response, the UNSCN initiated AREA as an intensified approach to improve health and nutrition by sustainably addressing the anemia burden. The AREA CoP's aim is to support members of the global community dedicated to improving and scaling up existing methods and strategies for anemia reduction in a coordinated manner.

Prior to launching the CoP, we held informal interviews with key stakeholders in the area of global anemia to initiate buy-in and seek suggestions for the CoP. We also developed a Knowledge Gateway website for the CoP with a library of anemia-related literature as a means to centralize membership, discussions, and content. The CoP is currently comprised of 229 members from 41 countries. The first AREA CoP webinar was held late in PY4, with presentations from UNSCN/WHO, USAID, and SPRING, as well as a discussion session. Speakers noted that despite years of efforts to reduce anemia, global prevalence has seen little decline, especially among children and women of reproductive age. This lack of improvement has largely been attributed to the complex nature of the disease in terms of causes, diagnosis, and treatment.

In PY5, the AREA CoP will hold a series of technical webinars on various anemia-related topics voted upon by members, including: how to develop an anemia control strategy; addressing adolescent anemia; food-based approaches and their potential for reducing anemia; success stories with iron folate supplementation in pregnancy; and understanding the attribution of causes of anemia, among others. Feedback on the CoP has been positive, with many new members citing that it fills a critical gap left as other anemia-related forums have closed

or become less active. Further, this forum brings together practitioners in international anemia control to discuss and debate challenges faced in reducing anemia to meet not only the new WHA Nutrition targets, but more importantly to start making greater strides to save lives lost due to anemia.

Catalyzing Social and Behavior Change

SPRING's approach to social and behavior change communication (SBCC) for nutrition is to facilitate individuals, households, groups, and countries to adopt and sustain practices that lead to improved nutrition, both directly and indirectly. We recognize the critical role of the enabling environment in individual and social change, and make use of multiple SBCC interventions, including interpersonal communication, mass and social media, community mobilization and advocacy strategies, and systems strengthening. Our efforts in PY4 focused on extending the practice, evidence, and capacity for delivering high-impact, cost-effective, sustainable SBCC for nutrition at scale. Over the past year, we built on our PY3 activities, focusing on adapting identified tools and approaches and assessing the effectiveness of select strategies and tools for behavior change. Highlights from PY4 are described in more detail below.

Finalizing Guidance for Community Video Implementation

In October 2012, SPRING began collaborating with Digital Green (DG) and the Voluntary Association for Rural Reconstruction and Appropriate Technology, which resulted in a 12-month proof of concept community video pilot in 30 villages in Keonjhar district of Odisha, India. Based on this experience and encouraging results from the feasibility study, we began developing a *Guide for Using Community-led Video for Nutrition* in PY3 as a joint SPRING/DG effort. During PY4, we continued adapting and testing elements of the guide and this approach in Niger.

This guide has been designed to provide implementers with detailed and practical information about each step of implementation, from conducting formative research, to prioritizing content, to monitoring and evaluation (M&E) including M&E tool design, and also includes specifications for required equipment. In March 2015, the draft guide was presented at the Technical and Operational Performance Support (TOPS) Regional Knowledge Sharing meeting in Bangladesh, where we also shared our work to date in community-led video. SPRING attendees also used the meeting as an opportunity to generate interest among other implementing organizations to use community video for nutrition, and to use the community video guide in their programming. The guide will be widely disseminated in PY5 and SPRING will pursue opportunities to provide technical assistance to implement the approach in SPRING countries and/or through partners.

Convening a High-level Technical Consultation on Optimal Dietary Practices for Adolescent Girls and Women of Reproductive Age

Despite increased focus on the importance of nutrition for adolescents and women of reproductive age, this population is virtually ignored in nutrition research, global guidance, and programming, with the exception of iron and folic acid supplement provision during pregnancy. To address this gap, the SBCC team co-convened a two-day high-level technical consultation meeting to discuss the diet and eating practices of these important target groups, with USAID, FANTA, and the PAHO. Held at PAHO headquarters in Washington, D.C., presentations and discussions revolved around two papers commissioned by SPRING in late FY14 entitled "Adolescent Girls', Women's and Maternal Nutrition in Low and Middle Income Countries: Current Context and Scientific Basis for Moving" and "Programmatic Responses to Meet the Nutritional Needs of Adolescent Girls, Pregnant and Lactating Women, and Women of Reproductive Age in Low and Middle Income Countries." Participants reviewed insights and lessons learned from the two papers, identified characteristics and issues related to key diet and eating

practices for strengthening policies and programs, and proposed next steps in the development of a set of recommendations for key diet and eating practices. The two papers and initial meeting outcomes were presented at the CORE Group conference, held in April 2015, focusing attention on these important population groups.

Designing the Future of Nutrition SBCC to Achieve Impact at Scale

Throughout PY4, SPRING engaged in a unique partnership to move SBCC to the top of the global nutrition agenda. Recognizing the need for concerted action to increase nutrition impacts through at-scale SBCC programs, we partnered with the GAIN and USAID to convene a gathering of global SBCC thought leaders in November 2014. This highly participatory event brought together SBCC specialists from both the public and private sectors to develop a strategic research and implementation agenda and action plan for accelerated nutrition gains. The final conference report included a Strategic Agenda outlining actions to maximize SBCC's contribution to nutrition with eight complementary briefs highlighting effective at-scale SBCC interventions explored during the conference. Additionally, a video detailing the key points of the Strategic Agenda was developed, as well as a video capturing the energy of the conference.

The process leading up to the conference and its outputs have been presented to participants at USAID who engage with SBCC across the Global Health Bureau, Food for Peace, and Bureau for Food Security. We will have multiple opportunities to disseminate the Strategic Agenda during PY 5, including during the Multi-Sectoral Nutrition Global Learning and Evidence Exchanges and the International SBCC Summit.

Adapting Innovative Community Radio and Video Platforms for the Resiliency Context in the Sahel

Under the Sahel programming in Burkina Faso, we conducted a community radio campaign in the USAID zone of influence (ZOI) through a sub-award to Development Media International (DMI). The campaign focused on maternal, infant and young child nutrition (MIYCN) and hygiene in the resilience context, and worked with seven community radio stations strategically selected by DMI for their coverage and capacity. We supported DMI to conduct formative research in the target areas, which informed our training with DMI production staff on key MIYCN and hygiene behaviors, focusing on resilience and SBCC. A major focus of the SPRING/DMI program is to build capacity among local radio stations to produce quality programming around MICYN and hygiene, and eventually additional resilience-related themes.

With input from SPRING, DMI produced and pretested radio spots with community members. The spots were then translated into three local languages and disseminated on USB memory cards to participating stations. To complement these spots, DMI also developed live drama modules, which were vetted by SPRING for technical accuracy and then sent to stations' actors to perform in local languages during live radio programs. In total, the project produced 11 radio spots, which aired 10 times each day every other week as well as 22 live evening radio drama scripts, which were performed twice a week during the campaign. An additional 22 radio relevant dramas, originally produced by DMI, were reviewed and adapted by our technical experts, and played when SPRING spots were not being aired.

This year, SPRING and DMI also produced three short videos focused on selected SPRING MIYCN themes including maternal nutrition, exclusive breastfeeding, and complementary feeding. These videos and the 11 radio spots discussed above were provided to the University Research Co., LLC team managing the nutrition, health and water, sanitation, and hygiene (WASH) component of the Resilience and Economic Growth in the Sahel – Enhanced Resilience (REGIS-ER), for viewing/listening at mother-to-mother groups in the villages of Gnagna province with the hope that they will be shared with others and go "viral." In addition, SPRING and DMI designed

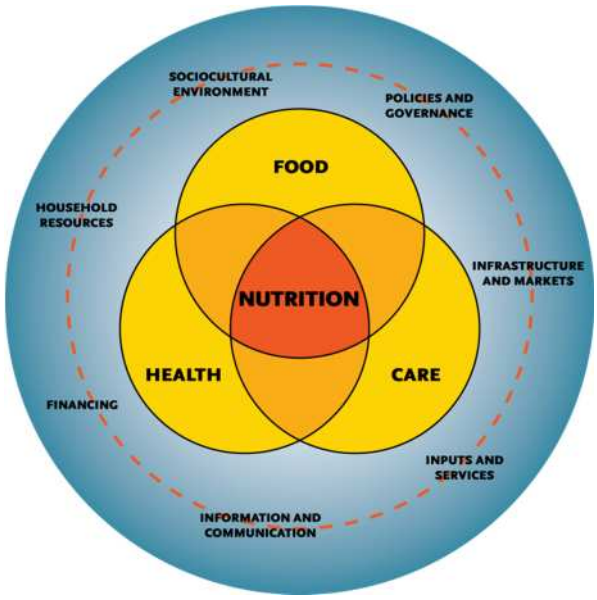
two research studies. The first is a radio capacity assessment that will evaluate the extent to which the project has built the technical capacity of the local radio stations and enhanced their reach through these efforts. The second is a qualitative study called "The Social Spread of a Spot" and will investigate the social impact of the radio campaign at the community level. Both research projects are ongoing, and are expected to be complete by Q2 of PY5.

The SPRING DG collaboration in Niger supported the introduction and testing of SPRING's community video approach, developed under an earlier collaboration in India and adapted for the resiliency context of Niger. SPRING is partnering with three projects (REGIS-ER, Livelihoods, Agriculture and Health Interventions in Africa [LAHIA], and Sawki) to test the SPRING/DG collaborative approach in their respective intervention villages in Maradi, with the objective of doing MIYCN and hygiene SBCC in a more meaningful and effective way. After conducting formative research and a series of trainings, we worked with DG and local partners to prioritize the MIYCN topics to be featured in 10 videos. The first nine videos have been produced, pretested, and disseminated, and focus on the first 1,000 days, handwashing, responsive feeding, exclusive breastfeeding, complementary feeding, women's nutrition, and diarrhea. The videos were developed and disseminated in 15 villages in Guidan Roumdji, supported by REGIS-ER and Mercy Corps. In addition, LAHIA is disseminating SPRING/DG videos in five selected villages in the commune of Aguie. We launched the first six videos to the general public on our website and social media in September 2015.

SPRING used a mixed method approach to evaluate our work in Niger, including a qualitative participatory stakeholder workshop conducted in July to assess the acceptability of the SPRING/DG pilot intervention in the Maradi context; baseline, midline and endline quantitative data collection completed; and a costing analysis summarizing the costs associated with various components of the proof of concept and the estimated cost of a potential scale-up. Preliminary results show substantial behavioral adoptions associated with the video screenings and wide acceptability of the approach among partners and within communities. In addition, all partners have expressed a desire to scale-up and expand activities in their ZOIs in PY5.

Strengthening Systems for Nutrition

To achieve the greatest impact, donors, governments, and implementing organizations must take into consideration the unpredictable interactions among actors, sectors, disciplines, and determinants of nutrition. This type of systems thinking should happen at all levels – the individual, household, community, district, and national levels. SPRING recognizes the importance of sustainable household food security, appropriate maternal, infant, and young child feeding and care, as well as access to effective health services and a healthy environment for improved nutritional status. We also recognize several cross-cutting factors that influence, interact, and impact one another and nutrition outcomes, including:



- policies and governance;
- financing and markets;
- information and communications;
- infrastructure, resources and supplies;

- service delivery and production; and
- the sociocultural environment.

Indeed, such systems thinking for nutrition is gaining momentum within USAID's Bureau for Global Health and beyond with the publication of the USAID report "Local Systems: A Framework for Supporting Sustained Development"[1] and the formation of related working groups. Similarly, there is an increased emphasis on delivery science or how nutrition programs and services are conducted. In PY4, we continued to collect, generate, and disseminate evidence on many of the emerging aspects of systems thinking – multi-sectoral coordination, funding for nutrition, adaptation and implementation of national nutrition plans to sub-national contexts, management, planning for scale, and human resources for nutrition.

Learning from Multi-sectoral Nutrition Planning

Working in close collaboration with government stakeholders and implementing partners, we have continued to collect data on multi-sectoral nutrition prioritization, planning and funding allocation as part of the "Pathways to Better Nutrition" (PBN) case studies in Uganda and Nepal. In PY4, the SPRING and Tufts Nutrition Innovation Lab conducted a joint presentation examining the levers within the policy cycle that the governments of Uganda and Nepal are using to support the scale-up of their national multi-sectoral nutrition plans. National and district data, collected through in-depth interviews as well as desk reviews of local news and budgets, expanded our evidence base for reporting on the strengths and challenges both countries face in implementing these plans.

Learning from the PBN case studies is essential for more effective implementation of multi-sectoral nutrition programming in these countries. In both countries data were collected from publically available sources and validated during multiple meetings with government officials. In Uganda, we reviewed data with the Office of the Prime Minister, the National Multi-Sectoral Nutrition Technical committee, and district stakeholders in both Kisoro and Lira. In Nepal, we presented preliminary findings with participation from the National Planning Commission, the six nutrition-relevant ministries, and the donor community. We shared preliminary findings from this rich continuous dataset on sustainable financing and on adaptation to local context via interim briefs with stakeholders and presented our innovative PBN budget methodology at a number of high profile international conferences.

Developing Tools and Guidance for Implementing Nutrition Systems Thinking

Approaching nutrition with a systems lens can be a difficult concept to grasp. By definition, systems thinking requires that implementers consider the multiple determinants of malnutrition - from the local to the national level. This can be challenging where nutrition planning and implementation is highly sectoral and specialized. To support nutrition practitioners interested in making systems thinking a conscious part of their programming, we developed three tools that help to place nutrition into the context of its surrounding system: The Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support (REF-NACS) tool, the Nutrition Budget Analysis Tool and User's Guide, and the Nutrition Workforce Mapping Toolkit.

- The REF-NACS tool was designed for use by implementing partners and governments to gather information on the capacity of health facilities to implement nutrition assessment, counseling, and support (NACS) activities for pregnant women, children, and people living with HIV. In PY4 alone, it was viewed on SPRING's website 529 times and downloaded 393 times by individuals from 69 countries.

[1] Downloaded from: https://www.usaid.gov/policy/local-systems-framework.

- The *Nutrition Budget Analysis Tool* and *User's Guide* were developed based on the data collection methodology used in the PBN case studies and tested by MOH officials in Uganda. An understanding of the funding available for nutrition is often a missing piece of information for both implementers and planners; this tool aims to improve the quality of budget information available for planning and advocacy purposes.
- The *Workforce Mapping Toolkit* provides a simple and easy-to-use approach to mapping the nutrition workforce within the health sector. The purpose of this Toolkit is to collect data on nutrition-specific actions performed by health workers at different levels with the health care service-delivery system in order to design trainings, prioritize staff to be trained, ensure adequate coverage, and improve the quality of nutrition services.

In addition to the tools described above, we developed the "Scaling Up Nutrition Programming: Learning from Experience" and the "Nutrition-Related Noncommunicable Disease Prevention through Early Life Nutrition" technical briefs, in order to provide evidence and guidance for effective implementation of the 2014-2025 USAID Multi-Sectoral Nutrition Strategy. Both technical guidance briefs conclude with recommendations, the first with suggestions for designing and implementing programs that work at-scale and, more importantly, lead to at-scale impact on nutrition outcomes, and the second with guidance for prevention of nutrition-related noncommunicable diseases and their risk factors through early life nutrition interventions.

Building Capacity for a Systems Approach to Nutrition

In PY4, SPRING conducted a two-and-a-half day training with 37 people from the Ugandan MOH, six additional ministries, and several implementing partners. The training workshop began with a presentation on "Budget Basics" and culminated with a group activity to extract nutrition information from MOH budget documents. This workshop not only built capacity for a systems-based approach to nutrition programming in Uganda, but also provided valuable feedback that was used to finalize the Nutrition Budget Analysis Tool and User's Guide mentioned above.

Agriculture to Nutrition

Following the successful 2014 release of SPRING's *Improving Nutrition through Agriculture Technical Brief Series*, which described the pathways from agriculture to nutrition, we found growing demand for us to focus on methods for operationalizing that conceptual framework. How can designers of integrated projects and implementers use the pathways to ensure their agriculture activities contribute to improved nutrition? How can we grow the evidence about what works to improve nutrition through agriculture? To address these questions, our PY4 agriculture and nutrition work focused on documenting and sharing experiences working along the pathways; developing tools and guidance materials; and providing technical assistance to build capacity in nutrition-sensitive agriculture programming. In this way, we are expanding our reach to influence the discussion and exchange of information on agriculture-to-nutrition topics. Highlights of our activities include the following.

Growing Evidence Supporting Measurable Nutrition-Sensitive Agriculture Outcomes

During PY4, SPRING worked to build evidence around agriculture and nutrition linkages that result in measurable nutrition-sensitive agriculture outcomes. To that end, we assisted Missions' Feed the Future programs and implementing partners to document their efforts in working along the agriculture-to nutrition pathways.

Last year we conducted a study focusing on two Feed the Future projects in Rwanda, looking at how project participation affected income levels, women's empowerment, and care-seeking and care-giving practices. As a

result of this work, we published a technical brief in PY4 on our website, "The Role of Increased Income and Women's Empowerment on Nutrition: A Review of Communities' Perceptions of Changes due to Two Feed the Future Activities in Rwanda," and held a webinar to share lessons learned on the role that income and women's empowerment can play on nutrition outcomes for an agriculture project. Building on the brief's findings, we continued our work with USAID/Rwanda to identify approaches for comprehensively integrating nutrition into the Mission's Feed the Future programming. An additional report provided recommendations for strengthening agriculture programming to improve nutrition outcomes. A follow-on scope of work is being developed to both facilitate and strengthen USAID/Rwanda's strategy for coordination between and integration of technical sectors, implementing partners, and other stakeholders, to conduct formative research to better understand how decisions are made around food purchases.

Additionally, SPRING completed a multifaceted scope of work with USAID/Guatemala that began in PY3. The three work streams included support to USAID's Western Highlands Integrated Program (WHIP) strategy to coordinate multi-sectoral programming across their portfolio; formative research in the Western Highlands on the relationship between income, markets, and nutrition; and technical assistance to identify leverage points for affecting nutrition in two agricultural value chain projects. The work resulted in numerous meetings, workshops, presentations, a webinar, and a two-day conference to share findings with a range of stakeholders from USAID, the government of Guatemala, and project implementers. Additionally, two reports were finalized in English and Spanish ("Formative Research: Key Influencers of Household Food Access in the Western Highlands of Guatemala" and "Increasing Nutrition-Sensitivity of Value Chains: A Review of Two Feed the Future Projects in Guatemala"). The work is also being featured in PY5 in the Emergency Nutrition Network: Field Exchange Update and through a poster presentation at the 2015 Cornell Food Systems Global Summit.

In PY4, the Strategic Planning and Performance Management Office at the Bureau for Food Security asked us to develop a guidance document for a new nutrition-sensitive agriculture indicator. This indicator, "Total quantity of targeted nutrient-rich value chain commodities (NRVCC) produced by direct beneficiaries that is set aside for home consumption," can be found on page 54 of the recently updated Feed the Future Indicator Handbook. Working alongside Oxu Solutions, we are identifying challenges and possible solutions for data collection for this new indicator. We developed research methodology, conducted remote interviews with subject matter experts and M&E practitioners in the field, and carried out field research with Missions and eight Feed the Future projects in four countries. We also established a technical advisory group for this work, and met in August to present preliminary findings from Bangladesh and Cambodia and to share an outline of the draft guide. In PY5 we will produce a field report based on all of our research to date.

Exerting Influence and Increasing Capacity to Apply Evidence-Based Knowledge and Practice

In addition to generating evidence, we have worked to improve capacity to apply new and existing evidence-based knowledge and practice. During PY4, we completed a guide and interactive online tool for context assessment to inform effective design of projects that link nutrition and agriculture. These resources help program designers and implementers to identify appropriate context assessment tools that can be used to design nutrition-sensitive agriculture projects. The guide aims to strengthen the links between agricultural interventions and nutritional outcomes, explains the basic steps of context assessment, and presents a variety of primary data collection tools. The interactive online tool uses the agriculture-to-nutrition pathways framework and presents a series of questions that lead to a library of tool summaries. These summaries are intended to facilitate an informed choice of which tool is most appropriate based on assessment objectives, timing, and available budget. The work

was completed, user-tested, and launched with a webinar that showcased our work and highlighted one of the tools included in the library.

Early in the year, we partnered with the Leveraging Economic Opportunities (LEO) project to co-host a one day roundtable discussion with 38 participants from USAID, SPRING, and LEO on the topic of integrated project design to enable market development activities to contribute to improved nutrition outcomes. The primary objective was to explore how to integrate nutrition-sensitive activities and agricultural market activities within Feed the Future projects and identify common tensions that arise between nutrition and agriculture design, practices, and standards. Upon the completion of this roundtable, we drafted a guidance document on using agricultural income to contribute to improvements in nutrition. This guidance brief is envisioned to be a part of USAID/Bureau for Food Security's Multi-sectoral Nutrition Strategy Technical Brief Series.

Significant work is ongoing to increase USAID staff and implementing partners' access to evidence. A draft Behavior Change Guide for Nutrition-Sensitive Agriculture was developed and field tested in both Kyrgyzstan and Bangladesh and is currently undergoing review and revision. Another guide to developing outcomes and indicators for nutrition-sensitive agriculture has also been drafted and tested with USAID projects in Ghana. Both guides will be completed during PY5 and will contribute to a suite of materials to build capacity around project design, implementation, and monitoring for nutrition-sensitive agriculture projects and programs.

Expanding our Global and Country Presence

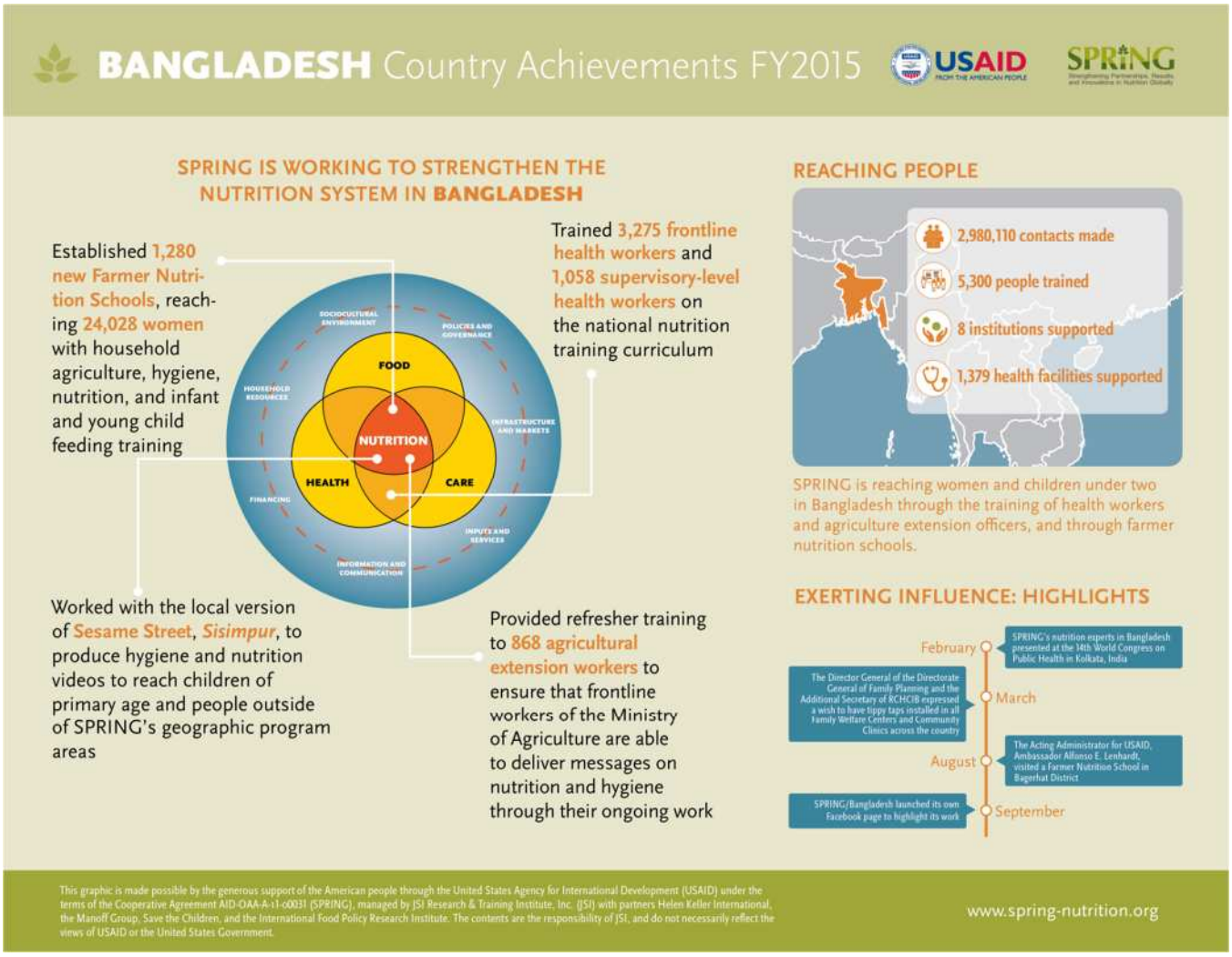
Our Agriculture-Nutrition knowledge management portfolio expanded significantly in PY4. We served as a key convener of agriculture-nutrition experts, hosting a total of 14 virtual experience sharing events, including seven SPRING webinars and seven Agriculture2Nutrition Community of Practice (Ag2Nut CoP) community calls. Interest and participation in SPRING webinars nearly doubled in PY4, with 1,966 individuals registering for SPRING webinars and another 1,118 participating from across 240 organizations representing national governments, academic institutions, international NGOs, and community-based programs from more than 80 countries. We partnered with several organizations, including the Feed the Future Nutrition Innovation Lab and the Modernizing Extension and Agricultural Services project, to share experience on emerging agriculture-nutrition topics such as metrics for measuring integration across sectors and efforts to engage extension and advisory service providers in nutrition-sensitive agriculture. These information sharing and collaborative opportunities have allowed SPRING to make connections among several organizations working to improve nutrition-sensitive agriculture, including Feed the Future, UNSCN, World Food Program, and the private sector.

SPRING also published 10 editions of the *Agriculture and Nutrition Resource Review*, a periodic selection of research articles, reports, tools, and other materials to update development practitioners on the latest developments in research related to agriculture and nutrition. The Resource Review expanded its reach significantly over the past year, reaching more than 2,100 people every month through email and over 1,600 through Twitter. The *Agriculture and Nutrition Resource Review* is read by subscribers with 38 percent of recipients opening the emails—this is nearly 15 percent higher than the industry average. The number of people who click on at least one link in the review is nearly triple that of the industry average.

2. Highlights of Country Accomplishments

In PY4 SPRING implemented Mission-funded country programs in Bangladesh, Ghana, Haiti, Kyrgyz Republic, Mali, Nigeria, and Uganda. This section contains an infographic and summary accomplishment for each country. The countries' full annual reports, submitted to Missions, are included in the Appendices. The final report for Haiti will be submitted separately, in lieu of an annual report, as that program ended in October 2015. At the end of PY4, SPRING also began nutrition assessment and project design work in Guinea, Sierra Leone, and Senegal, with implementation to begin in PY5.

Bangladesh



The prevalence of undernutrition in Bangladesh is among the highest in the world. Nearly 50 percent of children under five and three out of every 10 women of childbearing age suffer from malnutrition, regardless of socio-economic status.[2] Millions of children and women in Bangladesh suffer from undernutrition, demonstrated by indicators such as low birth weight, wasting, stunting, underweight, vitamin A deficiency, iodine deficiency disorders, and anemia.

[2]Sushil Ranjan Howlader, et al. 2012. "Investing in Nutrition Now: A Smart Start for Our Children, Our Future. Estimates of Benefits and Costs of a Comprehensive Program for Nutrition in Bangladesh, 2011–2021." PROFILES and Nutrition Costing Technical Report. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA), FHI360.

The goal of SPRING/Bangladesh is to improve the nutritional status of pregnant and lactating women (PLW) and children under two in Barisal and Khulna divisions between 2011 and 2016 by promoting and supporting the adoption of essential nutrition actions (ENA) and essential hygiene actions (EHA), and encouraging nutritious and diverse diets through a multichannel and integrated approach.

SPRING/Bangladesh has four primary objectives:

1. Integrate and scale up ENA/EHA within the Ministry of Health and Family Welfare (MOHFW), the Ministry of Agriculture (MOA), and health and agriculture projects in Barisal and Khulna divisions
2. Enhance the capacity of frontline health and agriculture workers within the MOHFW and MOA, field facilitators, peer facilitators, and community groups to deliver quality counseling on ENA/EHA for PLW and children under two
3. Increase household access and utilization of diversified foods through homestead food production
4. Enhance project learning and sharing.

SPRING/Bangladesh accomplished a great deal in FY15. We scaled up our work to cover more of our target population and extended our reach through implementing partners and projects. We have successfully increased our coverage from 38 percent to over 50 percent of our target population, targeting PLWs with children under two living in the two poorest wealth quintiles of Khulna and Barisal in SPRING's 40 working *upazilas*. Specifically, we established 1,280 new farmer nutrition schools (FNS) in FY15, reaching an additional 24,028 women. This progress brings the cumulative number of FNS to 5,141 and the number of participants to 101,245 since the beginning of the project.

In addition to direct implementation, we scaled up our work around ENA/EHA through partnerships with other implementers, including a number of USAID-funded projects. In December 2014, SPRING signed a letter of collaboration with the NGO Health Service Delivery Project (NHSDP). Together, SPRING and NHSDP will look for ways to better equip frontline health care delivery in rural areas across the Feed the Future zone of influence where SPRING is working. We partnered with the USAID SHIKHA project on their media dark campaign to train their staff on best practices for homestead food production for improved nutrition.

A major component of SPRING's work in FY15 was fulfilling a promise it made to the Government of Bangladesh (GOB) as part of its tripartite memorandum of understanding to train all frontline health workers and a variety of supervisory-level health staff on the newly approved GOB Basic Nutrition Training. Starting in October 2014 and continuing until September 2015, we coached 1,058 supervisory-level health workers, including Dhaka-based senior level staff, as well as 3,275 frontline health workers on the new training, which includes important ENA/EHA messages. This training will allow frontline health workers in nearly 1,400 health facilities to provide quality nutrition messaging and counseling for mothers and fathers coming into the clinics with questions on maternal and child nutrition. In addition to trainings for the MOHFW, SPRING/Bangladesh also provided refresher trainings for the MOA's sub-assistant agricultural officers (SAAO). SPRING trained 868 SAAOs in August and September 2015 to better enable these frontline MOA staff to provide important messages on ENA/EHA as part of their routine farmer group sessions.

SPRING was honored to host many high level officials from the GOB as well as USAID, including the deputy director of the Institute of Public Health and Nutrition (IPHN), the additional secretary of the Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB), the assistant administrator for USAID/Asia, and the acting administrator of USAID.

Finally, a major accomplishment for SPRING this year was the institutionalization of important mechanisms that will keep SPRING's ENA/EHA messages moving forward independently of the implementing partners' efforts. For instance, the GOB has embraced many of SPRING's key messages, which will help ensure the sustainability of nutrition improvements. We identified specific areas where the project can collaborate with partners to strengthen the ability of activities to continue past the project's life. In our work with the MOHFW, we redoubled efforts to ensure that supportive supervision, such as the use of checklists and coaching, was being done consistently and as often as possible with the relevant GOB supervisor. This should help ensure that the GOB values supportive supervision, not just for nutrition, but for health care service delivery more broadly.

We also worked with community support groups responsible for ensuring community clinics run smoothly. SPRING provided an orientation on nutrition for more than 1,000 groups to ensure that nutrition is seen as an important part of any dialogue regarding health care delivery. We received a letter of support from the RCHCIB inviting SPRING's Community Nutrition Champions (CNCs) to become coopted (i.e., non-elected) members of community support groups in their respective *upazilas*. These community clinics will benefit from the voice of a local woman who can emphasize the importance of women's and children's health and nutrition and strengthen the ties and trust between the community and these important first-line centers of health care service provision.

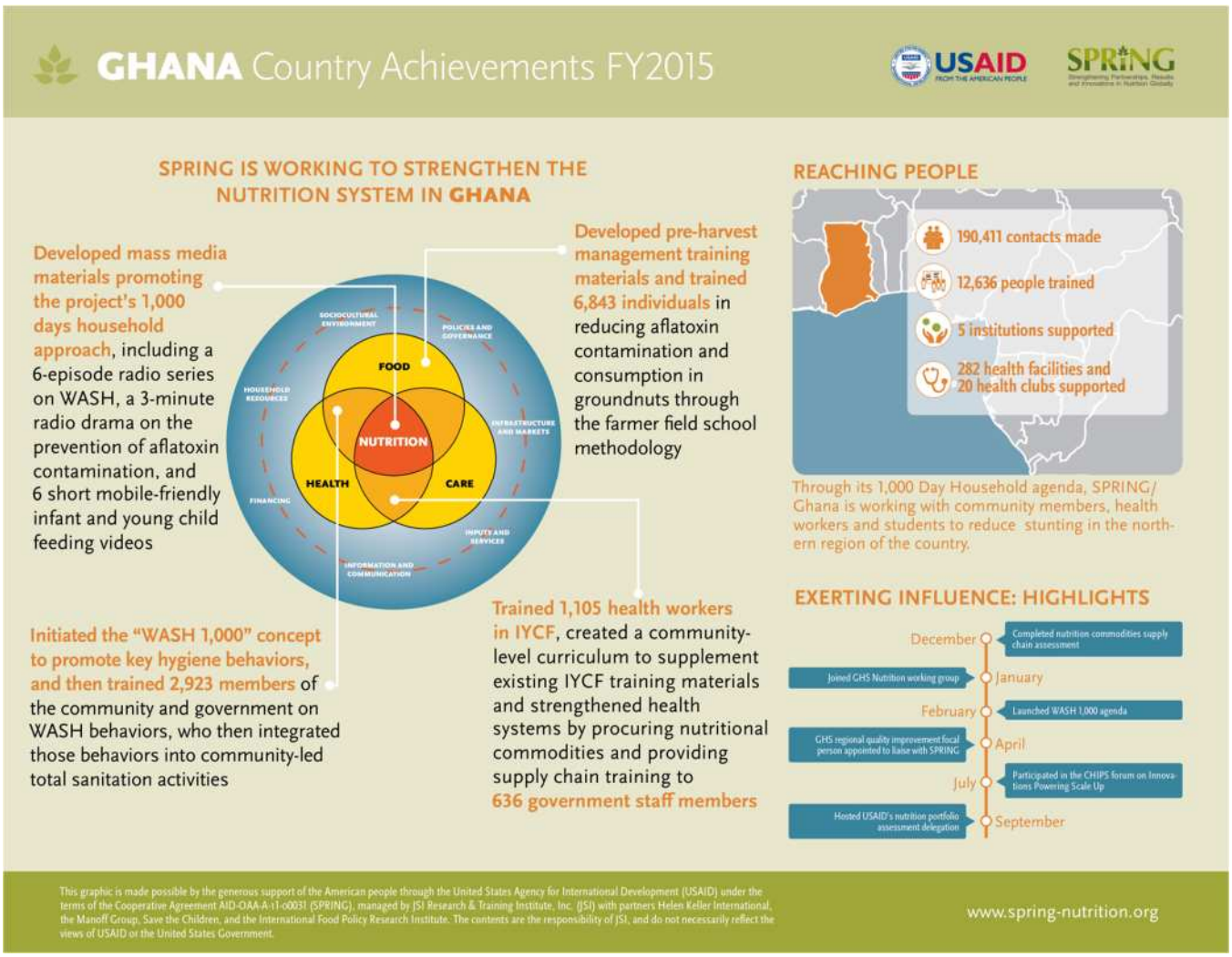
SPRING secured formal support from both the Directorate General of Family Planning as well as the RCHCIB for national scale-up of SPRING's tippy tap model across nearly 20,000 health facilities. This impressive endorsement by two important government bodies will help ensure that improved access to handwashing stations and the promotion of hygiene conversations extend well beyond SPRING's geographic working areas.

Finally, within our FNS work, we began to study and document students' continued use of learned nutrition and hygiene practices to better understand their motivations for adopting key behaviors taught by the schools. We finalized and published English and Bengali versions of the FNS session guide, which will allow a larger audience to examine and follow the FNS model.

Documentation represents another major component of our FY15 work, as part of both our communication strategy and our analysis of the project's results. We refined our communication strategy to increase the number of news items and success stories, and expand general media coverage of project activities. In FY15, SPRING published 10 news items and eight success stories, and produced a number of important technical documents, including an FNS session guide. We also launched a Facebook page with content in both Bengali and English, sharing our work with more people around the country and the globe. SPRING also finalized 40 *upazila* maps that depict the comprehensive geographic coverage of our working spaces. Each map provides detailed information on health facilities, FNS locations, and partner sites, such as health facilities of the NHSDP.

Research was another major focus area for FY15. We finalized our research on tippy taps and handwashing behavior, completed three components of our four-part research study on an FNS cohort, collected data on the diffusion effect of FNS work, and conducted surveillance and mapping through our partner Helen Keller International (HKI). Finally, we were able to share SPRING's story and present our successes at the 14th World Congress on Public Health in Kolkata, India in February 2015.

Ghana



FY15 marked SPRING's inaugural year in Ghana. We quickly set up our main office in Tamale and established a physical presence in 11 districts in the Northern Region and four districts in the Upper East Region, giving us potential access, directly and indirectly to more than 50 percent of children under five at risk of stunting in 2017 (30,859/59,135). Our project operates within the Feed the Future zone of influence and implements activities in the Northern and Upper East Regions.

SPRING/Ghana has five objectives. The first of these is to improve delivery of high-impact services. During FY15, we collaborated with the USAID | DELIVER PROJECT to assess bottlenecks in the nutrition supply chain. As part of this effort, SPRING initiated the procurement of key nutrition-related commodities, including zinc tablets and small equipment (primarily mid-upper arm circumference tapes and scales). We built supply chain capacity by training 636 Ghana Health Service (GHS) staff in inventory management, routine re-ordering, and product receipt and storage.

We have built facility-level capacity in infant and young child feeding (IYCF) practices by providing training to 1,105 health staff in target districts. We used the existing GHS training package for IYCF to reinforce the appropriate use of growth monitoring cards and improved the roll-out process by placing additional emphasis on better preparing training facilitators. We were able to further improve post-training coaching practices through a supportive supervision checklist, which is used during monthly follow-up visits to participants. We also produced a

draft volunteer training curriculum to supplement the original IYCF training manual, as there were no existing community-level training materials.

SPRING obtained national-level buy-in for our work to promote a facility-based quality improvement (QI) process for nutrition in the Northern Region. We started this facility-based QI in Kumbungu district with the development of a curriculum and draft manual for coaches. We will continue to roll out this initiative in FY16.

SPRING's second objective was to generate increased demand for high-impact nutrition practices and services. We developed the "1,000-day household agenda," which encompasses most of the project's SBCC work across different project areas. Related interventions focus on building the operational capacity of GHS to distribute SBCC materials to health facilities and communities and promoting four key WASH behaviors (disposal of feces, handwashing at appropriate times, clean play spaces, and clean water for complementary feeding). We disseminated these messages through a video drama production, which has been screened in 70 target communities located in seven of the 15 project districts, reaching 14,311 community members. A six-episode "first 1,000 days" radio program adapted from a Zambian series that also promotes these behaviors is currently under review by the Central GHS Nutrition Department. We are also developing a script for a three-minute radio drama for broadcast during the post-harvest season to prevent aflatoxin contamination and consumption. Additionally, six short videos have been developed to reinforce key concepts during IYCF counseling sessions and will be disseminated to health workers and volunteers through the phone-based Whatsapp software.

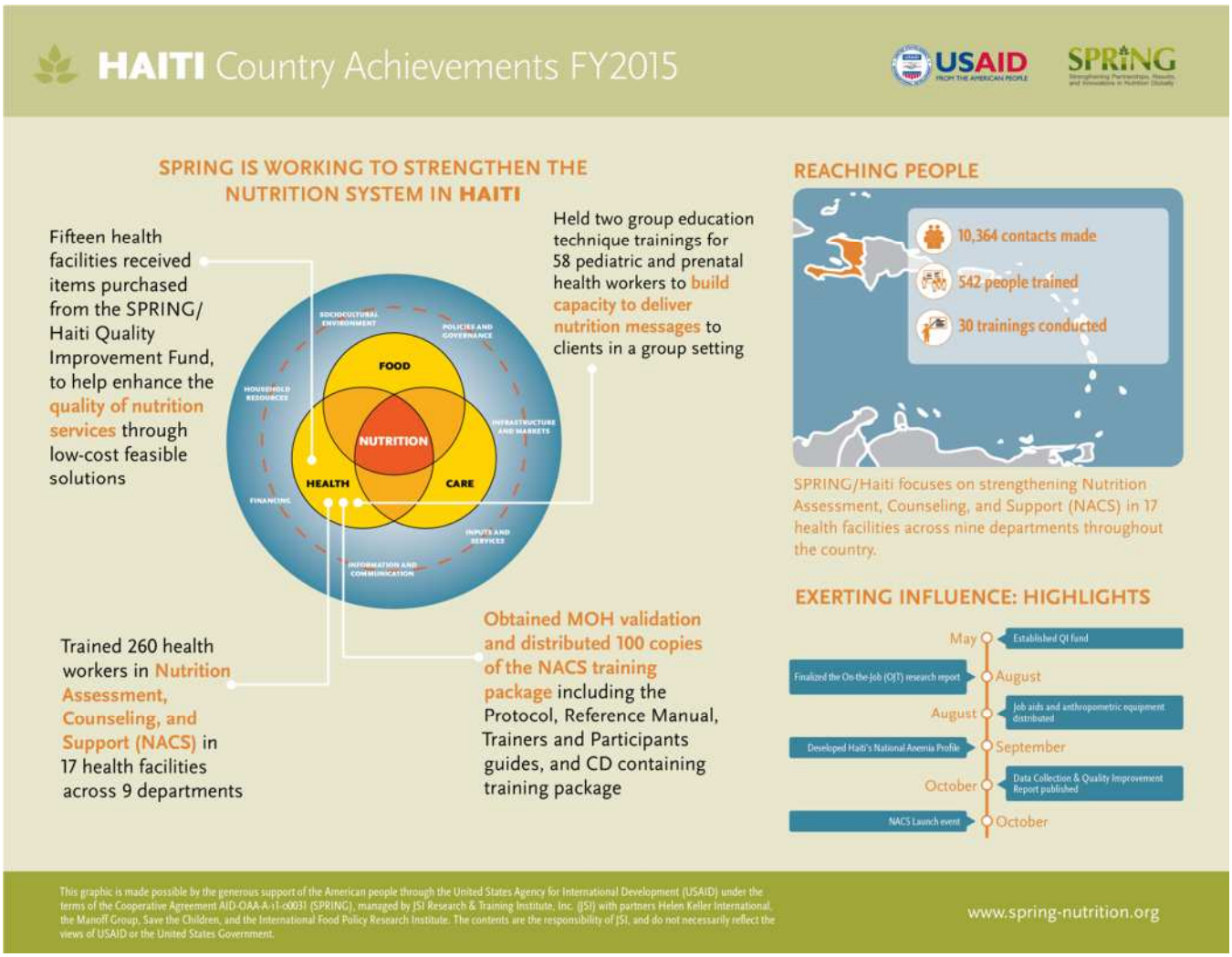
SPRING/Ghana's third objective is to improve the enabling environment for adoption and delivery of high-impact nutrition practices and services. As part of this endeavor, we developed the "WASH 1,000" concept based on the four key WASH behaviors (listed above). SPRING has built capacity at the district level in community-led total sanitation (CLTS), including for government, individuals, and groups, training natural leaders and community water, sanitation, and hygiene committees (WATSAN). We integrated WASH 1,000 behaviors into the standard CLTS agenda as part of the work to achieve open defecation-free (ODF) status in targeted communities. Through various events, we trained a total of 2,923 people in WASH 1,000, as well as 867 natural leaders and 1,053 WATSAN committee members. To facilitate improved handwashing practices, SPRING supported tippy tap installation near latrines in 1,000-day households, with 1,669 households establishing a second tippy tap location. During FY15, 3,076 new latrines were constructed in SPRING communities and 43 communities received "basic" ODF certification this year.

Our fourth objective is to enhance the evidence base for delivery of selected high-impact interventions. SPRING focused particularly on reducing aflatoxin levels in groundnuts, which has been shown to significantly impact stunting in Northern Ghana. In FY15, we developed pre-harvest management training materials and initiated cascade trainings through the regional Ministry of Agriculture to create an effective pool of facilitators supporting agricultural extension agents working within the farmer field school (FFS) approach. To date, 6,843 individuals have been trained through the FFS methodology. We also supported the USAID Agriculture Development and Value Chain Enhancement and Agriculture Technology Transfer projects to incorporate aflatoxin management content into their maize production manuals. To further aflatoxin reduction efforts, we are supporting the development of a groundnut testing protocol and procuring rapid aflatoxin test kits to determine the scale of aflatoxin contamination. SPRING has also worked with the Department of Social Welfare and UNICEF to expand the Livelihood Empowerment Against Poverty 1,000 (LEAP) project by adding activities related to cash transfers for eligible pregnant and lactating mothers so that they can meet their basic nutritional needs.

SPRING's fifth objective is to enhance the policy environment for the delivery of state-of-the-art nutrition interventions. We have participated in several high-profile activities, including the Savannah Accelerated

Development Authority (SADA) Zone High-Level Health Forum—an initiative by the Government of Ghana to improve general health care delivery and nutrition in specific regions that have been prioritized for rapid development. SPRING is also working to engage the GHS Nutrition Department in prioritizing the anemia control agenda. We are making steady progress on a landscape analysis report and an anemia training package with the concurrence of the GHS. We pre-tested DATA and submitted a draft anemia manual to GHS for review.

Haiti



Four strategies guided SPRING/Haiti's FY15 activities: (1) strengthen policy, advocacy, and stewardship for nutrition; (2) promote innovative and evidence-based communication approaches to social and behavior change; (3) enhance systems and capacity for delivery of quality nutrition services; and (4) expand evidence-based learning for designing, planning, and managing effective nutrition programs.

In FY15, we continued to make progress in strengthening the NACS continuum of care and expanded NACS support in five new health facilities, reaching a total of 17 health facilities across nine departments: West, Artibonite, Grande Anse, Nippes, South, Southeast, North, Northeast, and Center departments.

One of our key achievements was securing the buy-in of the Ministère de la Santé Publique et de la Population (MSPP) to train Nutrition Focal Points (NFPs) as an extension of the SPRING/Haiti team. The NSPs conducted coaching and supervisory visits to the health facilities where we could not maintain a continuous presence in the

wide geographic spread of our target sites. We worked with the NFPs to finalize an inventory of anthropometric equipment that SPRING procured to ensure adequate provisions within health facilities, collaborating with MSPP in the planning and implementation of project activities. This partnership led to the customization of trainings, dissemination of targeted job aids, and procurement of anthropometric equipment based on the specific needs of each health facility. In addition, we developed health facility profiles to share with the MSPP and health facilities.

Given our limited financial and human resources, collaboration with the MSPP was crucial to the success of our activities. It also helped foster MOH ownership and engagement in our work. The MSPP nutrition director applauded our efforts to build the capacity of the NFPs and MSPP as a critical step toward sustainability of NACS.

SPRING/Haiti advocated the NACS approach at monthly Nutrition Cluster Meetings held at the MSPP; organized a successful review and planning meeting that brought together NACS stakeholders; and provided technical assistance to finalize national NACS tools, including the development of education curricula. Thanks to our sustained advocacy, MOH validated the Haiti NACS training package and the revised supervision tool, which will be rolled out nationally. This accomplishment was a huge win for SPRING/Haiti.

Building the capacity of health workers to deliver NACS services continued to be a primary focus for us in FY15. SPRING/Haiti's technical advisor conducted NACS Assessment and Referral trainings and NACS Counseling trainings with co-facilitation by MSPP master trainers and NFPs. We supported 50 SPRING-trained master trainers as they rolled out the national NACS, IYCF, and counseling training packages to health workers at all 17 target sites. In FY15, we trained a total of 260 health workers, which aligns meets our target of 260 health workers.

Last year, SPRING/Haiti initiated mixed-method operations research exploring the advantages and disadvantages of an on-the-job modular training methodology versus a more traditional training approach. Health facilities chose between rolling out the trainings in a traditional workshop or an on-the-job training modular approach. This year we compared these two approaches by analyzing end-line data collected through interviews, observations, and discussions with health facilities, the USAID/Haiti Mission, and the MSPP. We then developed a comprehensive report to inform and support future planning and prioritization of activities to strengthen services.

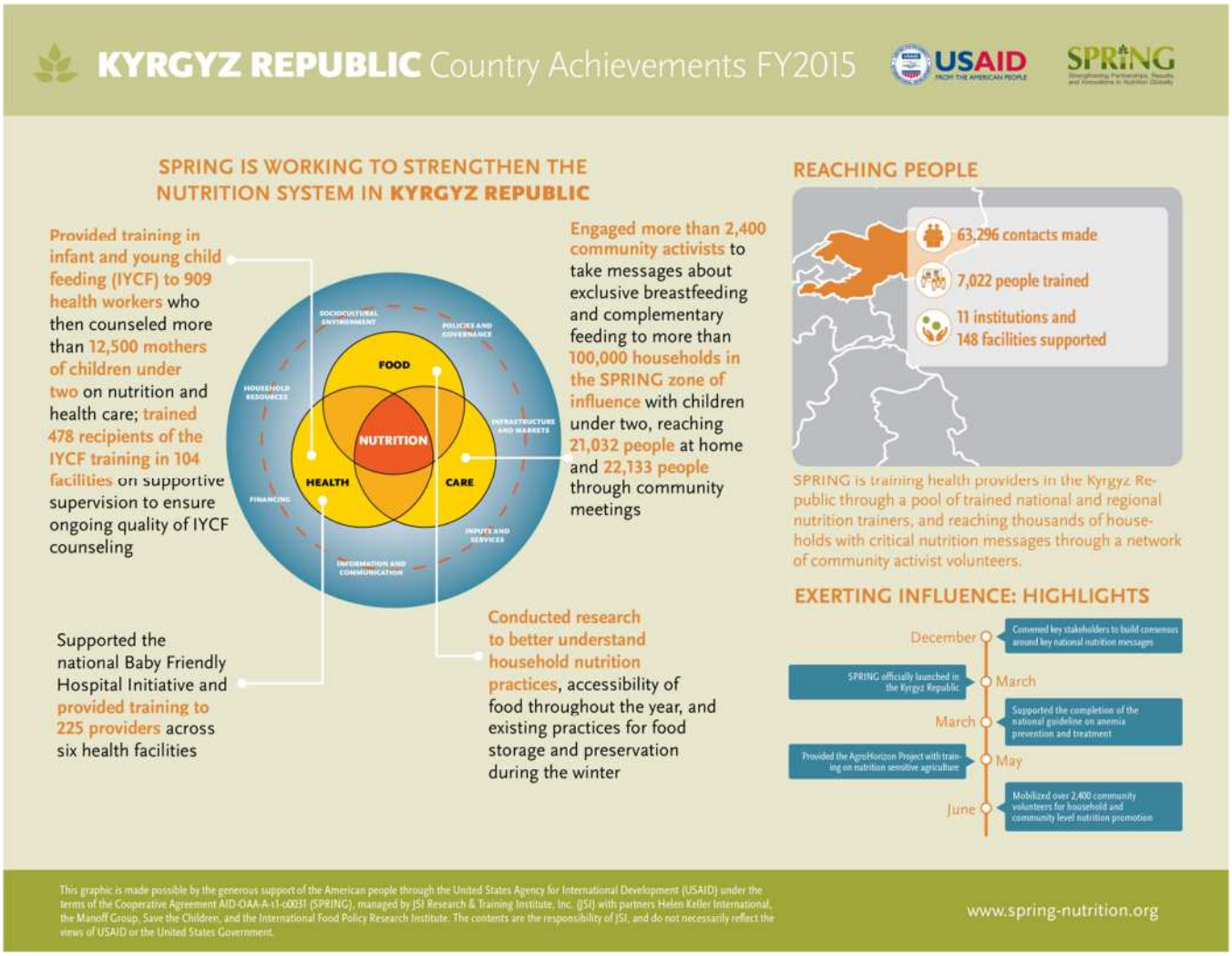
SPRING/Haiti worked with health facilities to effectively incorporate nutrition into their regular QI related activities. We helped health facilities develop and/or strengthen existing health management information systems and encourage regular use of data for decision-making. SPRING/Haiti also worked with health facilities to develop proposals for low-cost, feasible solutions for quality QI projects and then supported these through SPRING's QI innovation fund.

Another critical component of quality service provision is the availability of necessary equipment. SPRING/Haiti worked with health facilities, the NFPS, and UNICEF to ensure that an adequate supply of anthropometric equipment was available at key contact points within each target health facility.

This year was a period of assessment and transition for SPRING/Haiti. We were informed in May 2015 that the project would not be extended into FY16. We therefore began planning for closeout in Q3 and revised our annual work plan accordingly. We ended all field activities in August 2015 and began to prioritize administrative closeout. Our program ended on a high note, hosting a final dissemination event to support the official national launch of Haiti's NACS training package and the revised supervision tool. SPRING capitalized on this platform to invite partners, MSPP, and USAID to come together to celebrate SPRING's achievements and reflect on the program's legacy and next steps for Haiti. The words of Miss Rhudnie Angrand, NFP for the North Department, capture the spirit well:

"SPRING/Haiti was a small project that fulfilled its mandate. It trained master trainers, trainers, and health workers and did it well. SPRING/Haiti did not pay for health worker salaries or set up satellite offices. That may have made it look most uninteresting in the eyes of many at the beginning, but of all the big projects that I have seen come and go, SPRING/Haiti's legacy will be the most lasting, for it will not need money to be sustained. It is leaving a pool of trainers and complete NACS and IYCF packages that the health department trainers and health facility staff will have on hand to help maintain quality in the continuum of care. In the North, I will encourage the health department staff and the health facilities to keep NACS alive. What I have learned from SPRING has gone beyond the health facilities into the health centers and down to community health workers."

Kyrgyz Republic



Stunting and anemia remain at unacceptably high levels in the Kyrgyz Republic. According to the 2012 Kyrgyz Demographic Health Survey, 18 percent of children under five are stunted. Additionally, 43 percent of children under five and 35 percent of women (aged 15-49) have some degree of anemia. SPRING is addressing the issues of chronic and persistent malnutrition through a comprehensive effort which includes increasing access to quality nutrition services, increasing demand for nutritious practices and services, and enhancing access to diverse diets. We are working through a myriad of strategic partnerships in health, agriculture, and education to improve the nutrition capacity of health providers and households; increase the nutritional sensitivity of agriculture programs;

and support national level initiatives likely to impact nutrition outcomes (i.e. national Food Security & Nutrition Program, and flour fortification).

In our first full year of implementation, we completed start up and launch activities; conducted a baseline survey, formative research, and other critical analyses; rolled out trainings to over 7,000 people to build capacity in nutrition; mobilized over 2,000 community volunteers; and began disseminating key nutrition messages to households and communities throughout target areas. Through SPRING's support and engagement, the Kyrgyz Republic now has an approved *National Technical Guideline on the Prevention and Treatment of Anemia*, which for the first time includes provision of iron folate supplements to all pregnant women.

As part of our capacity building efforts, we have trained over 900 health workers in IYCF, including a pool of over 60 national trainers who are equipped to offer this training to all health providers across the country. An additional 478 health providers in SPRING implementation areas have received training on supportive supervision and counselling. In FY15, we supported the national Baby Friendly Hospital Initiative (BFHI), and provided training to 225 providers across six facilities in SPRING target areas. Additional trainings on the anticipated *National Technical Guideline on Anemia Prevention and Treatment* and nutrition during pregnancy are under development and will roll out in FY16. All SPRING trainings are developed in cooperation with the Ministry of Health and relevant in-service training institutions and integrated into the existing system for ongoing education of health providers. This facilitates the replication of the health worker trainings beyond the geographic scope or duration of the SPRING project. In Q4 alone, SPRING-trained healthcare professionals provided quality nutrition services and counselling to over 12,500 mothers of children under two in program implementation areas.

In FY15 we developed an SBCC strategy and detailed implementation plan, which involves identification and mobilization of existing community volunteers, known as Activists. SPRING provides these Activists with an orientation to nutrition topics monthly. Activists then convey key messages to program beneficiaries through household visits and community meetings. We initiated this program approach in Q3 with a module on "social mobilization and general nutrition" for over 2,000 Activists, during which they mapped "1,000 days households" and community resources in respective catchment areas. Subsequently, we rolled out to Activists two thematic modules covering exclusive breastfeeding and appropriate complementary feeding practices, ultimately reaching over 21,000 caregivers and over 7,500 children under two from about 4,000 households throughout SPRING program areas. Additionally, over 22,000 adults were reached with key nutrition messages through community meetings in Q4 alone. In FY16, we will work through a subgrantee partner, Kyrgyz Association of Village Health Committees, to extend its field presence, engage increased numbers of Activists in future thematic modules, and ensure the quality of household and community delivered messaging.

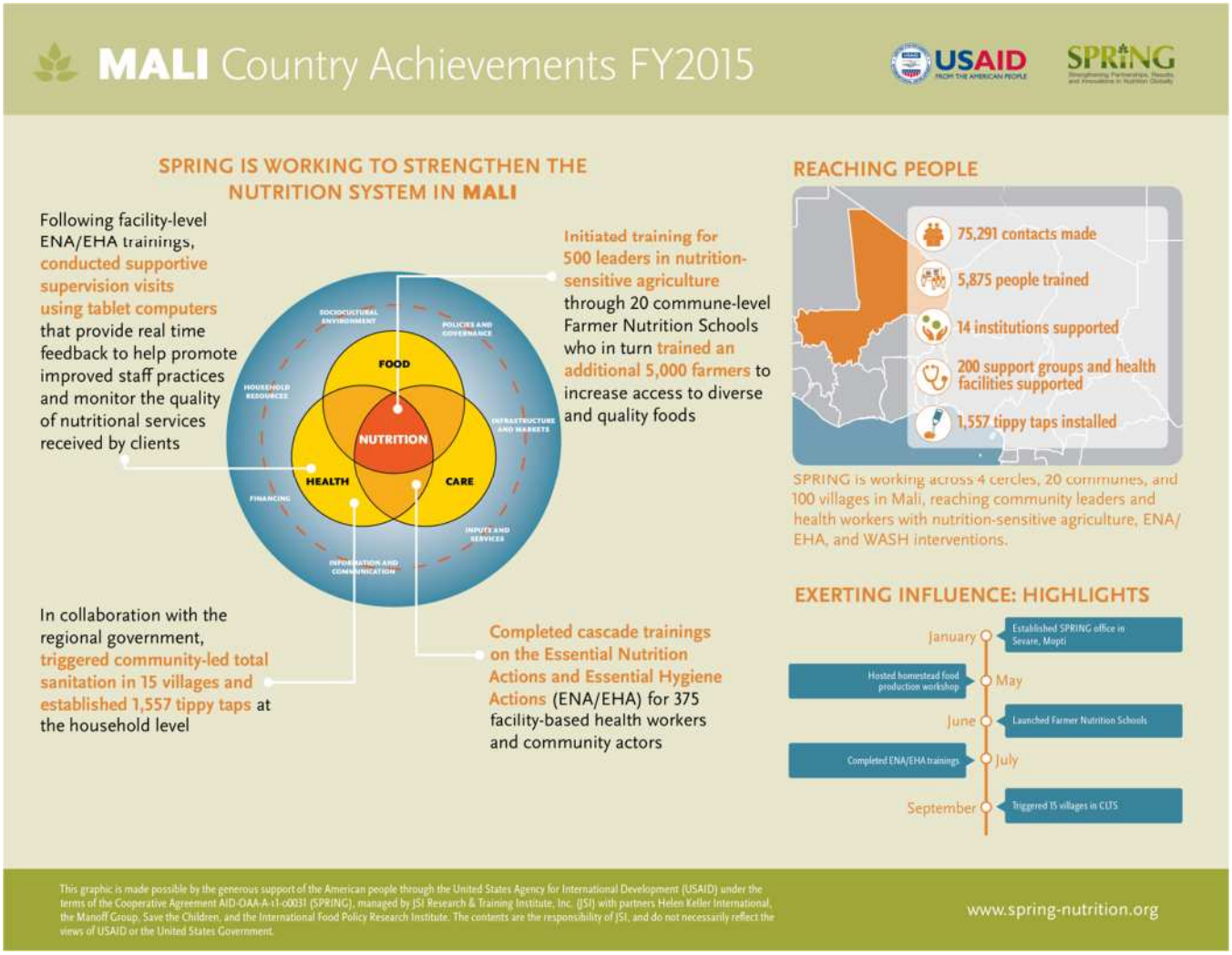
To enhance access to diverse diets, we have sought to learn more about the dietary diversity of families, women, and children at different times of the year by assessing existing household-level food storage and preservation practices. This analysis will be disseminated nationally and packaged as messages for SPRING's community-level work. Additionally, SPRING support to the USAID AHOP in the Kyrgyz Republic has progressed significantly, with a signed memorandum of understanding (MOU) and a SPRING training for key AHOP staff about nutrition-sensitive agriculture and social and behavior change. Over the year, SPRING provided AHOP with nutrition- and hygiene-related trainings, materials, job aids, as well as direct assistance to AHOP's nutrition team to identify target audiences and behavior change approaches.

Our most serious operational challenge has been the dissolution of the bilateral agreement between the US and the Kyrgyz Republic, on the part of the Kyrgyz government. Mission guidance to its programs in the aftermath has resulted in a slowdown of SPRING activities and operations as well as difficulty in achieving program targets. This

slowdown will persist until discussions around the bilateral agreement and USAID's tax exemption in particular, can be addressed between governments at the national level. Nevertheless, some activities are continuing at a much slower pace.

In FY15, with the program in full implementation, we have successfully completed formative research, project start-up, and partnership development—we are training providers, reaching communities, and strengthening nutrition in relevant sectors. Assuming that national diplomatic issues are resolved swiftly, FY16 will be a significant year for SPING, with substantial achievements and positive outcomes for women and children. Many elements of the program, including use of mass media and urban behavior change approaches, will build interesting foundations for future programs in the Kyrgyz Republic and elsewhere.

Mali



FY15 marked SPRING's inaugural year in Mali, which began in December 2014 with USAID/Washington's approval of the sub-agreement for SPRING/Mali's lead implementing partner, HKI. We hired a total of 22 staff by the end of the second quarter and opened an office in Sevare, Mopti. SPRING/Mali engaged stakeholders in 100 villages, five in each of 20 communes in four circles in the Feed the Future zone of influence.

SPRING/Mali has three project objectives. The first is to increase access to diverse and quality foods. During FY15, SPRING assessed the varieties of crops grown in target villages, identifying both the types grown and the source

of seeds for nutrient-dense varieties. In June, we initiated FNS trainings, which take place across several planting seasons and combine training in community gardening with behavior change to promote improved behaviors in nutrition, hygiene, and nutrition-sensitive agriculture. By the end of FY15, we ran three FNS training modules reaching 500 FNS leaders (25/commune); these leaders in turn trained an additional 5,000 farmers from their respective villages through a cascade approach, reaching a total of 5,500 participants.

Access to water for gardening proved to be a greater challenge than anticipated and we ultimately requested USAID/Bamako's assistance for well construction. We provided the Mission with an estimate of the cost to rehabilitate wells in all 20 communes where SPRING operates. We also mapped water availability year-round, noting which villages are limited to one or two planting seasons and which already have year-round water availability.

The Environmental Mitigation and Monitoring Plan (EMMP) and waiver to procure agricultural commodities were not initiated in time for seeds to arrive for planting during the June/July rainy season, but we plan to have seeds and saplings available for the November planting season (*contre saision*) early in PY5. Although we were unable to procure seeds of nutrient-rich varieties in time to launch FNS in June, we successfully initiated FNS activity using seeds that FNS participants already had in hand.

To promote greater financial inclusion, especially among women, SPRING identified a firm to manage the development of village savings and loan associations (VSLAs) and is working to finalize the contract. We also collaborated with the World Vegetable Center, Livestock for Growth, World Agroforestry Centre, Regional Water and Energy Directorate, the Institute of Rural Economy (IER), and the Regional Directorate of Social Development and Community Economy (DRDSES) in our agricultural activities.

Our strongest achievement falls under our second objective: increased access to quality nutrition services. SPRING fully achieved its FY15 target of training 375 participants (75 health facility staff, 30 community health workers, and 270 community volunteers) in the ENA/EHA, using a Ministry of Health-approved ENA curriculum and adding the EHA components.

Our third objective is to increase demand for key agriculture, nutrition, and WASH-related practices and services and focuses on SBCC. The SPRING/Home Office team conducted a literature review of nearly 50 studies and reports to analyze the behaviors, beliefs, and attitudes about gender in Mali, specifically within the context of agriculture and nutrition in Mopti. We are currently finalizing the literature review; the key findings will help to inform our SBCC approach.

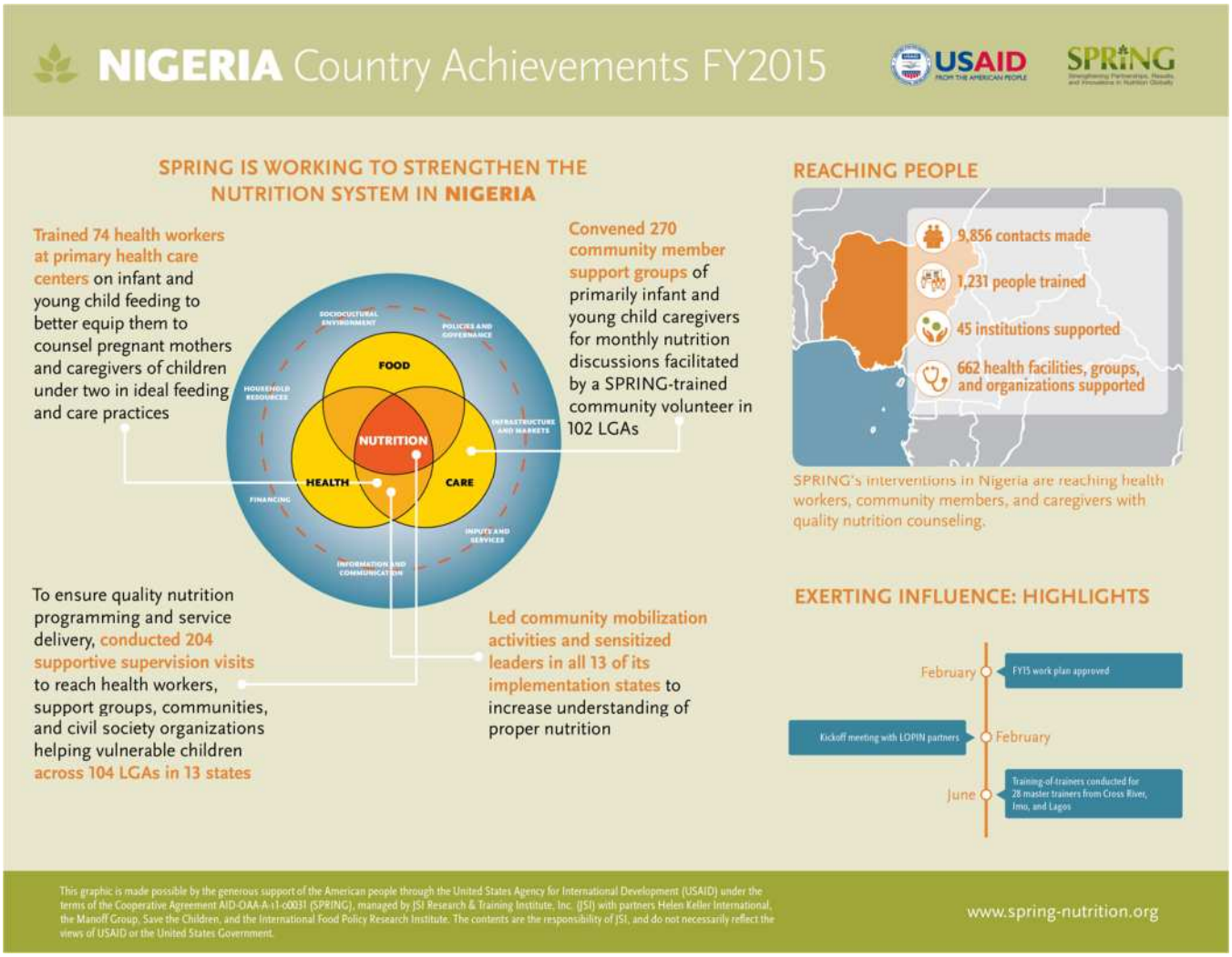
As part of our efforts to improve WASH practices, SPRING triggered 15 of 50 FY15 target villages (30 percent) in CLTS, a process that was delayed at the request of the Regional Directorate for Hygiene and Control of Pollution and Nuisances (DRACPN) to avoid the rainy season. To encourage handwashing with soap, we created a total of 1,557 tippy taps across 1,083 households in SPRING communes, which equals nearly 21 percent of our target of 8,000 tippy taps. Finally, we established a "clean household approach" to reinforce four essential hygiene behaviors in households with children under two (appropriate disposal of all feces, handwashing at appropriate times, clean drinking water for infant complementary food, and establishment of clean play spaces for children under two). Once CLTS is triggered in a community, project staff will reinforce the four key hygiene-related behaviors of the clean household approach, thereby moving communities toward ODF status. We collaborated with Care, the WASHPLUS project, and the Regional Directorate for Sanitation (DRS) in sanitation activities.

All aspects of SPRING/Mali's work include supportive supervision and data collection. For ENA/EHA training, we developed a checklist for use with a tablet computer to reinforce the trainings and provide feedback to health facility staff and community health workers. Many of our indicators are taken from required Feed the Future

indicators. Because the project has not yet begun planting nutrient-dense crops, there will be little data to demonstrate results for agricultural activities. We have met our target for people reached with training.

Following a presentation of the SPRING FY16 work plan, USAID/Bamako has indirectly informed us that additional funding will not be available. Consequently, we are developing a work plan that will appropriately spend down the FY15 carry-over funds and will consult with USAID/Bamako about their priorities.

Nigeria



SPRING/Nigeria has four objectives. The first one, representing the majority of our work, is to increase access to nutrition information and counseling services for orphans and vulnerable children (OVC). During FY15, this work focused on expanding the implementation of the IYCF package. Our implementation model is to work with PEPFAR-funded NGOs that work with OVCs.

During FY15, SPRING/Nigeria provided ongoing technical assistance to the USAID umbrella grant mechanism (UGM) projects, Sustainable Mechanism for Improved Livelihoods and Household Empowerment (SMILE) and Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families project (STEER), as well as to Government of Nigeria (GON) partners, including the Ministry of Health, Ministry of Women's Affairs, and the Agriculture Ministry, in the implementation of the IYCF package. In FY15, we expanded the community infant and young child feeding (C-IYCF) package to 21 new local government areas (LGAs) in

existing UGM project states (Bauchi, Kaduna, Benue, Edo, and Federal Capital Territory), and took on 47 additional LGAs in five new project states (Kogi, Kano, Plateau, Nasarawa, and Sokoto). SPRING's role was to conduct state-level trainings for UGM partners to build their capacity on C-IYCF roll out; these partners were then responsible for conducting LGA-level trainings which led to the formation of IYCF support groups in communities.

SPRING/Nigeria provided technical assistance to a new set of partners in FY15 though the Local Partners for Orphans and Vulnerable Children (LOPIN) projects – the Association for Reproductive and Family Health (ARFH), Health Initiatives for Safety and Stability in Africa (HIFASS), Widows and Orphans Empowerment Organization (WEWE) – and GON partners to introduce the C-IYCF Counseling Package in 15 LGAs of three project states (Lagos, Cross River, and Imo). SPRING's role was to implement C-IYCF training at the state and LGA levels and facilitate the establishment of support groups in their three states.

By the end of FY15, SPRING conducted trainings in 13 states for a total of 539 participants, including nutrition officers from the State Ministry of Health (SMOH)/LGAs, program managers and nutrition officers from supported UGM/LOPIN civil society organizations (CSOs), OVC desk officers from the State Ministry of Women Affairs, community development officers from the LGA OVC unit, and agriculture extension officers from the Ministry of Agriculture. We also led a three-day training for 300 community volunteers and PHC workers in the focal LOPIN states.

SPRING staff carried out a total of 219 supportive supervision visits to coach and mentor partner staff, motivate and support CSOs and community volunteers, and to monitor the performance of trained health care workers in PHCs. These visits provided opportunities for SPRING to address identified challenges. We also conducted state-level monitoring and evaluation trainings in 12 out of the 13 focal states to help states monitor performance.

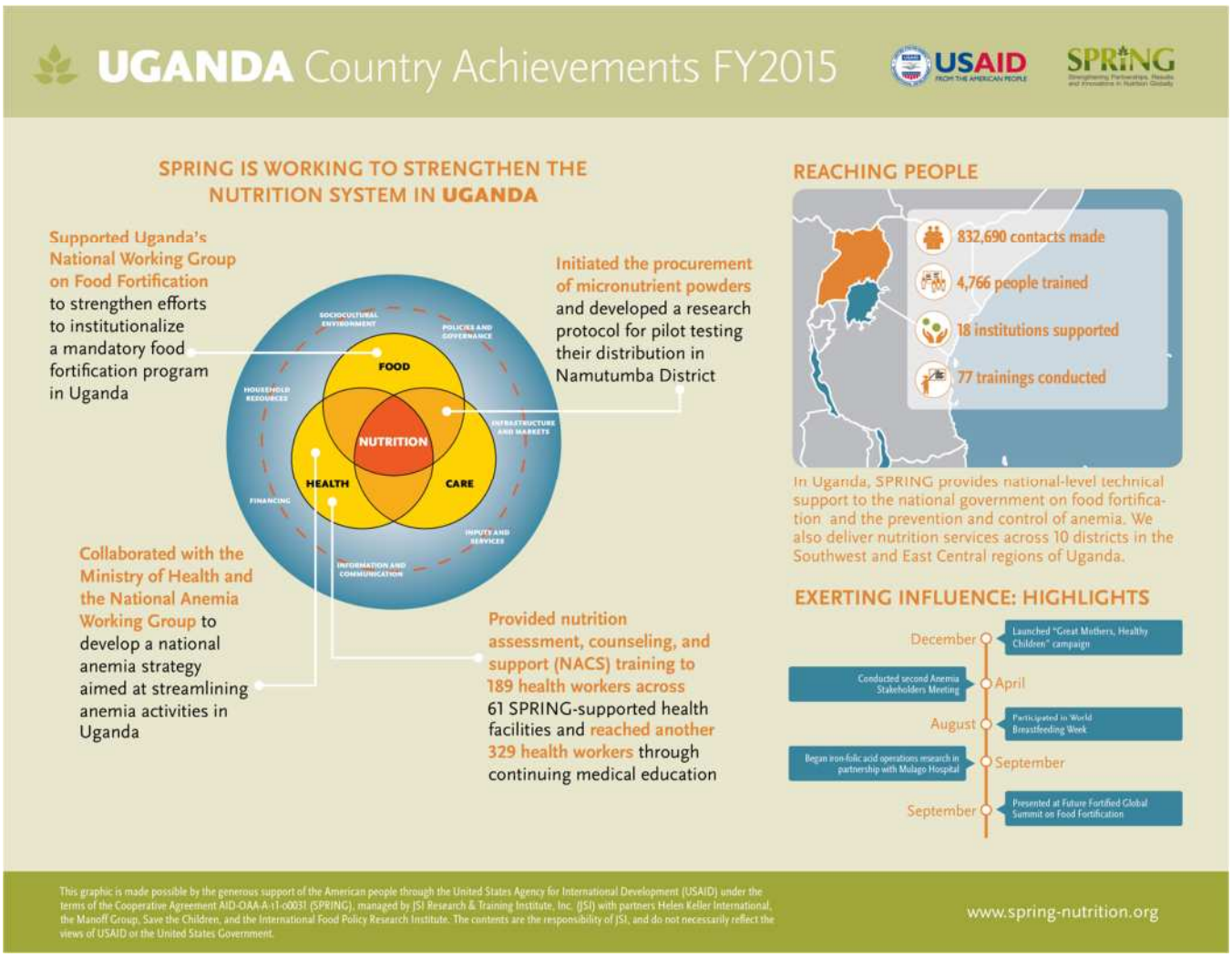
SPRING/Nigeria's second objective is to improve the national social and policy environment with respect to priority nutrition practices and services. In FY15, we continued to contribute to national level nutrition coordination and policy efforts. Our involvement in this area has led partners to work together to reduce malnutrition in Nigeria. We participated in the technical review of the National Policy on Food and Nutrition, which is currently awaiting the approval of the Federal Executive Council.

Our third objective is to enhance the evidence base with respect to the C-IYCF Counseling Package (with funding from USAID/Washington). In FY15, we completed baseline data collection for a study that will measure the impact of IYCF training. The study will be completed in FY16.

Our fourth objective is to improve nutrition programming to prevent under-nutrition among OVC. We identified OVC communities through an assessment of NGOs working with OVCs. The assessment, completed in FY15, provided a number of opportunities for working on issues in nutrition with NGOs. Targeted activities will be implemented in FY16.

SPRING/Nigeria faced many challenges in FY15, including political instability resulting from national and local elections, strikes by government workers due to non-payment of salaries, and sectarian violence and insecurity across many of its implementation states. Heavy rainfalls caused severe flooding and made some LGAs inaccessible, preventing planned supportive supervision activities. Additionally, some NGOs fell behind in selecting the LGAs where they would work, which in turn delayed the implementation of training. Despite these challenges, we were able to reach all training targets for FY15.

Uganda



Uganda's most common nutrition problem is high rates of chronic malnutrition, which includes stunting and micronutrient deficiencies, especially of vitamin A and iron. Yet, malnutrition in all its forms remains largely a hidden problem because the majority of Ugandan children affected are moderately malnourished or have micronutrient deficiencies that are not routinely assessed.

In FY15, SPRING/Uganda worked to reduce undernutrition by implementing a range of activities from the national to household level. We focused on decreasing stunting and micronutrient deficiencies while accelerating positive nutritional outcomes through innovative, globally tested, and proven interventions. Our main activities included: (1) large-scale industrial food fortification; (2) reducing anemia through a multi-sectoral coordinated approach; (3) integrating NACS into health facilities; (4) enhancing community outreach and strengthening referral mechanisms and follow-up; and (5) strengthening SBCC at the national and community levels.

In anticipation of the September 2015 Global Declaration on Food Fortification in Arusha, in October 2014, we started work on large-scale food fortification to deliver micronutrients to the most vulnerable groups through a population-based approach. We helped convene and strengthen the National Working Group on Food Fortification, bringing together 28 key stakeholders from various ministries, parastatal organizations, and the private sector to share progress and challenges in implementing the National Large Scale Food Fortification

initiative. This consultation helped identify bottlenecks, increase commitment to the fortification program, and provided an opportunity to examine future plans for industrial food fortification.

Building on the momentum generated by the second national anemia stakeholders' meeting in the second quarter of FY15, SPRING/Uganda collaborated with the Ministry of Health's micronutrient secretariat to organize monthly National Anemia Working Group meetings. These meetings consolidated inputs into the FY15/16 Anemia Action Plan.

To address micronutrient deficiencies in infants aged 6-23 months and support timely complementary feeding with micronutrient-rich foods, we began procuring micronutrient powders (MNP) and developed the research protocol, implementation plan, and tools to pilot test MNP distribution in Namutumba district. As part of the MNP pilot study, we have begun procuring professional design services for communication materials that will encourage uptake of MNPs.

To strengthen SBCC at the national level, SPRING/Uganda provided technical assistance to the Office of the Prime Minister (OPM) for the launch of the National Nutrition Advocacy and Communication Strategy. At the community level, we worked with the District Nutrition Coordination Committees (DNCCs) and district nutritionists to help them plan, budget, and build capacities around the governance and management of nutrition projects in districts. To increase the reach of the project's messages on better nutrtion practices, we partnered with local radio stations and Communication for Healthy Communities to feature spots on maternal, infant, and young child nutrition.

To further the Uganda Nutrition Action Plan at the district level, SPRING/Uganda provided technical assistance to DNCCs to integrate nutrition into the District Development Plans for Namutumba, Ntungamo, and Kisoro districts. We provided technical and logistical support to Community Mobilization Teams conducting supervisory visits to monitor and track progress of the community action cycle in Kisoro and Ntungamo districts. As part of continuous quality improvement, we supported district quality improvement teams in coaching health workers in all supported health facilities in Namutumba District. Workers were trained to boost the uptake of recommended infant and young child feeding practices and to enhance their knowledge on proper feeding for better health by using locally available, affordable, and acceptable foods.

We trained 189 health workers in the full NACS curriculum in all 61 SPRING-supported health facilities in the southwestern districts, thus building capacity for integrating nutrition services into routine health services. SPRING/Uganda hosted a monitoring mission from USAID/Washington, whose members observed SPRING interventions and made recommendations for FY16. USAID/Washington and USAID/Uganda decided that SPRING would become the technical assistance lead on large-scale food fortification, home-based complementary food fortification, and anemia reduction. At the end of September 2015, we moved our office to Kampala, ended our presence in the districts, held district closeout meetings, and developed a sustainability plan.

Notwithstanding our many achievements in FY15, we faced recurrent challenges to implementation, such as human resource constraints at health facilities and frequent stockouts of key commodities, notably Ready-to-Use Therapeutic Foods. Moreover, the launch of our national communication and advocacy strategy was delayed to October 2015 because the OPM had several competing priorities, and we needed to ensure OPM's readiness before moving forward.

3. Knowledge Management

The SPRING Knowledge Management (KM) Team contributed to the production of a wide range of publications in PY4, which serve to both share knowledge across the project and significantly contribute to the broader global nutrition community. Our website, with news stories, activity descriptions, case studies, success stories, and other technical resources has grown to become a comprehensive nutrition knowledge platform. A summary of the 418 new resources added to the SPRING website is below.

245	Resource Review Summaries	51	Context Assessment Tool Summaries
28	News Items	19	Events with associated materials
12	Videos	10	Technical Briefs
9	Success Stories	8	Case Studies
8	Activity Descriptions	6	Reports
6	Photo Galleries	5	Job Aids
5	Training Materials	3	Journal Articles
3	Posters		

The SPRING Nutrition Resource Library within the website now applies advanced search-based technology to allow users to more easily find the specific resources they seek. In addition to expanding nutrition technical resources, our KM Team also worked closely with the project's nutrition experts to optimize the usefulness and usability of the technical resources on the project website. For example, the interactive Nutrition-Sensitive Context Assessment Tool allows users to quickly identify quality nutrition-sensitive context assessment tools as they relate to the agriculture-nutrition pathways, and provides short summaries to help contextualize the usefulness of over 50 tools for users.

We share our technical resources and events with the wider development and nutrition communities through a variety of channels, including nutrition-related listservs, communities of practice and other digital dissemination platforms. This year we launched our quarterly newsletter, *SPRING This Season*, which includes a summary of recent publications, events, and other nutrition resources. We also continued to distribute our monthly agriculture-nutrition resource review and quarterly anemia resource review, providing nutrition experts with summaries and links to current news and research related to these evolving fields.

The KM Team also supported SPRING's nutrition technical teams in identifying new opportunities to share information across a variety of communication channels, including blogs, videos, multimedia animation, and through online discussion forums and communities of practice. These efforts have resulted in a substantial increase in visits to the SPRING website, and recognition as a leader in knowledge management in the global nutrition community.

SPRING Website Basic Information

- Total visits to website: 85,436 (a 220 percent increase from PY3's 38,815 total visits)
- Among all visitors, 47,555 (56 percent) were new while 37,881 (44 percent) were returning visitors.
- Unique visitors: 48,426 (56 percent of total visits were unique visitors) 'Unique visitors' is the number of unduplicated (counted only once) visitors.

- Average number of pages visited: 2.3
- Average visit duration: 03:03

Table 1. Visits by Quarter

Quarter	Visits	Unique Visits	# Pages Visited	Average Visit Duration
Q1	17,272	9,636	46,294	03:45
Q2	20,956	11,735	51,460	03:15
Q3	24,911	15,523	54,950	02:44
Q4	22,297	14,858	45,976	02:41

- Geographic Information:
  - Individuals from 195 countries visited the SPRING website in PY4. A total of 38 percent were from North America, while 14 percent were from Eastern Africa, and nine percent were from West Africa.
  - 31,341 (36 percent) of these visits were from the United States.
  - The second greatest number of visits came from India (4,703 visits), followed by Uganda, Ghana, Bangladesh, and Kenya.
- The top sources from which visitors accessed our website were:

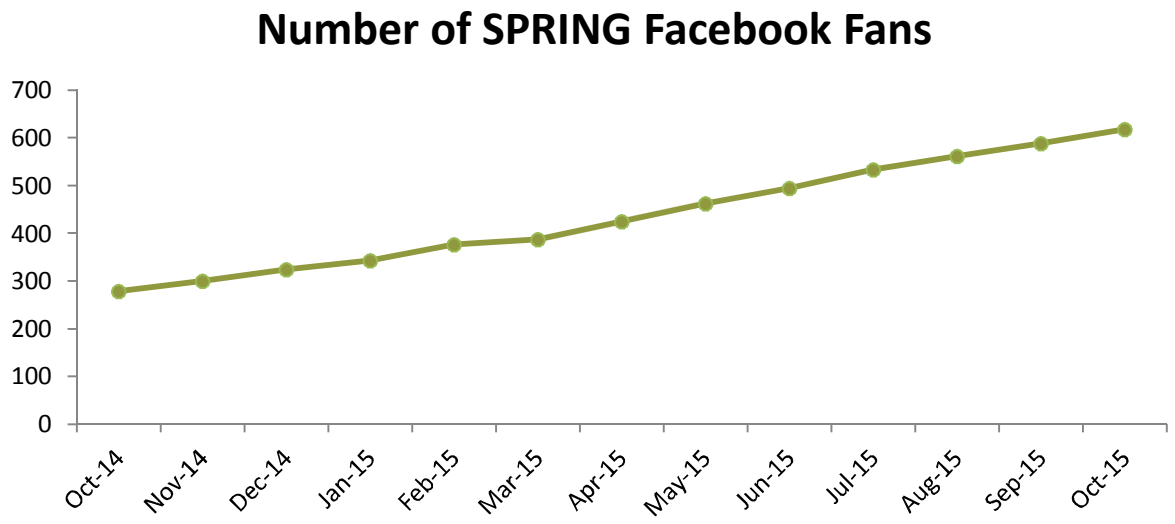
Google.com (49 percent of total visits)	Bing
Direct (none) (24 percent of total visits)	JSI.com
Social media (11 percent of total visits)	Agrilinks.org
Email	

- Thirty-six percent of visitors from social media were new visitors.
- A total of 84 percent of website visitors accessed the site through a desktop computer, while the remaining 16 percent accessed the site via a mobile device or tablet.
- A total of 29,822 documents were downloaded from the SPRING website. The most downloaded document during PY4 was *The Context Assessment Tool*, with 2,186 downloads.
- The 12 videos that were posted on the website generated 1,142 plays and 9,396 downloads.
- The most-viewed video was *Designing the Future of Nutrition SBCC: How to Achieve Impact at Scale,* with 339 views and 5,941 downloads. The second most-viewed video was *Nutrition Financing: Why Does It Matter?,* with 257 views and 2,037 downloads.

Facebook

By the end of PY4, SPRING had 618 Facebook fans, a 221 percent increase over the previous year.

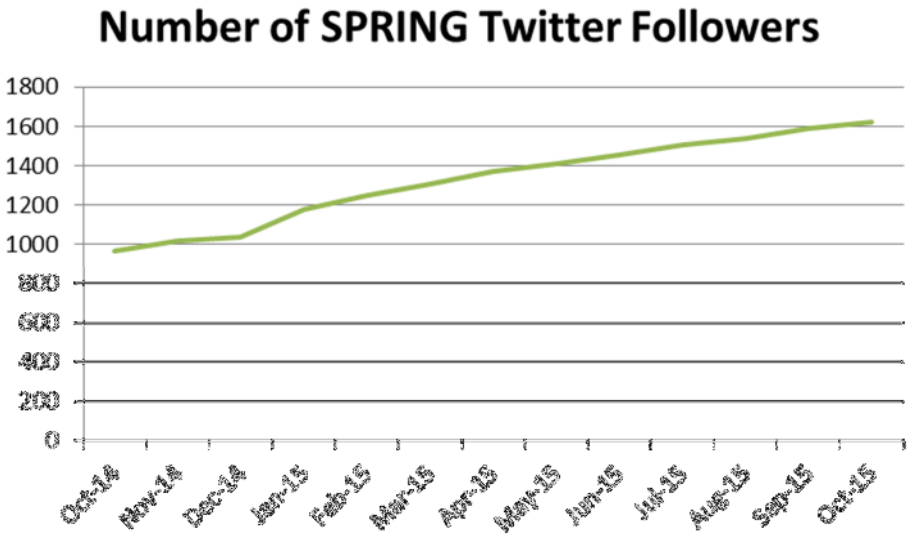
Figure 1. Number of SPRING Facebook Fans



Twitter

By the end of PY4, SPRING had 4,056 Twitter followers, a 73 percent increase over the previous year.

Figure 2. Number of SPRING Twitter Followers



Blog Posts

During PY4, SPRING published four blog posts:

1. Inspiring the Next Generation of Nutrition Leaders in Uganda

   Authors: Asasira Adera, SPRING/Uganda; Carol Noel, SPRING/Uganda; and Alexis Strader, Knowledge Management Program Officer, JSI Research and Training Institute, Inc.

Posted on USAID's Impact blog (blog.usaid.gov)

2. A New Baby Impacts One SPRING Staff Member's Perspective on Breastfeeding Promotion and Behavior Change

   Authors: Kristina Beall, Social and Behavior Change Communications Manager, SPRING, and Jennifer Pietropaoli, Knowledge Management Officer, JSI

   Posted on thousanddays.org

3. Tracking Nutrition Funding Isn't Easy, but the Payoff Could be Better Outcomes

   Author: Amanda Pomeroy-Stevens, Research and Evaluation Advisor, SPRING

   Posted on World Bank's SecureNutrition Platform (securenutritionplatform.org)

4. Scaling up Nutrition SBCC

   Authors: Ashley Aakkeson, Social and Behavior Change Communication Advisor, SPRING, and John Nicholson, Knowledge Management/Communities Manager, SPRING

   Posted on Health Communication Collaborative's SpringBoard Community (healthcomspringboard.org)

Webinars

During PY4, SPRING conducted 16 webinars with an average attendance of nearly 100 people (94):

1. Engaging Extension and Advisory Service Providers in Nutrition-Sensitive Agriculture: Focus on Malawi. The Making of a Messenger - Part I

   Date: October 29, 2014; Total Attendees: 157

2. Engaging Extension and Advisory Service Providers in Nutrition-Sensitive Agriculture: Focus on Ethiopia. The Making of a Messenger - Part II

   Date: November 13, 2014; Total Attendees: 105

3. Ag2Nut Community Call: What the Outcomes of the ICN2 Mean for Linking Food, Agriculture, and Nutrition

   Date: December 16, 2014; Total Attendees: 46

4. Ag2Nut Community Call: Agriculture-Nutrition at the Grand Challenges Meeting 2014

   Date: November 18, 2014; Total Attendees: 23

5. Growing Together: Using Experience from Burkina Faso to Define Intersectoral Integration

   Date: January 20, 2015; Total Attendees: 146

6. Ag2Nut Community Call: Conversation with Harvesting Nutrition Contest Winners and SecureNutrition Platform Staff

   Date: February 20, 2015; Total Attendees: 20

7. Measuring Integration: Developing Common Metrics for Integrated Agriculture and Nutrition Interventions

   Date: February 25, 2015; Total Attendees: 285

8. Using Demographic and Health Survey Data to Monitor and Evaluate Nutrition Programs

Date: March 9, 2015; Total Attendees: 96

9. Learning from World Bank History: Food-Based Approaches for Addressing Malnutrition

   Date: March 25, 2015; Total Attendees: 185

10. Ag2Nut Community Call: Measuring and Monitoring Gender Behavior Change

    Date: April 23, 2015; Total Attendees: 39

11. The Role of Increased Income and Women's Empowerment on Nutrition

    Date: April 30, 2015; Total Attendees: 90

12. Ag2Nut Community Call: Nutrition Causal Analysis Tool from Action Contre La Faim

    Date: May 13, 2015; Total Attendees: 59

13. Show Me the Money: Planning and Tracking Multi-Sectoral Investments for Improved Nutrition

    Date: May 19, 2015; Total Attendees: 103

14. Context Matters: SPRING Interactive Agriculture and Nutrition Context Assessment Guide for Improved Multi-sectoral Design

    Date: June 11, 2015; Total Attendees: 92

15. Ag2Nut Community Call: Livestock and Food Security: Does it Matter how Food is Produced?

    Date: June 24, 2015; Total Attendees: 17

16. Ag2Nut Community Call: Food Security Special Section

    Date: July 13, 2015; Total Attendees: 35

Appendix 1: Supplementary Information on Selected Program Monitoring Indicators (PY4)

The main quantitative indicators for measuring project achievements are contained in SPRING's performance monitoring plan (PMP), shown in Appendix 2. The PMP shows all core indicators quarter by quarter, organized according to the overall project objective and IRs of SPRING's Results Framework. At the country level, specific indicators depend on the nature of the work in each country. SPRING has developed PMPs for all countries where field offices are located: Bangladesh, Ghana, Haiti, Kyrgyz Republic, Mali, Nigeria, and Uganda. A PMP is under development for Senegal.

As part of program learning, SPRING collects, analyzes, and reflects on key core and country PMP indicators on an ongoing basis, to better understand how we are doing as a project, what areas are progressing well, and where we need to improve. To help with this process, SPRING has developed a set of project tracking sheets (PTS) in Excel that enable staff to track progress and automatically generate tables of key indicators for project reports. Much of the information in this section comes from the PTS. During PY4, SPRING made notable progress toward many PMP indicators. The following section highlights progress toward the main core indicators during the year.

PMP Indicator 1 and 1.1.1: Number of children under five and beneficiaries reached by nutrition & SBCC activities

SPRING reaches beneficiaries through a wide array of approaches, tailored to local needs. This means that contacts or people reached are defined differently in each country to align with the different programmatic approaches used. For example, contacts in Bangladesh are made through farmer nutrition schools, one-on-one counseling in health facilities, and agriculture extension workers. Ghana counted children under five who received nutrition-related services in health facilities supported by SPRING; total contacts included people reached through the 1,000 days household approach in 150 communities. In Haiti, SPRING counted people assessed and counseled in facilities supported by the project. Kyrgyz Republic counted people reached both through health facilities and community activists who shared health, agriculture, and hygiene messages. Mali counted FNS participants, people who installed tippy taps, support group members, and community meetings. Nigeria recorded contacts made through counseling during trainings and various SBCC activities. And finally, in Uganda, SPRING counted people reached through community events (e.g., events for World Breastfeeding Week), as well as women reached through health facilities and one-on-one counseling at the community level.

As SPRING expands into new countries, the number of contacts with beneficiaries continues to increase. Table 3 summarizes the number of contacts made with beneficiaries in PY4, by country and by quarter. Overall in PY4, SPRING's Mission-funded activities resulted in more than 4.1 million contacts, with more than 1.2 million contacts in Q4 alone. Using core funds, SPRING additionally reached almost 9,000 people through community videos in Niger. An estimated 2.3+ million people in Burkina Faso were reached with messages though community radio. If core-funded Sahel activities are included, SPRING reached almost 6.5 million people, including almost 2.4 million in Q4 alone. Q4 represented SPRING's most successful quarter to date in terms of people reached, largely due to expansion in Kyrgyz Republic, Mali, and Nigeria.

Table 3. Number of People Reached (Contacts) by SPRING Country Activities, Quarters 1-4, PY4.

Country	Total Number of People Reached in PY4 (Contacts)				Total
	Q1	Q2	Q3	Q4	
Bangladesh	724,612	776,271	768,966	710,261	2,980,110
Ghana	0	2,927	90,855	96,629	190,411
Haiti	7,291	1,671	958	444	10,364
Kyrgyz Republic	0	0	0	63,296	63,296
Mali	0	0	0	75,291	75,291
Nigeria	0	664	3,123	6,069	9,856
Uganda	161,944	210,783	187,295	272,668	832,690
Sub-Total	**893,847**	**992,316**	**1,051,197**	**1,224,658**	**4,162,018**
Burkina Faso (core funding)	0	0	1,159,241*	1,159,241*	2,318,482*
Niger (core funding)		1,361	4,143	2,784	8,288
Total	**893,847**	**993,677**	**2,214,581**	**2,386,683**	**6,488,788**

** These figures are estimates from SPRING's partner DMI in Burkina Faso, based on rigorous analysis of population distribution and radio listenership. The campaign ran from April through September, 2015, so the estimated number of people reached has been allocated evenly across Q3 and Q4.*

Figure 3 shows the total number of contacts for the entire project over time, quarter by quarter. The shorter bars show children under five years of age, while the taller bars show total contacts. Core activities in Sahel are not shown, because they would distort the graph, but they would add substantially to the bars for the last two quarters. In PY4, SPRING reached over 2.1 million children under five, and if the core-funded Sahel community radio campaign is included, the figure for children under five reached would be over 2.5 million.

Figure 3. Number of contacts through outreach activities conducted by SPRING and proportion of population living in target areas reached, by quarter

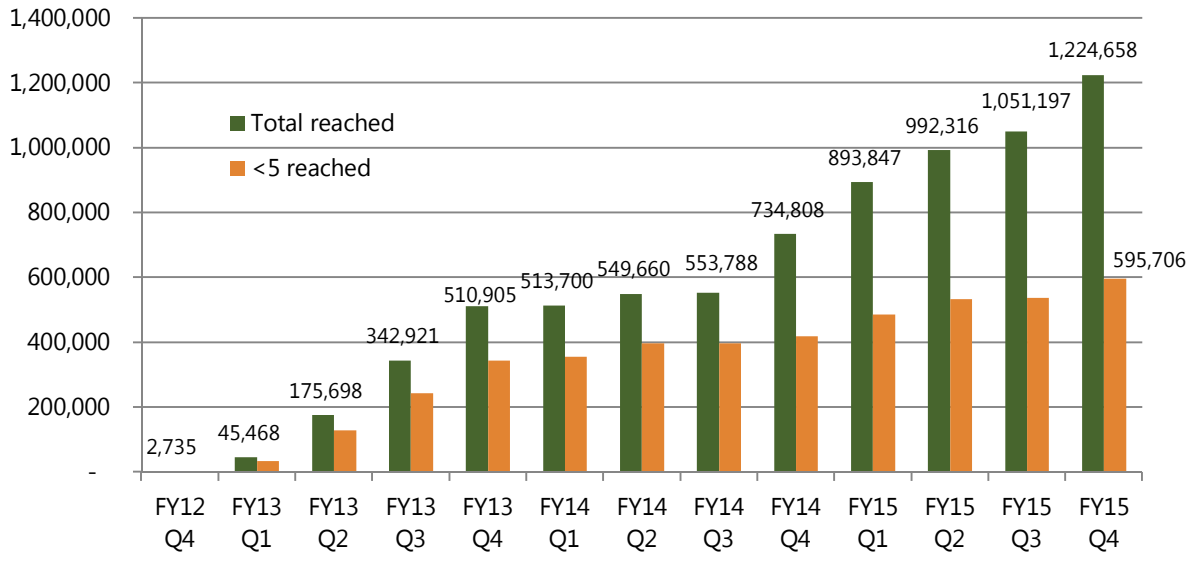


Table 4 below shows the number of people reached by SPRING in Q4, disaggregated by gender and showing children under five, and disaggregated as appropriate by different strategies used in each country.

Table 4. Number of People Reached by SPRING Country Activities, Quarter 4

Location	Estimated Number of People Reached				Description
	Total	By Gender		Children <5	
		Male	Female		
Bangladesh (Barisal)	18,671	0	18,671	7,759	Agriculture, poultry farming, fish culture, and ENHA information disseminated through FNS. The number here reflects the number of contacts (i.e. number of times FNS beneficiaries attended a learning session).
Bangladesh (Khulna)	21,047	0	21,047	15,284	
Bangladesh (Barisal)	323,556	0	323,556	228,990	Government frontline health workers delivered ENHA messages during visits at health facilities. The number here reflects the number of contacts (i.e. number of health facility visits).
Bangladesh (Khulna)	275,045	0	275,045	190,288	
Bangladesh (Barisal)	36,056	0	36,056	25,626	Government frontline agriculture workers delivered ENHA messages during community outreach. The number here reflects the number of contacts.
Bangladesh (Khulna)	35,886	0	35,886	25,731	
Bangladesh subtotals	**710,261**	**0**	**710,261**	**493,678**	
Ghana	96,629	35,827	36,254	24,548	Inhabitants of 150 selected communities (10 in each SPRING-supported district) were reached through WASH 1000 and Agriculture activities. The activities reached all members of the communities, whose population was known. Numbers of males, females, and children <5 are estimated based on demographic composition of the overall population at district level. Further, children <5 who attended health facilities for nutrition-related services were captured through Ghana's national health information system (DHIMS).
Ghana subtotals	**96,629**	**35,827**	**36,254**	**24,548**	
Kyrgyz Republic	12,566	0	12,566	0	One-on-one counseling in health facilities
Kyrgyz Republic	28,597	8,610	12,422	7,565	Group counseling, community level, through 1000 day households
Kyrgyz Republic	22,133	6,877	15,256	0	Group counseling through community-based meetings and other events
Kyrgyz Republic subtotals	**63,296**	**15,487**	**40,244**	**7,565**	
Haiti	444	174	226	43	Nutritional assessment and counseling in SPRING-supported facilities. Numbers do not add exactly because in some cases sex or age were not recorded.
Haiti subtotal	**444**	**174**	**226**	**43**	

Location	Estimated Number of People Reached				Description
	Total	By Gender		Children <5	
		Male	Female		
Mali	7,813	3,221	3,290	1,302	People reached based on installation of tippy taps in households in SPRING's Zone of Influence (179 tippy taps in Bankass, 551 in Koro and 669 in Mopti in Q4). The estimated number of people reached was calculated based on the number of households reached and a demographic analysis of number of people per household for the 20 communes where SPRING is working.
Mali	5,786	258	5,242	286	Farmers and children reached through FNS sessions (note: the parents/guardians who participated in the FNS trainings are also counted under people trained)
Mali	720	0	503	217	SPRING-trained CHW and community health volunteers worked through existing support groups (147 in total) to discuss and disseminate key ENA/EHA messages.
Mali	60,972	0	54,554	6,418	People reached with ENA/EHA messages and discussions through community meetings organized by SPRING-trained CHWs and community health volunteers
Mali subtotals	**75,291**	**3,479**	**63,589**	**8,223**	
Nigeria	902	161	468	273	During various trainings (mostly 5 day c_IYCF master trainings), support groups were set up in communities near the trainings, reaching people with C-IYCF messages.
Nigeria	5167	1142	3594	431	Reached through a variety of SBCC activities, primarily distribution of IYCF brochures during World Breastfeeding Week activities
Nigeria subtotals	**6,069**	**1,303**	**4,062**	**704**	
Uganda	243,865	59,272	133,110	51,483	Nutrition assessment of clients attending nutrition services points in health facilities in SPRING-supported districts
Uganda	13,056	523	4,925	7,608	Community-based activities such as health worker outreach, one-on-one counseling, videos, and other events, on topics such as IYCF, NACS, food cooking, WASH, and others
Uganda	1,237	121	1,088	28	Food cooking demonstrations for health facility staff.
Uganda	14,510	2,831	9,853	1,826	Community level meetings, edu-entertainment, and other events, during World Breastfeeding Week and throughout the quarter

Location	Estimated Number of People Reached				Description
	Total	By Gender		Children <5	
		Male	Female		
Uganda subtotal	272,668	62,747	148,976	60,945	
TOTAL*	1,224,658	119,017	1,003,612	595,706	

** Children plus adults do not always sum to totals because children accompanied by their mothers in Bangladesh are only counted as one person in the totals, and in some cases in Haiti, age or gender was not recorded.*

PMP Indicator 2: Number of children under five WHO RECEIVED VITAMIN A FROM USG-SUPPORTED PROGRAMS

Ghana is the only SPRING-supported country that provides Vitamin A to health facilities, in collaboration with the USAID | DELIVER PROJECT. Because of delays in procurement, the product was only provided in Q4. During that quarter, 10,611 children under five received Vitamin A.

PMP Indicator 1.1: Situational/landscape analyses carried out by SPRING

Two landscape analyses were underway during the project year: an analysis of anemia trends and anemia-related programming in Ghana, and an analysis of anemia trends and anemia-related programming in Sierra Leone. First drafts of both have been submitted to USAID for review.

PMP Indicator 1.2: People trained in child health and nutrition through USG-supported health area programs

In Q4, SPRING trained 14,525 people, which was slightly less than in Q3, but much higher than any other previous quarters. The dramatic increase in the number of trainings and people trained in Q3 was due mainly to new activities in Ghana and Kyrgyz Republic. In Ghana, SPRING trained substantially fewer people in Q4 than in Q3, since most first-year trainings had been completed before Q4. SPRING/Kyrgyz Republic also trained slightly fewer people, but those declines were nearly offset by an impressive increase in Mali, where over 5,600 people were trained in a very large number of cascade trainings in Q4. Table 5 below provides information on people trained in each country over the course of PY3. Table 6 provides more detailed information on number of trainings and people trained by country, by gender, and by training topics. Overall, in PY4, SPRING trained 37,512 people in a wide range of topics, an almost eight-fold increase compared to the 4,789 people trained in PY3.

Table 5. Number of People Trained by Country, PY3

Country	Number of People Trained				
	Q1	Q2	Q3	Q4	Total
Bangladesh	142	1,336	2,207	1,615	5,300
Ghana	0	1,180	8,741	2,715	12,636
Haiti	37	162	203	140	542
Kyrgyz Republic	0	353	3,402	3,267	7,022
Mali	0	0	207	5,668	5,875
Nigeria	0	80	609	542	1,231
Uganda	1,983	956	1,267	560	4,766
Core Funding (Sahel and Bangladesh)	0	113	9	18	140
Total	**2,162**	**4,180**	**16,645**	**14,525**	**37,512**

Table 6. Number of People Trained by Country, Gender, and Type of Training Conducted in Q4

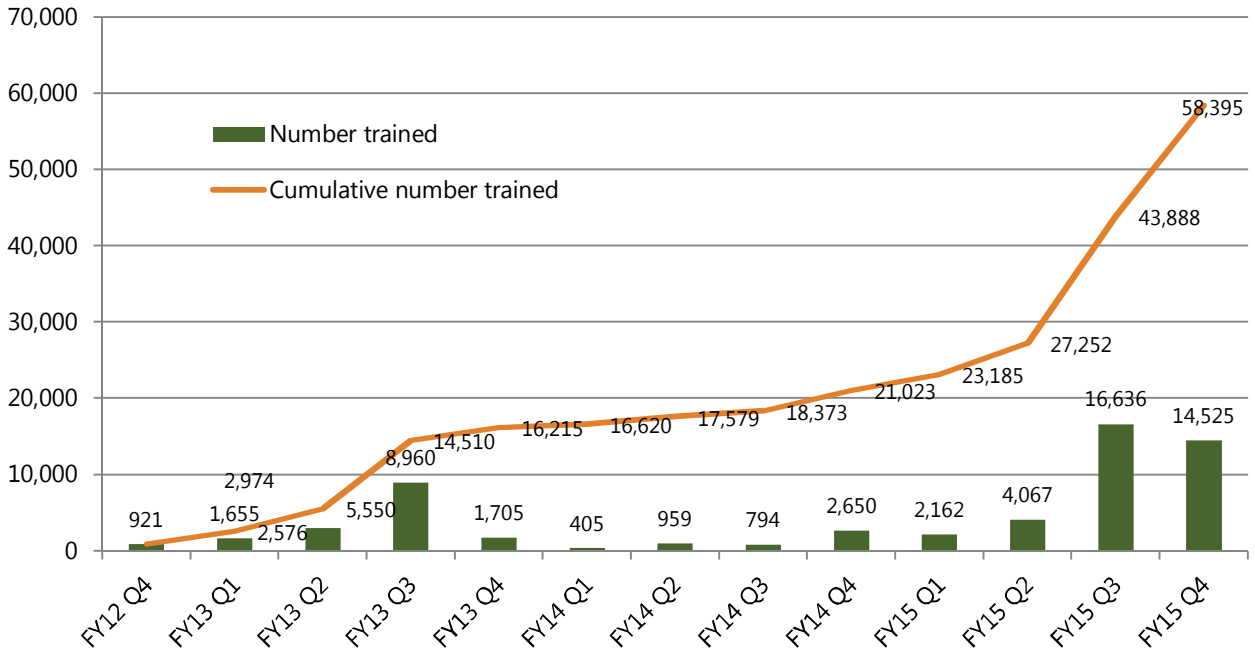
Location	Title	# Of People Trained			Comments/Description
		Total	By Gender		
			Male	Female	
Bangladesh	Cascade trainings on Basic Nutrition (73)	1,615	931	684	The general objective of these trainings was to build capacity of supervisory level staff of the Health and Family Planning Department so that they can conduct training for their field-level staff. Health Inspectors (HI), Assistant Health Inspectors (AHI), Family Planning Inspectors (FPI), and Family Welfare Visitors (FWV) participated. SPRING/Bangladesh arranged the logistic and financial support for this training.
Bangladesh subtotal (73 trainings)		**1,615**	**931**	**684**	
Ghana	IYCF (72)	1,384	975	409	The training was organized for health facility staff, facilitators, and community health volunteers, to build their capacity in IYCF with the aim of improving nutrition services at the facility and community levels.
Ghana	Management of nutrition commodities (9)	273	153	120	The training was to build the capacity of health staff on how to manage nutrition commodities.
Ghana	Quality Improvement (1)	17	9	8	The training was aimed at introducing the concept of Quality Improvement and coaching to health facility staff
Ghana	Agriculture, various topics (10)	473	170	303	These trainings covered topics related to groundnut planting and harvesting, and methods to reduce aflatoxin contamination

Location	Title	# Of People Trained			Comments/Description
		Total	By Gender		
			Male	Female	
Ghana	WASH (26)	568	367	201	The training was meant to provide participants (WASH Committee members, natural leaders, others) with knowledge and skills related to sanitation and hygiene, including CLTS to trigger communities to achieve ODF status, handwashing, tippy tap construction, and others.
Ghana subtotals (118 trainings)		**2,715**	**1,674**	**1,041**	
Haiti	NACS orientation (7)	86	21	65	SPRING provided general NACS orientation to seven health facilities
Haiti	Group Education (1)	25	1	24	SPRING provided training to health workers in five health facilities in one regional training in Port au Prince
Haiti	Nutrition counseling trainings (1)	29	1	28	A regional training for participants of several health facilities, organized by SPRING and carried out by MSPP
Haiti subtotals (9 trainings)		**140**	**23**	**117**	
Kyrgyz Republic	IYCF general training (71)	360	6	354	Training of health providers on WHO IYCF training package, as well as some supportive supervision visits with OJT. Trainees included doctors, nurses and medics.
Kyrgyz Republic	Baby Friendly Hospital Initiative (9)	225	12	213	Training of health providers in BFHI hospitals
Kyrgyz Republic	IYCF – exclusive breastfeeding (107)	1,246	57	1,189	Exclusive breastfeeding trainings for Community' Activists (first technical topic to be taught in SPRING-supported communities)
Kyrgyz Republic	IYCF – Complementary feeding (117)	1,436	51	1,385	Complementary feeding trainings for Community' Activists (second technical topic to be taught in SPRING-supported communities)
Kyrgyz Republic subtotals (304 trainings)		**3,267**	**126**	**3,141**	
Mali	Training of trainers in ENA/EHA (2)	44	30	14	Training of trainers (Directors and Nutrition Unit Managers) in ENA/EHA
Mali	Direct training (26)	624	166	458	Direct training of FNS leaders around a variety of skills related to effectively growing nutritious crops
Mali	Cascade training in ENA/EHA (1,400)	5,000	176	4824	Cascade training by FNS leaders around a variety of skills related to effectively growing nutritious crops
Mali subtotals (1,458 trainings)		**5,668**	**372**	**5,296**	

Location	Title	# Of People Trained			Comments/Description
		Total	By Gender		
			Male	Female	
Nigeria	LGA level C-IYCF trainings (11)	203	85	118	Three days LGA level trainings on C-IYCF
Nigeria	State level C-IYCF trainings (2)	40	12	28	Five days state level trainings on C-IYCF
Nigeria	Trainings on M&E and monitoring forms (9)	299	153	146	The one day training is to build the capacity of CSO and LGA nutrition focal persons, M&E officers, SNO, SMWA&SD on proper documentation of the tools and to also strengthen the government reporting flow system.
Nigeria subtotals (22 trainings)		**542**	**250**	**292**	
Uganda	Coaching health workers and VHT (4)	274	139	135	Coaching, supportive supervision, review meetings, and other forms of mentorship with VHTs, and supporting the districts in coaching health facility staff
Uganda	Continuing medical education pm NACS and QI (2)	132	71	61	Support to the DHOs office to conduct CMEs on using Z score tables in determining the nutritional status of their clients, and on developing a quality work environment
Uganda	Other (3)	154	59	95	Includes supportive supervision, district learning session, and orientation of drama group members
Uganda subtotals (9 trainings)		**560**	**269**	**291**	
Core funds	SBCC	18	16	2	Training for the AquaCulture for Income and Nutrition (AIN) Project in Bangladesh in identifying and promoting nutrition sensitive agriculture behaviors
Core funding subtotal		**18**	**16**	**2**	
TOTAL (1,994 trainings)		**14,525**	**3,661**	**10,864**	

Figure 4 below displays the number of people trained in each quarter (solid bars), as well as the cumulative number of people trained (top line). The dramatic increase in Q3 and Q4 compared to previous quarters is evident in the rise in the right-hand bars and furthest right side of the line. In total, SPRING has trained almost 60,000 people over the life of the project in a wide range of nutrition topics in health, agriculture, hygiene, and related fields,

Figure 4. Number of People Trained Over Time



PMP Indicator 1.3.1: Geographic reach of SPRING country activities

The table below shows the number of geographic units (e.g., *upazilas*, departments, LGAs, districts) where SPRING operates vs. targets and the total number of such units in the country. Coverage is shown for both Q4 and the full year.

Table 7. Geographic Coverage of SPRING Country Activities

Country (name of geographic areas)	Number reached in quarter	Number reached in year	Number targeted for year	Number in country	Number reached in PY4 as a % of:	
					Number targeted for year	Number in country
Bangladesh (*upazilas*)	40	40	40	486	100%	8%
Ghana (districts)	15	15	15	216	100%	7%
Haiti (departments)	9	9	9	10	100%	90%
Kyrgyz Republic (townships / districts)	12	12	12	NA*	100%	NA*
Mali (communes)	20	20	20	703	100%	3%
Nigeria (LGAs)	102	105	104	774	101%	13%
Uganda (districts)	10	12**	10	112	120%**	11%

** Since the Kyrgyz Republic figures in the first two columns contain both townships and districts, it is not possible or meaningful to show country totals*

*** SPRING/Uganda targeted 10 districts for the year, but VHTs attached to a hospital in Bushenyi District also worked in two additional neighboring districts in Q1-Q3*

PMP Indicators 1.3 and 1.4: Service sites and institutions reached by SPRING country activities

Table 8 shows the number of service sites supported over time. In all countries, the number of service sites includes at least some health facilities where SPRING has provided training, supportive supervision, SBCC materials, and/or other support. In Bangladesh and Mali, the number also includes farmer nutrition schools. In Nigeria, the number includes IYCF support groups. The decline seen between PY3 and PY4 is because there were many fewer FNS supported in Bangladesh in PY4.

Table 8. Number of Facilities or Service Sites Receiving SPRING Support, PY1-PY3

Country	PY1	PY2	PY3	PY4
Bangladesh	NA	3,283	5,189	2,659
Ghana	0	0	0	302
Haiti	3	5	12	17
Kyrgyz Republic	0	0	0	148
Mali	0	0	0	200
Nigeria	0	30	349	534
Uganda	0	48	51	61
Total	**3**	**3,366**	**5,601**	**3,921**

Table 9 displays the number of service sites and institutions served by each country where SPRING has field offices, for Q4 and for the entire year.

Table 9. Service Sites and Institutions Reached by SPRING Country Activities

Country	Number of service sites supported		Number of institutions supported	
	Q4	FY15	Q4	FY15
Bangladesh	2,659	2,659	8	8
Ghana	282	302*	2	5
Haiti	17	17	1	2
Kyrgyz Republic	83	148	10	11
Mali	200	200	11	14
Nigeria	461	534**	36	45
Uganda	61	61	17	18
TOTAL	**3,763**	**3,921**	**85**	**103**

** Including 20 school health clubs supported in Q3*

*** Including 224 community level support groups supported at various times during the year*

Table 10 below provides additional detail on the institutions each country supports, for the full PY4. In most countries, SPRING supports the Ministry of Health, as well as other government ministries and nongovernment

institutions. Types of support vary widely, but in most cases include some training, supportive supervision, and other kinds of capacity building.

Table 10. Institutions Receiving Support from SPRING Country Activities in PY4

Country	Institutions (Government or NGO) Receiving Spring Support	Description of Activities
Bangladesh	Directorate General of Health Services (DGHS)	Training for community health care providers (CHCPs) and health assistants (HAs) within the DGHS.
Bangladesh	Directorate General of Family Planning (DGFP)	Training for family welfare assistants (FWAs) within the DGFP.
Bangladesh	Directorate of Agriculture Extension (DAE)	Integrate and scale-up ENHA with the MoA in Barisal and Khulna divisions, and enhance the capacity of frontline agriculture workers by providing ENHA training within the MoA, field facilitators, and community groups to deliver quality counseling on ENHA for PLW and children under two years in Khulna and Barisal.
Bangladesh	GoB's Institute for Public Health and Nutrition, and the National Nutrition Service/Revitalization of Community Clinic Health Care Initiatives in Bangladesh	SPRING and the trained master trainers within the MoHFW are conducting monthly supportive supervision meetings and joint home visits with trained frontline health workers.
Bangladesh	USAID Horticulture Project	New in Q3. The purpose of this collaboration is to share technical materials and to seek opportunities to leverage partnerships and resources within the FTF working areas. Specifically, this will involve work with community nutrition champions and private public partnership work with the Bangladesh seed company Lal Teer to create linkages for graduated FFS members for access to affordable and high quality nutritious seeds.
Bangladesh	WASHplus	The WASHplus Project will provide technical support to SPRING staff to build capacity on WASH-related modules, including the maintenance of sanitation hardware and ensuring water quality. Where feasible, beneficiaries will be co-targeted with SPRING, providing households with better sanitation and higher water quality. WASHplus will also provide technical support on WASH-related content upon request and as mutually agreed with SPRING staff for farmer field schools programs. In Q3 SPRING held a few meetings with WASHplus staff to discuss a way forward for working in overlapping upazilas.
Bangladesh	Alive & Thrive/SHIKHA	SPRING, Alive & Thrive, and SHIKHA share a common vision and bring complementary resources to support the scaled-up improvement of nutrition in Bangladesh. SPRING therefore seeks to collaborate with Alive & Thrive and SHIKHA to ensure efficient use of resources, securing technical assistance as needed, materials, and training facilitation support on ENHA and other complementary

Country	Institutions (Government or NGO) Receiving Spring Support	Description of Activities
		activities. SPRING regularly meets with SHIKHA to ensure close collaboration/coordination.
Bangladesh	Aquaculture for Income and Nutrition (AIN) project	AIN and SPRING jointly adapt quality improvement tools used in routine monitoring to assess the effectiveness of job aids, training and levels of uptake of nutrition, hygiene and homestead food production messages among SPRING beneficiaries, and USAID Aquaculture Project volunteers. The two projects have planned to support each other by providing technical assistance as needed.
Ghana	Ministry of Food and Agriculture (MoFA)	Collaborated to identify target beneficiaries through community volunteers/health facilities. Preparation for training farmers on Post harvest management of aflatoxin started in September, 2015.
Ghana	Ghana Health Services (GHS)	Training and supportive supervision in GHS facilities. Support related to anemia was also provided. The anemia landscape draft was finished and submitted to USAID. GHS also agreed to field trial the district anemia tool (DATA) in Ghana. If this tools is felt to be effective it will form a useful engagement point for the multiple elements of anemia to come together at the district level and reignite the anemia agenda.
Ghana	Monitoring and Evaluation Technical Support Services (METSS)	SPRING made significant contributions to the baseline survey conducted by METSS in March.
Ghana	AfricaLEAD and METSS	A knowledge fair to create an opportunity for interaction with other USAID Feed the Future partners, donor agencies, Private Sector representatives, Government and other development agencies to find other innovative ways at collaborating effectively to enable greater results in achieving USAID FtF goal of reducing stunting by 20%.
Ghana	ESOKO	Registered with ESOKO for its "Direct2Farmer" aim at providing information to farmers on crop tips, weather forecast, market prices & buyers) and Business Solutions services", providing support to farmers on data collection, support & training, call centers, M&E and marketing.
Haiti	Ministère de la Santé Publique et de la Population (MSPP)	Supported the MSPP at the departmental level through support to its health facilities.
Haiti	Nutrition Security Program (NSP) from POA	Supported NSP in the planning and during the actual 5-day TOT for their Artibonite and West departmental staff.
Kyrgyz Republic	Agro Horizons	A collaboration document was developed between the two projects, and a ToT on IYCF training was provided to Agro Horizon staff
Kyrgyz Republic	Ministry of Health	Key stakeholders in government (the ministry of health) and

Country	Institutions (Government or NGO) Receiving Spring Support	Description of Activities
		academia were provided with a primer on IYCF, to ensure understanding of the material from the highest levels of the health system. This was a two day training/orientation, based on the 4 day TOT curriculum, provided in Bishkek. IYCF training reached 362 health providers of the MOH.
Kyrgyz Republic	National MCH Center	Close collaboration established, working on key nutrition messages, development of IEC materials, convening the technical working group for the national anemia protocol.
Kyrgyz Republic	Republican Health Promotion Center	Close collaboration established, working on key nutrition messages, development of IEC materials for use in program and to be endorsed by government for use nationally.
Kyrgyz Republic	Village Health Committee Association	Participation in development of key nutrition messages. A sub-grant is under development for capacity building and community dissemination of key messages.
Kyrgyz Republic	Sanitary and Epidemiology Department (MOH)	Actively participated in development of key nutrition messages. Communication initiated on deworming recommendations in national anemia protocol.
Kyrgyz Republic	Kyrgyz State Medical Institute for Retraining and Continuing Education	Active participation in IYCF TOT, and provision of trainers for cascade training.
Kyrgyz Republic	UNICEF	Actively participated in development of key nutrition messages, and sharing consultant assisting in development of IEC materials.
Kyrgyz Republic	Jalalabad Oblast Family Medicine Center (FMC)	Recipients of IYCF training, providing logistical support (venues, etc.)
Kyrgyz Republic	Oblast Merged Hospital & Territorial Hospitals in project sites	Recipients of IYCF training, providing logistical support (venues, etc.), and opportunities for trainee practicum
Kyrgyz Republic	SUN	SPRING became official member of SUN network (representing USAID), attended meetings, engaged in planning of annual SUN assessment for Kyrgyz Republic
Mali	Ministry of Health and Hygiene	Health center directors and nutrition unit managers received five-day TOT on ENA/EHA. Community health workers and community volunteers were trained.
Mali	Ministry of Rural Development	SPRING became official member of SUN network (representing USAID), attended meetings, engaged in planning of annual SUN assessment for Kyrgyz Republic
Mali	Institute of Rural Economy (IER)	Representatives from the Institute of Rural Economy participated in a one-day SPRING workshop aimed at sharing experiences about homestead food production in community gardens
Mali	World Vegetable Center (AVRDC)	SPRING and AVRDC work closely and plan to collaborate on agriculture activities, including seed access and

Country	Institutions (Government or NGO) Receiving Spring Support	Description of Activities
		multiplication; AVRDC also presented at a one-day workshop facilitated by SPRING/Mali on topics related to homestead food production in a community garden setting
Mali	World Vision	Presented at a one-day workshop facilitated by SPRING/Mali on topics related to homestead food production in a community garden setting
Mali	Helen Keller International	Presented at a one-day workshop facilitated by SPRING/Mali on topics related to homestead food production in a community garden setting
Mali	Save the Children	Participated at the one-day workshop facilitated by SPRING/Mali on topics related to homestead food production in a community garden setting
Mali	Action Group Animation Sahel-Mali (GAAS)	SPRING awarded a contract to the Action Group Animation Sahel-Mali (GAAS) to carry out the project's VSLA activities. SPRING's 25 VSLA groups will be established in Q1 of FY16.
Mali	Regional Water Directorate (Direction Regionale de l'Hydraulique)	Conducted survey of existing water sources/points at SPRING's 20 community gardens to identify wells to be rehabilitated, determine types of possible rehabilitation, and estimate costs for the rehabilitation of each water point.
Mali	WASHPLUS (USAID project)	SPRING participated in World Breastfeeding Week celebrations in collaboration with WASHPLUS.
Mali	Nutrition and Health (USAID project)	SPRING participated in World Breastfeeding Week celebrations in collaboration with Nutrition and Health.
Mali	Regional Directorate of Health (Mopti)	SPRING participated in World Breastfeeding Week celebrations in collaboration with the Regional Directorate of Health of Mopti's four health districts (Mopti, Bandiagara, Koro, and Bankass)
Mali	Coordination of Women's Associations	SPRING participated in World Breastfeeding Week celebrations in collaboration with the Coordination of Women's Associations.
Mali	Regional Sanitation Directorate (Direction Regionale de l'Assainissement et de Controle des Polutions et Nuisances, or DRACPN)	SPRING worked with DRACPN to conduct mobilization and sensitization activities in 26 SPRING supported villages and officially triggered 15 villages by the end of Q4.
Nigeria	• Federal Ministry of Women Affairs and Social Development • Federal Ministry of Health	Support to Nigerian Ministries, institutions, and projects usually included capacity building related to c-IYCF, including providing orientation/mentoring on C-IYCF strategy implementation, advocacy visits, and sensitization meetings on c-IYCF feeding practices.

Country	Institutions (Government or NGO) Receiving Spring Support	Description of Activities
Nigeria	State Ministries of Health for: • Bauchi • Benue • Cross-River • Edo • Imo • Lagos • Nasarawa • Kogi • Plateau • Kaduna • Kano • Sokoto	Support to Nigerian Ministries, institutions, and projects usually included capacity building related to c-IYCF, including providing orientation/mentoring on C-IYCF strategy implementation, advocacy visits, and sensitization meetings on c-IYCF feeding practices.

Nigeria	• State Primary Health Care Development/Management Board:
	  o FCT
	  o Bauchi
	  o Kano
	  o Nasarawa
		Support to Nigerian Ministries, institutions, and projects usually included capacity building related to c-IYCF, including providing orientation/mentoring on C-IYCF strategy implementation, advocacy visits, and sensitization meetings on c-IYCF feeding practices.

Nigeria	• FCT Department of Agriculture • Bauchi State Agriculture Development Program State Ministry of Agriculture and Natural Resources • Benue • Edo • Kano • Nasarawa	Support to Nigerian Ministries, institutions, and projects usually included capacity building related to c-IYCF, including providing orientation/mentoring on C-IYCF strategy implementation, advocacy visits, and sensitization meetings on c-IYCF feeding practices.
Nigeria	State Ministries of Health and Ministries of Women's Affairs of: • Benue • Edo • Bauchi • Cross-River • Imo • Kaduna • Kano • Lagos • Nasarawa	Support to Nigerian Ministries, institutions, and projects usually included capacity building related to c-IYCF, including providing orientation/mentoring on C-IYCF strategy implementation, advocacy visits, and sensitization meetings on c-IYCF feeding practices.

Country	Institutions (Government or NGO) Receiving Spring Support	Description of Activities
Nigeria	• FCT Social Development Secretariat • Imo State Local Government and Community Development • Imo State Ministry of Planning and Economic Development • Kano State Ministry of Planning & Budget • Nasarawa State Planning Commission • Kano Bureau of Statistics	Support to Nigerian Ministries, institutions, and projects usually included capacity building related to c-IYCF, including providing orientation/mentoring on C-IYCF strategy implementation, advocacy visits, and sensitization meetings on c-IYCF feeding practices.
Nigeria	• SMILE Project • STEER Project • Widowhood and Orphan Empowerment Organization (WEWE) • Association for Reproductive & Family Health (ARFH) • Health Initiative for Safety and Stability Africa (HIFASS) • FHI360 • Center for Integrated Health Programme (CIHP)	Conducted orientation and mentoring on the IYCF Strategy.
Uganda	District local governments of: • Ntungamo • Kisoro • Namutumba • Bushenyi • Mbarara • Ibanda • Kabale • Kanungu • Rukungiri • Sheema	Conducted routine mentorship and coaching for health workers, participated in district planning meetings in Ntungamo, Kisoro, and Kabale districts, and participated in Strengthening Decentralization for Sustainability (SDS) meetings to review progress made on planned activities for the previous quarters and planned activities for the next quarter. SPRING also participated in district health management meetings organized by the districts.
Uganda	Ministry of Health	Supported meetings on industrial fortification, an anemia workshop, and the National Anemia Working Group. To improve on participation of different institutions in NWGFF activities, SPRING supported institutional visits led by the MoH to sensitize them on industrial fortification activities and the need for them to actively engage. SPRING also supported the MoH to conduct supportive supervision in 12 PHFS prototype health facilities in Kisoro, Ntungamo and Namutumba. In PY4, SPRING Uganda continued to support the MoH through the NWGFF and NAWG
Uganda	Office of the Prime Minister	Supported OPM to organize the nutrition forum and continuity of DNCC activities at district level.

Country	Institutions (Government or NGO) Receiving Spring Support	Description of Activities
Uganda	Uganda National Bureau of Standards (UNBS)	Supported a meeting in Q1 for industries aimed at improved reporting by UNBS for GMP, QA/QC, and also training industries on good manufacturing practices, dosing, verification and calibration. In Q2, SPRING supported inspection visits for mandatory fortification, and in Q3, supervision visits of wheat, oil, and maize producers.
Uganda	Ministry of Trade, Industry, and Cooperatives (MTIC)	SPRING provided technical and logistical support to food fortification and anemia activities through various working groups.
Uganda	Private Sector Foundation Uganda (PSFU)	Supported the sensitization of small-scale industries on small scale fortification.
Uganda	FANTA-III	SPRING/Uganda is developing a TOR and supporting the hiring of a consultant to conduct a desk review of nutrition-related SBCC tools, strategies, program, and other related aspects in Uganda. SPRING also supported the finalization of the NACS training material.
Uganda	Health Partners Uganda (HPU)	Provided capacity building in NACS for health facilities in the health partners cooperative in NACS. The capacity building included training, coaching, and mentorship of health workers
Uganda	Clinton Health Access Initiative (CHAI)	SPRING collaborated with CHAI to support health workers with WASH tools

PMP Indicator 1.5: Number of health facilities with established capacity to manage acute undernutrition

SPRING considers capacity to be "established" for management of acute malnutrition (MAM) if at least one person successfully completed a training on the topic and/or an assessment demonstrated adequate capacity to manage acute malnutrition according to desired performance criteria. Fifty-one health facilities in Uganda and 17 in Haiti met this definition in PY4 through successful completion of NACS training (which includes a module on MAM). Additionally, SPRING provided supportive supervision in MAM to four health facilities in Mali (which had been trained in MAM by UNICEF), leading to a total of 72 SPRING-supported facilities with capacity for MAM.

PMP Indicator 1.6: Instances of Technical Assistance Provided

Technical assistance (TA) is defined as support provided by SPRING (including SPRING staff and consultants) to country programs during temporary duty assignments. Appendix 3 provides details of each trip conducted in PY4 and denotes which trips included TA. SPRING provided TA 21 times in Q4, and 84 times during the full year.

PMP Indicator 2.1.1: Number of country, regional, and global meetings conducted or attended

SPRING attended 72 high-level meetings over PY4, 32 of which SPRING hosted and at 39 of which SPRING staff presented. Table 11 provides additional information on the meetings that were hosted by SPRING or where SPRING staff made presentations.

Table 11. Country, Regional, and Global Meetings Conducted or Attended by SPRING

Date	Title (Location)	SPRING Staff Attending	SPRING Hosted / Organized	SPRING Presented
09/30/15	Understanding Agriculture to Nutrition Linkages: A Rapidly Moving Agenda	Theresa McMenomy, Carrie Hubbell Melgarejo	No	No
09/14/15 to 09/15/15	Catholic Relief Services' 2015 Integrated Nutrition Conference Catholic Relief Services' 2015 Integrated Nutrition Conference	Lidan Du, Nancy Adero (Uganda), Ziba Dokurugu (Ghana)	No	Yes
09/15/15	Intellectual Ventures, Global Good - Technology Advisory Panel	Madeleine Smith	No	Yes
08/25/15	Global Forum on Research and Innovation for Health 2015	Denish Moorthy	No	Yes
08/10/15 to 08/14/15	SPRING Forward	All US-based SPRING staff attended, as well as the Chiefs of Party (COPs) and DCOPs from SPRING countries (Bangladesh, Ghana, Kyrgyz Republic, Nigeria, and Uganda). Due to the imminent close-out in Haiti and the COP vacancy in Mali, those SPRING countries were not represented at the SPRING Forward meeting.	Yes	Yes
08/04/15to08/05/15	Testing of the District Assessment Tool for Anemia (DATA) in Ghana - District Workshop in Kumbungo	Teemar Fisseha, Edward Bonku, Philip Ampofo, Ram Shrestha, Rashida Ibrahim, Denish Moorthy	Yes	Yes
07/29/15to07/30/15	17th Annual International Conference on Nutrition and Food Science	Alexis D'Agostino	No	Yes
07/30/15	Testing of the District Assessment Tool for Anemia (DATA) in Ghana - Regional Meeting in	Teemar Fisseha, Edward Bonku, Philip Ampofo, Fiona Edwards, Denish	Yes	Yes

Date	Title (Location)	SPRING Staff Attending	SPRING Hosted / Organized	SPRING Presented
	Tamale	Moorthy		
07/20/15	1,000 Days Advocacy Working Group	Lidan Du, Carolyn Hart	No	No
07/11/15to07/15/15	International Health Economics Association Meeting	Amanda Pomeroy-Stevens	No	Yes
07/06/15to07/08/15	Linking Agriculture and Nutrition Education for Improved Young Child Feeding	Lidan Du	No	No
06/24/15	Ag2Nut Community Call: Livestock and Food Security: Does it Matter how Food is Produced?	Abhi Goyal	Yes	No
04/16/15to06/15/15	Bureau for Global Health, M&E Working Group meeting	Alexis D'Agostino	No	No
06/11/15	Gender 360 Summit	Sarah Titus	No	No
06/11/15	Context Matters: SPRING Interactive Agriculture and Nutrition Context Assessment Guide for Improved Multi-sectoral Design	John Nicholson, Theresa Russo, Alyssa Klein, Lidan Du, Ashley Aakesson	Yes	Yes
06/04/15	Whose Story is it Anyway? The Use of Narrative as a Tool for Behavior Change in AYSRH	Kristina Beall, Peggy Koniz-Booher	No	No
06/03/15to06/04/15	5TH LCIRAH ANNUAL RESEARCH CONFERENCE: Agri-health research: what have we learned and where to next?	Victor Pinga, Anna Herforth (SPRING Consultant)	No	Yes
05/19/15	Show Me the Money: Planning and Tracking Multi-Sectoral Investments for Improved Nutrition	Abhi Goyal, John Nicholson, Theresa Russo, Amanda Pomeroy, Alexis D'Agostino, Sarah Thornton	Yes	Yes
05/14/15to05/15/15	SPRING Nutrition-Sensitive Agriculture and Behavior Change Workshop	Ashley Aakesson, Kristina Beall, Victor Pinga	Yes	Yes
05/15/15	Sharing SBCC learnings from Alive & Thrive	Peggy Koniz-Booher	No	No
05/13/15	Ag2Nut Community Call: Nutrition Causal Analysis Tool from Action Contre La Faim	Abhi Goyal	Yes	No
05/04/15to05/08/15	Iron week: coalescing what we know and where we need to go	Sorrel Namaste	No	Yes
04/30/15	The Role of Increased Income and Women's	Abhi Goyal, John	Yes	Yes

Date	Title (Location)	SPRING Staff Attending	SPRING Hosted / Organized	SPRING Presented
	Empowerment on Nutrition	Nicholson, Theresa Russo, Heather Danton, Sarah Titus		
04/23/15	Ag2Nut Community Call: Measuring and Monitoring Gender Behavior Change	Abhi Goyal	Yes	No
04/21/15to04/22/15	Scaling Up Nutrition Workshop: Tracking of nutrition-relevant allocations in budgets	Alexis D'Agostino, Abel Muzoora	No	Yes
04/16/15to04/17/15	Consultative Workshop: Capacity development modules on Nutrition and Food Systems	Ashley Aakesson attended the Consultative Workshop: Capacity development modules on Nutrition and Food Systems. April 16 - 17, 2015, FAO Headquarters, Rome	No	No
04/10/15	SPRING-LOPIN Partners Technical Planning Meeting	Bridget Rogers, Barry Chovitz	Yes	Yes
04/09/15	Aflatoxin: The Agriculture, Nutrition and Behavior Change Perspectives	Kristina Beall, Victor Pinga, Barry Chovtiz	No	No
04/01/15	MIYCN-FP Working Group Meeting	Peggy Koniz-Booher, Kristina Beall, Agnes Guyon	Yes	No
03/28/15to03/31/15	Experimental Biology	Sorrel Namaste	No	Yes
03/28/15	The 21st Annual International Development Conference at Harvard Kennedy School	Heather Danton	No	Yes
03/25/15to03/26/15	Workshop to finalize the Kyrgyz Reopublic's national anemia protocol	Denish Moorthy, Michael Foley, Nazgul Abazbekova	Yes	Yes
03/25/15	Learning from World Bank History: Food Based Approaches for Addressing Malnutrition	John Nicholson, Abhi Goyal, Theresa Russo	Yes	No
03/19/15to03/20/15	Uganda National Anemia Stakeholders Workshop	Nancy Adero, Alex Mokori, Manhoar Shenoy, Elizebeth Madraa,Sorrel Namaste	Yes	Yes
03/19/15	SPRING/Kyrgyz Republic Launch Event	Carolyn Hart (SPRING/DC) and Michael Foley, Nazgul Abazbekova, Dinara	Yes	Yes

Date	Title (Location)	SPRING Staff Attending	SPRING Hosted / Organized	SPRING Presented
		Boronbaeva, Aida Shambetova, Zarina Dzansakova (SPRING/Kyrgyz Republic)		
03/16/15to03/17/15	Technical Meeting on the Diet and Eating Practices of Adolescent Girls and Women of Reproductive Age	Anu Narayan, Peggy Koniz-Booher, Ashley Aakesson, Kristina Beall, Sascha Lamstein, Anne Ballard (consultant), Virginia Burger	Yes	Yes
03/11/15to03/12/15	USAID Ghana Implementing Partners Meeting	Victor Pinga, Fiona Edwards, Edward Bonku	No	Yes
03/09/15	Using Demographic and Health Survey Data to Monitor and Evaluate Nutrition Programs	Abhi Goyal, John Nicholson, Danya Sarkar, Sorrel Namaste, Anu Narayan, Alexis D'Agostino	Yes	Yes
03/01/15to03/05/15	Technical and Operational Performance Support (TOPS)/Food Security and Nutrition (FSN) Network Asia Regional Knowledge Sharing Meeting	Kristina Beall, Peggy Koniz-Booher	No	Yes
03/02/15	Global Health Mini-University	Carolyn Hart, Lidan Du, Ashley Aakesson, Lauren Bailey, Sascha Lamstein, Virginia Burger, Danya Sarkar, Sarah Titus, Sarah Hogan, Jessica Tilahun, Alexis D'Agostino, Jolene Wun, Alyssa Klein, Sorrel Namaste	No	Yes
02/25/15	Measuring Integration: Developing Common Metrics for Integrated Agriculture and Nutrition Interventions	John Nicholson, Abhi Goyal, Theresa Russo	Yes	No
02/20/15	Ag2Nut Community Call: Conversation with Harvesting Nutrition Contest Winners and SecureNutrition Platform Staff	John Nicholson	Yes	No
02/18/15to02/19/15	Harvesting Nutrition: A Technical Seminar to Highlight Nutrition-Sensitive Projects	Lidan Du, Victor Pinga	No	No
02/18/15	PBN Case Study Baseline Data Validation Meeting	Amanda Pomeroy, Anu Narayan	No	Yes

Date	Title (Location)	SPRING Staff Attending	SPRING Hosted / Organized	SPRING Presented
02/17/15	Quantifying Sustainable Nutrition Security - Metrics Review Workshop	Sascha Lamstein, Victor Pinga	No	No
02/12/15to02/15/15	World Congress on Public Health Oral Presentation	Amanda Pomeroy-Stevens, Agnes Guyon, Nazmul Huda	No	Yes
02/13/15	2015 Global Nutrition Report and SUN COP 1 Call	Alexis D'Agostino	No	No
02/11/15	BFS Project Design Roundtable	Heather Danton, Sarah Titus, Samantha Clark, Alyssa Klein, Jessica Tilahun, Sarah Hogan, Victor Pinga	Yes	Yes
01/23/15	Measuring Resilience in Ethiopia	Lidan Du, Madeleine Smith, Ashley Aakesson	No	No
01/20/15	Growing Together: Using Experience from Burkina Faso to Define Intersectoral Integration	John Nicholson, Abhi Goyal, Theresa Russo	Yes	No
12/16/14	24th Forman Lecture: A Miracle Cure for Global Malnutrition? The Data Diet	Lidan Du, Denish Moorthy, Kristina Beall, Peggy Koniz-Booher, in person	No	No
12/16/14	Ag2Nut Community Call: What the Outcomes of the ICN2 Mean for Linking Food, Agriculture and Nutrition	John Nicholson, Victor Pinga	Yes	No
12/15/14	Special Event: Draft guidance for USAID-funded nutrition-sensitive programming webinar	John Nicholson, Heather Danton, Victor Pinga, Sarah Titus, Alyssa Klein, Samantha Clark, Lidan Du, Madeleine Smith, Others	No	No
12/13/14to12/14/14	Nutrition Global Learning and Evidence Exchange	Anu Narayan, Carolyn Hart, Kathleen Kurz (consultant)	No	Yes
12/08/14to12/11/14	mHealth Summit	Kristina Beall, Daniel Cothran	No	No
12/09/14	U.S. Leadership to Accelerate Progress on Nutrition: A Discussion on the First-Ever Global Nutrition Report	Ashley Aakesson, Lidan Du, Victor Pinga	No	No
12/05/14	Review of evidence to inform WHO/CDC recommendations on the use of ferritin	Sorrel Namaste	No	Yes

Date	Title (Location)	SPRING Staff Attending	SPRING Hosted / Organized	SPRING Presented
	concentrations to assess iron status in populations			
12/04/14	Handwashing and the Science of Habit--WASHPlus	Madeline Smith	No	No
12/03/14	WHAT IS GOOD FOR NUTRITION? by Save the Children	Lidan Du, Anu Narayan, Victor Pinga, Marjolein Moreaux	No	Yes
11/18/14to11/19/14	SUN Senior Officials' Meeting	Anu Narayan, Ryan Macabasco, Virginia Burger	No	No
11/16/14to11/18/14	Global Gathering	Anu Narayan	Yes	No
11/18/14	Ag2Nut Community Call: Agriculture-Nutrition at the Grand Challenges Meeting 2014	John Nicholson, Sarah Titus, Samantha Clark, Heather Danton, Victor Pinga	Yes	No
11/13/14to11/14/14	GETHealth Summit	Kristina Beall	No	Yes
11/12/14	Engaging Extension and Advisory Service Providers in Nutrition-Sensitive Agriculture: Focus on Ethiopia	John Nicholson, Ashley Aakesson, Victor Pinga, Heather Danton, Sarah Titus, Samantha Clark, Other SPRING staff	Yes	Yes
11/07/14	GAIN CULTIVATING NUTRITIOUS FOOD SYSTEMS	Lidan Du, Carolyn Hart	No	No
11/05/14to11/06/14	Designing the Future of Nutrition Social and Behavior Change Communication: How to Achieve Impact at Scale	Peggy Koniz-Booher, Ashley Aakesson, Anu Narayan, Carolyn Hart, Virginia Burger, Anne Ballard (consultant), John Nicholson, Alexis Strader, Alyssa Klein	Yes	Yes
11/05/14to11/06/14	Designing the Future of Nutrition Social and Behavior Change Communication: How to Achieve Impact at Scale	Anu Narayan, Carolyn Hart, Ashley Aakesson, Peggy Koniz-Booher, Sascha Lamstein, John Nicholson, Kristina Beall, Alexis Strader, Virginia Burger	Yes	Yes
10/29/14to10/31/14	Meeting of the Uganda National Working Group on Food Fortification (NWGFF)	Denish Moorthy	Yes	Yes

Date	Title (Location)	SPRING Staff Attending	SPRING Hosted / Organized	SPRING Presented
10/29/14	Engaging Extension and Advisory Service Providers in Nutrition-Sensitive Agriculture: Focus on Malawi	John Nicholson, Sarah Titus, Heather Danton, Victor Pinga, Samantha Clark,	Yes	No
10/23/14to10/24/14	SPRING-UGM Partners Technical Planning and Review Meeting	Bridget Rogers, Tobias Stillman	Yes	Yes
10/08/14	MIYCN-FP Working Group	Peggy Koniz-Booher, Kristina Beall, Virginia Burger	Yes	No
09/30/14to10/03/14	Third Global Symposium on Health Systems Research	Alexis D'Agostino	No	Yes

PMP Indicator 2.1.2: Number of networks or community of practice groups that SPRING leads or participates in

In addition to hosting and attending the high-level nutrition meetings mentioned above, SPRING led or participated in 28 networks or community of practice (COP) groups in PY4:

- 1000 Days Advocacy Group
- Agriculture, Nutrition & Health (ANH) Academy
- Agriculture-Nutrition Community of Practice
- Accelerated Reduction Effort on Anemia (AREA) Community of Practice
- Anemia Task Force
- Bread for the World Movement
- CORE Group Nutrition Working Group
- CORE Group SBCC Working Group
- Emergency Nutrition Network (ENN), especially Field Exchange
- FAO: Global Forum on Food Security and Nutrition
- Global Health Knowledge Collaborative
- Global Nutrition Report, through blog
- HIPNET Health Information Professionals Network
- IATT Working Group on Infant and Child Survival
- MIYCN-FP Technical Working Group
- mHealth Technical Working Group
- mHealth Working Group (interagency)
- Nexus between WASH, Nutrition, and Feed the Future Community of Practice

- NYAS nutrition research agenda working group - delivery science focus area
- Partnership for HIV-Free Survival (PHFS)
- Secure Nutrition
- Social Media Interagency Working Group
- SUN COP1: Planning, Costing, Implementing and Financing Multi-sectoral Actions for Improved Nutrition
- TOPS Food Security and Nutrition (FSN) Network -- Nutrition and Agriculture Linkages in Africa Network Interest Group
- TOPS FSN Network – Knowledge Management Task Force
- TOPS FSN Network –SBC Task Force
- USAID Bureau for Food Security (BFS) Agrilinks Knowledge Sharing Platform
- USAID: FOSTER

PMP Indicator 2.2.1: Research and evaluation activities conducted by SPRING

Twenty-two research and/or evaluation activities were underway or completed in PY4:

1. Bangladesh: Evaluation of Tippy Tap use in FNS and non-FNS households (report drafted)
2. Bangladesh: Cohort study on sustainability of ENA/EHA actions (baseline fieldwork completed)
3. Bangladesh: Spillover/Diffusion study of uptake of ENA/EHA practices by neighbors of FSN participants (protocol finalized; fieldwork begun in Q4)
4. Kyrgyz Republic: Baseline household survey in two SPRING oblasts plus one comparison area (report finalized)
5. Kyrgyz Republic: Formative research on factors influencing nutrition-related behaviors (report finalized)
6. Haiti: Exploring Approaches to Building Capacity for Nutrition Assessment, Counseling, and Support Services (report finalized)
7. Uganda: Evaluation of integration of NACS into routine health care in health facilities where SPRING/ Uganda operates (report drafted for third round of data collection)
8. Uganda: Household survey of uptake of nutrition practices in SPRING districts (report drafted for second round of data collection)
9. Uganda: Evaluation of the effects of alternative packaging on IFA compliance (Research firm selected – to take place in PY5)
10. Uganda: Qualitative research/process documentation on developing multi-sectoral anemia control strategies at the national level (preliminary findings in Uganda drafted)
11. Uganda: Evaluation of the MNP delivery methods (MNP procurement for study initiated, implementation in PY5)
12. Nigeria (core SBCC): Evaluation of the impact of the UNICEF C-IYCF counseling package in Nigeria (baseline data collection complete; analysis ongoing)
13. Burkina Faso (core Sahel): Radio capacity assessment to evaluate the extent to which the project has built technical capacity of local radio stations and enhanced their reach (ongoing)

14. Burkina Faso (core Sahel): Qualitative study called "The Social Spread of a Spot" that will investigate the social impact of the radio campaign at the community level (ongoing)
15. Niger (core Sahel): Formative Research to define priority video content and determinants of behaviors to address in the videos (fieldwork completed in Q2 – report still being finalized)
16. Niger (core Sahel): Mixed methods evaluation which includes a qualitative participatory stakeholder workshop conducted in July to assess the acceptability of the SPRING/DG pilot intervention in the Maradi context; baseline, midline and endline quantitative data collection; and a costing analysis summarizing the costs associated with various components of the proof of concept and the estimated cost of potential scale-up. (data collection completed – analysis and writing ongoing).
17. Global Anemia: Landscape analysis of anemia trends and anemia-related practices in Ghana (first draft submitted to USAID for review)
18. Global Anemia: Landscape analysis of anemia trends and anemia-related practices in Sierra Leone (first draft submitted to USAID for review)
19. Global Ag-Nut: Formative research on key influencers of household food access in the Western Highlands of Guatemala (report finalized)
20. Global Systems: Review of early-life nutrition and NCD prevention programs for USAID implementation guidance brief (report submitted to USAID as final)
21. Global Systems: Qualitative research on USAID nutrition-related projects on defining and achieving scale (report finalized)
22. Global Systems: Mixed method longitudinal study in Uganda and Nepal ("Pathways to Better Nutrition") examining the changes in prioritization and financing of nutrition activities in both countries under their national nutrition action plans. (Uganda endline complete, Nepal endline in process, analysis of all data from all levels and data streams being analyzed for final reporting in Q2 of FY16)

PMP Indicator 2.2.2: Number of instances where standard nutrition metrics are improved based on SPRING inputs

There were four activities in PY4 that contributed to improved nutrition metrics:

1. Guidance document to help USAID Missions and implementing partners collect and report on a new indicator related to nutrient-rich value chain commodities (NRVCC). The document will assist USAID missions and implementing partners collecting and reporting data for this new FTF nutrition-sensitive agriculture indicator, by providing guidance on appropriate data collection methods. This will contribute to improved nutrition metrics by helping implementing partners report more effectively and with improved data quality. It will help USAID activities capture to what extent agriculture market systems interventions improve nutrition through production and consumption of a nutrient-rich commodity. The fieldwork for this activity was completed in Bangladesh, Cambodia, Malawi, and Zambia between April and September. The guidance document itself will be completed and submitted to USAID in FY16.
2. Budget Analysis Tool. The success of national nutrition plans relies heavily on adequate funding, but because of its multi-sectoral nature, planning and budgeting for nutrition work is not easy. Nutrition advocates lack access to accurate and timely financial data, which impacts their ability to ensure adequate nutrition resources. To address these important gaps, SPRING has developed an easy-to-use tool for

nutrition stakeholders to learn where the funding is, understand existing resource gaps, and advocate for adequate budgets. The tool contributes to improved nutrition metrics by providing a methodology for defining, collecting, and analyzing data on nutrition budgets and allocations. The tool was completed in PY4 and is available on the SPRING website.

3. REF-NACS. A Toolkit for Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support (NACS).The purpose of the toolkit is to help program implementers gather information on the capacity of health facilities to implement NACS for pregnant women, children, and people living with HIV (PLHIV). SPRING developed this set of tools in collaboration with other USAID-funded projects (FANTA, LIFT, and ASSIST), to assist countries in strengthening NACS services provided through the health system. The toolkit contributes to improved nutrition metrics by defining priority measures of the provision and quality of nutrition services, particularly nutrition counseling which has not been consistently defined or measured. It provides a standardized set of instruments and guidance to enhance data quality. The toolkit was completed in PY4 and is available on the SPRING website.
4. Workforce Mapping Tool. The purpose of the tool is provide program managers, human resource managers, capacity building and quality improvement consultants, and technical assistance providers from donors and Ministries of Health with a relatively simple, but comprehensive, way to collect data on nutrition-specific actions performed by health workers at different levels within the health system. The tool contributes to improved nutrition metrics by calculating nutrition workforce size, composition, qualification, availability, gaps, and training status within different levels of the health facility. Furthermore, the tools assist in the collection and comparison of data on various cadres of health workers regarding their training, responsibilities, and tasks. The tool was completed in PY4 and is available on the SPRING website.

PMP Indicator 2.2.3.Documents (reports, tools, statements) produced by SPRING

During PY4, SPRING was able to take advantage of its rich experience in project implementation at the country and global levels, to produce a sizable number of documents to contribute to the global evidence base. The major documents are shown in Table 10 below. The table displays key documents finalized during PY4, including journal articles, reports, videos, briefs, news items, success stories, posters/presentations, tools, job aids, and training materials. The only items counted are those that have been finalized and posted on the website.

Table 12. Documents Completed and Finalized

Title of document	Quarter	Type
Side-by-Side Summary of Two Packages that Support Community-Based Infant and Young Child Feeding Programs	**FY15 Q1**	Briefs
Linking Birth Outcomes to Diabetes Mellitus: An Exploratory Review	**FY15 Q1**	Briefs
Factors Affecting Nutrition around Nepal	**FY15 Q1**	Briefs
SBCC Pathways for Improved Maternal, Infant, and Young Child Nutrition Practices	**FY15 Q1**	Briefs
SPRING/Uganda Launch of the Great Mothers Healthy Children Community Campaign	**FY15 Q1**	News
VIP USAID Delegation Visits Farmer Nutrition Schools in Bagerhat	**FY15 Q1**	News
SPRING/Bangladesh Celebrates World Handwashing Day	**FY15 Q1**	News

Title of document	Quarter	Type
Understanding "Scale-Up" for More Purposeful and Effective Use of Systems Thinking to Improve Nutrition	**FY15 Q1**	Posters
Household Decision-Making on Homestead Food Production	**FY15 Q1**	Reports
Using a Community-Led Video Approach to Promote Maternal, Infant, and Young Child Nutrition in Odisha, India	**FY15 Q1**	Reports
Agriculture and Nutrition Resource Review (December 2014)	**FY15 Q1**	Resource Review
Agriculture and Nutrition Resource Review (November 2014)	**FY15 Q1**	Resource Review
Agriculture and Nutrition Resource Review (October 2014)	**FY15 Q1**	Resource Review
Queen of Sweet Gourd	**FY15 Q1**	Success Stories
Using OJT for Better Nutrition in Haiti	**FY15 Q1**	Success Stories
Building Capacity for Change: Community Workers Making a Difference in Nigerian Communities	**FY15 Q1**	Success Stories
Support Groups Making a Difference in Women's Lives: Baby Aisha's Story	**FY15 Q1**	Success Stories
"Great Mothers, Healthy Children" Campaign Helps a Community Improve Nutrition	**FY15 Q1**	Success Stories
Mothers Becoming Homestead Farmers in Bangladesh	**FY15 Q1**	Success Stories
A Guide to Context Assessment Tools for Linking Agriculture and Nutrition	**FY15 Q1**	Tool
Basanti's Story	**FY15 Q1**	Videos
Leveraging Community-led Video for Nutrition	**FY15 Q1**	Videos
A Guide to Context Assessment Tools for Linking Agriculture and Nutrition	**FY15 Q2**	Job Aids and Tools
Context Assessment Tool	**FY15 Q2**	Job Aids and Tools
Feeding Girl Power: Improving Diet and Eating Practices of Adolescent Girls	**FY15 Q2**	News
SPRING Featured in Emergency Nutrition Network's Field Exchange	**FY15 Q2**	News
SPRING/Bangladesh Promotes Good Nutrition and Hand-Washing at Agriculture Fair	**FY15 Q2**	News
SPRING/Bangladesh Presents at 14th World Congress on Public Health	**FY15 Q2**	News
SPRING Co-Hosts Training Workshop to Strengthen Budget Planning and Analysis	**FY15 Q2**	News
Local Voices for Change: Community Radio to Improve Nutrition in Burkina Faso	**FY15 Q2**	News
SPRING/Kyrgyz Republic and the Republican Center for Health Promotion Discuss National Nutrition Messaging	**FY15 Q2**	News
The Role of Increased Income and Women's Empowerment on Nutrition	**FY15 Q2**	Reports
Agriculture and Nutrition Resource Review (March 2015)	**FY15 Q2**	Resource Review
Agriculture and Nutrition Resource Review (February 2015)	**FY15 Q2**	Resource Review
Agriculture and Nutrition Resource Review (January 2015)	**FY15 Q2**	Resource Review
Cashing in on Improved Hatching Pots	**FY15 Q2**	Success Stories

Title of document	Quarter	Type
Farmer Nutrition School Session Guide	**FY15 Q2**	Training Materials
Essential Nutrition Actions and Essential Hygiene Actions: A Reference Handbook for Peace Corps Volunteers and Community Volunteers	**FY15 Q2**	Training Materials
Essential Nutrition Actions and Essential Hygiene Actions: A Four Hour Orientation for Peace Corps Volunteers and Community Volunteers	**FY15 Q2**	Training Materials
Essential Nutrition Actions and Essential Hygiene Actions: A Training Guide for Peace Corps Health Volunteers and Peace Corps Staff	**FY15 Q2**	Training Materials
Essential Nutrition Actions and Essential Hygiene Actions: A Training Guide for Peace Corps Volunteers and Community Volunteers	**FY15 Q2**	Training Materials
International Women's Day Message from SPRING's Anu Narayan	**FY15 Q2**	Videos
Use of Aggregated Lot Quality Assurance Sampling Methods in Uganda to Provide Implementation-Relevant Evaluation Data	**FY15 Q3**	Posters
Increasing Nutrition Sensitivity of Value Chains: A Review of Two Feed the Future Projects in Guatemala	**FY15 Q3**	Briefs
Nutrition Financing: Why Does It Matter?	**FY15 Q3**	Videos
Nutrition and Development of Children Under Two Years of Age | Эки жашка толо элек наристелердин тамактануусу жана жетилиши	**FY15 Q3**	Job aids and tools
Leveraging Agriculture for Nutritional Impact through the Feed the Future Initiative	**FY15 Q3**	Journal articles
Iron-Folic Acid Distribution and Consumption Through Antenatal Care: Identifying Barriers Across Countries	**FY15 Q3**	Journal articles
Annex: SPRING Pathways to Better Nutrition Budget Methods - Uganda	**FY15 Q3**	Briefs
Strategic Agenda for At-Scale SBCC	**FY15 Q3**	Videos
Formative Research: Key Influencers of Household Food Access in the Western Highlands of Guatemala	**FY15 Q3**	Reports
Systems Thinking and Action for Nutrition	**FY15 Q3**	Briefs
Nutrition Workforce Mapping Toolkit	**FY15 Q3**	Job aids and tools
Tool for Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support: A User's Guide	**FY15 Q3**	Job aids and tools
Designing the Future of Nutrition SBCC: How to Achieve Impact at Scale Video	**FY15 Q3**	Videos
Community Video for Nutrition Guide	**FY15 Q3**	Series
USAID Launches SPRING in the Kyrgyz Republic	**FY15 Q3**	News
For the Long Haul: Financing Sustained Commitment to Nutrition	**FY15 Q4**	Briefs
Annex: SPRING Pathways to Better Nutrition Qualitative Methods - Nepal	**FY15 Q4**	Briefs
Annex: SPRING Pathways to Better Nutrition Budget Methods - Nepal	**FY15 Q4**	Briefs
Annex: SPRING Pathways to Better Nutrition Budget Methods - Uganda	**FY15 Q4**	Briefs

Title of document	Quarter	Type
Strengthening the Links between Nutrition and Health Outcomes and Agricultural Research	**FY15 Q4**	Journal Articles
Uganda National Working Group on Food Fortification Receives Ethiopian Delegation	**FY15 Q4**	News
SPRING Joins Global Leaders for International Conference on Integrated Nutrition for East Africa	**FY15 Q4**	News
USAID Acting Administrator Visits a SPRING/Bangladesh Farmer Nutrition School	**FY15 Q4**	News
Project Improves Nigerian Capacity to Deliver Infant and Young Child Feeding Messages	**FY15 Q4**	News
SPRING/Uganda Celebrates World Breastfeeding Week 2015	**FY15 Q4**	News
SPRING/Bangladesh Recognized by the Government of Bangladesh on World Population Day	**FY15 Q4**	News
Tippy Taps and Community Nutrition Champions to Play a Larger Role in Bangladesh	**FY15 Q4**	News
SPRING/Bangladesh Celebrates World Breastfeeding Week with Multiple Events	**FY15 Q4**	News
Nutrition Financing Takes Center Stage at Major International Conferences	**FY15 Q4**	News
From Policy to Practice: Learning from the Multi-sectoral Uganda Nutrition Action Plan Implementation in Kisoro District	**FY15 Q4**	Posters
A More Plentiful Home	**FY15 Q4**	Success Stories
Local Video: How Can Working Parents Feed Their Young Children Frequently?	**FY15 Q4**	Videos
Local Video: How Can We Ensure Dietary Diversity in the Sahel?	**FY15 Q4**	Videos
Local Video: How to Exclusively Breastfeed?	**FY15 Q4**	Videos
Local Video: A Good Start to Exclusive Breastfeeding	**FY15 Q4**	Videos
Local Video: Responsive Feeding is Possible	**FY15 Q4**	Videos
Local Video: Men Support Handwashing in Maradi	**FY15 Q4**	Videos

PMP Indicator 2.2.4: Number of unique visits on SPRING website

The number of unique visitors to the SPRING website continued to increase over the project year, from 9,636 in Q1 to 15,523 in Q3, tailing off slightly to 14,854 in Q4. In total, 48,426 unique visitors were reached over the year. Please see the Knowledge Management section of this report for more statistics on the SPRING website.

Appendix 2: PMP and Progress Tracking

No.	Indicator	Achievements – FY15				
		Q1	Q2	Q3	Q4	Total
Strategic Objective: Policies and programs to scale up effective nutrition services improved						
1	Number of children under five reached by USG-supported nutrition programs	485,957	532,564	536,810	595,706	2,151,037
2	Number of children under five who received vitamin A from USG-supported programs	0	0	0	10,611	10,611
IR 1: Country-specific approaches to scale up nutrition programs improved						
1.1	Number of situational analysis/ landscape analysis carried out by SPRING	2	2	2	2	2
1.2	Number of people trained in child health and nutrition through USG-supported health area programs	2,162	4,180	16,645	14,525	37,512
1.3	Number of facilities or services (e.g., health facilities, farmer field schools, others) reached with SPRING support	3,086	3,152	3,596	3,763	3,921
1.4	Number of institutions reached with SPRING support	46	79	81	85	103
1.5	Number of health facilities with established capacity to manage acute under-nutrition	Reported annually: Uganda: 51 facilities supported by SPRING Haiti: 17 facilities supported by SPRING Mali: 4 facilities supported by SPRING				72
1.6	Number of instances of technical assistance provided to SPRING-supported countries (se Appendix 3 for description of TA trips)	22	19	22	21	84
Sub Result 1.1: Country-specific SBCC programs strengthened						
1.1.1	Estimated number of contacts made through SBCC activities - Mission funding only	893,847	992,316	1,051,197	1,224,658	4,162,018
1.1.1	- Including Sahel core funding	893,847	993,677	2,214,581	2,386,683	6,488,788
1.1.2	Number of people accessing nutrition e-learning module	N/A	N/A	N/A	N/A	N/A
See also indicators 1.2, 1.3, 1.4, 1.6						

Sub-Result 1.2: Country-specific approaches to improve dietary quality and diversity (including micronutrient adequacy) advanced						
See indicators 1.2, 1.3, 1.4, 1.6						
Sub-Result 1.3: Country-specific scale-up of evidence based nutrition interventions supported						
1.3.1	Number of geographic units reached by SPRING activities	80	121	181	208	213
1.3.2	Percent of geographic units in the country reached by SPRING activities	See Appendix 1, Table 7				
1.3.3	Percent of target population reached on SPRING -supported geographic units	Under analysis				
See also indicators 1.2, 1.3, 1.4, 1.6						
IR 2: Global evidence base, advocacy platforms, and policies for nutrition expanded						
2.1	Number and type of dissemination activities supported by SPRING	36	37	27	30	130
Sub-Result 2.1: Policy and advocacy efforts to support food and nutrition policies and programming strengthened						
2.1.1	Number of country, regional, and global meetings conducted or attended	22	21	18	11	72
2.1.2	Number of networks or community of practice groups that SPRING leads or participates in	25	25	26	28	28
Sub-Result 2.2: Evidence base learning, M&E for effective approaches to scale-up nutrition services expanded						
2.2.1	Number of research and evaluation activities conducted by SPRING	23	23	21	18	22
2.2.2	Number of instances where standard nutrition metrics are improved based on SPRING inputs	Reported on an annual basis. See narrative section. There were four activities which contributed to improved metrics				4
2.2.3	Number of documents (reports, tools, statements) produced by SPRING	14 finalized	15 finalized	15 finalized	22 finalized	79 finalized
2.2.4	Number of unique visits to SPRING website	9,636	11,735	15,523	14,854	48,426

Appendix 3: Accumulated Travel for PY4

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q1	2-Oct-14	20-Nov-14	Judiann McNulty	Kyrgyz Republic	Yes	Country	To conduct a follow up visit to support SPRING/Kyrgyzstan baseline completion, staff recruitment and staff development.
Q1	5-Oct-14	25-Oct-14	Telesphore Kabore	Uganda	Yes	Country	To support the SPRING/Uganda SBCC team in the implementation of an effective community-based "model" for prevention of malnutrition.
Q1	13-Oct-14	31-Oct-14	Lauren Bailey Agnes Guyon Madeleine Smith	Mali	Yes	Country	To provide technical assistance to a work planning process with the SPRING/Mali team to develop the project's work plan for FY15.
Q1	13-Oct-14	18-Oct-15	Toby Stillman Carolyn Hart	Uganda	Yes	Country Project Management	To provide management support to the SPRING/Uganda team following the SPRING/Uganda Country Manager taking a medical leave of absence.
Q1	14-Oct-14	17-Oct-14	Monica Biradavolu	Nepal	No	Core	To introduce Monica Biradavolu to Nepal case study team and contacts.
Q1	19-Oct-14	24-Oct-14	Isaac Kulimushi	Mali	Yes	Country	To provide technical assistance to a work planning process with the SPRING/Mali Team to develop the project's work plan for FY15.
Q1	26-Oct-14	1-Nov-14	Waverly Rennie	Burkina Faso	Yes	Core	To support the implementation of community media programming in Burkina Faso and design formative research.
Q1	27-Oct-14	6-Nov-14	Gulzar Akbar Marjolein Moreaux	Niger	Yes	Core	To introduce the DG representative to REGIS-ER and other partners' staff, to clarify working relationships between DG and REGIS-ER, and to conduct initial formative research related to the SPRING/DG community video innovation pilot in Maradi.
Q1	28-Oct-14	4-Nov-14	Denish Moorthy	Uganda	No	Core	To participate in the Food Fortification Workshop Meetings in order to gain better understanding of fortification-related activities undertaken by SPRING in Uganda.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q1	31-Oct-14	5-Dec-14	Madeline Smith Waverly Rennie	Senegal	Yes	Core	To support the development of a nutrition integration strategy between USAID/Senegal implementing partners, develop a more robust SBCC strategy for nutrition and agriculture activities, and identify and document key lessons learned and better practices for agriculture and nutrition linkages.
Q1	2-Nov-14	8-Nov-14	Edward Bonku	United States	No	Country	To participate in the GAIN and USAID/SPRING SBCC conference on November 5-6, 2014, and conduct the SPRING on-boarding/orientation process.
Q1	3-Nov-14	28-Nov-14	Frank DeSarbo Gustavo Sanchez	Uganda	Yes	Country	To provide management, financial, and operational support to the SPRING/Uganda team. Trip was cut short due to injury.
Q1	3-Nov-14	14-Nov-14	Kristen Kappos Toby Stillman	Ghana	Yes	Country	To provide technical assistance to a planning workshop with the SPRING/Ghana team to operationalize the project's work plan for FY15, and provide operational support to the team.
Q1	5-Nov-14	25-Nov-14	Donna Sherard	Ghana	Yes	Country	To provide technical assistance for the development of a social and behavior change strategy and the initial SBCC activities on nutrition for the SPRING/Ghana project.
Q1	8-Nov-14	16-Nov-14	Ram Shrestha	Ghana	Yes	Country	To provide technical assistance to the SPRING/Ghana team during a work plan review exercise, and receive an orientation of the SPRING/Ghana program.
Q1	9-Nov-14	21-Nov-14	Marcia Griffiths	Ghana	Yes	Country	To provide technical assistance for the development of a social and behavior change strategy and the initial SBCC activities on nutrition for the SPRING/Ghana project.
Q1	9-Nov-14	12-Nov-14	Aida Shambatova Askar Mambetaliev Judiann McNulty Saikal Bozova	Tajikistan	No	Country	To build the capacity of the SPRING/Kyrgyz Republic project specialists through a cross-visit to a regional Save the Children International project doing similar work in Tajikistan.
Q1	10-Nov-14	5-Dec-14	Sorrel Namaste	Ghana	Yes	Country	To provide technical assistance to the SPRING/Ghana team on anemia-related activities in the PY1 work plan.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q1	10-Nov-14	18-Nov-14	Peggy Koniz-Booher	India	No	Core	To participate in two high level events and follow-up work in New Delhi, India: the Digital Green/World Bank and IFPRI SAFANSI workshop, and the UNICEF Regional Stop Stunting: Improving Child Feeding, Women's Nutrition, and Household Sanitation in South Asia Conference.
Q1	16-Nov-14	22-Nov-14	Matthias Aneinini	United States	No	Country	To work with SPRING home office Finance and Operations team on the development and streamlining of financial, operational, and contractual policies and procedures for the SPRING/Ghana project.
Q1	16-Nov-14	18-Nov-14	Virginia Burger Ryan Macabasco Anu Narayan	Italy	No	Core	To participate and provide logistical support to our USAID colleagues in hosting the SUN Senior Officials workshop on 18 November 2014.
Q1	23-Nov-14	24-Nov-14	Indu Sharma	Singapore	No	Core	To undertake Qualitative Research Software: Two Day NVivo Training Workshop for analyzing district-level data of PBN Case Study in Nepal.
Q1	24-Nov-14	19-Dec-14	Kristen Kappos	Uganda	No	Country	To provide operational and technical support to the SPRING/Uganda team on program implementation.
Q1	30-Nov-14	5-Dec-14	Kristina Beall Heather Danton Alyssa Klein John Nicholson	Guatemala	Yes	Core	To facilitate a two-day, 80 person workshop with USAID and Feed the Future implementing partners on the WHIP
Q1	1-Dec-14	12-Dec-14	Alexis D'Agostino	Uganda	Yes	Core	To conduct follow-up interviews and budget data collection for the Pathways to Better Nutrition case study project.
Q1	1-Dec-14	12-Dec-14	Sascha Lamstein	Nigeria	Yes	Core	To support the evaluation of the UNICEF IYCF counseling package.
Q1	3-Dec-14	5-Dec-14	Sorrel Namaste	Switzerland	No	Core	To present and review evidence on measuring iron status using ferritin in settings with a high prevalence of inflammation.
Q1	7-Dec-14	20-Dec-14	Bridget Rogers	Kyrgyz	Yes	Country	To support SPRING/Kyrgyzstan project start-up.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
				Republic			
Q1	8-Dec-14	12-Dec-14	Tom Schaetzel	Uganda	Yes	Core	To provide technical support for the finalization of the micronutrient powder pilot communication plan.
Q1	8-Dec-14	16-Dec-14	Carolyn Hart Anu Narayan Kathleen Kurz Nemat Hajeebhoy Truong Quoc Hung Pattanee Winichagoon Chessa Lutter	Cambodia	No	Core Project Management	To participate in the Nut-GLEE.
Q1	8-Dec-14	12-Dec-14	Peggy Koniz-Booher Waverly Rennie	Burkina Faso	Yes	Core	To support the start-up of the community radio sub-award to DMI in Burkina Faso.
Q1	8-Dec-14	12-Dec-14	Tim Williams	Haiti	Yes	Country	To provide technical assistance and work with the SPRING/Haiti team to improve M&E processes.
Q1	14-Dec-14	20-Dec-14	Marjolein Moreaux	Niger	Yes	Core	To prepare the field for start-up of the SPRING community video activities in Maradi, Niger.
Q2	4-Jan-15	15-Jan-15	Lidan Du	Uganda	Yes	Core	To disseminate interim findings at national and district level for the PBN Case Study.
Q2	10-Jan-15	28-Jan-15	Kolawole Oyediran	Nigeria	Yes	Core	To support the evaluation of the UNICEF C-IYCF counseling package.
Q2	13-Jan-15	14-Jan-15	Joanna Murray (DMI)	United States	No	Core	To participate in the Sahel Community Media Research Technical Advisory Group, and to update the Burkina Faso work plan and research plan.
Q2	20-Jan-15	15-Feb-15	Teemar Fisseha	Haiti	Yes	Core	To support the qualitative data collection component of the follow-up data collection for the Haiti On-the-Job Training Operations Research.
Q2	26-Jan-15	13-Feb-15	Donna Sherard	Ghana	Yes	Country	To orient new SBCC Officers and work with them and the SPRING/Ghana team to initiate the implementation of the SBCC activities.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q2	2-Feb-15	9-Feb-15	Mike Foley	Kyrgyz Republic	No	Country	To provide interim country management and begin on-boarding process.
Q2	7-Feb-15	22-Feb-15	Waverly Rennie	Burkina Faso	Yes	Core	To support the start-up of the community radio sub-award to DMI in Burkina Faso.
Q2	8-Feb-15	25-Feb-15	Amanda Pomeroy-Stevens Anu Narayan (Nepal only) Monica Biradavolu (Nepal only)	Nepal and India	No	Core	To attend national data dissemination meetings and budget data validation (Nepal), and to attend the World Congress of Public Health (India)
Q2	8-Feb-15	14-Feb-15	Maryanne Stone-Jimenez Mary Lung'aho	Kyrgyz Republic	Yes	Country	To support the Training of Trainers and provide leadership for the national and oblast training teams in the approved Ministry of Health, 3-day curriculum.
Q2	9-Feb-15	18-Feb-15	Joy Del Rosso	Uganda	Yes	Country	To support the SPRING/Uganda SBCC team in the implementation of the community-based nutrition model, and develop a methodology for documenting lessons learned.
Q2	9-Feb-15	15-Feb-15	Barry Chovitz Betsy Ott Bridget Rogers Carolyn Hart Jolene Wun Kristen Kappos Lauren Bailey Nathalie Albrow Ryan Macabasco Tim Williams Toby Stillman Sascha Lamstein Madeleine Smith Aaron Hawkins Alex Mokori Fiona Edwards Isaac Kulimushi Jide Adebisi	Turkey	No	Country Core Project Management	To facilitate a semi-annual review of country programs with senior field staff, on-board new leadership staff, and contribute to overall program learning.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
			Michael Foley Nicole Racine				
Q2	9-Feb-15	3-Mar-15	Marjolein Moreaux Nancy Keith	Niger	Yes	Core	To provide technical support and oversight to Digital Green and local partners during a series of community video trainings.
Q2	10-Feb-15	2-Mar-15	Akbar Gulzar (Digital Green) Avinash Upadhyay (Digital Green)	Niger	Yes	Core	To facilitate a series of video production, monitoring and evaluation, and video dissemination trainings for the DG program field staff and 40 community disseminators.
Q2	10-Feb-15	16-Feb-15	Nazmul Huda Agnes Guyon	India	No	Core	To deliver presentation at the World Congress of Public Health.
Q2	15-Feb-15	18-Feb-15	Sergio Hugo Gonzales Claudia Yolanda Donis Marta Maria Molina Kato Kikomeko Boaz Musiimenta Maureen Bakunzi	Switzerland	No	Core	To participate in the Global Conference on The Prevention and Management of Conflict of Interest in the SUN Movement.
Q2	16-Feb-15	28-Feb-15	Judiann McNulty	Kyrgyz Republic	Yes	Country	To conduct a follow-up visit to provide technical support to the SPRING rollout of IYCF training and community work.
Q2	19-Feb-15	7-Mar-15	Steve Sara Ian Moise (shorter trip)	Ghana	Yes	Country	To develop an integrated WASH/environmental enteropathy strategy that reinforces existing nutrition activities, contributes to reduction in childhood stunting, and supports SPRING outcomes.
Q2	23-Feb-15	27-Feb-15	Bridget Rogers Barry Chovitz	Nigeria	Yes	Country	To facilitate the SPRING-LOPIN partnership workshop meeting for the rollout of the C-IYCF in three Nigerian states.
Q2	25-Feb-15	10-Mar-15	Victor Pinga	Ghana	Yes	Country	To assist in the development and implementation of the project's agricultural activities related to aflatoxin reduction.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q2	1-Mar-15	5-Mar-15	Peggy Koniz-Booher Kristina Beall	Bangladesh	No	Core	To facilitate and participate in sessions at TOPS/FSN Network Asia Regional Knowledge Sharing Meeting.
Q2	9-Mar-15	20-Mar-15	Leanne Dougherty	Niger	Yes	Core	To oversee/participate in the initial quantitative research training, and to ensure the initial baseline data collection efforts are appropriately executed.
Q2	11-Mar-15	20-Mar-15	Carolyn Hart	Uganda Kyrgyz Republic	Yes	Project Management	To introduce the new senior management of the SPRING/Uganda project to the Uganda USAID Mission and SPRING team, and to participate in the SPRING/Kyrgyz Republic project launch.
Q2	13-Mar-15	24-Mar-15	Isaac Kulimushi	United States	No	Country	To attend the HKI Leader Orientation, and to meet with the SPRING Home Office staff for management and programmatic meetings.
Q2	14-Mar-15	24-Mar-15	Sorrel Namaste	Uganda	Yes	Core	To support national anemia strengthening activities.
Q2	19-Mar-15	31-Mar-15	Telesphore E.L.Kabore	Uganda	Yes	Country	To support the SPRING/Uganda SBCC team in reviewing the implementation of Community Action Group activities and fine-tuning a monitoring plan for the Community Action Group activities.
Q2	21-Mar-15	7-Apr-15	Marcia Griffiths (Manoff)	Ghana	Yes	Country	To finalize the counseling program for the first 1,000 days programming of SPRING/Ghana and build capacity for local SBCC officers.
Q2	23-Mar-15	27-Mar-15	Denish Moorthy	Kyrgyz Republic	Yes	Country	To review and support finalization of the national anemia protocol in collaboration with the Kyrgyz Republic MOH.
Q3	27-Mar-15	11-Apr-15	Ann Tarini	Mali	Yes	Country	To facilitate ENA/EHA trainings.
Q3	30-Mar-15	11-Apr-15	Judiann McNulty	Guatemala	Yes	Core	To share findings from formative research through the design and facilitation of two presentations and a full-day workshop.
Q3	6-Apr-15	11-Apr-15	Alyssa Klein	Guatemala	Yes	Core	To share findings from formative research through the design and facilitation of two presentations and a full-day workshop.
Q3	9-Apr-15	23-Apr-15	Lidan Du Antonio Calzada	Bangladesh	No	Core	To document and understand approaches currently being used to collect GM data and NRVCC set-aside

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
							data.
Q3	15-Apr-15	1-May-15	Madeleine Smith	Mali	Yes	Country	To provide technical assistance on nutrition and livelihood activities, and support the integration of nutrition-sensitive agriculture and related SBCC activities.
Q3	15-Apr-15	19-Apr-15	Ashley Aakesson	Italy	No	Core	To represent SPRING at the consultation workshop.
Q3	16-Apr-15	25-Apr-15	Tim Williams Nathalie Albrow	Haiti	Yes	Country	To assess progress against the SPRING/Haiti FY15 work plan and provide a general orientation to the two newly hired SPRING/Haiti staff (Nathalie), and to orient the new SPRING/Haiti Monitoring and Evaluation Officer to the SPRING Project's overall strategic information systems / requirements and general state-of-the-art M&E practices (Tim).
Q3	18-Apr-15	24-Apr-15	Alexi D'Agostino	Uganda	No	Core	To attend the SUN Workshop and present SPRING findings at the workshop.
Q3	20-Apr-15	1-May-15	Marjolein Moreaux Avinash Upadhyay	Niger	Yes	Core	To support SPRING Sahel program implementation by working on the production of the next two community nutrition videos.
Q3	27-Apr-15	8-May-15	Phil Harvey	Ghana	Yes	Core Country	To assist in the development of a protocol for IFA supplementation in adolescents in Ghana, and the development of a curriculum for anemia training at the facility and community level.
Q3	27-Apr-15	8-May-15	Heather Danton Sarah Titus	Rwanda	Yes	Core	To provide technical assistance to identify pathways and approaches for better integrating nutrition into Feed the Future's agricultural programming in Rwanda.
Q3	27-Apr-15	5-May-15	Jack Bagriansky	Kyrgyz Republic	Yes	Country	To orient the contracted marketing company to the objectives of the media campaign, baseline information on media use, and relevant findings from the formative research, and to build capacity of SPRING staff to write creative briefs through finalization of the draft briefs.
Q3	28-Apr-15	14-May-15	Tim Williams	Kyrgyz Republic	Yes	Country	To support M&E work for the SPRING/Kyrgyz Republic project.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q3	4-May-15	15-May-15	Jacob Odentz	Ghana	Yes	Country	To provide a review of the project's financial and operational activities and provide recommendations for improvement (where necessary).
Q3	10-May-15	16-May-15	Nathalie Albrow	Uganda	Yes	Country	To support the management transition that recently occurred with the arrival of the new Chief of Party and Deputy Chief of Party of Finance and Operations, assess how staff are adjusting to the changes and how activities are progressing.
Q3	12-May-15	28-May-15	Ashley Aakesson Kristina Beall	Kyrgyz Republic	Yes	Core	To provide technical assistance to develop supplemental SBCC materials, training modules and job aids, and lead a capacity-building workshop with the Agro-Horizon project.
Q3	12-May-15	21-May-15	Victor Pinga	Kyrgyz Republic	Yes	Core	To support the country program in the development and implementation of agriculture-related activities.
Q3	17-May-15	29-May-15	Peggy Koniz-Booher Alix Harou	Burkina Faso Niger	Yes	Country	To conduct supervision visits, review the final implementation, monitoring and evaluation plans, and support the development of key deliverables for SPRING's community media programming in Burkina Faso.
Q3	23-May-15	3-Jun-15	Heather Danton	Uganda	No	Country	To make recommendations regarding SPRING/Uganda and USAID/Uganda programmatic opportunities to link agriculture and nutrition.
Q3	26-May-15	6-Jun-15	Ian Moise	Mali	Yes	Country	To work with the SPRING/Mali field team to develop an implementation plan for WASH activities.
Q3	1-Jun-15	5-Jun-15	Victor Pinga Anna Herforth	United Kingdom	No	Core	To attend and present at the 5th Annual Conference organized by the Leverhulme Centre for Integrative Research on Agriculture and Health at the London School of Hygiene and Tropical Medicine.
Q3	6-Jun-15	16-Jun-15	Carolyn Hart Linda Bruce	Bangladesh	Yes	Project Management Country	To meet key USAID and government stakeholders, review progress of implementation through visits to the field, meet with SPRING/Bangladesh staff to discuss achievements and challenges, and provide oversight and direction to SPRING/Bangladesh activities.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q3	6-Jun-15	19-Jun-15	Bridget Rogers	Bangladesh	Yes	Country	To develop the FY16 work plan and co-facilitate a work planning process for designing and planning project implementation in FY16.
Q3	8-Jun-15	12-Jun-15	Nathalie Albrow Kristen Kappos	Haiti	Yes	Country	To prepare a project close out plan, and assess the timeline and feasibility for remaining FY15 work plan activities.
Q3	15-Jun-15	24-Jun-15	Tim Williams	Nigeria	Yes	Country	To orient newly hired Monitoring and Evaluation Officer on SPRING M&E processes and to review M&E tools and processes for collecting, managing, analyzing, and using SPRING's performance monitoring plan (PMP) indicators, and address any current issues and challenges.
Q3	18-Jun-15	4-Jul-15	Lidan Du Antonio Calzada Brian Sage	Cambodia	No	Core	To conduct field-based research in Cambodia related to a nutrient-rich value chain commodity indicator under Feed the Future.
Q3	20-Jun-15	2-Jul-15	Alexis D'Agostino	Uganda	Yes	Core	To conduct endline interviews and budget data validation for the Pathways to Better Nutrition case study project.
Q3	27-Jun-15	3-Jul-15	Lauren Bailey Nathalie Albrow Denish Moorthy	Uganda	Yes	Country	To support the annual work planning and strategy meetings for the SPRING/Uganda program.
Q4	27-Jun-15	15-Jul-15	Teemar Fisseha	Mali	Yes	Country	To meet and orient the new SPRING/Mali Monitoring and Evaluation Advisor, review the indicators from the PMP and draft an M&E plan, and train staff on the use of software to collect data during supportive supervision using tablet computers.
Q4	5-Jul-15	18-Jul-15	Jacob Odentz	Uganda	Yes	Country	To provide targeted operational and administrative support on office policies, procedures, and management tools.
Q4	6-Jul-15	18-Jul-15	Peggy Koniz-Booher	Nigeria	Yes	Country	To provide support to the SPRING/Nigeria team related to the development of nutrition SBCC materials and programming for older OVCs, and review progress on C-IYCF evaluation.

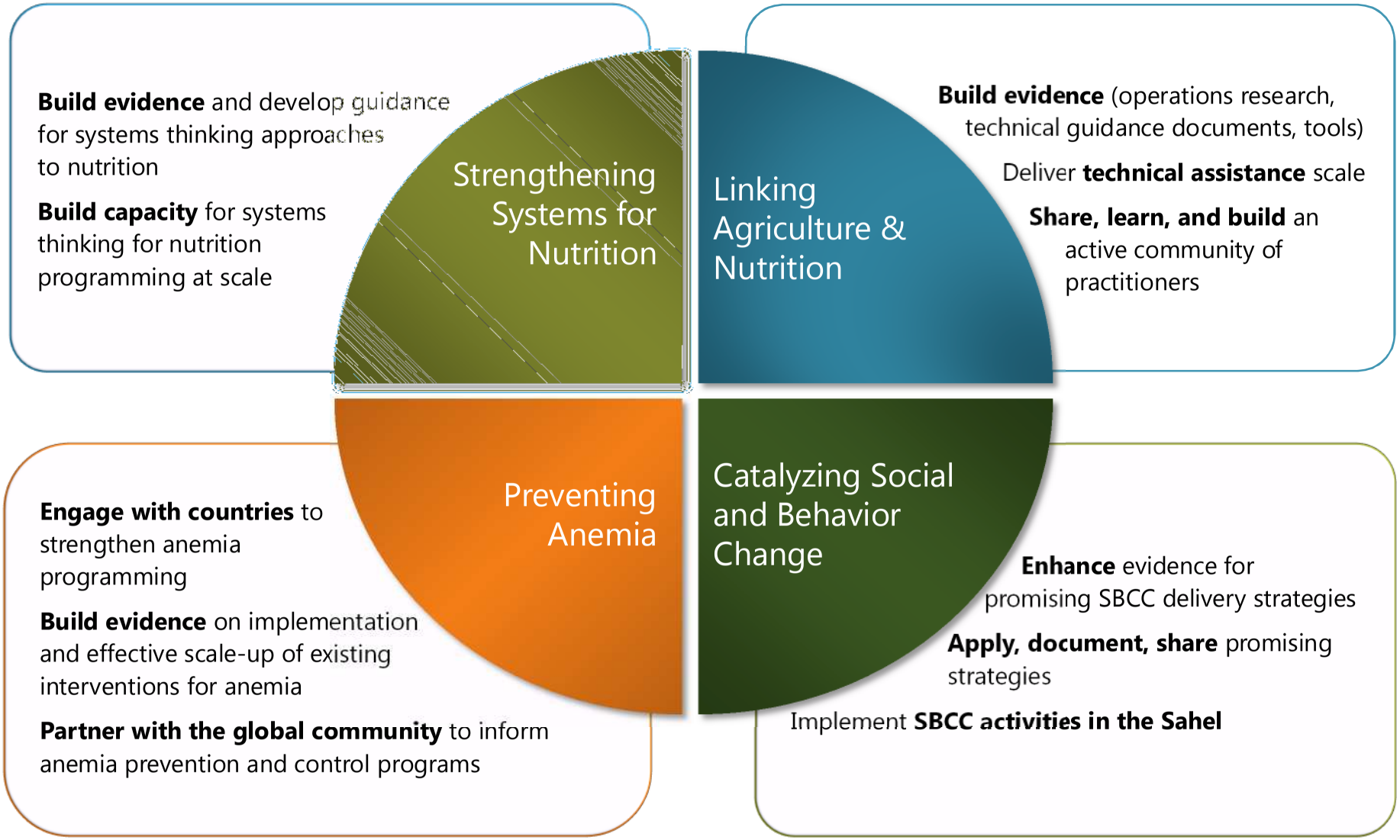
Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q4	6-Jul-15	17-Jul-15	Donna Sherard (Manoff)	Ghana	Yes	Country	To provide technical assistance for the implementation of select SBCC activities supporting SPRING/Ghana's "first 1,000 days" approach.
Q4	11-Jul-15	24-Jul-15	Lauren Bailey Barry Chovitz Agnes Guyon Tom van Mourik	Mali	Yes	Country	To develop the annual work plan and develop the SBCC strategy with the SPRING/Mali team.
Q4	13-Jul-15	4-Aug-15	Phillip Makhumula	Uganda	Yes	Country	To validate the iCheck kits used in analysis of fortified food samples, compare costs of using iCheck kits versus traditional methods for analysis of fortified food products, and compare performance of 30ppm and 40ppm of Na Fe EDTA against 40 ppm ferrous fumarate.
Q4	13-Jul-15	31-Jul-15	Bridget Rogers	Nigeria	Yes	Country	To work with the SPRING/Nigeria Team to develop the FY16 work plan and assist Ms. Koniz-Booher in conducting OVC stakeholder meetings for material production.
Q4	19-Jul-15	7-Aug-15	Linda Bruce Alyssa Klein Madeleine Smith Barbara Jones Esther Braud	Senegal	No	Country	To conduct a project scoping visit to begin developing a work plan for the SPRING/Senegal project.
Q4	20-Jul-15	3-Aug-15	Marjolein Moreaux Avinash Upadhyay	Niger	Yes	Core	To organize and facilitate participatory workshops, produce two videos, and supervise some of the disseminations and adoption verification process.
Q4	20-Jul-15	31-Jul-15	Barry Chovitz	Nigeria	Yes	Country	To develop the FY16 work plan and meet with UGM and LOPIN partners to review IYCF implementation.
Q4	20-Jul-15	31-Jul-15	Victor Pinga Cesear Umali	Ghana	Yes	Core	To provide technical assistance and refine guidance for monitoring nutrition-sensitive agriculture activities.
Q4	21-Jul-15	9-Aug-15	Sarah Hogan	Guinea	No	Core	To collaborate with the LEO Project to complete a value chain assessment in Guinea, bringing a nutrition-lens to the effort.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q4	24-Jul-15	2-Aug-15	Heather Danton Ashley Aakesson	Bangladesh	Yes	Core	To support learning from and documentation of the SPRING/Bangladesh's Farmer Nutrition School approach and prepare for planned agriculture/nutrition support to USAID Bangladesh in Fall 2015.
Q4	28-Jul-15	31-Jul-15	Alexis D'Agostino	Switzerland	No	Core	To represent SPRING at the ICNFS 2015: 17th International Conference on Nutrition and Food Sciences.
Q4	29-Jul-15	8-Aug-15	Rachel Holtzman (Save the Children)	Nigeria	No	Country	To assist the Save the Children Country Office to develop the FY16 budget after SPRING has completed the initial work plan summary budget.
Q4	17-Aug-15	4-Sep-15	Jacob Odentz	Ghana	Yes	Country	To work with the SPRING/Ghana Finance and Operations team to provide targeted support in operations and administration of the project.
Q4	18-Aug-15	28-Aug-15	Lidan Du Antonio Calzada	Malawi	No	Core	To conduct field-based research in Malawi related to a nutrient-rich value chain commodity indicator under Feed the Future.
Q4	1-Sep-15	TBD	Souleymane Sana	Mali	Yes	Country	To provide interim Chief of Party (COP) support for SPRING Mali while the new COP is hired.
Q4	8-Sep-15	12-Sep-15	Sarah Opendi Achieng Anthony K. Mbonye Ruth Musoke Patricia Ejalu Njeri Manohar Shenoy	Tanzania	No	Country	To participate in the #FutureFortified Global Summit on Food Fortification.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q4	9-Sep-15	15-Sep-15	Mike Foley Nazgul Abazbekova Babajide Adebisi Beatrice Eluaka Fiona Edwards Edward Bonku Manohar Shenoy Alex Mokori Aaron Hawkins Mohammed Ali Reja	United States	Yes	Country	To participate in the SPRING Forward: 2015 All Staff Meeting meant to bring together staff from all country offices and the home office in Arlington, Virginia to engage in cross-project dialogue and exchange.
Q4	11-Sep-15	22-Sep-15	Ashley Aakesson Alyssa Klein	Bangladesh	Yes	Core	To facilitate capacity-building workshops with the Aquaculture for Improved Nutrition (AIN) Project and SPRING/Bangladesh in the area of behavior change for nutrition-sensitive agriculture.
Q4	12-Sep-15	2-Oct-15	Sorrel Namaste Robert Kagbo Christy Collins	Sierra Leone	Yes	Core	To conduct a nutrition assessment of the current context of nutrition and nutrition programming in Sierra Leone and to provide guidance to USAID on a path forward to address nutrition in an integrated and systematic manner.
Q4	12-Sep-15	2-Oct-15	Sarah Hogan Peggy Koniz-Booher Susan Keulen-Cantella	Guinea	Yes	Core	To conduct a nutrition assessment of the current context of nutrition and nutrition programming in Guinea and to provide guidance to USAID on a path forward to address nutrition in an integrated and systematic manner.
Q4	13-Sep-15	16-Sep-15	Nancy Adero Ziba Kokurugu Lidan Du (funded by CRS)	Kenya	No	Country Core	To participate in and present at the 2015 Integrated Nutrition Conference, sponsored by Catholic Relief Services in Nairobi, Kenya from September 14 – 15, 2015.
Q4	13-Sep-15	3-Oct-15	Tim Williams	Ghana	Yes	Country	To provide targeted M&E support to SPRING/Ghana.
Q4	14-Sep-15	18-Sep-15	Gustavo Sanchez	Haiti	Yes	Country	To provide oversight and support to the Finance and Administration Manager in the administrative and financial closeout process for the SPRING/Haiti office.

Quarter	Departure Date	Return Date	Traveler(s)	Destination	TA provided?	Funding Source	Purpose
Q4	20-Sep-15	25-Sep-15	Craig Enstad	Uganda	Yes	Country	To provide support in the administration, operations, and financial management of the SPRING/Uganda project.
Q4	21-Sep-15	2-Oct-15	Lidan Du Antonio Calzada	Zambia	No	Core	To conduct field-based research in Zambia related to a nutrient-rich value chain commodity indicator under Feed the Future.
Q4	26-Sep-15	8-Oct-15	Marjolein Moreaux Avinash Upadhyay	Niger	Yes	Core	To assist the local video production team and partners in the development of two SPRING/Digital Green videos, and to conduct a supervision visit and quality assurance review.

Appendix 4: SPRING Framework



Appendix 5: SPRING/Bangladesh FY15 Annual Report

Executive Summary

Bangladesh has one of the world's highest undernutrition rates. Nearly 50 percent of children under five and three out of every 10 women of childbearing age suffer from malnutrition, regardless of socioeconomic status.[3] Millions of children and women in Bangladesh suffer from undernutrition, demonstrated by indicators such as low birth weight, wasting, stunting, underweight, vitamin A deficiency, iodine deficiency disorders, and anemia. The goal of SPRING/Bangladesh is to improve the nutritional status of PLW and children under the age of two in Barisal and Khulna divisions between 2011 and 2016. We intentd to accomplish this by promoting and supporting the adoption of ENA and EHA, and the consumption of nutritious and diverse diets through a multichannel and integrated approach.

Our four primary objectives are to 1) integrate and scale up ENA/EHA within the MOHFW, the MOA, and health and agriculture projects in Barisal and Khulna divisions,2) to enhance the capacity of frontline health and agriculture workers within the MOHFW, the MOA, field facilitators, peer facilitators, and community groups to deliver quality counseling on ENA/EHA for PLW and children under two years of age in Khulna and Barisal, 3) to increase household access and utilization of diversified foods through homestead food production, 4) and to enhance project learning and sharing.

Since we began our work in Bangladesh in April 2012, among many of our activities, we have:

- Supported 1,379 government-run health facilities
- Directly worked with 101,245 poor, rural mothers of small children through FNS
- Conducted trainings for 9,707 government health workers
- Made contacts on ENA/EHA through the health system 5,326,448 times
- Established important networks and presence in 40 sub-districts, or '*upazilas*', in Khulna and Barisal divisions
- Conducted important research on behavior change for FNS participants and on diffusion of FNS practices in communities where we are implementing our FNS work
- Partnered with many different projects and organizations to ensure both nutrition-sensitive and nutrition-specific interventions are incorporated and that the work is reaching the greatest number of people possible

The SPRING/Bangladesh program has shown that nutrition messaging can be successfully introduced into ongoing agricultural extension work. We have leveraged resources through collaborations with other important partners and projects to ensure nutrition programming reaches the greatest number of people in the most efficient and impactful way. We have also demonstrated that small innovations are sometimes the most impactful. An example of this is our use of tippy-taps and improved hatching pots, or *hajols*, which we promote in our field work. Finally, we have also provided evidence that handwashing can be a successful component of a community-level nutrition program.

[3] Howlader, Sushil Ranjan, Sethuraman, Kavita, Begum, Ferdousi, Paul, Dipika, Sommerfelt, A. Elisabeth, and Tara Kovach. 2012. "Investing in Nutrition Now: A Smart Start for Our Children, Our Future. Estimates of Benefits and Costs of a Comprehensive Program for Nutrition in Bangladesh, 2011–2021." PROFILES and Nutrition Costing Technical Report. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA), FHI360.

To fully combat and defeat malnutrition, Bangladesh must make use of existing community groups, structures, and support groups. Further, it is clear that a multichannel approach is more effective than other, more traditional approaches. Finally, it is important to adopt small, "do-able" actions that all members of society, irrespective of time, education, or income, can adopt. We have utilized actions and approaches that meet all of these criteria. Only by continuing these types of activities over a large scale and with greater investment by the GOB will malnutrition in Bangladesh really be eliminated.

We accomplished a great deal in FY15, notably among our target population of pregnant and lactating women and women with children under two living in the two poorest wealth quintiles of Khulna and Barisal in our 40 working upazilas. By scaling up our work to cover more of our target population and extending our reach through other implementing partners and projects, we have successfully increased our coverage from 38 percent to over 50 percent of our target population. Specifically, we established 1,280 new FNS in FY15, reaching an additional 24,028 women. This brings the cumulative number of FNS to 5,141 and the number of participants to 101,245.

In addition to this direct implementation arm, we scaled up our work around ENA/EHA through partnerships with other implementers, including a number of USAID-funded projects. In December 2014, we signed a letter of collaboration with the NHSDP to find ways to better equip frontline health care delivery options for rural populations across the Feed the Future zone of influence for Bangladesh, where we work. Additionally, we partnered with the USAID SHIKHA project in their media dark campaign, and in training their staff on best practices for homestead food production for improved nutrition.

Executing a promise wet made to the GOB as part of our tripartite memorandum of understanding to train all frontline health workers and a variety of supervisory-level health staff on the newly approved GOB Basic Nutrition Training was a major component of our work in FY15. Starting in October 2014 and continuing until September 2015, we trained 1,058 supervisory-level health workers, including Dhaka-based senior level staff, as well as 3,275 frontline health workers on the new training, which includes all the same important messages of ENA/EHA. This training will allow frontline health workers in nearly 1,400 health facilities to better give quality nutrition messaging and counseling to mothers and fathers coming into the clinics with questions on maternal and child nutrition. In addition to the training provided to the MOHFW, we also provided a refresher training for the SAAOs. We trained 868 SAAOs in August and September 2015 to better enable these frontline MOA staff to provide important messages on ENA/EHA as part of their routine farmer group sessions.

SPRING was also honored to host many high level officials from the GOB as well as USAID, including the Deputy Director of IPHN, the Additional Secretary of the RCHCIB, the Assistant Administrator for USAID/Asia and the Acting Administrator of USAID. Institutionalizing important mechanisms that will keep our ENA/EHA messages moving forward independently of the implementing partners' efforts was a major accomplishment for us this year. By embracing some of our key messages, the GOB is helping our efforts to achieve sustainable development goals.

A major focus of our work in FY15 was sustainability, underscored by strategically identifying key areas where we could take measures to further strengthen the ability of our activities to continue past the project's lifetime. Within the MOHFW work, we redoubled our efforts to ensure that supportive supervision, including the use of checklists and coaching, was being done consistently and as often as possible with the relevant GOB supervisor. Using checklists and coaching about high quality supportive supervision should help ensure that the GOB takes ownership of supervision's importance, not just for nutrition, but for health care service delivery more broadly. We also worked with community support groups, which are the groups responsible for helping ensure the community clinics are running smoothly. We provided an orientation on nutrition with more than 1,000 groups to ensure nutrition is seen as an important part of any dialogue regarding health care delivery. We secured a letter of support from RCHCIB inviting our CNCs to become coopted (i.e. non-elected) members of the community support groups in their

respective *upazilas*. The benefits of this will be two-fold: community clinics will benefit from a local woman's voice because she can emphasize the importance of women's and children's health and nutrition, and the community for whom it should strengthen the ties and trust that they can give to these important first line centers of health care service provision. We were also able to secure formal support from both the Directorate General of Family Planning as well as RCHCIB for national scale-up of the SPRING model of tippy-tap across nearly 20,000 health facilities. This impressive embrace by two government bodies will go a long way in helping ensure simple solutions to improved access to handwashing stations and improved conversations around hygiene goes well beyond our working areas. Finally, within our FNS work, we made a major push to help study and document the continuation of practices, as well as to better understand motivations behind adopting key FNS behaviors. Further, we finalized and published an English and a Bengali version of our FNS session guide, allowing others to examine and follow our model.

Another major component of our work is documentation, both in terms of our communications strategy, as well as studying our various activities' results. In FY15, we overhauled our communications strategy and significantly increased our number of news items, success stories, and general media coverage, publishing 10 news items, eight success stories, and producing a number of important technical documents, including the FNS session guide. We launched our own Facebook page with content in both Bengali and English, allowing more people around the country to better understand the work we are doing. We also finalized 40 *upazila* maps giving comprehensive geographic coverage of our working spaces. Each map provides detailed information about health facilities, FNS locations, and partner sites, such as health facilities of NHSDP.

We also focused heavily on research during FY15:

- finalizing our tippy-taps and handwashing behavior research
- conducting three of our four-arm research activities on an FNS cohort
- collecting data on the diffusion effect of FNS work
- conducting surveillance and mapping work through our partner, HKI

Finally, we shared our story and our successes at the 14th World Congress on Public Health in Kolkata, India, in February 2015.

FY15 was our most dynamic and successful year to date. We achieved an incredible number of successes and we benefited from significant recognition by the GOB for our good work, helping to not only improve sustainability but also to scale-up important nutrition and health messages beyond our geographic and demographic focus. Our intensive focus on documentation has helped us to better share the SPRING story and to ensure a legacy for our project that others can benefit and learn from long after our has come to a close.

Introduction

Overview

The goal of SPRING/Bangladesh is to improve the nutritional status of PLW and children under two years of age in Barisal and Khulna divisions by promoting and supporting the adoption of ENA/EHA and the consumption of nutritious and diverse diets. Enabling and mobilizing individuals and communities to promote and adopt healthy behaviors, particularly in the context of nutrition, is at the center of our work. We are dedicated to working with the GOB to reach the poorest and most vulnerable to malnutrition, thereby contributing to the efforts to tackle an underlying cause of maternal and child morbidity and mortality.

We initiated activities in April 2012 to improve the nutritional status of PLW and children under the age of two years in Barisal and Khulna divisions. At the intersection of the US Government's two flagship foreign assistance initiatives, Feed the Future and the Global Health Initiative, we are aligned with the GOB National Nutrition Strategy and work across different sectors, including health and agriculture.

Our four primary objectives are to:

Objective 1: Scale up the promotion and the support of ENA/EHA within the MOHFW, MOA, and other health and agriculture projects in Barisal and Khulna divisions;

Objective 2: Enhance the capacity of frontline health and agriculture workers within the MOHFW, MOA, and community workers and groups through training, supportive supervision and community mobilization to deliver quality services and counseling on ENA/EHA for PLW and children under two years in Khulna and Barisal;

Objective 3: Increase household access to and utilization of diversified foods through homestead food production (HFP) using the FNS approach; and

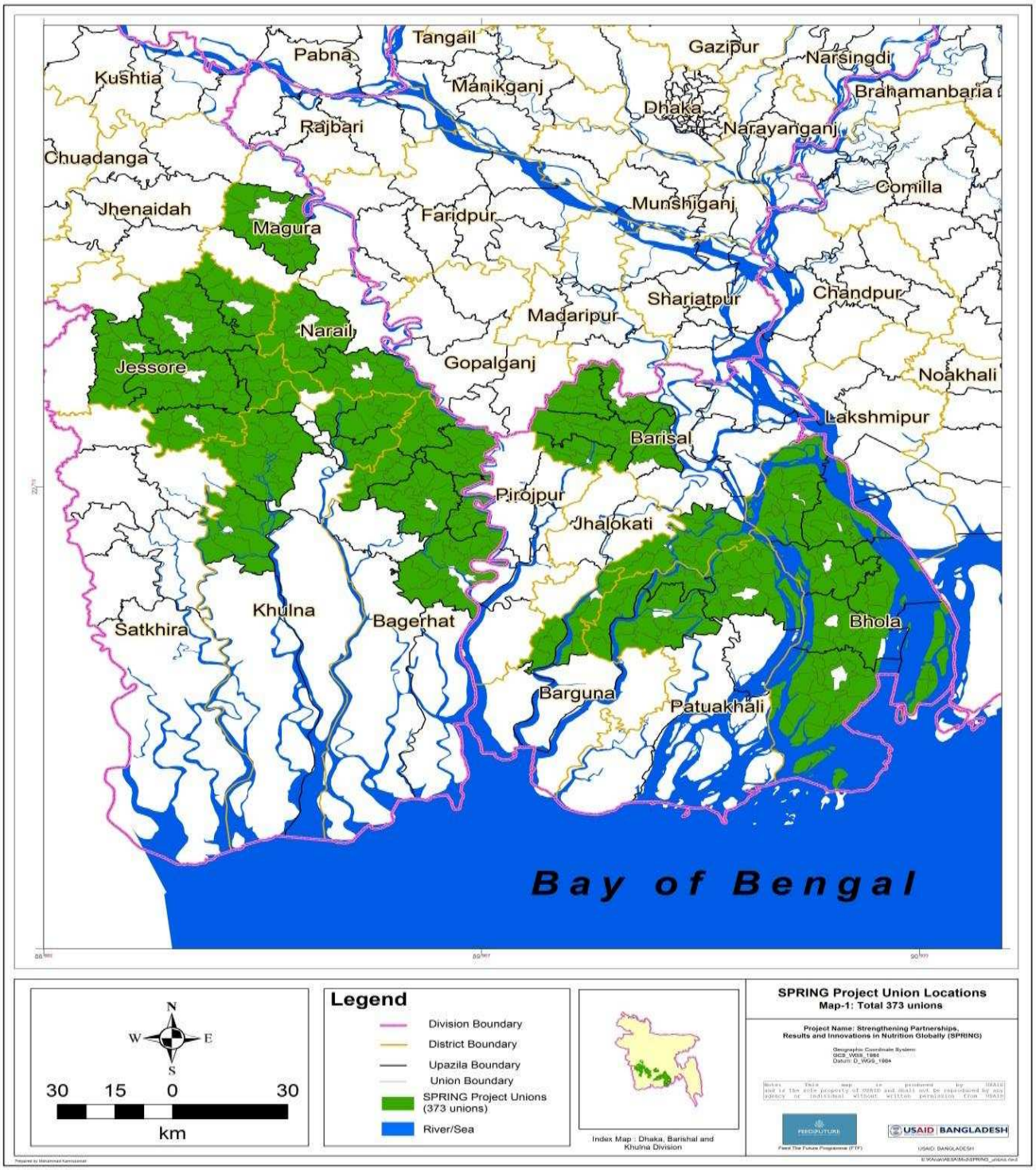
Objective 4: Enhance project learning and sharing.

Geographic Coverage

The geographic scope of SPRING/Bangladesh continues to be the USAID Feed the Future target zones of the southern delta divisions of Barisal and Khulna.

During the past four fiscal years, we have attained rapid and broad coverage across 40 *upazilas* in nine districts in the two target divisions (see figure 1), covering a population of 5.7 million people. In FY15, we maintained the same geographic area but increased our proportionate coverage of PLW in the lower two socioeconomic quintiles by increasing our target reach of FNS households. The total number of households enrolled with established home gardens during FY15 was 24,028 households. This expansion increased our proportionate coverage through FNS programs from 38 percent to 50 percent of PLW within the lower two socioeconomic quintiles in these 40 *upazilas*. We further expanded our coverage of PLW in these 40 *upazilas* through a number of follow-up activities, including continuous support to trained GOB MOHFW and MOA staff, by collaborative partners, and SBCC campaigns for the targeted household-level decision makers to increase knowledge and improve adoption of healthy nutrition and hygiene practices.

Figure 1: SPRING/Bangladesh FY15 intervention *upazilas*



Key Programmatic Activities and Achievements

Objective 1

Scale up the promotion and the support of ENA/EHA within the MOHFW, MOA, and other health and agriculture projects in Barisal and Khulna divisions

Intermediate Result 1.1.

Expand SBCC activities through knowledge-sharing and dissemination of materials

Overview

We continue working with USAID partners and the GOB to ensure messages and materials are effectively and consistently being disseminated. In FY 2015, we continued our work with Feed the Future's Agriculture-Nutrition Linkages Group and closely coordinated with two other USAID-funded nutrition projects, the Integrated Agriculture and Health Based Interventions project and the Aquaculture for Income and Nutrition (AIN) project. Working with the USAID-funded AIN and Integrated Agriculture and Health Based Interventions projects indirectly expanded our community-based SBCC activities. These projects have adopted and used technical materials we produced to improve their ability to competently discuss important ENA/EHA messages. These links have strengthened our work by identifying lessons learned and have created opportunities for cross-project collaboration by ensuring coordination in Bangladeshi communities. W ealso distributed materials to 700 health facilities across our 40 working *upazilas* to ensure that ENA/EHA materials are available and being used at as many frontline GOB health facilities as possible.

We conduct bi-monthly visits to graduated communities. Throughout the fiscal year, we providing 257,430 household visits to 24,028 new FNS members and 410,109 household visits to 77,218 graduated FNS members. Through these mentoring visits, Union Facilitators and other field staff provide technical support and other information (such as linkages with poultry vaccinators, fish fingerling vendors and seed vendors) to better empower community members to maintain important aspects of homestead food production and ENA/EHA.

We participate in government and non-government meetings on a regular basis to ensure the promotion and coordination of nutrition activities in these areas. Specifically, throughout FY15, we held 481 meetings with *upazila*-level staff, four meetings with divisional staff and 23 meetings with district-level government staff from the MOHFW and the MOA to discuss our progress to date and any bottlenecks in executing our work at the district and *upazila* levels. In FY15, we conducted joint supportive supervision visits 6,564 times with health and family planning facilities and 1,329 times with MOA staff. We work with the Directorate General of Health Services (DGHS), the Directorate General of Family Planning (DGFP) and the Directorate of Agriculture Extension (DAE). These three groups do not meet independently and our efforts to bring them together, such as calling a meeting to which all three directorates are invited, have helped address a need within the government for more multi-sectoral nutrition dialogue. Additionally, in each *upazila*, we participated in monthly meetings of DGHS, DGFP and DAE. During both of these meetings, we allocate time for discussing the status of delivering ENA/EHA messages and our activities as a whole. This has ultimately helped mainstream nutrition into the government's normal program at the local levels. Throughout this reporting period, we stressed joint visits and supportive supervision visits which increased coordination between our program and GOB partners and improved working relationships between the MOHFW and MOA.

Lessons Learned and Next Steps

We have learned that the MOHFW and MOA can and will work together if an appropriate common thread – in this case, nutrition – can be found. We have worked to foster this relationship to more efficiently implement activity and to provide a greater scope for growth and collaboration between these two ministries.

Photo 1. A government supervisor provides supportive supervision to CHCP at a GOB community clinic.

Intermediate Result 1.2.

Contribute to national dialogue around SBCC and nutrition and advocate for increased emphasis

Overview

We continued supporting the GOB to deliver on its commitments in the Operational Plan for the National Nutrition Services and RCHCIB. During FY15, we supported routine nutrition-related monitoring and supervision in 1,062 community clinics, as well as in 317 union health and family welfare centers, and 40 *upazila* health complexes. These SPRING-supported providers recorded 2,345,470 contacts with PLW or women with children under the age of two, bringing the total number of contacts since our project's inception to 5,326,448. At each contact, women were exposed to key ENA/EHA messages. Where the set of ENA/EHA related messages is lacking or does not fully meet all of the technical areas intended to be covered, project staff work with GOB supervisory level staff to identify these gaps and to work jointly to ensure they are corrected.

Throughout the reporting period, we participated in the RCHCIB NGO Coordination Meeting, behavior change communication (BCC) working group, Nutrition Cluster Working Group, NNS NGO coordination meeting, IYCF alliance, Linking Investments for Nutrition in the 1,000 Days (LINK) group, and Nutrition Working Group meetings, among other national-level and regional meetings. By participating in these meetings, we help to ensure all aspects of nutrition, especially nutrition-sensitive interventions, are prioritized in the deliberations and work of these important national bodies on nutrition in Bangladesh. It also gives us an important space to share its successes and challenges with the broader nutrition and health community.

Lessons Learned and Next Steps

Photo 2. Dr. Tapan Biswas of NNS attends a SPRING-organized nutrition training for frontline health workers.

Our presence at these meetings enables us to ensure adequate emphasis is given to nutrition-sensitive programming and activities targeting the rural poor; factors which are central to our technical approach. This support is crucial to ensure appropriate focus is given and that an integrated approach on ENA/EHA is a major part of the discussions taking place.

Intermediate Result 1.3.

Community mobilization to mainstream nutrition into health and agriculture

Overview

Photo 3. Children in Bhola participating in a primary school celebration for Global Handwashing Day in October 2014.

There are community mobilization events periodically throughout the year, which typically focus on major national and international events. For Global Handwashing Day on October 15, we organized different types of community activities, such as technical discussions and rickshaw rallies. We had the privilege of participating in the 14th World Congress on Public Health in Kolkata, India. The divisional manager for Khulna, Mr. Md. Nazmul Huda, presented as part of a concurrent panel discussion on nutrition looking at innovations in nutrition-specific and nutrition-sensitive interventions. We also participated in the first ever *Safallo Gatha* event, hosted by the Government of Bangladesh and supported by USAID's Bangladesh Knowledge Management Initiative project, sharing our experience using tippy-taps as an important tool to improve hygiene at the household level for improved nutrition and health, especially during the 1,000 days window of opportunity. As a result, the Director General of the Directorate General of Family Planning, Dr. Nur Hossain Talukder, expressed a wish to install tippy-taps in all Family Welfare Centers throughout the country.

We played an important role in observing World Breastfeeding Week (August 1-7). With the MOHFW, we held a joint program and conducted events down to the village level, including "miking" events, rallies, and technical discussions involving the CNC and many important members of the community. We also hosted a health fair booth decorated with posters depicting messages on breastfeeding, nutrition, and hand hygiene.

Additionally, we participated in a number of agriculture fairs at the *upazila* level to help disseminate important messages on ENA/EHA. During those fairs, both the general participants as well as the GOB officials present appreciated tippy taps. We were honored to win a number of important awards at these agriculture fairs, including the divisional first prize in Barisal at an agricultural technology fair for our tippy tap and *hajol* demonstrations. In Banaripara *upazila* of Barisal division we were recognized as the best non-government partner for our work with the government, on World Population Day in July 2015. In total, we participated in 135 events in FY15.

We conducted 1,280 farmer field days for nutrition (one per each new FNS). These important events highlight and recognize communities' achievement and accomplishments of the FNS participants who, over 18 sessions, worked hard to learn about homestead food production and to improve their practices on health and nutrition.

Lessons Learned and Next Steps

We have learned that participation in national events can be an excellent way to spread information about ENA/EHA in a collaborative and exciting fashion at a relatively low cost. These events show support to the GOB and engage important community members on key issues.

Intermediate Result 1.4.

Increase coordination among nutrition programs at the *upazila* and district level

Overview

Photo 4. The community nutrition champion of a SPRING FNS at a Farmer Field Day for Nutrition graduation ceremony

We increased our coordination among relevant sectors at the *upazila* and district levels as part of our ongoing implementation approach throughout this reporting year. We participate in government and non-government meetings on a regular basis to ensure the promotion and coordination of nutrition activities in these areas. Specifically, throughout the year we held 481 monthly meetings with *upazila* officials, four divisional, and 23 district-level government staff from the MOHFW and the MOA to discuss our progress to date and any bottlenecks in executing our work at the district and *upazila* levels. In each *upazila*, we participated in monthly meetings of DGHS, DGFP, and DAE on a regular basis. During these meetings, time is allocated to discuss the status of delivering ENA/EHA messages and our activities as a whole. Ultimately, this has helped mainstream nutrition into the government's normal program at the local levels. Throughout this reporting period, we have stressed joint visits and supportive supervision visits, which increased coordination between SPRING and GOB partners and improved working relationships between the MOHFW and the MOA.

Lessons Learned and Next Steps

Engaging GOB staff is crucial to our long-term goal of sustainability. Our efforts in FY15 have helped further this objective, though more work is required. We have also worked with local NGOs to ensure their staff will be equipped to competently continue providing important messages on ENA/EHA even after we have finished our work. While we have successfully worked with and sensitized community management and community support groups, we recognize the ties could be further strengthened. Accordingly, we are planning to have discussions with RCHCIB and other projects working to support community clinics, specifically to determine the modality to work directly with these groups when a community clinic project has its own implementing partner NGOs.

Intermediate Result 1.5.

Mobilize communities on nutrition

Overview

SPRING believes a community-led approach to nutrition is essential for long-term behavior change for improved nutrition. For our active FNS work, we conduct several visits a month to each of our FNS sites, and we engage household members and groups of women to ensure the key ENA/EHA messages are at the front of everyone's mind. As part of our general "graduation plan" for all FNS members, S we have identified avenues for continued support, including community celebrations commemorating graduates' completion of the FNS curriculum. These events are community wide, emphasizing participation of local stakeholders (such as the community clinic groups) and influential family members (such as fathers and mothers-in-law). They further galvanize support for nutrition and hygiene practices for mothers and children within the community. For both graduated and active FNS groups,

ENA/EHA drives and day celebrations are important ways to mobilize communities around nutrition and to keep these important messages at the front of everyone's mind.

We celebrate World Breastfeeding Week and Global Handwashing Day, so throughout FY15 80 ENA/EHA drives were held (one in each *upazila* for each event). Please see more information under intermediate result (IR) 1.3.

Photo 5. Union parishad leader, DCOP, COP and DM/Khulna in Jessore for World Breastfeeding Week 2015.

Lessons Learned and Next Steps

Keeping communities mobilized on nutrition is important, and we believe that, as part of our graduation plan, a combination of ties to the community clinic, through sensitization with community support groups, and the appointment of community nutrition champions, will help ensure this. These efforts help ensure that these ENA/EHA practices continue and will become routine parts of community life. More work is needed to strengthen these ties and linkages and we will continue building on these efforts and providing follow-up in FY15 and beyond.

Objective 2

Enhance the capacity of frontline health and agriculture workers within the MOHFW, MOA, and community workers and groups through training, supportive supervision, and community mobilization to deliver quality services and counseling on ENA/EHA for pregnant and lactating women and children under two years in Khulna and Barisal

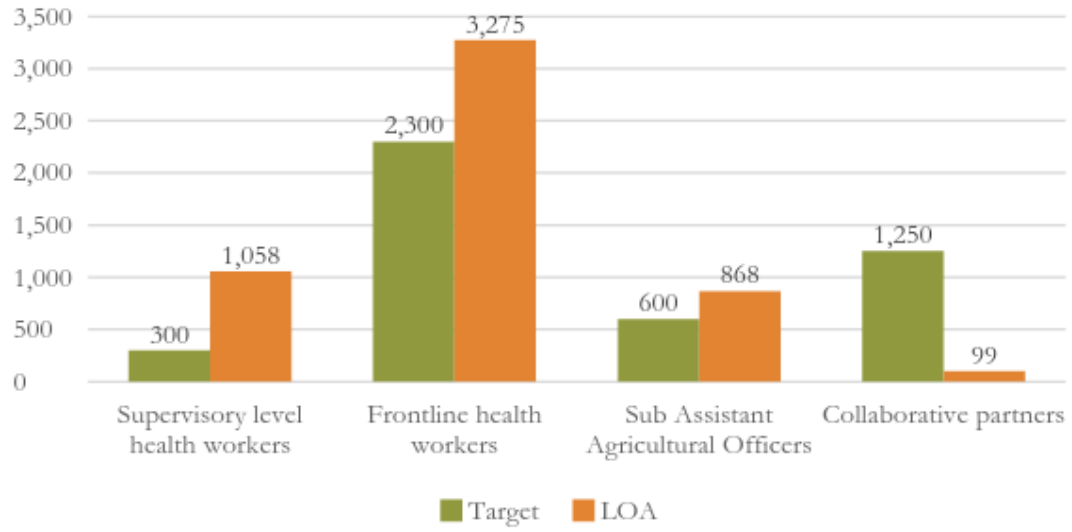
Intermediate Result 2.1.

Refresher trainings for master trainers in nutrition within the MOHFW, MOA and collaborative partners (NGOs and projects)

Overview

We trained 3,275 frontline health workers and 1,058 supervisory-level health workers on the GOB Basic Nutrition Training curriculum. This massive undertaking started in October 2014 and continued through September 2015. We included this important training as part of our tripartite agreement with RCHCIB and NNS and not only successfully carried out our promise, but exceeded our target due to the number of government vacancies that had been filled and subsequently trained in our working areas. We started the cascade training in Dhaka where we trained a large number of GOB staff who would then work with us over FY15 to train the various layers of MOHFW staff down to the frontline health staff working with communities in our working area. In addition to the agreed-upon three-day training, we also included the one-day training on the nutrition information system as the fourth day of the training. This critical component of the training helps ensure that frontline health staff receiving a tablet or laptop are able to record their data through the electronic system on a regular basis.

Figure 2. FY15 Trainings, Target versus Achievement



We provided refresher trainings to 868 SAAOs in August and September 2015 as part of our effort to ensure that frontline workers of the MOA are comfortable with the important nutrition and hygiene messages we encourage them to incorporate into their ongoing work.

In FY15, we provided support to other USAID projects on ENA/EHA in our effort to scale-up the outreach of ENA/EHA messaging in Bangladesh. We provided training on tippy-taps to NHSDP and a more comprehensive training on homestead food production for nutrition to USAID's SHIKHA project. As part of our collaborative efforts with the USAID SHIKHA project, we secured 20kg of four varieties of nutrient-dense seeds (green amaranth, okra, kangkong and Indian spinach) from the seed company ACI to create 100 demo plots for improved household-level dietary diversity. We trained 80 people on improved homestead food production methods for improved horticulture in two *upazilas* of Bhola district in Barisal division for 100 beneficiaries working with the SHIKHA project in the two projects' overlapping working areas. We also provided technical support during the work planning of USAID's new Livestock Production for Improved Nutrition project by providing technical input while they drafted their initial work plan. Further, we worked with the local version of Sesame Street, Sisimpur, to produce hygiene and nutrition videos, as well as coloring materials. These materials can be used to reach children of primary school age and to help reach people outside our working areas.

Figure 3. Sisimpur and SPRING Tippy Tap Brochure and Coloring Page

Lessons Learned and Next Steps

Partnerships and collaborations with the GOB and with other USAID implementing partners constitutes a major part of our work in Bangladesh.

Intermediate Result 2.2.

Provide nutrition and hygiene support for community clinics and support group members

Overview

We used basic orientations on the importance of ENA/EHA to engage with members of community clinic community management groups and community support groups during FY15. This engagement ensures there are other linkages between community members at the facility staff at community clinics. 1,350 such visits happened in FY15.

Lessons Learned and Next Steps

The visits were intended to help motivate and encourage the community groups to keep nutrition an important and integral part of their community health efforts. We have focused our efforts on underscoring ENA/EHA's importance with these groups, and will continue doing so in FY16.

Photo 6. A CHCP gives group counseling on important nutrition information at a community clinic.

Intermediate Result 2.3.

Strengthen the capacity of local IPNGO-based frontline workers

Overview

We provided basic training on ENA/EHA and HFP for 82 newly recruited IPNGO staff in FY15. This training is an essential component of internal staff development and training and ensures staff are properly equipped with all the information necessary to successfully carry out their work in the field.

We regularly participate in *upazila* and district-level coordination meetings in Barisal and Khulna divisions, looking to ensure ENA/EHA is a major point of discussions at these meetings and that any challenges or bottlenecks are being addressed in a timely and efficient manner. In FY15, 1,322 of these coordination meetings took place. Additionally, 2,254 monthly mentoring and supportive supervision visits occurred on a regular basis. These visits are important for the institutionalization and long-term behavior change we seek.

Lessons Learned and Next Steps

Regular meetings help all of our partners feel connected and help them understand the various expectations and responsibilities of all parties as the work continues. If communication breaks down, and these meetings do not happen regularly, it is much harder to keep the groups focused and productive. Therefore, regular coordination meetings help strengthen partnerships and reinforce areas of responsibility.

Objective 3

Increase household access to and utilization of diversified foods through HFP using the FNS approach

Intermediate Result 3.1.

Provide technical and material input for improved homestead food production, nutrition, and hygiene for resource poor households through Farmer Nutrition Schools

Overview

We established 1,280 FNS in FY15, in which 24,028 women were trained. Each of the 1,280 FNS met for 18 sessions, giving a grand total of 23,040 training sessions. We procured seeds for 24,028 new FY15 FNS members. Fifteen varieties of nutrient-dense agricultural inputs (9,552 kilograms of seeds) were provided at two points during the fiscal year: once in November 2014 for the winter season and once in February 2015 for the summer season. In FY15, we conducted 2,661 home visits to FNS participants' households in collaboration with GOB counterparts to encourage uptake of practices and long-term skill building.

Lessons Learned and Next Steps

FNS is a major component of our work and is our only direct implementation arm. We have continually refined and improved our FNS approach in FY15 through regular evaluation and monitoring. These lessons learned will continue strengthening our success going forward.

Intermediate Result 3.2.

Continued support to graduated FNS

Overview

Photo 7. A union facilitator leads a FNS session at a FY15 FNS.

As part of our ongoing and routine work, we work with community clinic groups and identify community nutrition champions from our work who will work with the community clinic groups to ensure ENA/EHA remain an important topic within the community. While this is done to maintain a "buzz" within the community around ENA/EHA, it also serves to ensure individuals are available at the local level who can serve as resources for their neighbors and family members. As part of this process, we selected 1,280 Community Nutrition Champions from the graduated FNS to help further our efforts. CNCs play an important role in maintaining the flow of information related to ENA/EHA in the communities and are an important component of our longer term sustainability plans. CNCs have also played an active role in celebrating World Breastfeeding Week and Farmer Field Days for nutrition events in FY15. Further, RCHCIB also announced that SPRING's community nutrition champions will be invited to work with the community clinic community support groups.

Although we signed a letter of collaboration with the NSHDP project, few activities were realized in FY15. The two projects did, however, manage to accomplish a few things. Senior technical staff of both projects visited each other's sites in Bhola. We mapped all locations of NHSDP satellite clinics on our *upazila* maps to better allow program managers to find ways for the two projects to work together. We provided training to NGO managers of

NHSDP in the fourth quarter of FY15 on tippy-tap production, installation and use. Finally, field level details for project staff were shared to facilitate coordination among the two projects at the field level.

Behavior change cannot be sustained without some kind of continued support and coaching. Our follow-up visits to graduated FNS members' homes and to CNCs help ensure these members are continuing to practice ENA/EHA and other food production activities to better their families' and their own health. We completed 12,605 visits with graduated FNSs and community nutrition champions in FY15.

Unfortunately, due to the constraints of coordinating centrally with large seed companies, we were unable to secure a central MOU with any one seed company. However, we did look into other ways to engage with seed companies, and in Khulna Division we successfully piloted a way to engage with seed vendors at a more local level. At the *upazila* level there are a number of seed companies that have local dealers and agents, such as Lal Teer, ACI, Metal, Syngenta, Energy Pack, etc. All of these have district-level representatives, and *upazila* level dealers and a few of them even have union level vendors. Company representatives were invited to join our Farmer Field Days for Nutrition, and they attending 121 events. We estimate approximately 1,575 of our beneficiaries have directly purchased seeds from these union or *upazila* level seed vendors in 10 *upazilas*. In addition, about 537 beneficiaries have had at least one communication with these local seed vendors to check on the seed quality and seed availability.

Similarly, we also coordinated with the USAID AIN project to connect our beneficiaries with their fish fingerlings vendors, or *paltilwalas*. For example, in Khulna where four *upazilas* overlap with AIN trained *patilwalas*, 25 *paltilwalas* have been linked with our FNS members. More than 200 of our FNS beneficiaries have already bought fingerlings from these vendors and many more are planning to do so in the future.

Lessons Learned and Next Steps

Photo 8. Graduating members of an FY15 FNS in Bhola receive seed preservation pots to continue their vegetable production.

We have invested a lot of time and effort in FY15 to better articulate our approach in this area. We believe that strong partnerships and collaboration with the GOB, alongside community-based volunteers will play a vital role in keeping the important messages surrounding ENA/EHA alive and strong in the communities where we have worked. On the other hand, we also recognize that a purely volunteer-based system has its weaknesses and ongoing efforts will be required in FY15 to ensure effective ways have been found to appropriately harness community women's time and willingness to act as effective 'ambassadors' of ENA/EHA. Many organizations pay their volunteers, but we do not believe this is a sustainable option. We will therefore work carefully to further develop and refine the strategy to work with CNCs, especially regarding time and level of effort. It has to be better understood what non-financial incentives can motivate these women to work as volunteers and to continue as CNCs.

Objective 4

Enhance project learning and sharing

FY15 was an eventful year for us. It involved two VIP USAID delegation visits and several other activities in the community. We established a country-specific Facebook page to share our work through social media and reach a bigger audience, as part of our revamping the project communications strategy.

As an effort to share our pioneering work in promoting improved consumption of a diverse diet through a participatory, learning-by-doing, peer-to-peer approach, dubbed 'farmer nutrition schools,' in March 2015, we published the FNS Session Guide.

We formalized collaborations with the USAID SHIKHA project for improved dietary diversity and the USAID NHSDP, which runs the Smiling Sun Franchise Program with a network of 327 static clinics. The RCHCIB, a project of the Government of Bangladesh, announced in July they will promote the expansion of tippy taps and community nutrition champions throughout the country, both strategies we introduced. RCHCIB also announced that our community nutrition champions will be invited to work with the community clinic community support groups. We hosted a booth and distributed important information about Essential Nutrition Actions and Essential Hygiene Actions during an agriculture fair in Dumuria *upazila*, a sub-district of Khulna Division, in March. During a World Population Day event on July 11, 2015 the Government of Bangladesh recognized our exceptional efforts in Banaripara *upazila* of Barisal district.

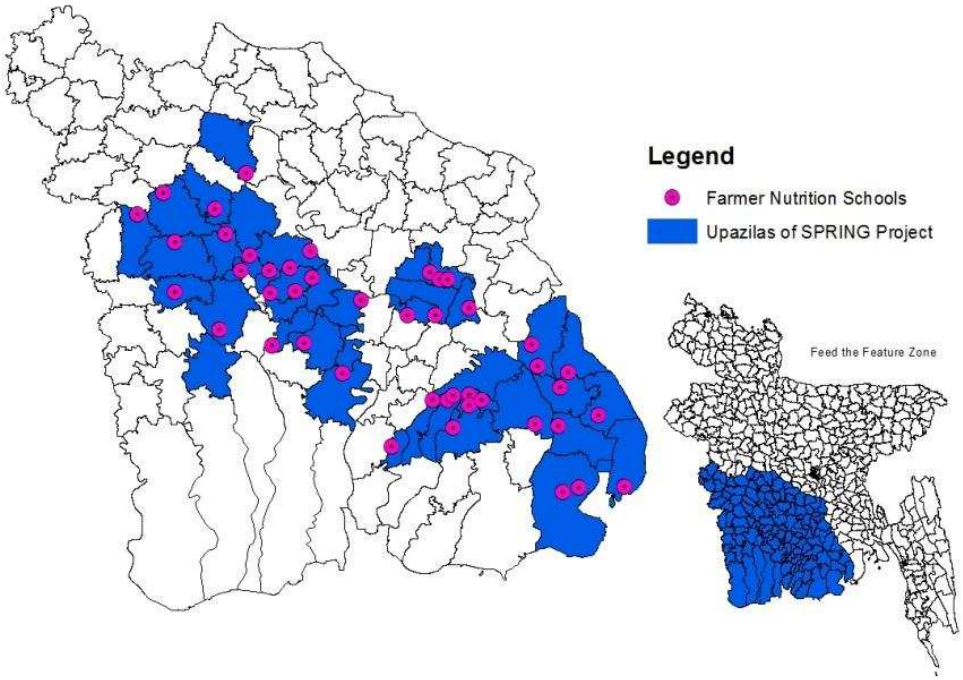
Intermediate Result 4.1.

Conduct research on behavior practices in relation to FNS

Overview

In FY15, we began a study of post-project sustainability relating to FNS related practices. This research study has two objectives: 1) to determine the degree to which women participating in FNS adopt the high impact nutrition practices taught in FNS sessions, by the end of the nine-month FNS period, and 2) to determine the extent to which select practices are sustained by those same women following graduation from the FNS. A total of 44 FNS between Barisal and Khulna divisions, out of 50, havew been selected randomly for inclusion in the study, and 10 participants who are either pregnant or with a child less than two years old, were interviewed from each FNS catchment area. One round of data was collected before the trainings began in October 2014 and a second round was completed soon after the school was completed in August 2015.

Figure 4. FNS sites included in the cohort study



Lessons Learned and Next Steps

One future round of the "cohort study" is planned for January 2016, but this will depend on if the project gets a no-cost extension (if it does, data collection will preferably happen in March 2016). Finally, we also completed our data collection for our diffusion/spill-over study. The research objective was to know why people living nearby FNS members are adopting practices from FNS, as well as what motivating factors are leading toward adoption of those behaviors. It is expected that a report will be finalized in Q1 of FY16.

Intermediate Result 4.2.

Document and share SPRING's innovative work and lessons learned

Overview

During Q4 of FY15, we completed the first draft of our case study on our work with the Ministry of Health and Family Welfare. This highlights the various support, including training and supportive supervision, that we provide to the MOHFW and how this helps to sustain improved delivery of quality nutrition messages at the frontline level. The final report from this research should be completed and submitted to USAID in the first quarter of FY16.

Eight success stories were completed during FY15. These success stories showcase a variety of efforts we have been working towards over the year, including stories about mothers-in-law, successful community clinics, individual stories of success, and income generation activities from the communities in which we work.

Lessons Learned and Next Steps

Documentation and use of data are crucial components of any project's work and we take this work very seriously. In FY15, we recognized gaps in our monitoring and evaluation systems and took a concerted effort to improve upon these tools. We found other ways to better use information by helping build the evidence base by disseminating of our research. Finally, we harnessed GIS potential by completing our *upazila* mapping. All of these efforts have helped us maintain an effective and robust array of resources that make the best use of information for improved programming and sharing of lessons across partners and projects for effective collaboration.

Intermediate Result D1.

Carry out mapping exercises and Feed the Future surveillance work

Mapping Work

In FY15, we began initial stages of work on the Institutionalization of National Nutrition Activities Mapping. In 2013, HKI's FANTA-III project collected the first data and wrote a report. A second phase is planned which will integrate data collection and management into the MOHFW's Health Management Information System, and it will include an online portal that can be accessed by all stakeholders, and be continuously updated. The system will house information on who is working in direct nutrition and nutrition sensitive activities, where they are working at the union level, what specific activities are being conducted, who the target beneficiaries are, how many target beneficiaries there are, and the duration of activities. Activities will be categorized in line with the National Nutrition Services Operational Plan priorities.

Working with HKI, we carried out an update of the 2013 mapping in November and December of 2014 for the USAID and Interaction LINK initiative. We included a subset of organizations who are either on the LINK committee in Bangladesh or who are USAID partners in the 2014 mapping and resulting dataset. Maps were sent to USAID BFS in DC and Interaction and shared among LINK participants. A project manager for Institutionalization of National Nutrition Activities Mapping has been hired to begin the next phase to start intensive work with MOHFW's Health Management Information System and the Nutrition Information Systems to transition the data collection mechanism to an online survey and to develop the interactive dashboard or portal. Details, methods, and accessibility of the institutionalized mapping system were discussed in key stakeholder meetings, including the Nutrition Information Systems nutrition indicator development workshop, National Nutrition Working Group, and, significantly, were recommended by the Nutrition Sector Development Sub-Committee for inclusion in the GOB's Health Sector Development Program of the seventh five year plan. Currently, the Project Manager and counterparts are beginning design of the new data collection and management system.

Feed the Future Surveillance Work

Program administration

This activity includes data collection, narrative reporting after each round, and one annual report highlighting differences between BCC and non-BCC intervention *upazilas*. In line with the proposal, data will be collected from at least 1,344 households in 14 *upazilas* three times a year and pooled into annual estimates comparing these two areas of Southern Bangladesh.

Staffing

Under the supervision of the field coordinator, there were two data collection teams working for the data collection. There were four members on the Khulna Divisional team and five on the Barisal team, as travelling to and from the sample villages is more time-consuming in Barisal. During the data collection process, one quality control officer was responsible for back checking the data and one field coordinator was responsible for coordinating the team and providing support to the team members so they could perform their job well.

Training

Prior to the seventh round of data collection, a two-day refresher training was organized for the data collection staff in Dhaka on June 17-18. The training topics were selected based on findings from back checking the data and the field monitoring report. The training discussed problems encountered by the data collection officers during the recent phase of data collection. The team received another day long refreshers training in between the

phases at the HKI office in Dhaka on July 27, 2015. Training topics were selected mainly based on the result of quality control data collected by the quality control officer.

Questionnaire

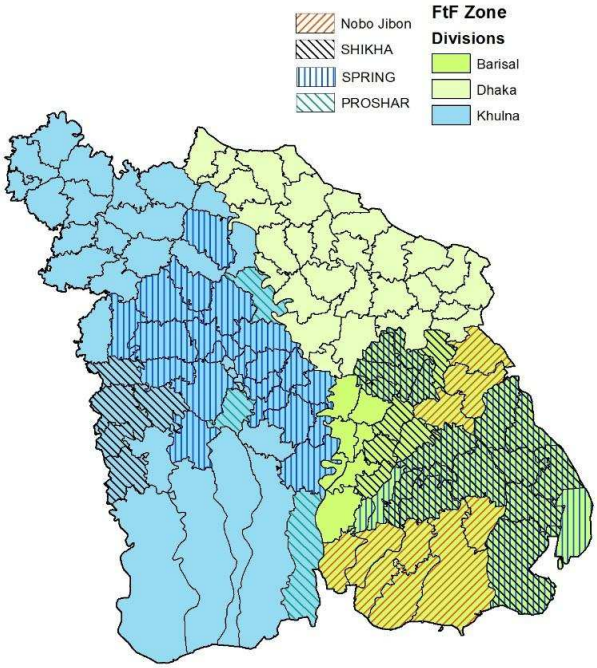
The Women's Empowerment in Agriculture Index section was slightly revised in this round. The tablet version of this section was improved in the sixth round of data collection to reduce input error; this adjustment was made to ensure the information collected in the previous rounds would be fully comparable to that collected during other rounds. The quality control questionnaire was developed incorporating selected questions from the data collection questionnaire and automated into a tablet form for conducting the interviews. Questions that were not comparable between data collection officers and the quality control officers due to time differences were excluded from the quality control questionnaire as well as from the knowledge questionnaire.

Sampling

The multi-level sampling methodology was the same as what has been used in FSNSP since 2012. A total of 14 *upazilas* were selected for this round from the Feed the Future zone, with eight of these *upazilas* coming from the areas where USAID-supported BCC programs take place and the other six from non-BCC program areas.

The programs with BCC are SHIKHA, MYAPs and SPRING, and all were included in this round of data collection. These are shown in the map below. In total, 63 *upazilas* were classified as BCC and 69 *upazilas* were included in the non-BCC group. Notably, no BCC projects are yet underway in the Dhaka division area of the Feed the Future zone.

Figure 5: Map of programs with BCC Components

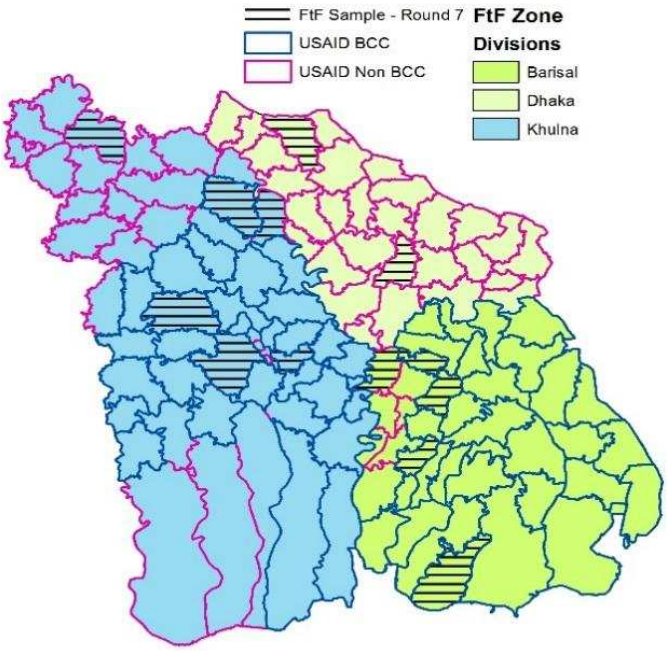


Data collection

This round of data was collected using a web-based data collection method like the previous rounds. The interviews were conducted using tablets for both rounds of data and the quality control data collection. The first phase of the seventh round of data collection took place from June 20, 2015 to July 6, 2015, and the second phase from July 28, 2015 to September 7, 2015. In line with FSNSP and previous practice, there was a break from 8 to 26,

July 2015 to allow the data collection staff to travel home to enjoy Eid Festival and stay with their families. The selected *upazilas* for the seventh round of data collection were five from Barisal, seven from Khulna division, and two from Dhaka division.

Figure 6. Map of Selected Upazilas for Round 7



A total of 1,675 households were visited in the seventh round of data collection. Among them 1,344 households were interviewed and measured, while 111 households were not eligible, and 189 were absent at the time of interview. Only 31 households refused to participate in the survey. GPS locations from all the selected villages were collected.

Data collection was started on the same day from both of the divisions by dividing the team in two groups and continued simultaneously until the data collection was completed. The data collection plan was developed so that the data is comparable among BCC, non-BCC and the geographical areas minimizing the seasonal variation. In the each group, the team combination was the same as the previous round.

Like the previous rounds, two tiers of the data quality control system were employed to ensure high quality of data. At the first stage, the field coordinator observed each step of the data collection process, including sample selection, motivation, knowledge on questionnaire, interview techniques, checking the anthropometric measuring equipment and measurement techniques, filling in the questionnaire, etc., and provided on the spot training and guidelines as needed. At the second stage, the quality control officer visited the teams without any prior notice. He collected the identifications of the households the data collection team had visited on the day and selected 50 percent of households for re-interview with 24 hours of the first visit. The program and research analyst compared the data using statistical software STATA and provided the team with feedback. The quality control officers usually spend two to three days in a division at a time. The quality control data collection continued throughout the data collection period. A total of 92 households were re-interviewed during the round.

Adjustments to the field work in the coming year

As FSNSP activities are currently suspended, it is now more important that the sample collected through the Feed the Future monitoring is as large as possible. In line with this need and from a desire to give the field staff a more regular work pattern, in the coming year they will collect data from 18 *upazila*s per round in a regular four weeks on and one week off work schedule. This will increase the targeted sample size to 5,184 from 4,032 households for our final year of activity.

Administration and Management

FY15 was a seamless continuation of FY14 work and there are only a few administrative issues to highlight. We remained in the same 40 *upazilas* and kept our same technical approach. To better address the project's communications needs, a new Dhaka-based position was filled to help centrally coordinate efforts to better document and share project successes and news. Further, senior management decided to do some restructuring at the division level to better align the *upazila* coordinators with the senior technical officers. All positions remained consistently filled.

The principle difficulty our project faced has been due to the political instability in the country. January 2015 through March 2015 proved to be a very challenging time for the project, particularly regarding transportation to the more remote areas of the country, due to incessant public strikes, or *hartals*. Random violence was unpredictable and made both our staff and FNS participants uneasy to travel. We were, however, able to safely and effectively navigate this obstacle. Some activities were delayed as a result, although we were able to make up for lost time later in the fiscal year.

We were very fortunate to have been able to host a variety of high profile visitors during FY15. In the first month of the fiscal year, the Assistant Administrator for USAID/Asia, Ms. Anne Aarnes, and the USAID/Bangladesh Mission Director, Ms. Janina Jaruzelski, visited Farmer Nutrition Schools in Bahirdia Union of Fakirhat upazila in Bagerhat. The team also had an opportunity to see the work frontline health workers were doing during their visit to the Hochla Community Clinic in the same union. In August 2015, the Acting Administrator for USAID, Ambassador Alfonso E. Lenhardt, visited a Farmer Nutrition School in Mulghar Union of Fakirhat *upazila* in Bagerhat District. He was accompanied by the USAID/Bangladesh Mission Director, Ms. Janina Jaruzelski, and Ms. Sinu Kurian and Dr. Iftekhar Rashid from USAID/Bangladesh. The VIP delegation also spoke with a health assistant and a community health care provider at the Foltita Community Clinic in the same union. In addition to these high profile USAID visits, we hosted a number of senior guests from the GOB, including Deputy Director IPHN and Program Manager NNS, Dr. Tapan Kumar Biswas, Deputy Director of the Directorate General of Health Services and Program Manager NNS, Dr. Md. Moudud Hossain, Deputy Program Manager of NNS, Dr. K.M. Azad, and Additional Secretary of RCHCIB, Dr. Makhduma Nargis. These visits happened in both Barisal and Khulna divisions at various points over the fiscal year and served as excellent opportunities for our funder and the GOB partners to see the work we are doing at the community level.

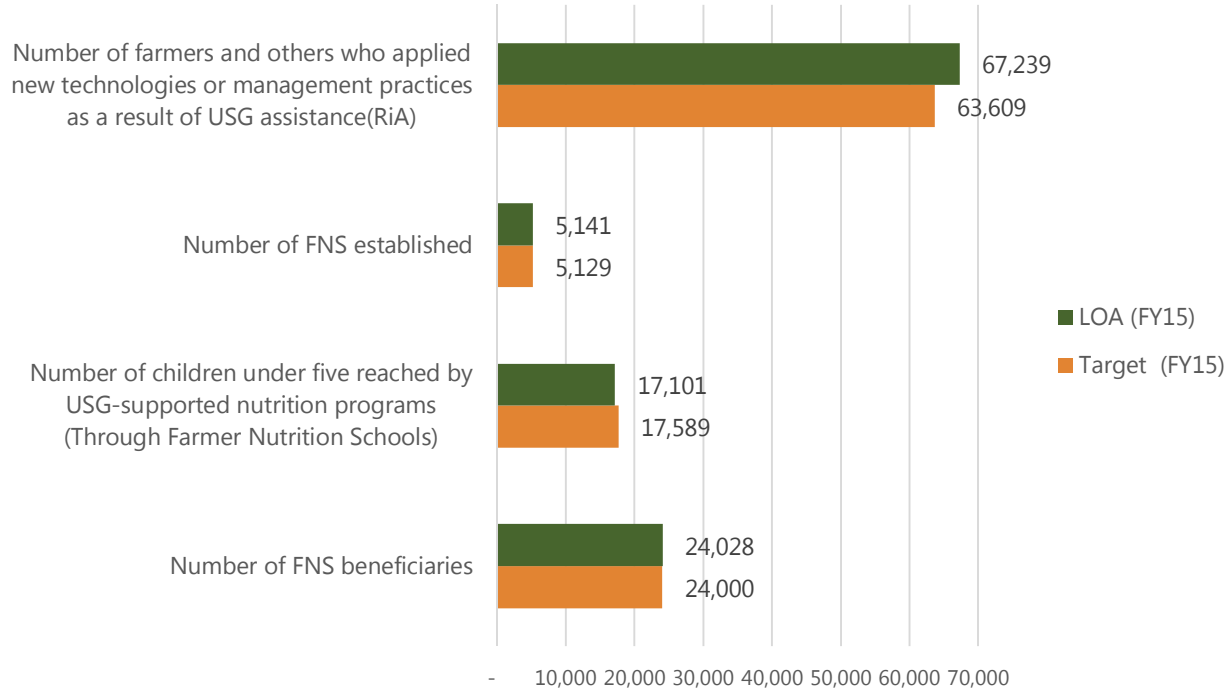
Monitoring and Evaluation

FY15 Performance

Between October 2014 and September 2015, we established a total of 1,280 FNS in our 40 working *upazilas* under Khulna and Barisal divisions. Through this work, we reached some 24,028 PLW - of which 13,078 were in Khulna and 10,950 were in Barisal - along with 17,101 children under two – 9,342 in Khulna and 7,759 in Barisal. Of these, 51 percent were male and 49 percent were female. In addition, a total of 24,028 FNS members received United

States Government (USG) assisted short-term agriculture sector productivity or food security training during this reporting period. Among all FNS beneficiaries who have ever received training, some 67,239 applied new improved technologies they learned from our facilitated FNS sessions during the year, of which 58 percent were in Khulna and 42 percent in Barisal division. In line with that, they used some 435 hectares of land for HFP across 370 unions, 55 percent in Barisal and the remaining 45 percent in Khulna. In the case of trainings, we provided training to 5,201 individuals (868[4] MOA SAAOs, 4,333 MOHFW frontline and supervisory level staff) on child health and nutrition in this reporting year. Among the health staffs, 63 percent were women and the remaining 37 percent were male. From the MOA, 16 percent were women officers and the remaining 84 percent were male.

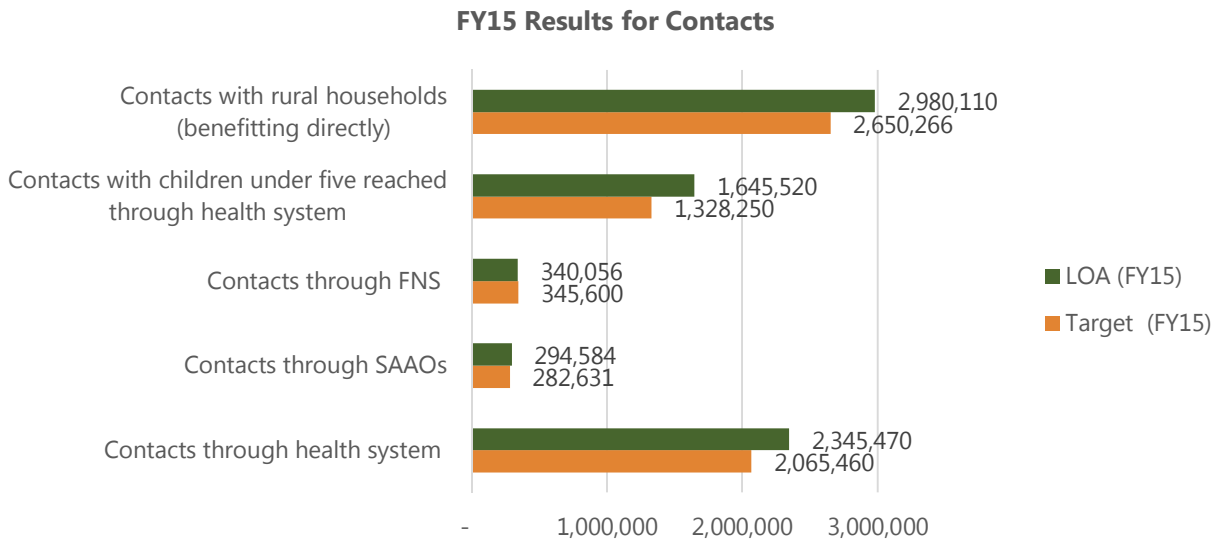
Figure 7. FY15 Targets versus Accomplishments, by Indicator



Additionally, we provided training on ENA/EHA and HFP to 99 staff of our collaborative partners. Among them, 19 staff members of NHSDP received training on tippy taps in Dhaka, whereas 80 staff members of the SHIKHA project received HFP training in Bhola (Barisal division). Therefore, the total number of people we trained in nutrition topics was 5,300.

[4] SAAOs received refresher trainings in FY15.

Figure 8. FY15 Contacts, Target vs. Accomplishment



We made approximately three million contacts with rural households, a summation of contacts made through FNS, health facilities, as well as SAAOs. We also made some 1,645,520 contacts with children under two years of age through the health services, which is 24 percent more than the target set for this fiscal year. In FY15, 340,056 contacts were made through FNS, representing 98 percent of the target. Additionally, 294,584 contacts were made by SAAOs (104 percent of the annual target). Finally, through the health system, we made more than 2.3 million contacts, which exceeded the annual target by 14 percent.

Appendix 1. Publications

Date	Title	Type of Publication
October 2014	VIP USAID Delegation Visits Farmer Nutrition Schools in Bagerhat	News Item
October 2014	SPRING/Bangladesh Celebrates World Handwashing Day	News Item
October 2014	Mothers Becoming Homestead Farmers in Bangladesh	Success Story
December 2014	Queen of Sweet Gourd	Success Story
February 2015	SPRING/Bangladesh presents at 14th World Congress on Public Health	News Item
February 2015	Cashing in on Improved Hatching Pots	Success Story
March 2015	Farmer Nutrition School Session Guide (English)	Training Material
March 2015	Farmer Nutrition School Session Guide (Bengali)	Training Material
March 2015	Household Decision-Making on Homestead Food Production	Report
March 2015	SPRING/Bangladesh Promotes Good Nutrition and Hand-Washing at Agriculture Fair	News Item
May 2015	SPRING/Bangladesh and SHIKHA Formalize Collaboration for Improved Dietary Diversity	News Item
June 2015	Hatching Manjila's Dream	Success Story
August 2015	SPRING/Bangladesh Recognized by the Government of Bangladesh on World Population Day	News Item
August 2015	Tippy Taps and Community Nutrition Champions to Play a Larger Role in Bangladesh	News Item
August 2015	SPRING/Bangladesh Celebrates World Breastfeeding Week with Multiple Events	News Item
September 2015	USAID Acting Administrator Visits a SPRING/Bangladesh Farmer Nutrition School	News Item
September 2015	A More Plentiful Home	Success Story
September 2015	Learning Together	Success Story
September 2015	Community Clinic in Bangladesh Sets a New Standard of Care	Success Story
September 2015	A Champion for Nutrition in Bangladesh	Success Story
September 2015	SPRING/Bangladesh and Sisimpur partner to produce nutrition and hygiene videos	News Item

Appendix 2. PMP

Indicator Ref. #	SPRING PMP Indicators	FY15 Work Plan Targets	FY15 Results
1	Percentage of households in SPRING-supported *upazilas* with "tippy taps" installed near toilet, and next to kitchen	N/A	
2a	Percentage of supportive supervision visits made to CCs, SAAOs	100%	100%
2b	Percentage of household visits made to FNS beneficiaries	100%	100%
3	Number of households receiving seeds (DO3)	24,000	24,028
4a	Percentage of HFP beneficiaries with gardens that meet selected characteristics (DO3)	80%	82%
4b	Percentage of HFP beneficiaries raising both plants and animals (DO3)	56%	79%
4c	Percentage of target population households practicing HFP (DO3)	70%	80%
4d	Percentage of households growing at least four types of vegetables through HFP (DO3)	70%	80%
4e	Percentage of children 7-23 months old consuming animal sourced foods	N/A	
4f	Percentage of beneficiaries (PLW) consuming animal sourced foods	N/A	
5	Number of active FNS (DO3)	5,129	5,141
6a	Number of people trained in child health and nutrition through USG-supported programs (DO3)	3,200	5,300
6b	Number of supervisory level health workers trained as Master Trainers in ENA/EHA	300	1,058
6c	Number of frontline health workers trained in ENA/EHA	2,300	3,275
6d	Number of frontline agriculture extension workers trained in ENA/EHA (DO3)	600	868
6e	Number of collaborative partners trained in ENA/EHA	500	99
7a	Number and percentage of trained health workers who report providing ENA/EHA services or messages	1,106/48%	1,038/89%
7b	Percentage of PLW with children <2 years reached with nutritional and hygiene messages	51%	87%
7c	Number of contacts with PLW and women with children <2 years reached with nutritional/hygiene messages through FNS	345,600	340,056
7d	Number of contacts with PLW and women with children <2 years reached with nutritional/hygiene messages through the health system	2,065,460	2,345,470

Indicator Ref. #	SPRING PMP Indicators	FY15 Work Plan Targets	FY15 Results
7e	Number of contacts of households with PLW and women with children <2 years reached with nutritional/hygiene messages through agriculture extension workers	282,631	294,584
8	Number of individuals who have received USG supported short-term agriculture sector productivity or food security training (DO3)	24,000	24,028
9	Number of farmers and others who have applied new technologies or management practices as a result of USG assistance (DO3)	19,200	19,237
10	Number of hectares under improved technologies or management practices as a result of USG assistance (DO3)	357	435
11	Percentage of observations of ENA/EHA messages being provided by health care workers and FNS facilitators through supportive supervision visits deemed to be of an acceptable quality.	55%	73%
12	Number of rural households benefiting directly from USG interventions (DO3)	2,650,266	2,980,110
13a	Number of children under five reached by USG-supported nutrition programs (disaggregated by sex) (DO3)	1,346,250	1,662,621
13b	Number of children under five reached by USG-supported nutrition programs through FNS	17,589	17,101
13c	Number of children under five reached by USG-supported nutrition programs through health system	1,328,250	1,645,520
14	Prevalence of exclusive breastfeeding among children under six months	N/A	
15	Percentage of children 7-23 months receiving a minimum acceptable diet	N/A	

Appendix 6: SPRING/Ghana FY15 Annual Report

Executive Summary

SPRING began operating in Ghana in 2014, quickly establishing two offices (Accra and Tamale) and a programmatic presence in all 15 target districts in the Upper East and Northern Regions. Initial effort was focused on building relationships at the district level and engaging stakeholders in project planning processes, inclusive of both district assemblies and line governmental departments.

A major initiative during FY15 was an assessment of the nutrition supply chain done in partnership with USAID/DELIVER and GHS to assess bottlenecks. Consequently, SPRING initiated the procurement of key nutrition-related commodities including zinc tablets and small equipment, primarily consisting of mid-upper arm circumference tapes and scales. Supply chain capacity was also built through the training of 611 GHS staff in inventory management, routine re-ordering, and receiving and storage of products.

SPRING continued to build capacity in the health system by providing IYCF training to 1,105 facility-level health staff in the target districts. The existing GHS training package for IYCF was used to reinforce the appropriate use of growth monitoring cards and SPRING improved the roll-out process by placing additional emphasis on better preparing the facilitators. Post-training coaching practices were further improved through the development of a supportive supervision checklist which is used during monthly follow-up visits to participants. SPRING also produced a draft volunteer training curriculum to supplement the original IYCF training manual, as there were no existing community-level training materials.

To improve overall system performance, SPRING is promoting a facility-based QI process for nutrition in the Northern Region, having obtained national-level buy-in. Facility-based QI began in Kumbungu district through the development of a curriculum and draft training manual for coaches. This initiative will be rolled out further in FY16.

To further focus its many areas of activity, SPRING developed the "1,000-day household" agenda, which attempts to encompass most of the project's SBCC work across different project areas. Interventions in this area are focused on building the operational capacity of GHS to distribute SBCC materials to health facilities and communities, promoting four key WASH behaviors (disposal of feces, hand washing at appropriate times, clean play spaces, and clean water for complementary feeding). This is done through a video drama production which has been filmed and screened in 70 target communities, located in seven of the 15 project districts, and reaching 14,311 community members. A six-episosde "first 1,000 days" radio program adapted from a Zambian series that also promotes these behaviors is currently under review by the Central GHS Nutrition Department, and development of a script for a 3-minute radio drama for broadcast during the post-harvest season for preventing aflatoxin contamination and consumption is underway. Additionally, six short videos have been developed for use during IYCF counseling sessions and will be disseminated using the phone-based Whatsapp software for use by health workers and volunteers to reinforce key concepts.

The SPRING project's original program design emphasized a CLTS approach, but in the first quarter of FY15 SPRING identified the following four behaviors as key to reducing stunting;

- Safe disposal of human and animal feces
- Handwashing at critical times
- Boiled or treated water for children 6-24 months

- Clean and safe play space for children

Based on these four behaviors, SPRING developed the "WASH 1,000" concept. Under the WASH 1,000 umbrella, the project has built capacity at the district level in CLTS, including government, individuals, and groups, particularly natural leaders and WATSAN. WASH 1,000 behaviors were integrated into the standard CLTS agenda as part of the process towards achieving ODF status in targeted communities. Through different events, a total of 2,923 people were trained in WASH 1,000, as well as 842 natural leaders and 1,062 WATSAN committee members. To further enable improved handwashing practices, SPRING supported tippy taps installation near latrines in 1,000 day households, with 1,980 households establishing a second tippy tap location. During FY15, 3,480 new latrines were constructed in SPRING communities and 43 communities received "basic" ODF certification during the year.

In FY15 SPRING was particularly focused on reducing aflatoxin levels in groundnuts, which has been shown to significantly impact stunting in Northern Ghana. During FY15, the project developed pre-harvest management training materials and initiated cascade trainings through the regional Ministry of Agriculture to create an effective pool of facilitators supporting agricultural extension agents working within the FFS approach. To date, 6,620 individuals have been trained on Agriculture related activities, (6620 farmers through the FFS, 223 Ministry of Food and Agriculture [MOFA] staff through pre-harvest training). SPRING has also supported the USAID ADVANCE and Agriculture Technology Transfer projects to incorporate aflatoxin management content into their maize production manuals. To further aflatoxin reduction efforts, SPRING is supporting the development of a groundnut testing protocol and procuring rapid aflatoxin test kits to determine the scale of aflatoxin contamination. SPRING has also worked with the Department of Social Welfare and UNICEF to expand the LEAP 1,000 project with activities related to cash transfers for eligible pregnant and lactating mothers to help them meet basic nutritional needs.

Throughout its first year, SPRING defined itself as an advocate for nutrition policy at the national level and through participation in several high-profile activities including the SADA Zone High-Level Health Forum, in which the Government of Ghana has prioritized specific regions for rapid development, and for which there is a desire to improve general health care delivery and nutrition more specifically. In the area of anemia, SPRING has made efforts to engage the GHS Nutrition Department in prioritizing the anemia control agenda. A landscape analysis report and the development of an anemia training package produced by SPRING have progressed steadily with the concurrence of the GHS but are yet to be completed. SPRING pre-tested DATA and a draft anemia manual was submitted to GHS for review.

Introduction

Overview

In February 2014, the USAID-funded SPRING project received a concept note from USAID/Ghana requesting support in achieving their goal of reducing stunting by 20 percent in the USAID Feed the Future ZOI: the Northern Region, the Upper East Region, and the Upper West Region. The concept note proposed delivery of a broad range of evidence-based nutrition interventions in up to five districts chosen for their relatively high rates of stunting. The concept note was designed to supplement existing USAID investments in the ZOI, and accelerate progress toward the Feed the Future stunting reduction target. SPRING undertook rapid scoping in the Northern and Upper East Region and developed a work plan in consultation with the mission covering 15 districts. Even though Ghana is considered a middle income country, the North still experiences relatively high levels of stunting. The recent DHS 2014 figures show rates of 19 percent nationally and 33 percent, 14 percent in the Northern Region and Upper East respectively. SPRING/Ghana was asked to engage in a multi--sector program at the district level to contribute to the Feed the Future objective of reducing stunting by 20 percent.

SPRING aims to achieve similar coverage in each of its 15 districts for all interventions; however, the relative emphasis placed on each intervention, and specific delivery mechanisms chosen may differ between districts to accommodate differing epidemiological, demographic, and programmatic realities. To achieve the targeted coverage of these high-impact interventions, the project is organized around five primary objectives:

Objective 1: Improved delivery of high-impact nutrition services.

Objective 2: Increased demand for high-impact nutrition practices and services.

Objective 3: An improved enabling environment for adoption and delivery of high-impact nutrition practices and services.

Objective 4: An enhanced evidence base regarding delivery of selected high-impact interventions.

Objective 5: An enhanced policy environment for delivery of state-of-the-art nutrition interventions.

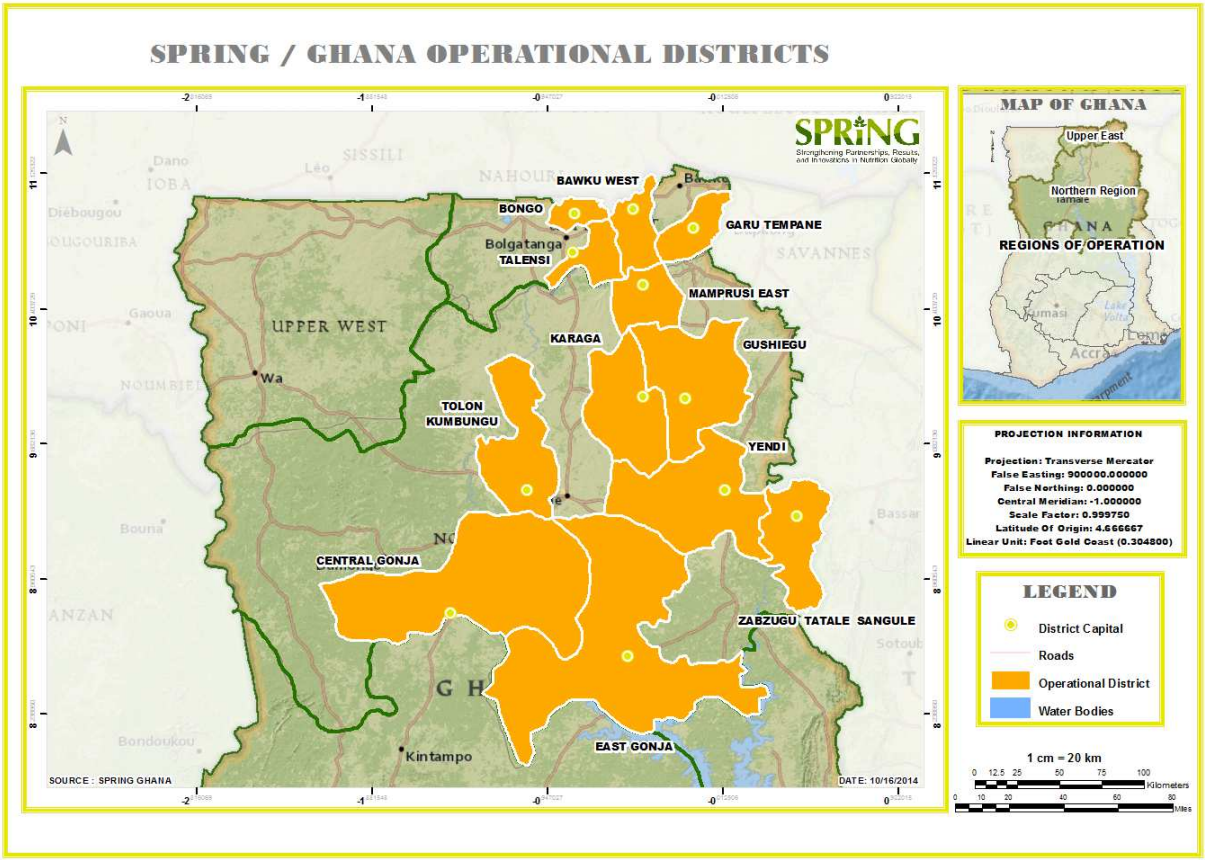
These objectives are consistent with USAID's Feed the Future results framework, with particular reference to IR 3, Improved Nutritional Status of Women & Children.

To achieve these objectives, the project is building capacity of government at the district level, which includes the District Health Management Teams, with a specific focus on the District Nutrition Officers and District Agriculturalist; local government responsible for WASH; Community-based Heath Planning Services (CHPS) staff who focus on community engagement activities and are responsible for overseeing nutritional activities and existing community level volunteer networks in Health, Agriculture and WASH; and collaborates with local NGOs with established credibility and experience to support community mobilization and facilitation.

Geographic Coverage

SPRING/Ghana focuses in 15 districts in Northern and Upper East Regions of Ghana. Districts were selected based on population size with a split of 11 and four in the Northern Region and Upper East respectively, as is detailed below:

Region	District	Under 5 Population in District (using new district weighting
Zone of Influence	**All Districts in ZOI**	**730,502**
Northern	Yendi	39,200
Northern	Mion	26,133
Northern	Tolon	37,507
Northern	Kumbugu	20,196
Northern	Karaga	18,987
Northern	Gushiegu	18,513
Northern	Gonja Central	19,273
Northern	East Gonja	24,026
Northern	Mamprusi East	33,739
Northern	TataleSangule	22,805
Northern	Zabzugu	21,911
Upper East	Bongo	12,053
Upper East	Talensi	9,429
Upper East	GaruTempane	21,847
Upper East	Bawku West	10,952
Total/Averages for 15 ZOI Districts		**336,571**



Key Programmatic Activities and Achievements

Objective 1: Improved delivery of high-impact nutrition services

1.1 Stockouts of key nutrition commodities and supplies reduced

In the first quarter, SPRING/Ghana, USAID|DELIVER, and GHS conducted a nutrition commodities supply chain situational assessment in the Northern and Upper East regions. The survey identified and documented bottlenecks in the current nutrition supply chain which were subsequently used to design specific trainings for the district based staff. Key findings from the assessment were:

1. There is irregular distribution of nutritional commodities leading to frequent stock outs and inadequate supervision, and subsequently poor maintenance of records.
2. There is a Regional Medical Store (RMS) with a dedicated officer and documented guidelines that oversee logistics management (LMIS, inventory management, storage and distribution of health commodities). However, RMS does not supervise lower level personnel involved in logistics management.
3. Logistics reports are present at the regional level and are usually prepared by the RMS. The reports show stock-on-hand, quantity issued to service delivery points (SDPs), losses, adjustments, and quantities received. The reports do not show the stock status (whether facilities have adequate stock or not) at SDPs.
4. Regions lack a written procedure for recording and reporting complaints about product quality.
5. Regions do not have written provisions for re-distribution of over-stocked supplies in the districts.

SPRING/Ghana developed trainer capacity within Ghana Health Service to enable the two project regions to conduct service improvement activities for nutrition commodity supply chain operations. The trainer teams trained health workers on the processes for ordering and receiving supplies, inventory management, storage, and other practices for ensuring effective ordering, delivery, handling, and distribution of nutrition commodities. To date, SPRING/Ghana has trained 611 staff responsible for nutrition commodity management (342 male, 269 female) in target districts. The trainees included district nutrition officers, district pharmacists, district supply officers, deputy directors of public health, deputy directors of pharmaceutical services, disease control officers, community health officers, community health nurses, and enrolled nurses.

In collaboration with DELIVER | Ghana, SPRING/Ghana procured additional nutrition commodities and small equipment that will complement stock gaps and service delivery capacity at health facilities. The first commodity shipment (zinc tablets for treating diarrhea) was received into GHS district storage facilities. Detailed plans have also been drafted for the distribution of consignments of commodities and equipment scheduled to arrive in late September. SPRING/Ghana provided technical oversight of product specifications in conjunction with GHS and UNICEF.

1.2 Training gaps among key nutrition activity providers reduced

In PY1 SPRING/Ghana prioritized IYCF program implementation as a key activity with facility staff in all districts. In order to ensure good facilitation, SPRING staff participated in a training-of-trainers (TOT) course to increase their understanding of the IYCF agenda. GHS staff were identified through district planning processes, including identification of trainers and regional resource persons, and in coordination with the regional GHS office. Initial sessions specifically identified the following key gaps:

1. Growth cards are often incorrectly and incompletely filled out across health facilities. As categorization and targeted counseling depends on information provided in these cards, this misinformation resulted in

missed opportunities to identify children at risk for stunting. The problem was shared with regional nutrition officers, district nutrition officers, and health staff. A module addressing this issue was added to the existing IYCF training package.

2. The training package previously implemented by the GHS did not include pre-training preparation for facilitators. This oversight resulted in poor definition or duplication of roles and disorganized facilitation, as well as poorly prepared training materials. SPRING/Ghana reorganized and strengthened the C-IYCF training package to include a two-day pre-workshop orientation session for existing facilitators. The workshop serves as a refresher course for trainers, reinforcing technical content and providing opportunism to practice their role as facilitators, while also preparing workshop materials for practical sessions. Pre-training preparation has helped to enliven training sessions and refresh the skills of master trainers.
3. Adequate post-training follow-up coaching is required to ensure that the training was effective and to coach and support participants in their work. SPRING/Ghana worked with regional nutrition teams and development partners (USAID, UNICEF, and REACH) to create supportive supervision checklist to ensure that the right results are achieved. SPRING has implemented monthly post-training follow-ups to coach and mentor training participants, during which the check list is used. District health teams have highlighted SPRING's post-training follow-up visits as an example of how to effectively improve key practices.

   To date a total of 1,105 health staff have been trained in IYCF at the facility level (567 male, 538 female) across SPRING's 15 districts.

1.3 Quality of high-impact nutrition services improved

With programmatic support from SPRING, district-level GHS health management teams conducted routine supportive supervision visits at health facilities to assess and address performance gaps in service delivery. The teams provided direct support and guidance to providers, giving feedback on how to improve service delivery or care components related to maternal, neonatal, and general child health. This has taken place in nine districts, resulting in a total of 159 visits.

SPRING/Ghana is committed to developing and promoting the application of a QI model for nutrition services at the health facility level. The GHS supports a QI approach to improving nutrition services and has nominated focal persons for the two SPRING regions (Northern and Upper East). To date SPRING has not been able to identify any existing QI resources and therefore developed a QI nutrition curriculum and draft manual for coaches.

The QI approach will identify small 'doable' changes based on identifying bottlenecks using accessible data, developing solutions in a collaborative manor, and monitoring overall progress as a QI team.

A regional training-of-trainers was conducted and initial training in Kumbungu district took place, with 10 participants from the GHS regional level and seven participants from Kumbungu district. The training will be rolled out in FY16 to additional districts using the training resources that have been finalized for use at the regional level. GHS and UNICEF have indicated a high level of interest in nutritional QI and SPRING is committed to developing and sharing resources to meet this need.

Lessons Learned and Next Steps

- Lessons learned were effectively included into project implementation as outlined above. The use of growth cards remains a key function in promoting the IYCF agenda and SPRING has helped to reactivate

this issue with GHS at all levels. In a recent GHS nutrition review, the Northern Region was able to demonstrate significant improvements in growth card completion and accuracy, as well as in card use during counseling as compared to other regions. This is subsequently improving targeted nutrition counseling and effective triage of patients at risk.

- Regular coaching visits at health facilities have been shown to trigger changes in key IYCF practices such as focused counselling, which are then reinforced during technical support visits. SPRING attempted to work with GHS Central Nutrition Department to develop a more holistic approach to supportive supervision, however they were unable to commit to the agenda and SPRING has continued to draft the post-training coaching checklist independently. While a process for developing common supportive supervision guidelines in nutrition was not defined at the national level, SPRING remains poised to support this effort in the future.
- The C-IYCF facilitators reported that mothers/caregivers do not fully understand the size of their children's stomachs which resulted in improper feeding. When the smaller size of the child's stomach is explained, mothers and caregivers are better meet the child's appropriate nutritional needs.
- Prior to implementation of SPRING assistance, every mother received IYCF counseling without proper triage, resulting in ineffective and/or incomplete counseling sessions. SPRING's work promoting proper growth card use and IYCF counseling has helped to reduce the number of women who require time intensive consultations.
- Frequent GHS staff transfers, study leave, and reposting negatively affect the smooth implementation of the SPRING's programmatic activities. Capacity building within health facilities is expected to continue to cover new staff with emphasis on; correct growth charting, triaging of children according to the growth trend for counseling, targeted/individualized counseling, and enabling caregivers to make effective feeding decisions and commit to clearly defined action steps for these decision/s. This will ensure that newly enrolled staff and any untrained frontline staff are properly oriented.
- The facility QI nutrition agenda is of high interest in Ghana and will be a primary focal point in the first quarter of PY2. SPRING/Ghana needs to ensure that this agenda is inclusive of other partners and the project shares information and materials effectively.

Objective 2: Increased community demand for and use of quality nutrition-related services across sectors (practices and services)

2.1 Improved knowledge, attitudes, and skills regarding priority nutrition interventions

SPRING identified key areas of technical focus and existing materials from other countries that could be adapted for the Ghanaian context. An assessment of the existing materials in Ghana was undertaken, after which SPRING attended a workshop with GHS to review the materials and evaluate how they relate to SPRING's First 1,000 Days agenda. In addition, a communication landscape exercise was completed in each district to identify opportunities and institutions for SBCC work. Finally SPRING completed a desk review of all materials and research conducted in the Northern Region. Targeted activities undertaken this year have been;

Establishment of GHS health promotion unit with SPRING SBCC program: SPRING/Ghana held meetings with the GHS regional health promotion officers in the Upper East and Northern Regions to help them understand SPRING's ongoing SBCC efforts. The meeting revealed that low capacity and budgetary constraints restrict their ability to support health promotion activities, including SBCC. SPRING/Ghana is working to strengthen GHS' operational capacity to facilitate the dissemination of SBCC-related materials to health facilities and communities.

WASH 1,000 promotion drama and recording: SPRING/Ghana developed a creative brief and script to support the promotion of four key behaviors as part of the WASH 1,000 rollout in communities. Technical support from SPRING/Ghana helped five districts to identify and engage available drama groups to perform the resulting drama. Three of these drama groups have been filmed in six of the primary languages of SPRING/Ghana implementation zone. The videos have been screened by cinema vans in 70 WASH 1,000 target communities in seven districts. A facilitation guide was also developed and staff and partners were trained in its use to encourage more active engagement during video showings. 14,311 community members have been reached through these screenings and partners continue to request copies of the video for use in subsequent events. This approach allows for communities to give feedback on the video and the response to date has been positive.

First 1,000 Days radio program: In the second quarter, SPRING/Ghana began the process of adapting a Zambian nutrition radio series for the Ghanaian context. SPRING reviewed radio scripts covering topics on initiation and exclusive breastfeeding, practicing proper hygiene, tips on successful breastfeeding, and introducing local, nutritious foods in addition to breastfeeding, healthy diets, and caring for infants. The six episodes have been adapted, branded, and translated, and are ready for broadcast by identified radio stations. All six episodes are currently under review by the Central GHS Nutrition Department.

Aflatoxin awareness: SPRING/Ghana began work on communication materials promoting behaviors to prevent aflatoxin contamination and consumption during various harvest stages. A draft script for a 3-minute radio drama has been developed for the post-harvest season.

IYFC short counseling videos: To improve counselling skills on recommended IYCF practices among community health nurses and health volunteers, SPRING/Ghana has developed a series of six short videos to be used during counseling sessions as a visual aid. The videos will be shared and stored on mobile phone devices owned by health workers and volunteers. SPRING conducted a feasibility test using the mobile phone-based WhatsApp application to determine its video dissemination capacity. Results show that most health staff have the media messaging service enabled on their phones so it is a promising way to receive and share video-based counseling aides. The focus of these clips are topics identified by C-IYCF trainees as important (positioning while breastfeeding; attachment; making enriched, thick porridge; and meal diversity).

2.2 Strengthened community-based platforms for nutrition related strategies

In conjunction with regional GHS authorities, SPRING has supported the development of a community IYCF curriculum to accompany the existing manual, since the community IYCF manual used currently did not include a matching curriculum focused on community level volunteers. SPRING produced a draft supplementary curriculum and is currently field testing the material in trainings conducted in each of the districts. Health facilities were asked to select high functioning volunteers who have been proactively assisting health facilities with their outreach activities, and these volunteers were invited to the training. The curriculum highlights best practices for filling out growth cards, their use in triaging child and caregiver needs, and proper counselling methodology. Each of the sessions utilizes pictorial forms and role plays to cover key topics to encourage active learning and increased retention. To date 14,311 volunteers have been trained in CIYCF 15 districts. SPRING will reach out to previously identified community platforms, such mother-to-mother groups, after a core of community health volunteers has been trained to ensure effective support and connectivity. This will be a focal activity in the first quarter of PY2.

SPRING/Ghana has identified potential NGOs to implement the project's QI approach for nutrition promotion at the community-level and to accelerate program reach and impact. However, to rapidly deploy and meet the challenge of geographic coverage and simultaneous implementation across diverse communities, organizations with greater capacity may be engaged to take up this role. Hence, the process to identify capable NGOs has been

initiated with a call for an initial expression of interest call yielding 34 applications. A second-level review to select the most favorable community based organizations and NGOs is ongoing. This review will identify their suitability for developing a technical proposal for implementation. Final selection of an implementing organization/s will occur early in PY2.

Lessons Learned and Next Steps

- Recruitment for SBCC positions was challenging and led to a delay in activity engagement, as strong candidates were not willing to locate to Tamale
- The SBCC agenda requires a high level of connectivity with GHS in Accra and Tamale, as well as with the as many USAID programs eager to support the SPRING agenda.
- The number and quality of translation vendors in the North is limited and back translation has been an issue; SPRING now seeks to hold back translation sessions with all original translators in one meeting to allow issues to be addressed directly.
- Volunteers enjoyed the IYCF training and highlighted they had not received such focused attention in their local languages, complete with pictorial and practical content. Many showed improved skills in utilizing growth cards and providing targeted support at child welfare clinics following training. Motivation and participation of volunteers was often higher than health staff.

Objective 3: Improved enabling environment for delivery of high-impact nutrition practices and services

3.1 Increased coverage of key WASH- related equipment and infrastructure

SPRING/Ghana is using the caption "WASH 1,000" to communicate the project's focus on children's first 1,000 days. It entails the promotion of key household behaviors that, when practiced, reduce infections and fecal-oral contamination.

The original program design focused on CLTS, however, in the first quarter SPRING used recent research to inform a more nutrition-sensitive approach using four key behaviors to target stunting and incorporated them into the CLTS approach. These are;

- Safe disposal of human and animal feces
- Hand washing at critical times
- Boiled or treated water for children 6-24 months
- Clean and safe play spaces for children

These identified behaviors have assisted SPRING to effectively utilize and adapt the current CLTS approach to better target stunting in the Ghanaian context. SPRING/Ghana invested in building district capacity to implement activities under the WASH 1,000 agenda. This involved training personnel from the District Environmental Health and Sanitation Directorate, Department of Community Development, and School Health Education Program staff from Ghana Education Service. Similar investments to develop or revamp community structures were made by highly motivated individuals and groups, including natural leaders and WATSAN. CLTS implementation requires support by members of the targeted communities to attain ODF status and generally improve sanitation within their own household and the wider community. The four behaviors have been incorporated into trainings for CLTS facilitators.

During PY1, a total of 2,923 people were trained in WASH 1,000 through different targeted community events. Training events highlighted the consequences children face after ingesting chicken feces and provided recommendations to mitigate such occurrences. Trainers participated in hands-on field sessions to practice their new facilitation skills. The process for declaring a community ODF has been initiated in target districts with the District Inter-Agency Coordinating Committee on Sanitation leading the process.

Development of natural leaders for WASH 1,000 role: Natural leaders are self-motivated people within a community who are passionate about ending open defecation and improving sanitation conditions. SPRING/Ghana identified natural leaders as independent champions of the WASH 1,000 agenda and worked to equip them with the skills and tools to promote the four key aspects of the WASH agenda. 842 natural leaders (576 males, 266 females) were trained during FY15, and played a major role in supporting the development of community WASH action plans and promoting community sanitation and hygiene practices. They also worked with community members and households to construct latrines and build doors/gates to reduce fecal contamination in their compounds. Over the past year natural leaders have been critical in educating the community and maintaining a high level of community motivation.

WATSAN committee member training: WATSAN committees represent the community in matters related to water sources, conservation and safety, sanitation, and hygiene education. As part of the WASH 1,000 promotion agenda, SPRING/Ghana supported the formation and/or reactivation and training of 1,062 WATSAN committee members in 15 districts. WATSAN members are trained on how to facilitate their community's transition through triggering and post-triggering CLTS activities, which are enhanced by the promotion of WASH 1,000 behaviors at the household level. This helps the four key behaviors at the center of CLTS activity and ensure communities develop action plans to complement this agenda.

Handwashing with soap and tippy-tap use promotion: During FY15, hand washing demonstrations were held for 20 school health clubs. Hand washing demonstrations were done in conjunction with tippy-tap construction demonstrations, which led to individuals independently developing similar facilities in communities, households, and schools. Several of these households contain two tippy-tap hand washing stations, one by the latrine and the other in the compound. 2,881 households were documented as having a tippy-tap near the latrine and 1,980 were observed to have a handwashing station at another location within the household (ex: near the kitchen).

Latrine construction: Through SPRING supported demonstrations and promotion of locally available materials, the project recorded 3,480 newly constructed household latrines in PY1.Some latrines in Bongo and Zabsugu have become unstable following heavy rains, however all other latrines remain stable and in use. In some cases the rapid construction of latrines led to poor mortar mixing and poor site selection following effective triggering. Communities are committed to rebuilding latrines and will follow technical advice in the dry season. SPRING will specifically follow up with the affected areas to ensure the technical issues are correctly addressed.

Progress towards ODF: 43 communities have achieved ODF basic certification as a first step to full ODF status. SPRING has supported staff from Environmental Health Office to monitor communities to encourage and asset them as they move towards ODF status.

Nutrition and WASH Monitoring: SPRING technical staff are currently conducting joint nutrition and WASH monitoring visits and continue to use growth cards to show that strong WASH practices will result in healthy, growing children. By integrating child feeding messages and WASH messages to create the ***3 A's***, or "***food accessibility, acceptability, and absorption,"*** SPRING has been able to help both district agriculture and environmental health staff understand how WASH and agriculture work in tandem to influence a child's overall nutrition and growth.

3.2 Improved cross-sector coordination and action at the district and community levels

In each district, SPRING met with district assemblies to ensure that activities were focused, facilitated and transparent with work plans and full budgets shared as part of the agenda. In addition, SPRING/Ghana is committed to supporting improved multi-sectoral nutrition coordination using existing district platforms to ensure that activities work in tandem with district plans and include additional development actors such as other NGOs, CBOs and faith organizations. District coordinators worked to make these meetings more effective coordination mechanisms which, in some cases, resulted in the decision to hold these meetings biannually as opposed to quarterly. In other cases, proactive engagement from participating district organizations resulted in cost sharing and more regular meetings across the district assembly and implementing partners.

3.3 Leverage participation learning and sharing among ZOI stakeholders

SPRING/Ghana joined USAID Feed the Future Partners, donor agencies, private sector representatives, government, and other development partners in a two-day meeting called "Collaborating for Results." SPRING/Ghana, through the Africa Leadership Training & Capacity Building Program, and Monitoring, Evaluation, and Technical Support Services in Ghana (METSS) organized this annual meeting. The two-day forum brought together project and thought leaders to foster dialogue on innovative ways to effectively collaborate toward greater results and to facilitate the achievement of the goal of reducing stunting by 20 percent. The SPRING/Ghana team participated in a panel discussion on nutrition linkages, displayed project materials, and discussed SPRING's global areas of technical expertise. This resulted in heightening the nutrition profile within the Feed the Future agenda and helped to form closer linkages with Feed the Future implementing partners.

SPRING/Ghana participated in the Circle of Collaborative Chiefs of Party (CCC), a quarterly meeting hosted by the RING project, during which the Agribusiness Unit of the Ministry of Agriculture presented an overview of the unit and its activities. The unit is conducting a post-harvest infrastructure (PHI) survey to assess the post-harvest infrastructure in Ghana, the results of which will be used to inform policy decisions and promote investment. PHI shared the methodology, expected outputs, budget, and some challenges from the survey. Key next steps include CCC discussion of the PHI survey proposal and a request that CCC members and other USAID projects consider participating in the survey. SPRING/Ghana is deliberating whether to take part in the survey. This meeting is essential to ensure effective coordination and cooperation within the agriculture/nutrition agenda and is enabling SPRING to leverage support from partners such as the Agriculture Technology Transfer project.

In Karaga district, two U.S. Peace Corps Volunteers (PCVs) are engaged with SPRING to support tippy tap activities and school health clubs. One PCV is also working with nurses and community health volunteers in one of the CHPs zones to improve IYCF practices. In Savalugu, although it is not a SPRING focus district, the second PCV has been working with nurses to promote IYCF practices through improving use and understanding of growth cards. SPRING staff have been providing PCVs with technical support from the Tamale office.

In Q3, SPRING/Ghana participated in an agribusiness investment forum organized by FinGAP, a Feed the Future implementing partner. The forum convened USAID-funded projects, agricultural-centered private sector individuals and institutions, and government officials to learn and build partnerships to promote agribusiness.

SPRING/Ghana also engaged with USAID implementing partners such as WASH for Health, Systems for Health, Evaluate for Health (E4H), and others to leverage project resources and avoid programmatic duplication. One key action item currently under discussion is the development of a comprehensive GIS database for implementing partners.

Lessons Learned and Next Steps

- Additional effort is required to ensure regional buy-in of the district agenda, despite the detailed and transparent planning exercise SPRING conducted with district partners, due to the fact that GHS is very centralized.
- A number of steps are required to achieve ODF status and ODF basic certification is often used as the first step to achieving "sanitized community" status. It has also been challenging to work with DICCs to assess communities as many of the groups are inactive and must be refreshed to start the validation activity.
- Originally SPRING focused on building hand washing stations near latrines; however, given the importance of hand washing before the preparation of complimentary food for young children, the emphasis was shifted to also include messages promoting tippy tap construction near food preparation areas.
- Using existing government platforms for coordination can result in less frequent meetings and a more generic discussions and agenda. This has stayed within SPRING's agenda due to the multi-sectorial approach.
- In districts where there is some resistance to a greater focus on nutrition, SPRING will instigate a series of "learning events" which will be held between biannual coordination meetings to encourage sharing and learning across the multi-stakeholder platform.
- SPRING will engage with a PCV working in Karaga and East Mamprusi, who will participate in QI training and then support the roll-out process in their target facilities.
- Potential exists for greater PCV engagement in Bongo, Talensi, Tolon, Kumbungu, and Karaga with the incoming health group set to arrive in February, who could be placed in targeted communities and support the SPRING 1,000 Day Household agenda.

Objective 4: Increase use of nutrition-sensitive agriculture practices

4.1 Reduced exposure to and consumption of aflatoxin

SPRING/Ghana focused on aflatoxin mitigation due to the growing body of evidence detailing the ways in which aflatoxin impacts stunting. SPRING/Ghana focuses on reducing aflatoxin levels in two primary crops, groundnuts and maize. The project has developed approaches to reduce the level of aflatoxin products consumed and sold at markets, while also assessing the level present in each crop and how they it changes with the seasons.

SPRING focused on reducing aflatoxin in groundnuts through the implementation of farmer field schools, which are made up of 1,000-day households within each target community. Groundnuts are a primary food source for young children in northern Ghana and are widely known to be affected by aflatoxin. Additionally, it is a crop traditionally grown by women and thus generates income for women when crop surpluses are sold. SPRING has developed a pre-harvest aflatoxin management training curriculum and initiated cascade trainings through the regional Ministry of Food and Agriculture to establish a cadre of facilitators to support Agricultural Extension Agents (AEAs) implementing the Farmer Field Schools. Elements on good agricultural practices have been edited to include modules on pests and diseases, and weed control. A post-harvest processing and storage curriculum was developed in the third quarter to ensure that MOFA staff and AEAs are prepared for the groundnut harvest season. AEAs have also begun monitoring Farmer Field School participants for follow-up and support. To date, 6,843 individuals were given training in Agric, (6,620 farmers were trained through FFS, and 223 MOFA staff through pre-harvest training).

SPRING also supported the addition of aflatoxin-specific content to a maize production manual facilitated by ADVANCE and ATT programs. In an effort to further define the presence and scale of aflatoxin contamination in maize and groundnuts, SPRING developed a protocol to test a cohort of 42 groundnut farmers, and maize aggregators participating in the ADVANCE project. Contracts with research agencies for this work to begin in the post-harvest season are currently under negotiation. A key issue in the North has been the poor quality of seeds available for groundnut production, resulting in very low productivity. Access to improved groundnut seed is extremely weak and is not currently supported by the Feed the Future agenda in Ghana. Poor quality seed is more susceptible to aflatoxin

SPRING participated in a number of meetings and workshops in FY15 related to the agricultural-nutrition agenda. Of particular note was the Partnership for Aflatoxin Control in Africa workshop aimed at creating a multi-country platform to share experiences, and a meeting on biocontrol technology with *Aflasafe*. SPRING has expressed interest in trialing *Aflasafe* if the product is available through the International Institute of Tropical Agriculture. SPRING/Ghana has included work on biofortified crops in its FY16 operational plan which has been approved by the USAID/Ghana Mission. In support of this new agenda SPRING has developed links too orange fleshed sweet potato and biofortified maize through the International Potato Center and ATT. At present SPRING/Ghana is seeking a waiver to procure seeds and thus enable not only demonstrations of groundnut varieties, but also provide orange fleshed sweet potato cuttings to mother-to-mother groups as a crucial complementary food.

SPRING continues to address the post-harvest period through a memorandum of understanding with the Feed the Future Post-harvest Innovation Lab to trial post-harvest bags, shellers, and locally available technologies. Work continues with post-harvest preparation at the district level, including preparation for expansion into biofortified crops. SPRING will also develop effective nutrition-sensitive and nutrition-specific messages to be integrated into Farmer Field Schools, expanding the existing community-based platform.

During the second day of post-harvest training for Farmer Field Schools, the SPRING Nutrition, WASH and SBCC Advisors worked with MOFA staff to develop a nutrition-sensitive agriculture training curriculum for female groundnut farmers groups emphasizing five critical behaviors of 1,000 days households. MOFA staff will pilot this draft curriculum in a few farmer groups and finalize the training package after receiving feedback from participants.

4.2 Expand LEAP cash transfer activities to eligible pregnant and lactating mothers

Throughout PY1 SPRING helped to design the LEAP 1,000 initiative supported by USAID as part of the government of Ghana's social protection program and hosted a meeting between the Department of Social Welfare, UNICEF, and SPRING staff to ensure its effective engagement. SPRING district staff members have found it challenging to enter discussions with the social welfare groups in their geographical areas because the central government did not issue a directive on LEAP 1,000,and there was no clear connection between beneficiaries and improved services supported by SPRING. Through contact with LEAP 1,000 leadership, districts were asked to liaise with SPRING staff members. Within the month of September, SPRING was given a list of targeted LEAP 1,000 beneficiaries to which initial payments from the Government of Ghana were due in early October. The Government of Ghana has sent letters to the districts requesting that they invite SPRING to LEAP 1,000meetings and include SPRING on committees; this has happened in most districts. SPRING will use the beneficiary list to ensure communities targeted for PY2 include those with a concentration of LEAP 1,000 beneficiaries.

Lessons Learned and Next Steps

- The number of agricultural extension agents was smaller than originally anticipated due to the MOFA decentralization to the district assemblies, and a significantly greater focus by commercial farms operating out grower schemes reducing the need for public extension services. This resulted in lower training numbers than originally planned
- Seed quality and supply is an issue and may be an additional challenge for groundnut interventions as farmers are anxious to only grow crops with good yield returns and poor seed reduces yield. Some farmers were reluctant to join farmer field schools upon learning that seeds are not provided as they had previously dropped groundnut production and have no access to seeds.
- A greater focus on pest and disease control was more important than originally planned due to the groundnut rosette virus being more prevalent than in other years

Objective 5: An enhanced policy environment for delivery of state-of-the-art nutrition interventions

Overview

SPRING has engaged with actors across multiple agendas over the course of this year. Significant events are highlighted below:

SADA Zone High-Level Health Forum: The three Northern Regions and sections of two neighboring districts are of particular interest to the GOG and have been marked for alternative platforms of rapid development. The forum in quarter three brought partners together to discuss the particular challenges and solutions for delivering health care in this zone. Nutrition was an area of specific concern.

CHPS conference: The CHPS conference, titled "Best Practices and Innovations Powering Scale Up" and organized by the USAID Maternal and Child Survival Program, was a major stakeholder forum in which SPRING/Ghana participated. CHPS, a major strategy by the GOG to expand access to the primary health care package delivered at the community level, has seen a recent shift toward clinical and curative care and away from preventive components (including nutrition). The forum sought to redirect policy objectives and to explore and adopt the best working mechanisms toward achieving these objectives.

Anemia: SPRING has made great efforts to engage the GHS Nutrition Department in prioritizing the anemia control agenda. A landscape analysis report on anemia prevention and control and the development of an anemia training package, both produced by SPRING have progressed steadily with the concurrence of the GHS but are yet to be completed. SPRING has developed a District Assessment Tool for Anemia and its field test was conducted in Kumbungu district in Northern Ghana. A draft training manual on anemia for health facility and community workers was submitted to GHS for review.

GHS/FHD annual performance review: This meeting was organized to review all program components for maternal and child health, reproductive health, and nutrition conducted in the previous year. It was attended by health managers, partners, and organizations. SPRING/Ghana used the opportunity to provide an update on project activity.

Lessons Learned and Next Steps

Ensuring GHS ownership of the anemia agenda has slowed the activity considerably, however GHS maintains a high level of interest. The draft anemia training manual and landscape analysis have proven to be cornerstones in sustaining interest and continuing to advance the agenda.

Administration and Management

Finance and operational activities grew in parallel with the expansion of program activities. 45 staff members were hired during FY15, including the following finance and operations (F&O) staff: a Partners and Grants Manager, Finance and Administration Manager, Human Resources Manager, Office Cleaner, and three drivers. In addition, 15 bank accounts were opened to support operations in all15 SPRING districts.

As the year progressed, it was apparent that the size and structure of the Finance and Operations division needed to change dramatically in order to better support the rapid increase of program activities. The Deputy Chief of Party (DCOP) for F&O position was created and the position filled in June. A complete restructuring of F&O took place upon arrival of the new DCOP. Old positions were modified and new ones created with the recruitment process beginning in July. Three significant F&O staff members, the Director of Finance and Administration, the Finance and Administration Manager, and the Finance and Administration Assistant, resigned shortly before or after the DCOP -F&O came on board, adding further urgency to putting new F&O structure into place. The F&O division now expects to finish recruitment for all positions and be fully staffed at the end of November.

Monitoring and Evaluation

In Q1, SPRING/Ghana developed a draft Activity Monitoring and Evaluation Plan (AMEP), which was reviewed by both E4H and the METSS Project to ensure coherence to Feed the Future and Global Health indicators and M&E standards. The AMEP was finalized and approved in Q3

The AMEP includes both output indicators collected through routine monitoring, and outcome indicators measured through surveys. Baseline surveys were carried out by METSS in support of both RING and SPRING projects, and by E4H health in support of the broader USAID health agenda, and reports for both surveys were completed in Q3. Since both surveys included areas where SPRING does not work, both METSS and E4H have been asked to provide additional analysis focusing specifically on the SPRING ZOI. SPRING has district level baseline data from these surveys for most indicators, which will help to make programmatic decisions about which nutrition aspects, and which districts, need the greatest attention.

To measure routine indicators, SPRING developed a series of simple data collection forms, most of which are captured on a monthly basis. Data flows from SPRING District Coordinators to the M&E staff in Tamale, where it is managed in a project database.

Where possible, SPRING is attempting to use existing data sources in order not to create new and parallel reporting systems. For example, SPRING has been able to capture the number of children under five reached with nutrition services through the health system, and number of children under five who receive Vitamin A, using the District Health Information Management System (DHIMS), managed by GHS. Challenges exist in accessing data form DHMIS, but SPRING hopes to be able to continue to use this data source in the future for the two key indicators mentioned above.

SPRING progress with respect to routine indicators is shown in the table below. The table shows all routine indicators that SPRING collected during FY15, with acheivedments show by quarter beginning in quarter 2, when most activities commenced. The table also shows the target for the year, the percentage of the target that the

achievement represents, and comments in cases where the achievement was either >10 percent highter or > 10 percent lower than the initial target.

Routine indicators, with targets and achievements, are shown in the table below:

Indicator name and Feed the Future number, if applicable	FY15 Targets	Achievements				Variance: Percent of Target Achieved	Comments (including explanations for achievements which are >10% above or below target)
		Q2	Q3	Q4	Total FY15		
3.1.9-15 Number of children under five reached by USG-supported nutrition programs	87,708	2,927	18,774	24,548	46,249	53	The target was set based on estimation of full year participation of each district, but data was captured for districts based on when implementation started. Because SPRING did not complete a full year of implementation, the results were below target for FY 2015.
3.1.9.2-3 Number of children under five who received Vitamin A from USG-supported programs	217469	0	0	10,611	10,611	5	As above, information is received from DHIMS for facilities meeting criteria indicating significant SPRING support. Due to the prolonged delivery time of vitamin A, the product was only delivered in September; hence FY15 data is only for the month of September 2015. The remainder of the product will be provided in PY2 for children at the facilities receiving vitamin A
4.5.2-13 Number of rural households benefiting directly from USG interventions	184,398	2,438	4,961	1,397	8,796	5	Target was based on reaching an estimated 60% of the population, including facility service data on children under five years of age, but this was disallowed by METSS. Therefore, the actual data is based on the number of households in communities receiving all SPRING intervention.
No of households benefiting directly through SPRING target community activities (not an FTF indicator)	184,398	0	6,370	473	6,843	4	This number incorporates the households present in the SPRING target communities which have direct benefit from a range of activities.
4.5.2-14 Number of vulnerable households benefiting directly from USG assistance	34,575	2,438	4,961	1,397	8,796	25	SPRING did not develop a vulnerability criteria and did not assess households as such. The target of 15 percent was set as a proxy proportion of households considered to be vulnerable. But during the reporting period, observations in SPRING operating communities indicated that all households met one form or another of vulnerability as defined in the PIRS.

Indicator name and Feed the Future number, if applicable	FY15 Targets	Achievements				Variance: Percent of Target Achieved	Comments (including explanations for achievements which are >10% above or below target)
		Q2	Q3	Q4	Total FY15		
Number of people trained by SPRING through USG-supported programs	16,455	1,180	8,741	2,715	12,636	77	The shortfall reflects the fact that trainings were not taken to community groups in mother to mother or the QI agenda as planned
3.1.9-1 Number of people trained in child health and nutrition through USG-supported programs	7,500	1,180	1,461	1,942	4,583	61	As above
4.5.2-7 Number of individuals who have received USG supported short term agricultural sector productivity or food security training	6,300	0	6,370	473	6,843	109	
Number of communities with clearly articulated CLTS action plans being implemented with SPRING support	150	0	128	20	148	99	
Number of communities certified as "open defecation free" as a result of USG assistance	60	0	0	43	43	72	Challenges exist in activating the government mechanisms to review communities- this certification only refers to" ODF basic"
Number of community support groups supporting nutrition strategies in their communities	450	0	0	51	51	11	Again SPRING did not engage significantly in forming support groups at the community level during this year
Number of district nutrition coordination meetings conducted	45	6	21	14	41	91	This number is inclusive of the multiple stakeholder nutrition planning meeting convened by the District assemblies to assist SPRING inception
Number of facilities that are implementing a nutrition QI action plan	106	0	0	0	0	-	Spring was unable to expand this activity beyond initial training in the reporting period

Indicator name and Feed the Future number, if applicable	FY15 Targets	Achievements				Variance: Percent of Target Achieved	Comments (including explanations for achievements which are >10% above or below target)
		Q2	Q3	Q4	Total FY15		
Number of supportive supervision and monitoring visits	492		60	99	159	32	AS activates did not commence in some districts until the last two quarters the number of visits was limited until actual trainings and engagement had taken place

In the last quarter of PY1 work started on the GIS mapping to be completed in the next quarter. It is being done in close collaboration with E4H and METTS to ensure all existing data sets are utilized.

The SPRING home office SI advisor visited the Ghana program in September 2015 to review the M&E system and identify lessons learnt and changes pertinent to PY2.

Appendix 1. Success Story

CLEAN COMMUNITIES, GOOD HEALTH

"NaabaIssifu is my name. I have engaged in open defecation for the past 42 years."

This is how NaabaIssifu, chief of the Piyaligo village in the Garu-Tempane district in the Upper East Region of northern Ghana, introduces himself. Until recently most of the village's 98 homes lacked latrines, forcing the 600+ villagers to defecate in the open.

"My family and I could not plant beans and other vegetables like 'alefu' and 'berra' around my house or on the farm because the children, my wife and myself eased ourselves there...only three houses [in the community] had latrines. Hand washing with soap or ash with clean running water was not a practice in thiscommunity," Naaba said.

A latrine constructed after WASH 1,000 interventions

These practices began to change after SPRING staff and Government of Ghana environmental health officers began conducting weekly visits to the village in May 2015. They promoted the four key behaviors of SPRING's WASH 1,000 agenda: safe disposal of feces, handwashing with soap, boiled or treated water for children 6-24 months, and clean play spaces for children.

Today almost all the houses in Piyaligo community have latrines and many also boast tippy taps. Naaba says that there is a now stigma associated with open defecation and that the community is aware of its negative consequences. This year his family is able to enjoy bean leaf soup from their garden and are even able to sell extra produce at the market. "Hand washing after visiting the latrine, before eating, before feeding our children and covering our food is now like a competition in my home and the community at large," he says.

As the village chief, Naaba and other elders worked with SPRING to develop a community action plan which they will continue to implement. They are also in the process of creating community by-laws to cement the villagers' commitment to sustaining cleanliness and sanitation efforts in Piyaligo.

"Through the intervention of SPRING, my house and my community are now clean, free from feces all over. I now also enjoy a variety of soup because I can now plant vegetables on my farm which my wife uses to prepare soup for the family. As chief of the community, I no longer feel embarrassed when we have visitors because my community is now clean and free from the stench of feces."

Appendix 7: SPRING/Kyrgyz Republic FY15 Annual Report

Executive Summary

Stunting and anemia remain at unacceptably high levels in the Kyrgyz Republic. According to the 2012 Kyrgyz Demographic Health Survey, 18 percent of children under five are stunted. Additionally, 43 percent of children under five and 35 percent of women (aged 15-49) have some degree of anemia. SPRING is addressing the issues of chronic and persistent malnutrition through a comprehensive effort which includes increasing access to quality nutrition services, increasing demand for nutritious practices and services, and enhancing access to diverse diets. We are working through a myriad of strategic partnerships in health, agriculture, and education to improve the nutrition capacity of health providers and households; increase the nutritional sensitivity of agriculture programs; and support national level initiatives likely to impact nutrition outcomes (i.e. national Food Security & Nutrition Program, and flour fortification).

In our first full year of implementation, we completed start up and launch activities; conducted a baseline survey, formative research, and other critical analyses; rolled out trainings to over 7,000 people to build capacity in nutrition; mobilized over 2,000 community volunteers; and began disseminating key nutrition messages to households and communities throughout target areas. Through SPRING's support and engagement, the Kyrgyz Republic now has an approved *National Technical Guideline on the Prevention and Treatment of Anemia*, which for the first time includes provision of iron folate supplements to all pregnant women.

As part of our capacity building efforts, we have trained over 900 health workers in IYCF, including a pool of over 60 national trainers who are equipped to offer this training to all health providers across the country. An additional 478 health providers in SPRING implementation areas have received training on supportive supervision and counselling. In FY15, we supported the national BFHI, and provided training to 225 providers across six facilities in SPRING target areas. Additional trainings on the anticipated *National Technical Guideline on Anemia Prevention and Treatment* and nutrition during pregnancy are under development and will roll out in FY16. All SPRING trainings are developed in cooperation with the Ministry of Health and relevant in-service training institutions and integrated into the existing system for ongoing education of health providers. This facilitates the replication of the health worker trainings beyond the geographic scope or duration of the SPRING project. In Q4 alone, SPRING-trained healthcare professionals provided quality nutrition services and counselling to over 12,500 mothers of children under two in program implementation areas.

In FY15 we developed an SBCC strategy and detailed implementation plan, which involves identification and mobilization of existing community volunteers, known as Activists. SPRING provides these Activists with an orientation to nutrition topics monthly. Activists then convey key messages to program beneficiaries through household visits and community meetings. We initiated this program approach in Q3 with a module on "social mobilization and general nutrition" for over 2,000 Activists, during which they mapped "1,000 days households" and community resources in respective catchment areas. Subsequently, we rolled out to Activists two thematic modules covering exclusive breastfeeding and appropriate complementary feeding practices, ultimately reaching over 21,000 caregivers and over 7,500 children under two from about 4,000 households throughout SPRING program areas. Additionally, over 22,000 adults were reached with key nutrition messages through community meetings in Q4 alone. In FY16, we will work through a subgrantee partner, Kyrgyz Association of Village Health Committees, to extend its field presence, engage increased numbers of Activists in future thematic modules, and ensure the quality of household and community delivered messaging.

To enhance access to diverse diets, we have sought to learn more about the dietary diversity of families, women, and children at different times of the year by assessing existing household-level food storage and preservation practices. This analysis will be disseminated nationally and packaged as messages for SPRING's community-level work. Additionally, SPRING support to the USAID AHOP in the Kyrgyz Republic has progressed significantly, with a signed MOU and a SPRING training for key AHOP staff about nutrition-sensitive agriculture and social and behavior change. Over the year, SPRING provided AHOP with nutrition- and hygiene-related trainings, materials, job aids, as well as direct assistance to AHOP's nutrition team to identify target audiences and behavior change approaches.

Our most serious operational challenge has been the dissolution of the bilateral agreement between the US and the Kyrgyz Republic, on the part of the Kyrgyz government. Mission guidance to its programs in the aftermath has resulted in a slowdown of SPRING activities and operations as well as difficulty in achieving program targets. This slowdown will persist until discussions around the bilateral agreement and USAID's tax exemption in particular, can be addressed between governments at the national level. Nevertheless, some activities are continuing at a much slower pace.

In FY15, with the program in full implementation, we have successfully completed formative research, project start-up, and partnership development—we are training providers, reaching communities, and strengthening nutrition in relevant sectors. Assuming that national diplomatic issues are resolved swiftly, FY16 will be a significant year for SPING, with substantial achievements and positive outcomes for women and children. Many elements of the program, including use of mass media and urban behavior change approaches, will build interesting foundations for future programs in the Kyrgyz Republic and elsewhere.

Introduction

Overview

USAID in the Kyrgyz Republic has asked SPRING to support programming aimed at improving the nutritional status of women and children within its Feed the Future zone of influence. Since Mission buy-in late in FY14, the program has sought to address stunting and anemia among women and children in the country through the uptake of 11 evidence-based practices. These practices, tailored to the Kyrgyz context, relate to optimal breastfeeding, appropriate complementary feeding of children, dietary diversity throughout the year, reduction of junk food, handwashing, and other household-level behaviors targeting women and children in the first 1,000 day window of opportunity. These practices are promoted through direct communication, mass media, routine health services, and other appropriate channels, such as agriculture projects and relevant national platforms. These platforms include the active SUN initiative as well as the Agriculture, Food Security, and Rural Development Sector Working Group, which bring together stakeholders from various sectors—including donors, United Nations organizations, and civil society—to discuss technical and programmatic issues influencing national nutrition. SPRING/Kyrgyz Republic conducts national level advocacy and policy/program support, as well as focused program delivery in Jalalabad and Naryn *oblasts*.

Our overall goal is to improve the nutritional status of children under two and women of reproductive age in the Kyrgyz Republic. Our objective is to increase the uptake of 11 evidence-based practices and services that have potential to reduce stunting and anemia among women and children. SPRING intermediate results are—

- increased access to quality nutrition services
- increased demand for priority nutrition practices and services

- enhanced access to a diverse diet.

A detailed Results Framework is included below, illustrating how major activities support intermediate results and SPRING's objectives.

Geographic Coverage

SPRING activity is implemented in 10 *rayons* and townships of Jalalabad *oblast* and one *rayon* in Naryn *oblast*, indicated on the map and in the table below. Program areas were selected in consultation with USAID and the Ministry of Health and target traditionally underserved populations including remote and mountainous regions. To support implementation, SPRING maintains offices in Bishkek, Jalalabad, and Chaek, employing 26 full-time staff nationally.

Map 1. SPRING Implementation Areas (Denoted by Flags)

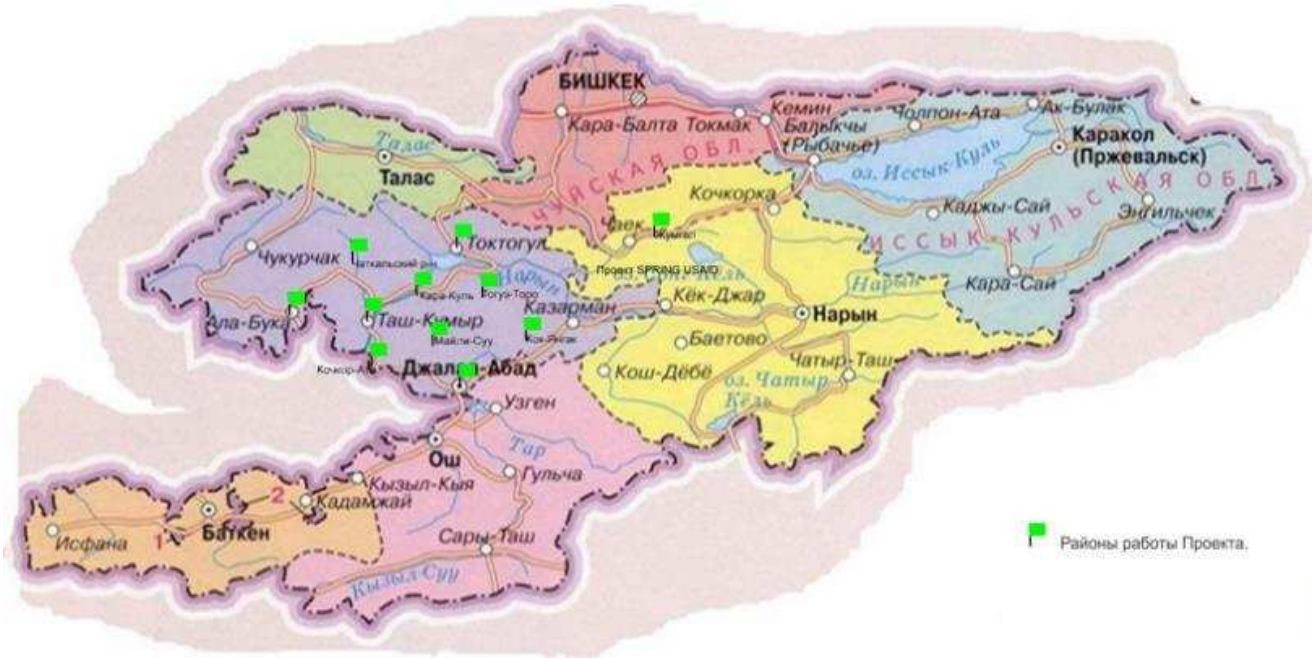


Table 1. SPRING Implementation Areas and Associated Demographics

Jurisdiction or District	Communities	Total Population	Number of Women (14 to 49)	Children under 5
Jalalabad township, Jalalabad	1	104,100	32,604	14,450
Ala Buka rayon, Jalalabad	42	94,000	25,064	28,705
Toguz Toro rayon, Jalalabad	13	23,200	5,907	3,375
Toktogul rayon, Jalalabad	44	92,600	22,279	14,612
Chatkal rayon, Jalalabad	10	24,700	6,584	3,699
Kara Kul township, Jalalabad	1	23,800	6,212	3,532
Kok Yangak township, Jalalabad	1	10,836	2,612	1,177
Kochkor Ata township,	1	15,449	4,188	1,894

Jurisdiction or District	Communities	Total Population	Number of Women (14 to 49)	Children under 5
Jalalabad				
Maily Suu township, Jalalabad	1	23,600	6,931	2,897
Tash Komur township, Jalalabad	1	34,756	9,818	6,055
Jumgal Rayon, Naryn	21	42,106	9,536	5,264
Total	136	489,147	131,735	85,660

Key Programmatic Activities and Achievements

IR 1: Increased access to quality nutrition services

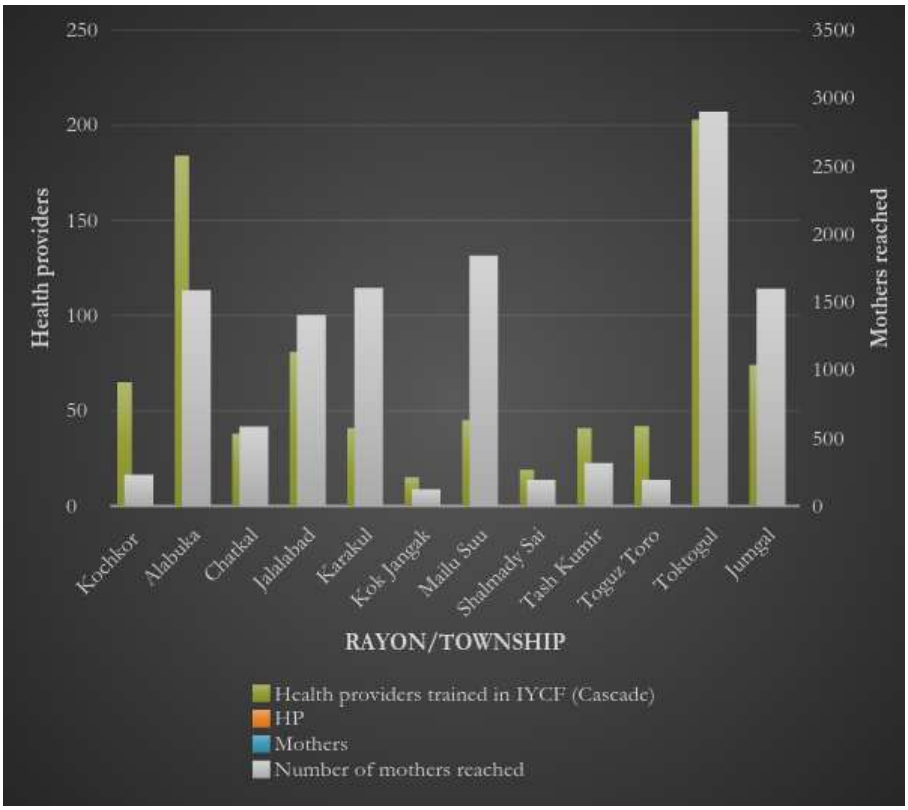
Overview

Intermediate Result 1 activities focus primarily on training health care providers at the national level and in SPRING implementation areas to deliver high-quality nutrition services and counselling. Due to high levels of antenatal care, facility delivery, and basic primary health care nationally, capacity building within the MOH is a strategic way to improve the quantity and quality of nutrition services and counselling throughout the country.

In FY15, we provided trainings on a myriad of topics: IYCF, supportive supervision, and BFHI. The approach for training includes adapting globally available trainings and guidelines to the Kyrgyz context through a consultative process and obtaining approval by the MOH and the Kyrgyz State Medical Institute for Retraining and Continuing Education (KSMIRCE). Once approved, we will provide a TOT to a pool of national and regional level trainers, followed by cascade trainings for all health care providers in SPRING implementation areas. Although we fund provider training in our program implementation areas, the training themselves become institutionalized within the national in-service training mechanism. These trainings are available through KSMIRCE to all Kyrgyz health care providers, who can fulfill their yearly continuing education requirements by completing the trainings.

In FY15, we trained 909 health workers in IYCF. These health workers, in Q4 alone, provided nutrition counselling and services to over 12,500 mothers of children under two through routine care. In FY16, additional IYCF trainings will be offered to capture those previously unavailable and to accommodate staff attrition.

Graph 1. Number of Mothers of Children under two Years Reached by Health Providers Trained in IYCF by SPRING



As IYCF trainings rolled out, SPRING identified challenges in ensuring the application of new skills and the quality of counselling provided by trained providers. In coordination with the MOH and with the guidance of international experts, we adapted and rolled out trainings on IYCF supportive supervision to 251 medical supervisors in 139 health facilities across SPRING areas. The supportive supervision training equips medical supervisors with skills and tools to help trained providers deliver high-quality IYCF services and counseling in their facilities. Supportive supervision training will continue into FY16 to ensure routine use of supportive supervision skills and practices in all facilities in target areas.

In FY15, we began conducting trainings for the BFHI, a system that accredits health facilities in global standards of maternal and child care. First, we participated in the UNICEF-led national TOT for BFHI, and then began providing the training to facilities in SPRING target areas in Q4. In FY15, we provided this training to 255 health care providers across six facilities. Medical staff at an additional six facilities will receive training at the beginning of FY16. Following the training, SPRING we work with facilities to support self-assessment and action planning toward BFHI accreditation.

SPRING Supportive Supervision training, Jalalabad

In FY15, SPRING supported the development and finalization of the *National Technical Guideline on Anemia Prevention and Treatment*. We provided technical assistance to the national working group in a workshop event in April 2015, with subsequent guideline approval by the MOH in September 2015. This new guideline constitutes a policy change that—for the first time in the Kyrgyz Republic—specifies 1)

provision of IFA to all pregnant women, rather than only to women diagnosed with anemia, and 2) presumptive deworming for children and women (including during pregnancy). A TOT on the new national anemia guidelines for health care providers, which includes new prevention and treatment protocols for various life cycle groups (i.e. children, women of reproductive age (WRA), pregnant women, older people), was planned for Q4, but was postponed at the request of the USAID/Kyrgyzstan Mission. The training has been rescheduled for Q2 of FY16; we will develop training materials during the interim.

Lessons Learned and Next Steps

Although trainings have rolled out smoothly, they require a significant amount of time and coordination to arrange. Working through the post-graduate institute and obtaining official permission for trainings (through government decrees) has helped to increase participant demand and availability for the trainings. We are exploring options for combining trainings (e.g. anemia and nutrition during pregnancy) to create efficiencies and open up time for additional future trainings. The application of skills and quality of services will remain a priority training focus, and we will use our experience with supportive supervision in national advocacy.

Based on preliminary assessment, most facilities in SPRING target areas are unlikely to achieve BFHI certification, given administrative issues and resource constraints. However, we will support the development of action plans and track progress over time, advocating with the MOH for additional resources and support as appropriate.

We will develop a health provider training on nutrition during pregnancy and submit it to the MOH for approval in early FY16, with plans to conduct subsequent national and oblast level TOTs and cascade trainings in SPRING implementation areas. This training will bring together elements from existing national trainings focused on other themes (i.e. antenatal care), as well as add the latest WHO nutrition recommendations for pregnant women. This will be the first pregnancy-specific nutrition training for health providers in the Kyrgyz Republic.

SPRING wields considerable influence in national health training in the Kyrgyz Republic. As a result of IYCF training we conducted at the national level, key "first 1000-days" nutrition messages have been included in a national health program of wellness checks for children 0-17 years of age. The government issued a decree to all health providers entitled "Supervision of Well Health Children in the First Stage of Life." The decree, focused on health services for children under two, includes promotion of and counselling on exclusive breastfeeding, continued breastfeeding for two years, appropriate timing of complementary foods, dietary diversity, and appropriate meal quality and frequency. The program's content relied heavily on technical input from SPRING and was drafted by participants we trained in IYCF.

IR 2: Increased demand for priority nutrition practices and services

Overview

Intermediate Result 2 activities center on increasing public awareness of key nutrition concepts, increasing use of evidence-based household nutrition practices, and increasing demand for nutrition services and counselling by healthcare providers. Over the last year, our work in this area has focused on building consensus around nutrition-related content for use in communication with the MOH and key stakeholders, designing a behavior change strategy and plan, and rolling out messages and materials to beneficiaries.

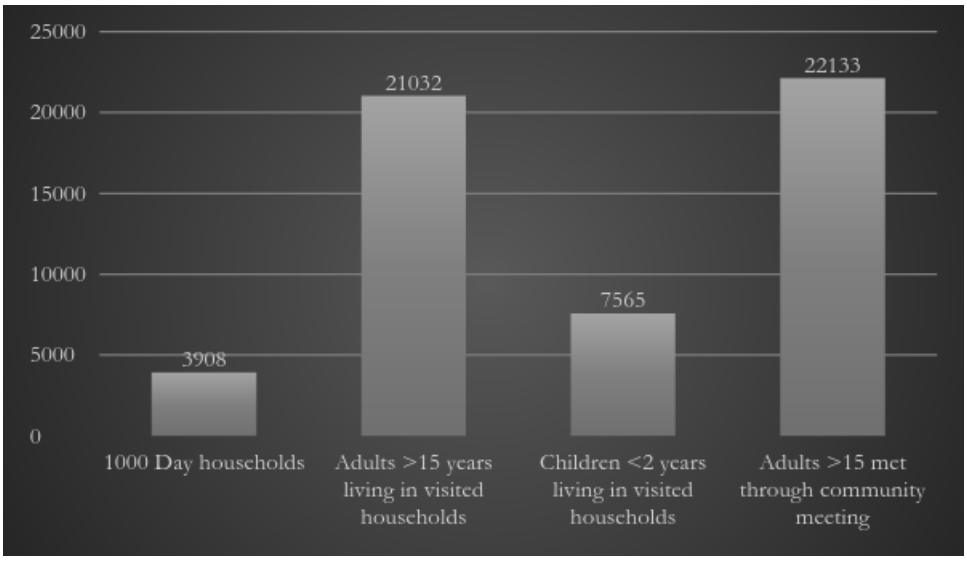
Activist training on Complementary Feeding in Toktogul rayon, Jalalabad

In December 2014, we convened stakeholders to build consensus around key national nutrition messages. After conferring, this group approved nutrition messages for use by SPRING and other nutrition-related initiatives. We then developed an SBCC strategy and detailed implementation plan with the help of technical assistance from national NGOs and SPRING global SBCC experts. SPRING identified an existing network of "community Activists" distributed throughout the country who have been used in the past to disseminate a variety of social messages. This network includes people from a wide range of backgrounds (e.g. school teachers, housewives, local government leaders, etc.). As a result, they have varying levels of convening power within their communities and social circles. Activists have become the primary infrastructure for our community-level awareness raising and the dissemination of key nutrition messages. We orient Activists on a different nutrition-related theme (e.g. exclusive breastfeeding) each month, providing a two to three-hour training on the technical content and messages to improve household practices. We also guide Activists on the best way to conduct household visits (emphasizing the first 1,000 days households with pregnant women or children under two), community meetings, and data collection.

Over the last program year, Activists have disseminated messages on three topics ("modules"): social mobilization and planning, exclusive breastfeeding, and complementary feeding. We engaged over 2,400 Activists to cover SPRING catchment areas, constituting approximately 100,000 households. Two rounds of community messaging, on exclusive breastfeeding and complementary feeding, have been conducted through visits to "1,000 days households" and community meetings. Through household visits, SPRING-trained Activists reached approximately 21,000 adults and 7,500 children under two living in 3,950 households with messages on exclusive breastfeeding. We reached another 22,133 adults through community meetings.

To maintain sufficient engagement with such a large number of Activists, we entered into partnership with the Kyrgyz Association of Village Health Committees (KVHC). This national NGO operates an extensive network of community-lead health committees, and routinely disseminates important health information nationally. Through a subgrant with SPRING, they will provide a team of Activist Coordinators who will work in tandem with SPRING field staff to extend the program's reach and maintain, train, and support Activists in SPRING areas. Starting in FY16, KVHC will also diffuse SPRING content into the broader organization and expand community messaging for nutrition beyond SPRING target areas.

Graph 2. Beneficiaries Reached by Activists with Messages on Exclusive Breastfeeding



Lessons Learned and Next Steps

As the SBCC strategy for community engagement rolled out over the later part of FY15, it became clear that the approach in urban areas might be less effective. This is because most Activists in urban settings have full-time employment and are accustomed to financial compensation for the time they spend promoting social issues. Additionally, housing blocks (large apartment complexes) and population density make mapping and access to "1000 day households" more difficult. Therefore, we are developing a different approach in urban areas for household and community-level messaging. The urban approach will draw heavily on messaging through urban doctors and nurses who are mandated to conduct household visits after deliveries, as well as mass media. Different approaches to block-level engagement (e.g. courtyard theater groups on weekends) will also be trialed.

Development of content for mass media has been significantly affected by the Mission's restriction on incurring taxes. Over the course of FY15, we engaged a media partner to develop concepts, scripts, and storyboards for two TV spots, which were approved by the MOH. Unfortunately, the partnership with the media company was terminated, and it has been impossible to advance a tender for another media partner because of tax implications.

Maintaining working relationships with local level MOH Health Promotion Unit (HPU) staff has proven challenging. We have always intended to engage HPU personnel as a way to achieve sustainability of local level nutrition promotion. Capacity and availability of HPU staff varies, and it has been difficult to keep them motivated to engage in our activities. In FY16, we will redouble our efforts to partner with HPU staff, involve them in program activities, and build their capacity to promote nutrition beyond the life of the project.

We have engaged a significant number of Activists. Since Activists are volunteers, a certain amount of attrition is expected; we have encountered challenges around convening them and maintaining proper attendance. Expanding field presence through our subgrant partner KVHC will allow for more personal communication with Activists to encourage participation and support their work in communities. Additionally, we will take steps to simplify their tasks, including providing additional job aids and streamlining data collection.

IR 3: Enhanced access to a diverse diet

Overview

Intermediate Result 3 activities focus on understanding dietary practices at the household level, increasing access to diverse foods throughout the year, and improving availability and access to diverse foods in target areas. In FY15, we undertook several research endeavors to better understand household nutrition practices, accessibility of food throughout the year, and existing practices around food storage and preservation for the winter. In FY16, we will synthesize and package the results for dissemination to national stakeholders and agriculture-focused projects, as well as for use in our community engagement efforts to enhance access to diverse diets throughout the year.

USAID's AHOP is an important SPRING partner in the Kyrgyz Republic, by Mission design. This Feed the Future investment is meant to improve food security in the zone of influence by working directly with farmers, small and medium enterprises, as well as government, to promote specific value chains. The project also focuses on enhancing nutrition outcomes and addressing gender issues through its program. We provide AHOP with technical assistance to strengthen nutrition within the program for better nutrition outcomes. In FY15, significant collaboration with AHOP was achieved, including the development of an MOU outlining project responsibilities and areas for coordination. We provided AHOP with a training on nutrition-sensitive agriculture in May, developed through SPRING's global work. This exercise resulted in specific recommendations on how to strengthen the nutrition sensitivity of AHOP's activities and accelerate progress toward desired nutrition related outcomes.

Lessons Learned and Next Steps

In FY16, we will focus on the national level dissemination of analyses around dietary diversity and food storage and preservation, as well as on subsequent advocacy to strengthen nutrition-sensitive agriculture within food security and agriculture projects in the Kyrgyz Republic, including AHOP. An agriculture and food technology specialist will be recruited to join the SPRING team to support this work in FY16. We will provide additional support to AHOP to develop materials appropriate to target audiences, particularly on issues of dietary diversity, food preservation and storage, and hygiene.

We will continue to participating in the SUN movement as well as the Agriculture, Food Security, and Rural Development Sector Working Group in the Kyrgyz Republic. Specifically, we will support the development of a multi-sectoral platform for nutrition at the national level, implementation of new legislation around flour fortification, and the newly authorized national Food Security and Nutrition Program.

Administration and Management

FY15 was the first full year of the SPRING program in the Kyrgyz Republic, with an initial obligation received in August 2014 and subsequent recruitment of key personnel. Over the course of FY15, we filed all project positions, including a Chief of Party (COP), who joined in March 2015. We opened and equipped all project offices, and established key relationships with government, civil society, and other stakeholders at national, regional, and local levels.

The SPRING global project provides a pool of technical assistance providers who significantly benefit the Kyrgyz Republic program. In FY15, a total of seven global specialists in the areas of nutrition, M&E, micronutrients, mass media, social and behavior change, and agriculture visited the Kyrgyz Republic to assist the program. This level of support from global experts added significant value to program quality.

The Kyrgyz Republic's decision to dissolve its bilateral agreement with the United States has resulted in significant challenges for SPRING, as well as all other in-country USAID projects. Once it was established that both the Kyrgyz Republic and the United States remained committed to U.S. development assistance, the priority issue for the Mission became facing the loss of tax-exemption for USAID-funded initiatives. The resulting guidance by the Mission to avoid paying taxes and postpone taxable procurements and activities has presented SPRING with operational challenges. SPRING was unable to procure services for the development of mass media spots, print materials, or conduct national level trainings as planned. The general understanding is that discussions between the two governments will move forward quickly after the October parliamentary elections. Without a resolution to the issue of tax exemption, and with continued instruction to limit program activities, challenges to timely delivery of SPRING activities will persist into FY16.

Monitoring and Evaluation

SPRING submitted a comprehensive AMEP and Performance Indicator Tracking Tool (PITT) to USAID in May 2015. These documents include indicators for each program component that will be tracked and reported against over the life of project. Given the project's short duration, it will not be possible to capture changes in rates of stunting as a result of SPRING activities. However the AMEP includes several significant outcome indicators, as well as a series of output indicators to track project performance.

Since submitting the AMEP, in conjunction with program implementation, we have established an appropriate management information system (MIS) to capture SPRING results, including data on nutrition services and household visits/communication. The SPRING MIS gathers data collection through community volunteers who are promoting nutrition messages directly with beneficiaries, as well as through health providers who are providing nutrition services and counselling during routine healthcare. The PITT in appendix 2 shows levels of routine output indicators captured through the MIS and other program records.

We continue exploring mechanisms and approaches for data collection that are appropriate and accessible for busy health workers and volunteers. In FY16, we will continue refining the MIS and roll out data quality assurance measures to ensure the highest quality data. To achieve this goal, we are exploring possible uses of GIS and mobile technology for enhanced data collection.

In addition to a baseline survey carried out in October-November 2014, we have conducted complementary studies to further inform SPRING program components. These include formative research on household dietary, feeding, and nutrition practices; a survey on winter dietary diversity; and an assessment of existing home food storage and preservation practices and technologies. These reports are under finalization and translation into Russian for wider dissemination in-country; they will also be promoted through SPRING's website and social media channels.

The timing of the endline survey will be determined after the decision on the extension of the global SPRING project. It is likely to be scheduled for September-October 2016 to be consistent with the timing and seasonality of the baseline and to ensure comparability of data. Over the course of FY16, we will continue refining the MIS and may pursue other assessments and surveys necessary to strengthen program components or to document the project's innovative approach.

Appendix 1. Success Story

Exclusive Breastfeeding in Rural Kyrgyzstan: One Mother's Journey to Success

By SPRING/Kyrgyz Republic

Photo by SPRING/Kyrgyz Republic

Rural mother Seitova Raima and her eight-month-old son benefitted from USAID-supported trainings in infant and young child feeding practices.

One of 21,000 caregivers who have received nutrition messages in the past year, Raima was grateful to receive information on breastfeeding, as well as a booklet describing additional recommended nutrition and feeding practices.

October 2015

Seitova Raima lives in Isar village, located in Kyrgyzstan's rural Ala-Buka rayon, which has a population of 1,900 people, most of whom farm and raise livestock. Although Isar has one health post with two nurses, mothers of young children are usually too busy with routine work to visit the post for health checkups and medical advice. Therefore, many mothers in this community have never received information and counselling on proper child feeding and nutrition.

Recognizing this knowledge gap, in June 2015, the USAID-supported Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project provided training in infant and young child feeding to an existing network of local community activists. The activists, who range from school teachers to housewives to government leaders, then visited all households with children under two years of age to disseminate key messages about the importance of exclusive breastfeeding and provide a nutrition booklet developed by SPRING and the Ministry of Health.

On the day following the training, an activist named Omurbaeva Gilnara visited Seitova Raima's house and spent 30 minutes introducing the booklet and talking about exclusive breastfeeding. At the time of the visit, Raima's son was four months old and was being given foods other than breastmilk. After learning that only breastmilk for the baby's first six months is the best choice for optimal nutrition, and after being reassured that her breastmilk alone was sufficient for her baby, Raima gained the confidence to exclusively breastfeed.

When her son reached six months of age, Raima began feeding him other healthy foods in addition to breastmilk, as is recommended. Though the boy was Raima's third child, she had never heard about the benefits of exclusive breastfeeding. Raima was

grateful to receive this information, as well as the booklet containing additional recommended nutrition and feeding practices for young children.

SPRING's outreach to Raima was part of a larger social and behavior change communication strategy that provides orientation on nutrition topics to 2,000 activists monthly. From April to September of 2015, the work of these activists reached over 21,000 caregivers and 7,500 children under two from 4,000 households. From July to September, community meetings brought key nutrition messages to an additional 22,000 adults.

Raima is just one example of how community-level behavior change programming is improving the health practices and lives of mothers and children in rural areas of the Kyrgyz Republic.

Collaborating with the Kyrgyz Ministries of Health and Agriculture, SPRING/Kyrgyz Republic works to reduce stunting by improving nutrition-related behaviors at the household level and building national capacity for nutrition-centered policy-making. SPRING's geographic focus is in USAID's Feed the Future zone of influence, which includes the districts of Jalalabad and Naryn.

ct Indicator Tracking Table

Indicators	Baseline	FY 2015 Targets & Achievements						
		FY 15 Targets	Q1	Q2	Q3	Q4	2015 Total	End of Project
atus of children under two and women of reproductive age.								
of 11 evidence-based practices and services which have potential to reduce stunting and anemia among women and children								
nothers of children <2 who took iron r 90 days or more during their last pregnancy	15.8%	NA	NA	NA	NA	NA	NA	30%
of days on which iron tablets/syrup was taken by those who took any during most recent	53.9 days	NA	NA	NA	NA	NA	NA	80 days
Women: Prevalence of mothers of children ate foods from five or more of nine food groups 24 hours	58%	NA	NA	NA	NA	NA	NA	65%
nothers of children under two who ate iron-rich	94%	NA	NA	NA	NA	NA	NA	95%
nothers of children under two who ate vitamin C	85%	NA	NA	NA	NA	NA	NA	90%
of Breastfeeding: Prevalence of children put to ne hour of birth	73%	NA	NA	NA	NA	NA	NA	80%
feeding: Prevalence of exclusive breastfeeding er six months of age	29.1%	NA	NA	NA	NA	NA	NA	40%
stfeeding: Percentage of children 6 -23 months eastfeeding	76.0%	NA	NA	NA	NA	NA	NA	80%
Complementary Foods: Proportion of children ths who received semi-solid or solid food during hours	85.2%	NA	NA	NA	NA	NA	NA	90%

Outcome/ Output/ Input	Indicators	Baseline	FY 2015 Targets & Achievements						
			FY 15 Targets	Q1	Q2	Q3	Q4	2015 Total	End of Project
	months with minimum feeding frequency								
11 OC	Diet Diversity – Children: Proportion of children 6 – 23 months with minimum dietary diversity in the previous 24 hours	65.8%	NA	NA	NA	NA	NA	NA	70%
12 OC	Prevalence of children 6 – 23 months who ate iron-rich foods in the previous 24 hours	81%	NA	NA	NA	NA	NA	NA	85%
13 OC	Percentage of children 6 – 23 months who ate vitamin A-source foods in the previous 24 hours	53%	NA	NA	NA	NA	NA	NA	60%
14 OC	Percentage of children 6 - 23 months who consumed tea in the previous 24 hours	58%	NA	NA	NA	NA	NA	NA	50%
15 OC	Proportion of children under six months who consumed sugary or processed food in the previous 24 hours	16%	NA	NA	NA	NA	NA	NA	10%
16 OC	Percentage of children 6 - 23 months who consumed sugary or processed food during the previous 24 hours	62.5%	NA	NA	NA	NA	NA	NA	55%
17 OC	Percentage of children 0 - 23 months who received deworming medicine	14.8%	NA	NA	NA	NA	NA	NA	20%
18 OC	Proportion of women who received information about taking deworming medicine during pregnancy (Q12)	10%	NA	NA	NA	NA	NA	NA	20%
19 OC	Prevalence of women who wash hands at three critical times	70%	NA	NA	NA	NA	NA	NA	80%
20 OC	Percentage of households which preserve sufficient quantities and variety of fruits and vegetables for Winter consumption (see PIRS for definition of "sufficient quantity and variety")	81%	NA	NA	NA	NA	NA	NA	90%
21 IP	Number of SPRING staff	NA	23	23	20	23	21	23	23
22 IP	Number of SPRING TA visits	NA	10	4	1	0	0	5	20

Outcome/ Output/ Input	Indicators	Baseline	FY 2015 Targets & Achievements						
			FY 15 Targets	Q1	Q2	Q3	Q4	2015 Total	End of Project
Intermediate Result 1. Increased access to quality nutrition services									
Task 1.1. Support roll out of facility IYCF package in SPRING Project districts									
23 OP	Number of individuals trained under KREG activities	NA	TBD	0	353	3,402	3,267	7,022	TBD
24 OP	Number of master trainers trained on IYCF at national and oblast levels	NA	34		12	22		34	TBD
25 OP	Percentage of health provider's trained on IYCF.	NA	96%	0	22%	37%	36%	95%	96%
26 OP	Number of supportive supervision visits	NA	10	0	0	3	5	8	25
Task 1.2. Support roll out and monitoring of the Baby Friendly Hospital Initiative.									
27 OP	Percent of staff trained by SPRING in hospitals that are in the BFHI certification process	NA	40%	0	0	0	30%	30%	60%
28 OP	Number of SPRING-supported hospitals reached by "Baby Friendly Initiative " training	NA	12	0	0	0	6	6	12
Task 1.3. Improve services related to iron supplementation during pregnancy within SPRING Project districts									
29 OP	Number and percent of health providers who are trained in counseling on the new protocol on iron supplementation	NA	10%	0	0	0	0	0	80%
30 OP	Number and percentage of facilities in SPRING's ZOI that are providing IFA to pregnant women	NA	30%	0	0	0	0	0	70%
Task 1.4. Support the finalization of the national anemia protocol, development of a clinical training curriculum, and national roll out of the package									
31 OP	Number of master trainers trained on the national anemia protocol	NA	30	0	0	0	0	0	30%
32 OP	Number and percentage of health providers who have been trained on the anemia protocol	NA	10%	0	0	0	0	0	85%
Task 1.5. Support roll out of multiple MNPs in SPRING districts if approved at national level									

Outcome/ Output/ Input	Indicators	Baseline	FY 2015 Targets & Achievements						
			FY 15 Targets	Q1	Q2	Q3	Q4	2015 Total	End of Project
Task 1.6. Advocate for development of a presumptive deworming policy at national level									
33. Process	Number of stakeholder's meetings focused on discussions for deworming activities	NA	2	0	0	0	0	0	3
Task 1.7. Supporting the inclusion of nutrition as subject matter in pre-service and in-service clinical training at national level									
34 OP	Number of institutions which incorporate nutrition into pre-service medical training	NA	0	0	0	0		0	9
35 OP	Number of developed nutritional modules for in-service medical training	NA	1	0	0	0	0	0	2
36 OP	Number of health providers who received in-service training in anemia, nutrition and IYCF	NA	0	0	0	0	0	0	150
Intermediate Result 2. Increased demand for priority nutrition practices and services									
37 OC	Percent of women with children <2 with knowledge of key nutrition concepts (TBD)	NA	NA	NA	NA	NA	NA	NA	TBD
38 OP	Number of children under two years of age reached by SPRING	NA	NA	NA	NA	NA	7565	7565	TBD
Task 2.1. Develop national consensus around key nutrition messages									
Task 2.2. Develop a behavior change strategy and targeted messaging and materials for SPRING Project districts									
39 OP	Number of SBCC materials produced and distributed	NA	350,000	0	0	60,000	74,000	134,000	700,000
Task 2.3. Support the roll out of community-based messaging and mass media interventions in SPRING Project districts									
40 OP	Number of television spots produced and aired	NA	0	0	0	0	0	0	4
41 OP	Number of times each television spot was aired	NA	0	0	0	0	0	0	TBD
42 OP	Approximate number of people reached by SPRING-supported television spots	NA	0	0	0	0	0	0	TBD
43 OP	Number of community volunteers (SBC Channels) trained on key nutritional messages and use of job aids.	NA	2,300	0	2,318	1,676	1,416	NA*	2300

Outcome/ Output/ Input	Indicators	Baseline	FY 2015 Targets & Achievements						
			FY 15 Targets	Q1	Q2	Q3	Q4	2015 Total	End of Project
44 OP	Number of people reached at household level by community activists	NA	TBD	0	0	0	21,032	21,032	TBD
45 OP	Number of people reached with message about hand washing and clean latrines.	NA	TBD	0	0	0	0	0	TBD
Intermediate Result 3. Enhanced access to a diversified diet.									
Task 3.1. Conduct research to better understand dietary diversity, intra-household food allocation, and household production and food purchasing decisions in SPRING Project districts									
46 OP	Baseline and endline surveys, formative research, and winter dietary diversity studies completed with reports in place	NA	Surveys	NA	NA	NA	NA	0	Yes
47 OP	Findings from the studies incorporated in SPRING's strategy and materials for behavior change.	NA	NA	NA	NA	NA	NA	0	Yes
Task 3.2. Identify, and promote the adoption of, proven technologies for extending the growing season and enhancing post-harvest storage and processing in SPRING Project districts									
48 OP	Number and types of instructional and promotional materials developed/reproduced.	TBD	NA	NA	NA	NA	NA	NA	TBD
Task 3.3. Support the integration of nutrition into ongoing agriculture and horticulture projects, particularly USAID's AHOP									
49 OP	Nutrition related training materials developed by SPRING for AHOP	NA	TBD	0	0	0	0	0	Yes
50 OP	Number of diet diversity cookbook printed and distributed	NA	71484	0	0	0	0	0	71484
51 OP	Number of people trained with the nutrition-related training materials for AHOP	NA	TBD	0	0	0	0	0	TBD

** Total (summation) not applicable as the same Activists (among 2318 mobilized) will be receiving training in a different topic every month.*

Appendix 8: SPRING/Mali Q4 Report

Introduction

The SPRING project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

This quarterly report covers the period from July 1st to September 30th, 2015.

Project Background and Objectives

SPRING/Mali's goal is to improve the nutritional status of WRA, PLW, and children under two years of age in the Mopti Region. SPRING/Mali will do this by promoting the adoption of ENA/EHA, improved health services, and the availability and consumption of nutritious and diverse diets.

To achieve improved nutritional outcomes, SPRING/Mali pursues three primary objectives:

Objective 1: Increased access to diverse and quality foods

Objective 2: Increased access to quality nutrition services

Objective 3: Increased demand for key agriculture, nutrition, and wash related practices and services

These objectives are consistent with the objectives of USAID's two major initiatives, the Global Health Initiative and Feed the Future.

Activities Planned in Q4

SPRING engaged in the following activities during Q4:

- Objective 1: Increased Access to Diverse and Quality Foods
  - 1.2.2: Continue activities to establish 20 commune level community gardens.
  - 1.2.3: Continue FNS training at commune level.
  - 1.2.4: Explore ways to improve access to water at communal garden locations.
  - 1.3.1: Assess methods to establish local seed multiplication groups.
  - 1.3.2: Determine methods to provide "smart subsidies" for inputs.
  - 1.5.2: Establish VSLAs.
- Objective 2: Increased Access to Quality Nutrition Services
  - 2.1.1: Continue facility-level trainings in ENA/EHA.
  - 2.1.2: Continue ENA/EHA trainings to community-level health workers/volunteers.
  - 2.3.1: Conduct supportive supervision.
- Objective 3: Increased Demand for Key Agriculture, Nutrition, and WASH-Related Practices and Services
  - 3.2.1: Initiate development of a project-wide SBCC strategy.
  - 3.3.1 Adapt existing FFS and nutrition messages to create a training package for the local context.
  - 3.4.1: Identify community radio organization capable of implementing a sub-agreement.

- 3.5.3: Agents de sante communautaire/community health workers (ASC) and relais communautaires/community volunteers (RC) hold regular meetings with community groups.
- 3.6.3 & 3.6.4: Implement CLTS triggering activities in 25 villages.
- 3.7.1 Promote the construction of Tippy Taps in target households.

- Monitoring and Evaluation
  - C1.2 Finalize PMP.
  - C1.3: Provide ongoing monitoring activities.

Activities Achieved During the Quarter

Under *Objective 1: Increased Access to Diverse and Quality Foods*, we continued to roll out the FNS cascade trainings to 500 FNS leaders from the 20 commune level FNS cohorts initiated in June 2015. The FNS leaders are instructed by four SPRING agriculture field agents to form the pool of trainers on nutrition-sensitive agriculture. During Q4, SPRING field agents conducted a total of 75 FNS trainings across the 20 cohorts. Each session covered a different topic: session one was completed in Q3 and focused on crop selection, plot layout, row-making, planting/transplanting and nursery management, session two focused on soil fertility and management of water and pesticides and session three included multiplication of seeds and commercialization. In each of the 100 SPRING target villages, the 500 FNS leaders are expected to train 10 community leaders (5000 in total) through a cascade training approach. The same topics are replicated during these sessions. To ensure the quality of trainings by the FNS leaders, supportive supervisions are organized by the field agents with the support of the technicians of the government agriculture service.

Under *Objective 2: Increased Access to Quality Nutrition Services*, we continued to build capacity of facility based health workers and community actors in ENA/EHA. Following the successful first set of TOTs in Q3; SPRING staff trained an additional 44 facility level staff, including directeurs technique du centre (DTC), nutrition focal persons and chargés de nutrition from CSComs and CSRefs, and 124 ASC and RC in Q4. We reached our target for FY15 by successfully training a total 375 participants (75 facility level staff and 300 ASC/RC). Joint supervisory activities are developed and implemented with the decentralized departments of health in the four health districts and the community health areas. Additionally, SPRING staff conducts regular supportive supervision visits to both the health centers and the field to monitor and provide feedback on the performance of the health workers trained through our ENA/EHA trainings

Under *Objective 3: Increased Demand for Key Agriculture, Nutrition, and WASH-Related Practices and Services*, we worked closely with the Direction Nationale and DRACPN to conduct the mobilization and sensitization of communities in CLTS in 26 villages of a total target of 50 villages. In September, 15 villages were triggered in CLTS, with the triggering having been delayed at the request of DRACPN until September. We will continue to monitor and provide regular support to these communities to help guide them towards ODF status. Through our ongoing trainings and community outreach, the project continued to gain momentum in the promotion of hand washing with soap. At the end of Q4, we helped 699 households to construct 1,399 tippy taps, underscoring our goal of establishing tippy taps at two critical locations in the household – the latrine and the kitchen. To date, the SPRING project has established a total of 1,557 throughout the project's catchment area.

We continue to work on cross-cutting technical areas of SBCC and gender. The SPRING/Home Office team completed the first phase of research into gender barriers, a literature review of nearly 50 articles. SPRING planned to use the results of the literature review to design a research protocol and survey tools for part two of the research, including focus group discussions and key informant interviews in Mopti. Our SBCC strategy was under

development during the quarter as the project materials evolve. However, as SBCC plays a critical part in the ENA/EHA trainings, interpersonal communication and other SBCC strategies are already being employed through the training of health workers, ASC, and RC.

ative Name	Updates/Status of the Activity
rt-Up	
e criteria for the illages.	This activity was completed in Q2.
tart-up.	During Q4, we continued to work on appropriately branding and marking the SPRING office with road signs, office signs and plaques for the project's FNS sites. SPRING also purchased a generator to cover the frequent power outages in Sevaré.
	The team was led by an interim chief of party (COP) during on-going recruitment for a permanent COP. During Q4, SPRING hired an agriculture field agent to replace the field agent who previously resigned and added two new drivers to the staff. The management team also revised the WASH Advisor job description and renamed it *Communications and Community Mobilization Advisor* to reflect a more integrated and cross cutting technical role that will work across the agriculture, nutrition and WASH components of the project.
elines to start ctivity.	This activity as completed in Q3.
ENA/EHA and lture, SBCC, VSLA, supportive	Our staff participated in two capacity building trainings during Q4: - 5 day training of 13 staff members and 11 partners on the CLTS process; - 3 day training of 14 staff members on monitoring and evaluation (indicators, tools and processes for data collection, roles and responsibilities).
to Diverse and Quality Foods	
d assessments to project	Sub-activity 1.1.1 Select nutrient dense crops: This sub-activity was completed in Q3 Sub-activity 1.1.2 Conduct rapid seed security assessment: This sub-activity was completed in Q3 Sub-activity 1.1.3 Assess existing water points and options for small-scale irrigation: To develop an investment strategy regarding water access at the 20 FNS communal gardens, a survey was conducted of existing water sources/points at the 20 community gardens by the regional water directorate (Direction Régionale de l'Hydraulique). The objectives of the survey include the following: - Identify wells to be rehabilitated;

Initiative Number	Initiative Name	Updates/Status of the Activity
		- Estimate costs for the rehabilitation of each water point. SPRING finalized a report summarizing the results of the survey and submitted it to the USAID/Bamako mission on September 29, 2015. To conduct an analysis on small-scale irrigation options for the FNS communal gardens, terms of reference (TOR) for a study were developed through a partnership with the World Vegetable Center (AVRDC).
1.2	Establish FNS.	Sub-activity 1.2.1 Adapt FNS modules and training aides We continued the consolidation and adaptation of training materials for community leaders in the context of nutrition sensitive agriculture in the Farmer Nutrition Schools. Sub-activity 1.2.2 Establish commune-level community gardens: This sub-activity was completed in Q3 Sub-activity 1.2.3 Establish FNS at commune level In order to establish FNS cohorts and begin working in the target communes, we signed agreements with the garden's management committees of each village site. Next, FNS 500 leaders (418 women and 82 men) were identified from the 100 intervention villages (5 leaders per 100 villages) to build the pool of trainers. After receiving an FNS training session from SPRING's agriculture field agents, the FNS leaders returned home and trained another 10 farmers in his/her respective village. In total, the 500 SPRING-trained FNS leaders reached an additional 5,000 beneficiary farmers (4,824 women and 176 men) with nutrition-sensitive agriculture messages. During Q4, training sessions numbers 2 and 3 of the 7 part curriculum were attended by the 500 leaders from the 20 Farmer Nutrition Schools. Each of the sessions consisted of two modules and covered the following topics: Session 2: fertilization techniques, composting, pesticide management, water management, irrigation techniques, phytosanitary treatments, seasonal calendar, harvesting techniques and installation of tippy taps. Session 3: marketing of garden produce, seed production techniques, savings accounts and nutritional demonstrations. These same themes were replicated by leaders to the 5000 beneficiary farmers in the villages. Sub-activity 1.2.4 Ensure access to water at communal garden locations: We are unable to rehabilitate water points as this is considered construction; and, per the terms of our agreement with USAID, SPRING is unable to undertake construction. We learned in Q3 that the needed work to repair water points was more significant than anticipated and led to the conclusion that it rose to the level of construction. We entered into discussion with USAID/Mali and USAID/Washington to confirm that this would be considered construction and that the SPRING agreement would not be amended to permit this level of work. We requested USAID/Mali assistance to resolve this challenge. USAID/Mali requested that SPRING provide details on the level and cost of the work needed so that USAID/Mali could issue a separate purchase order for implementation.

Initiative Number	Initiative Name	Updates/Status of the Activity
1.3	Increase access to quality seeds and other inputs in project villages.	Sub-activity 1.3.1 Build capacity of local seed multiplication groups As part of improving access to quality seeds, 22 potential producers for seed multiplication were identified. These producers will be grouped into production units where they will be trained on seed multiplication. Because seed multiplication is a multi-faceted task, it is advantageous and more efficient to train groups rather than individuals. Sub-Activity 1.3.2 Provide "smart subsidies" for seeds and inputs SPRING acquired a kit (one hoe, one handmade metal bucket, 1 plastic watering can, 50 meters of nylon rope) for each of the 500 FNS leaders and a sprayer for each of the 20 commune-level gardens. Because seeds are an "agricultural commodity" by USAID definition, a waiver is required. The waiver is linked to an approved Environmental Mitigation and Monitoring Plan (EMMP) and workplan. By the end of Q4, SPRING had submitted the EMMP and a waiver for seeds was waiting for approval. USAID/Washington is working with USAID/Mali to determine if the mission would continue to want SPRING to procure seeds, given that the workplan submitted in August was not accepted by the mission and SPRING was informed that it would not receive additional funding in FY16.
1.4	Support improved post-harvest storage, processing, and preservation.	To conduct an analysis on post-harvest farming technologies, we developed a TOR for a partnership with the Institute of Rural Economy (IER) through its Food Technology Laboratory (LTA) at the Regional Center Agricultural Research (CRRA) in Bamako. SPRING and IER are currently developing an MOU.
1.5	Increase access to savings and lending services.	As part of a request for proposals (RFP) for the selection of a local VSLA organization, we identified the Action Group Animation Sahel-Mali (GAAS) to carry out the project's VSLA activities. The 25 VSLA groups will be established in the coming weeks after the contract is finalized.
Objective 2: Increased Access to Quality Nutrition Services		
2.1	Support training in ENA/EHA.	We successfully completed cascade trainings on ENA/EHA by organizing two sessions in four health districts for DTC and nutrition focal persons of District Health Center staff at CSComs/CSRefs (44 participants). We also concluded community level cascade training on ENA/EHA by organizing six sessions in four health districts of Mopti for the ASC and RC (124 participants). By the end of Q4, SPRING reached its FY15 target of training 75 facility staff and 300 ASC/RC. Our staff also had the opportunity to participate in World Breastfeeding Week celebrations in collaboration with two USAID funded projects (WASHPLUS and Nutrition and Health) and local government entities including the Regional Directorate of Health of Mopti, four health districts (Mopti, Bandiagara, Koro and Bankass) and the Coordination of Women's Associations.
2.2	Support training in inpatient therapeutic care (CMAM).	Community management of acute malnutrition (CMAM) training in the Mopti region is currently carried out by UNICEF. When we initially added this activity to the work plan, it was uncertain which implementing partner (IP) would be responsible for carrying out CMAM in Mopti. SPRING/Mali coordinated closely with the MOH and UNICEF and it was

Initiative Number	Initiative Name	Updates/Status of the Activity
		determined that UNICEF would support CMAM activities.
2.3	Build capacity in and facilitate supportive supervision for trained providers.	The SPRING team continued to conduct joint supportive supervision visits with government staff in the health districts of Koro, Bandiagara and Bankass. In Q4, the focus of the supervision was on the Intensive Nutritional Rehabilitation Unit (URENI) at three referral centers (CSRéfs), four community health centers (CSComs), three villages where SPRING supervises CSComs, and seven maternity centers in three health districts. The supervision team included the focal points of the three districts, the regional focal point and SPRING's ENA/EHA Advisor and Monitoring & Evaluation (M&E) Advisor. Main findings of the supervision visits indicated the following: - Lack of communication tools (posters, fact sheets, advisory board) in most of the visited health facilities; - Insufficient number of staff trained by health facility and, therefore, the need to extend training to the remaining staff. - Trained health agents who have theoretically adopted ENA/EHA remain inadequate in some contact points such as maternity care, vaccination and curative care. In Q4 SPRING facilitated nine supportive supervision visits to facilities. Each supportive supervision visit involved a review of nutrition-related supplies and drugs available in the facilities and observations of healthcare workers providing service to pregnant women, children under six months, and healthy and malnourished children 6-23 months. These visits included subsequent interviews of the service providers to determine their knowledge regarding nutrition-related practices, providing support and emphasizing key messages as necessary.
Objective 3: Increased Demand for Key Agriculture, Nutrition, and WASH-Related Practices and Services		
3.1	Conduct gender barrier research.	The SPRING/Home Office team conducted a literature review of nearly 50 studies and reports to analyze the behaviors, beliefs, and attitudes held toward gender in Mali, specifically within the context of agriculture and nutrition in Mopti. The literature review has been reviewed by the SPRING knowledge management team.
3.2	Develop project-wide SBCC strategy.	During Q4, the SPRING home office Senior Nutrition and Child Health Advisor traveled to Mali to work with the field team on developing the framework for the project-wide SBCC strategy. The framework has been reviewed by all technical staff to ensure the strategy fully integrates SBCC with nutrition-sensitive agriculture, ENA/EHA, WASH and women's empowerment.
3.3	Adapt or develop print materials and job aids.	To prepare for the ENA/EHA trainings, we identified existing materials to be used, such as the UNICEF counseling cards. The SPRING/Mali team is assessing the availability of materials and the needs for complementary materials.
3.4	Launch a community radio campaign.	This activity was tentatively scheduled to begin in Q1 of FY16. The SPRING team developed terms of reference (TOR) outlining the qualifications and responsibilities of the potential community radio firm; and the activity was incorporated into the design of the SBCC framework.

Initiative Number	Initiative Name	Updates/Status of the Activity
3.5	Engage existing community groups in ENA/EHA mobilization.	During SPRING's supportive supervision visits to the ASC and RC trained in the ENA/EHA, SPRING registered the creation of 147 additional ENA/EHA support groups in the four health districts of Mopti, Bandiagara, Koro and Bankass. Additionally, the ASC and RC also conducted 1,800 group discussions within their communities through home visits and village meetings on the following topics: exclusive breastfeeding, complementary feeding, hand washing with soap and nutrition for pregnant and lactating women. As for support groups, each of the 147 groups held two meetings per month (882 meetings) on the same topics.
3.6	Support CLTS activities within select project communities.	SPRING's ENA/EHA field agents worked with the DRACPN to conduct mobilization and sensitization activities in 26 SPRING supported villages and officially triggered 15 villages by the end of Q4. The remaining 11 villages were triggered in early October. SPRING staff will continue to provide support to the communities through routine monitoring visits.
3.7	Promote development of handwashing stations at key locations in project communities.	We continued to promote handwashing through the ENA/EHA and FNS trainings establishing an additional 1,399 hand washing stations ("tippy taps") across SPRING target households in Q4. To date, a total of 1,557 tippy taps have been installed in 1,083 households (two tippy taps per household) across target villages.
C. Monitoring and Evaluation		
C1.1	Conduct geographic information systems (GIS) mapping exercise.	This activity was completed in Q3
C1.2	Finalize PMP.	SPRING/Mali's M&E team worked to incorporate USAID/Mali's feedback to the PMP draft as well as comments from the Data Quality Assessments. A final PMP that includes Feed the Future indicator 4.5.2(14) Number of vulnerable households benefiting from USG assistance will be submitted in Q1 of 2016.
C1.3	Carry out monitoring activities.	The M&E Advisor trained SPRING staff as well as RC/ASCs on the appropriate collection of routine data using the project's standardized forms developed to track activity progress. During direct and cascade FNS trainings, support group gatherings and community events SPRING kept detailed records of the participants' names along with demographic and other pertinent information. Similarly, the names, posts and demographic information of those who were trained in ENA/EHA were recorded. SPRING also tracked CLTS activities and tippy tap installations in villages. The M&E Advisor carried out data quality checks on a regular basis to ensure that data collected was accurate, valid and reliable.
C1.4	Hold monthly SPRING meetings.	The SPRING/Mali team met monthly to evaluate planned activities and to adjust the plan for the coming month. The monthly budget also was discussed during these meetings, along with plans to coordinate with partners.

Success Story: ENA/EHA Cascade Trainings

We achieved great success in the roll-out of the ENA/EHA trainings for both facility-based ASC/RCs. In order to integrate hygiene into the 2008 Government of Mali-endorsed ENA training curriculum; the SPRING staff updated the training curriculum by incorporating the Essential Hygiene Actions into the package, thus creating an ENA/EHA training guide. In March, a consultant was hired to conduct two TOTs with 24 participants each; one targeted to health workers to improve the delivery and counseling of nutrition at the health facility level, and the other targeted ASC and RC to enhance community groups in promoting nutrition and hygiene practices. Through a cascade approach, we continued to roll out additional ENA/EHA trainings throughout the project's catchment area (Bankass, Koro, Bandiagara and Mopti) reaching 25 aires de santé within 20 communes. We reached our target of training 375 participants in the ENA/EHA by the beginning of Q4. In total, we trained 75 facility level staff (24 DTC, 43 chargés de nutrition and eight point focal district) and 300 community volunteers (30 ASC and 270 RC).

The SPRING-trained ASC and RC used the knowledge and skills they acquired through the ENA/EHA trainings to return to their communities and establish an additional 147 ENA/EHA support groups in the four SPRING-supported health districts. Additionally, the ASC and RC also conducted 1,800 group discussions within their communities through home visits and village meetings. During the group discussions, the ASC and RC focused on critical topics, such as exclusive breastfeeding, complementary feeding, hand washing with soap and nutrition for pregnant and lactating women. Through the support groups, we reached an additional 720 individuals (namely pregnant and lactating women) with critical nutrition and hygiene education.

Challenges

Wells: We are unable to rehabilitate water points as this is considered construction; and, per the terms of our agreement with USAID, SPRING is unable to undertake construction. We learned in Q3 that the needed work to repair water points was more significant than anticipated and led to the conclusion that it rose to the level of construction. We entered into discussion with USAID/Mali and USAID/Washington to confirm that this would be considered construction and that the SPRING agreement would not be amended to permit this level of work. We requested USAID/Mali assistance to resolve this challenge. USAID/Mali requested that SPRING provide details on the level and cost of the work needed so that USAID/Mali could issue a separate purchase order for implementation. SPRING partnered with Service Hydraulique to carry out a full assessment of rehabilitating and rebuilding wells in our catchment area. The final report was submitted to USAID/Mali in September.

Seeds: Because seeds are an "agricultural commodity" by USAID definition, a waiver is required to procure them. The waiver is linked to an approved EMMP and work plan. By the end of Q4, we had submitted the EMMP and a waiver for seeds was waiting for approval. USAID/Washington is working with USAID/Mali to determine if the mission would continue to want SPRING to procure seeds, given that the work plan submitted in August was not accepted by the mission and SPRING was informed that it would not receive additional funding in FY16.

Management: The SPRING/Mali chief of party left the project during Q3. While SPRING was successful in hiring strong, knowledgeable interim COPs, the project continued to recruit for a qualified full-time replacement.

Lessons Learned

Initially conceived as a nutrition project, SPRING's mandate has evolved over the years to include agriculture and WASH activities. While the scope has changed and become more integrated, SPRING's cooperative agreement

remains that of a nutrition focused project; as such, it does not include the use of USAID funds for construction activities. As mentioned in the Challenges section, this impacts our ability to rehabilitate water points.

Gender Related Activities

The SPRING/Home Office team conducted a literature review of nearly 50 studies and reports to analyze the behaviors, beliefs, and attitudes held toward gender in Mali, specifically within the context of agriculture and nutrition in Mopti. The literature review has been reviewed by the SPRING knowledge management team.

Planned activities for next quarter

SPRING was informed that the project will not receive any additional funds in FY16. In collaboration with the USAID/Mali mission, SPRING will prioritize key activities and spend down the remaining FY15 funds.

Graphs and Photos

Photo 1: A SPRING staff member discusses ENA/EHA using counseling cards during a training in Koro in July.

Photo 2: A SPRING agriculture field agent demonstrates proper hand washing with soap using a Tippy Tap to the FNS cohort of Somadougou village.

Photo 3: The FNS cohort of Barapira village learn how to make a composting pit and organic manure.

Photo 4: FNS participants receive a cooking demonstration incorporating nutrient rich foods like squash and okra.

FY15 Summary Narrative

FY15 marked SPRING's inaugural year in Mali, which began in December 2014 with USAID/Washington's approval of the sub-agreement for SPRING/Mali's lead implementing partner, HKI. We hired a total of 22 staff by the end of the second quarter and opened an office in Sevare, Mopti. SPRING/Mali engaged stakeholders in 100 villages, five in each of 20 communes in four circles in the Feed the Future zone of influence.

SPRING/Mali has three project objectives. The first is to increase access to diverse and quality foods. During FY15, SPRING assessed the varieties of crops grown in target villages, identifying both the types grown and the source of seeds for nutrient-dense varieties. In June, we initiated FNS trainings, which take place across several planting seasons and combine training in community gardening with behavior change to promote improved behaviors in nutrition, hygiene, and nutrition-sensitive agriculture. By the end of FY15, we ran three FNS training modules reaching 500 FNS leaders (25/commune); these leaders in turn trained an additional 5,000 farmers from their respective villages through a cascade approach, reaching a total of 5,500 participants.

Access to water for gardening proved to be a greater challenge than anticipated and we ultimately requested USAID/Bamako's assistance for well construction. We provided the Mission with an estimate of the cost to rehabilitate wells in all 20 communes where SPRING operates. We also mapped water availability year-round, noting which villages are limited to one or two planting seasons and which already have year-round water availability.

The EMMP and waiver to procure agricultural commodities were not initiated in time for seeds to arrive for planting during the June/July rainy season, but we plan to have seeds available for the November planting season (*contre saison*). Although we were unable to procure seeds of nutrient-rich varieties in time to launch FNS in June, we successfully initiated FNS activity using seeds that FNS participants already had in hand.

To promote greater financial inclusion, especially among women, SPRING identified a firm to manage the development of VSLAs and is working to finalize the contract. We also collaborated with the World Vegetable Center, Livestock for Growth, World Agroforestry Centre, Regional Water and Energy Directorate, IER, and the Regional Directorate of Social Development and Community Economy in our agricultural activities.

Our strongest achievement falls under our second objective: increased access to quality nutrition services. SPRING fully achieved its FY15 target of training 375 participants (75 health facility staff, 30 community health workers, and 270 community volunteers) in the ENA/EHA, using a Ministry of Health-approved ENA curriculum and adding the EHA components.

Our third objective is to increase demand for key agriculture, nutrition, and WASH-related practices and services and focuses on SBCC. The SPRING/Home Office team conducted a literature review of nearly 50 studies and reports to analyze the behaviors, beliefs, and attitudes about gender in Mali, specifically within the context of agriculture and nutrition in Mopti. We are currently finalizing the literature review; the key findings will help to inform our SBCC approach.

As part of our efforts to improve WASH practices, SPRING triggered 15 of 50 FY15 target villages (30 percent) in CLTS, a process that was delayed at the request of DRACPN to avoid the rainy season. To encourage hand washing with soap, we created a total of 1,557 tippy taps across 699 households in SPRING communes, which equals nearly 21 percent of our target of 8,000 tippy taps. Finally, we established a "clean household approach" to reinforce four essential hygiene behaviors in households with children under two (appropriate disposal of all feces, hand washing at appropriate times, clean drinking water for infant complementary food, and establishment of clean play spaces for children under two). Once CLTS is triggered in a community, project staff will reinforce the

four key hygiene-related behaviors of the clean household approach, thereby moving communities toward ODF status. We collaborated with Care, the WASHPLUS project, and the DRS in sanitation activities.

All aspects of SPRING/Mali's work include supportive supervision and data collection. For ENA/EHA training, we developed a checklist for use with a tablet computer to reinforce the trainings and provide feedback to health facility staff and community health workers. Many of our indicators are taken from required Feed the Future indicators. Because the project has not yet begun planting nutrient-dense crops, there will be little data to demonstrate results for agricultural activities. We have met our target for people reached with training.

Following a presentation of the SPRING FY16 work plan, USAID/Bamako has indirectly informed us that additional funding will not be available. Consequently, we are developing a work plan that will appropriately spend down the FY15 carry-over funds and will consult with USAID/Bamako about their priorities.

Appendix 9: SPRING/Nigeria FY15 Annual Report

Executive Summary

SPRING/Nigeria has four objectives. The first one, representing the majority of our work, is to increase access to nutrition information and counseling services for OVCs. During FY15, this work focused on expanding the implementation of the IYCF package. Our implementation model is to work with PEPFAR-funded NGOs that work with OVCs.

During FY15, SPRING/Nigeria provided ongoing technical assistance to the USAID UGM projects, SMILE, and STEER, as well as to GON partners, including the Ministry of Health, Ministry of Women's Affairs, and the Agriculture Ministry, in the implementation of the IYCF package. In FY15, we expanded the C-IYCF package to 21 new LGAs in existing UGM project states (Bauchi, Kaduna, Benue, Edo, and Federal Capital Territory), and took on 47 additional LGAs in five new project states (Kogi, Kano, Plateau, Nasarawa, and Sokoto). SPRING's role was to conduct state-level trainings for UGM partners to build their capacity on C-IYCF roll out; these partners were then responsible for conducting LGA-level trainings which led to the formation of IYCF support groups in communities.

SPRING/Nigeria provided technical assistance to a new set of partners in FY15 though the LOPIN projects – the ARFH, HIFASS, WEWE – and GON partners to introduce the C-IYCF Counseling Package in 15 LGAs of three project states (Lagos, Cross River, and Imo). SPRING's role was to implement C-IYCF training at the state and LGA levels and facilitate the establishment of support groups in their three states.

By the end of FY15, SPRING conducted trainings in 13 states for a total of 539 participants, including nutrition officers from the SMOH/LGAs, program managers and nutrition officers from supported UGM/LOPIN CSOs, OVC desk officers from the State Ministry of Women Affairs, community development officers from the LGA OVC unit, and agriculture extension officers from the Ministry of Agriculture. We also led a three-day training for 300 community volunteers and PHC workers in the focal LOPIN states.

SPRING staff carried out a total of 219 supportive supervision visits to coach and mentor partner staff, motivate and support CSOs and community volunteers, and to monitor the performance of trained health care workers in PHCs. These visits provided opportunities for SPRING to address identified challenges. We also conducted state-level monitoring and evaluation trainings in 12 out of the 13 focal states to help states monitor performance.

SPRING/Nigeria's second objective is to improve the national social and policy environment with respect to priority nutrition practices and services. In FY15, we continued to contribute to national level nutrition coordination and policy efforts. Our involvement in this area has led partners to work together to reduce malnutrition in Nigeria. We participated in the technical review of the National Policy on Food and Nutrition, which is currently awaiting the approval of the Federal Executive Council.

Our third objective is to enhance the evidence base with respect to the C-IYCF Counseling Package (with funding from USAID/Washington). In FY15, we completed baseline data collection for a study that will measure the impact of IYCF training. The study will be completed in FY16.

Our fourth objective is to improve nutrition programming to prevent under-nutrition among OVC. We identified OVC communities through an assessment of NGOs working with OVCs. The assessment, completed in FY15, provided a number of opportunities for working on issues in nutrition with NGOs. Targeted activities will be implemented in FY16.

SPRING/Nigeria faced many challenges in FY15, including political instability resulting from national and local elections, strikes by government workers due to non-payment of salaries, and sectarian violence and insecurity

across many of its implementation states. Heavy rainfalls caused severe flooding and made some LGAs inaccessible, preventing planned supportive supervision activities. Additionally, some NGOs fell behind in selecting the LGAs where they would work, which in turn delayed the implementation of training. Despite these challenges, we were able to reach all training targets for FY15.

Overview

Since we initiated our work in Nigeria in July 2012, SPRING's work has been focused on improving IYCF with particular emphasis on HIV-affected populations. We have accomplished this by providing training on the 2013 approved FMOH community IYCF package, and by establishing community-based IYCF support groups. We use the following IRs to measure our work's achievement:

Intermediate Result 1: Increased access to nutrition information and counseling services in selected OVC communities' project communities;

Intermediate Result 2: An improved national social and policy environment regarding priority IYCF practices and services; and,

Intermediate Result 3: An enhanced evidence-base with respect to the C-IYCF Counseling Package (with funding from USAID/Washington).

Geographic Coverage

Based on the award of the USAID UGM and LOPIN OVC Projects, in FY15 we supported programming in 104 LGAs in 13 states: Benue, Edo, Bauchi, FCT, Kaduna, Plateau, Kogi, Kano, Sokoto, Nasarawa, Lagos, Imo and Cross River. Within these states, there were five STEER–supported states, five SMILE-supported states, and three LOPIN states, each supported by ARFH, HIFASS, and WEWE.

Figure 1. FY15 implementation states (highlighted in yellow)

Key Programmatic Activities and Achievements

Intermediate Result 1: Increased access to IYCF information and counseling services in UGM project communities

Activity 1.1: Expand roll out of the C-IYCF counseling package in UGM project sites.

We supported STEER, SMILE, and the GON by conducting a five-day state-level training for coaches and supervisors from 21 new LGAs in the FY14 UGM project states (Bauchi, Benue, Kaduna, FCT, and Edo), and 46 LGAs in the five new FY15 project states (Kogi, Kano, Plateau, Nasarawa, and Sokoto). In FY15, we directly carried out state-level trainings (training of supervisors) while the UGM partners directly funded the LGA-level trainings (training of facilitators) for primary health centers and community-based IYCF support groups' facilitators. We provided oversight and technical support to LGA-level trainings which the UGM partners funded.

By the end of FY15, we had funded the roll-out of the C-IYCF counselling package to 89 LGAs in 10 UGM states (Bauchi, Benue, Edo, FCT, Kogi, Kaduna, Kogi, Imo, Nasarawa, and Plateau) with a total of 440 participants (243 males and 197 females) trained. Participants trained included nutrition focal persons, OVC desk officers, health educators, agriculture extension officers, and community development officers from the LGAs, as well as program officers/managers from the UGM implementing partners and their CSOs.

Activity 1.2: Roll out the C-IYCF counseling package in priority LOPIN project sites.

As part of the expansion of our activities, we supported three LOPIN partners' (WEWE, HIFASS, and ARFH) implementation of C-IYCF activities in their OVC programs during FY15. We implemented state-level trainings and training of facilitators in 15 LGAs across three states (Cross River, Lagos, and Imo).

We directly conducted the three tier training for the LOPIN partners: the sub-national TOT, state-level training (training of supervisors), and LGA-level training (training of facilitators). A total of 427 persons (146 males and 281 females) participated in the training for community volunteers and primary health care workers in the focal LOPIN states. As with UGM trainings, participants trained included nutrition focal persons, OVC desk officers, health educators, agriculture extension officers, and community development officers from the LGAs, as well as program officers/managers from the LOPIN implementing partners and their CSOs.

Practical sessions in the LOPIN master training of trainers in Lagos

Activity 1.3: Support IYCF sensitization meetings with key stakeholders at state- and LGA-levels in priority OVC project sites.

During FY15, 88 sensitization and advocacy meetings were held with multiple stakeholders in both the UGM and LOPIN partners' focal states and LGAs. State-level sensitization meetings were held in Sokoto, Lagos, Imo, Kogi, Plateau, Nasarawa, Kano, and Cross River states, which introduced key stakeholders from MOH, MOA, and MWA to our proposed C-IYCF activities in their state. The meetings solicited support for human and financial resources for successful implementation of IYCF activities. The sensitization meetings encouraged governmental involvement in rolling out the C-IYCF, and ensured the government's commitment of human and financial resources to successfully implement and replicate trainings and supportive supervision in supported LGAs and communities.

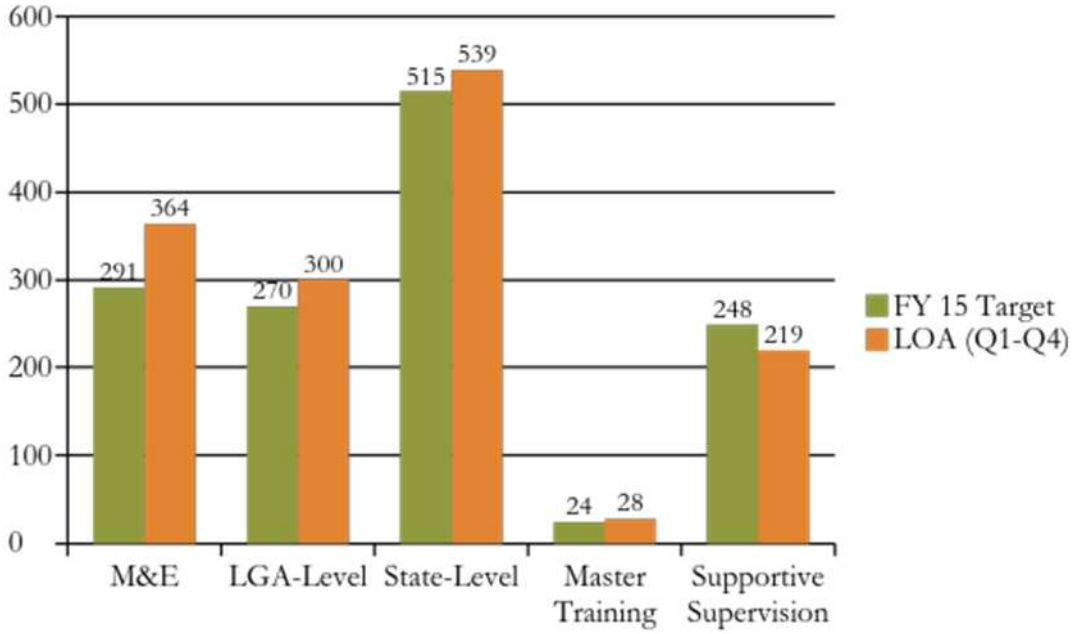
Activity 1.4: Establish and roll out a C-IYCF supportive supervision system in priority OVC project sites.

We carried out 219 supportive supervision and mentoring visits across 10 UGM supported states and three LOPIN supported states to LGAs, PHCs, and communities in CSOs and established IYCF support groups. These supportive supervision visits provided opportunities to provide technical support, reinforce key C-IYCF messages, and ensure community volunteers are utilizing quality counseling skills in their IYCF support group facilitation.

We also built the capacity of relevant government officials and M&E Officers of UGM and LOPIN partners on appropriate documentation and data flow from the community-level to the national-level so as to strengthen the

government reporting system. We conducted state-level M&E trainings in 12 out of the 13 focal states, reaching a total of 364 persons (193 males and 171 females).

Figure 1. SPRING/Nigeria C-IYCF training and supervision targets vs. achievements FY15



Activity 1.5: Develop SBCC materials to support OVC-Nutrition interventions in all USAID-OVC partner states

We conducted two surveys of UGM partner CSOs to support strategy development and landscape assessment focused on reaching OVCs with nutrition messages and programs. The first survey (April 2015) received responses from 51 of the 88 sampled CSOs, and collected ideas and information about successful approaches and relevant resources to promote nutrition among their program beneficiaries. The second survey, conducted in June, captured responses from 39 of 88 CSOs, focusing on: the CSO's internal technology capacities; access/exposure of their adolescent OVC clients and/or their caretakers to the internet, cell phone, and web-based social media; and CSO's interest in using these platforms for communication and/or social behavior change.

Along with the findings from a December 2014 survey, these survey results were analyzed and incorporated into the landscape assessment's first draft. This assessment was finalized in Q4 after further consultation with the UGM partners. The details of innovative OVC SBCC programs were also collected through web-based searches and personal communications. We developed an initial "menu" of OVC nutrition SBCC options and shared it with UGM partners and USAID/Nigeria for consideration in FY16 programming.

Activity 1.6: Provide technical assistance to UGM and LOPIN implementing partners to enhance the impact of their OVC-related nutrition activities

We provided technical assistance as requested by partners and their supported CSOs across the 13 states. This technical assistance included reviews of nutrition assessment tools and strategies relevant to IYCF, as well as other nutrition activities, including provision of recommendations on food-based approaches to combat under-nutrition and information on vitamin A deficiency.

Lessons Learned and Next Steps

- Aligning our activity plans with OVC implementing partners and CSOs will enable cohesive working relationships and facilitate timely implementation of joint activities. As these partnerships continue into FY16, we will continue exploring ways to harmonize monthly work plans with partners to ensure IYCF activities can be carried out in a timely manner. This will be critical in activity management in current working sites, in addition to any potential states and LGAs.
- Successful rollout of IYCF practices in the focal communities is best achieved through regular engagement with and support to the implement partners. Thus, we plan to continue mentoring and coaching through supportive supervision and provision of technical assistance on nutrition to implementing partners as needs arise. We have been afforded the unique opportunity to serve as a TA provider on nutrition to these implementing partners who have a much larger scope to serve OVCs.

Intermediate Result 2: An improved national social and policy environment regarding priority IYCF practices and services

Activity 2.1: Contribute to national-level nutrition coordination and policy efforts

We continued contributing to national-level nutrition coordination and policy efforts through regular participation in the Nutrition Partners Forum and IYCF Taskforce meetings, with the aim of keeping the government abreast of project activities, and to proffer advice based on programming outputs. Importantly, we participated in developing the National Policy on Food and Nutrition which is currently awaiting approval by the Federal Executive Council.

As a lead member of the National IYCF Taskforce, SPRING/Nigeria is supporting the Federal Ministry of Health in developing a harmonized data collection tool for IYCF programming in the country that can be generated at the community-level and eventually be housed in a national database. Development of the tool is in its final stages and it is anticipated that the FMOH will roll out the tool across the country early 2016.

We also supported and participated in the Nutrition Focal Persons quarterly review meeting in 11 of the 13 supported states. LGA nutrition focal persons from LGAs being supported in the IYCF rollout, CSO representatives, UGM/LOPIN officials, the SPRING nutrition coordinator, the state nutrition officer, and the OVC desk officer in the state all attended the meetings. The meeting reviewed the IYCF roll out in the states, using it as an opportunity to reinforce the IYCF strategy and the state's expectations within each of the LGAs.

Lessons Learned and Next Steps

In FY16, we will contribute to review of the National Plan of Action that will be used to facilitate the implementation of the National Policy on Food and Nutrition.

Intermediate Result 3: An enhanced evidence base with respect to the C-IYCF counseling package (with funding from USAID/Washington)

In collaboration with UNICEF and the FMOH, we are currently evaluating the C-IYCF package in Nigeria. This collaboration's objective is building the evidence-base surrounding the effectiveness of the generic UNICEF C-IYCF Counselling Package, which was developed in 2010. Very little is known about the impact of this package on IYCF behaviors, although it is being adapted to local context by some 30 countries all over the world, to build capacities and roll out community-based IYCF counseling and communication.

Therefore, this study's main purpose is assessing the effectiveness of the National C-IYCF Counseling Package in Nigeria that has been adapted for the local context and implemented at scale in an environment supportive of its design, management, technical assistance, and monitoring.

This study aims to:

1. Assess the environment or context in terms of how it "enabled" or hampered success of the implementation of the C-IYCF program in Kaduna State, Nigeria.
2. Assess C-IYCF counseling program processes, implementation achievements, and costs.
3. Evaluate the outcomes of implementation of the C-IYCF Counseling Package on counseling and communication skills and knowledge of IYCF among community volunteers.
4. Establish the impact of implementation of the C-IYCF Counseling Package on caregivers' knowledge, attitudes, beliefs, and practices related to IYCF.

The study is being conducted in Kajuru, which is the intervention LGA and Kauru, the comparison LGA in Kaduna State. Implementation of the package is expected to lead to improved maternal-child nutrition behaviors and health outcomes. The primary outcome of the program is improving IYCF behaviors.

So far, in FY15, SPRING, in collaboration with UNICEF, conducted a baseline survey in 176 and 177 randomly sampled enumeration areas in Kajuru and Kauru LGAs respectively. A total of 42 enumerators, supervisors, and anthropometric measurers were recruited and trained for the data collection process. A total of 1,685 pregnant women and 3,703 mothers/caregivers of children under two years were interviewed, and anthropometric measurements were conducted in 60 enumeration areas each in both LGAs.

We conducted capacity buildings and rolled out the community based IYCF counseling. Nine total C-IYCF master trainers were trained on supportive supervision, mentoring and monitoring, while 68 health workers, 10 Ward Development Committee members, 10 state/LGA workers, and 236 community volunteers were trained on C-IYCF. We conducted advocacies to set the platform for implementing C-IYCF.

Community dialogues and sensitization of key gatekeepers and other stakeholders across the 10 wards in Kajuru reached about 2,400 community members. This was expected to raise the IYCF awareness level within the communities and to provide more attention to the support groups' work.

As of September 2015, community volunteers had formed 277 support groups to build community members' capacity on adequate IYCF, and these support groups reached 3,435 caregivers. Success stories were also reported.

Lessons Learned and Next Steps

In FY16, SPRING and UNICEF will continue implementing and monitoring C-IYCF activities in Kajuru LGA, and ensure the processes are adequately documented.

Administration and Management

In FY15, we recruited four nutrition coordinators to oversee IYCF activities in their respective states (FCT, Lagos, Cross River, and Sokoto). A security coordinator also joined the team, as requested by USAID. This was based on the growing insecurity and insurgency in some parts of the country, including places where we work. The security coordinator's mandate includes conducting security assessments of all of our supported states, and providing continued security, clearance, updates, and briefings to the team.

As part of our project expansion from five to 13 states, we received five disposed project vehicles from closed USAID projects to facilitate movement to and across implementation areas.

In July, we organized a two-day meeting for all the state representatives, UGM, LOPIN, and FMOH to share best practices, lessons learned, challenges, and strategies to address those challenges. The meeting was also intended to keep them abreast of our FY16 plan and to inform the GON to strengthen its support at various levels.

During the year, we held three all-staff meetings to review project status, activity planning, and to address issues around logistics, security, finance, and data.

Monitoring and Evaluation

SPRING/Nigeria M&E has recorded remarkable achievement during this reporting period. We strengthened our M&E system to increase effectiveness and efficiency by including measures for proper monitoring of programmatic activities. This included developing SPRING data collection tools for state activity monitoring, developing a dossier for our project, reviewing and finalizing our M&E plan, and PMP for USAID approval. The monitoring tools developed to track implementation at the state-level were aligned with our reporting system. The new M&E system also orchestrated quarterly data review meetings among our staff, and a platform to share best practices, identify challenges, and ways to address the challenges of project improvement and planning.

Furthermore, our M&E, in collaboration with UNICEF and FMOH, has been actively involved in the review and harmonization of national IYCF monitoring tools.

In addition, we have built the capacity of relevant government officials (OVC desk officers, LGA and state nutrition officers, LGAs and states M&E officers), and of M&E officers of UGM and LOPIN partners, and their CSOs. This capacity building focused on appropriate documentation and data flow from the community-level to the national-level to strengthen the government reporting system. Our efforts to create strong relationship between the community volunteers and the health workers on IYCF activities have intensified. We trained a total of 364 persons (193 males and 171 females) on IYCF data collection tools in 12 of 13 states. The training for Lagos was not completed due to delayed IYCF trainings. However, this training will take place within the first quarter of FY16.

Appendix 1 - Success Stories

USAID FROM THE AMERICAN PEOPLE

SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

Bringing Better Nutrition to Orphans and Vulnerable Children in Nigeria

The Important Role of Caregiver Support Groups for Community Infant and Young Child Feeding

By SPRING/Nigeria

Photo by SPRING/Nigeria

Health workers and caregivers learn about nutrition for orphans and vulnerable children at the Sab-Chem primary healthcare center.

"All the primary healthcare centers linked to community infant and young child feeding support groups in Jaba LGA have witnessed a tremendous increase in coverage for health services."

- LGA social mobilization officer, Sunday Shimen

September 2015

Caregivers of orphans and vulnerable children (OVC) in the Jaba local government area (LGA) of Kaduna state want to ensure that the youth they supervise receive the best possible nutrition. But the primary healthcare centers (PHCs) serving this community have not had a way to teach caregivers the nutrition practices critical for the health of this special group of children.

To solve this problem, the Nigeria office of the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project collaborated with Nigeria's Ministry of Health (MOH), Ministry of Women's Affairs (MOWA), and the USAID-funded STEER project to roll out the community infant and young child feeding (C-IYCF) training package. This set of training guides, counseling materials, and take home brochures helps families and caregivers adopt and sustain high impact nutrition practices.

Partners began the roll out with trainings at the centers to introduce the package. In Jaba, the three-day nutrition training greatly increased the knowledge of center workers and community volunteers.

Subsequently, community volunteers established 29 infant and young child feeding support groups and linked them to eight local health centers. In Sab-Chem, for instance, 143 community members joined support groups that meet monthly at the centers to discuss and encourage appropriate

nutrition practices. The center officer-in-charge provides guidance during the discussions.

The improved ability of centers to provide accurate nutrition information has generated greater demand for nutrition services and increased caregiver turnout. The Sab-Chem center alone has witnessed more than an 80 percent upturn in client flow. Joseph Mamman, an LGA nutrition focal person, acknowledged this remarkable change: "We will tell our story: that Jaba LGA is no longer lagging behind in nutrition and health status in Kaduna state."

Since joining the support groups, caregivers' attitudes about and understanding of nutrition have improved. Many of the members have adopted best practices such as early initiation of breastfeeding, exclusive breastfeeding for six months, appropriate and timely complementary feeding, handwashing, and breastfeeding practices for HIV-positive mothers. Caregivers are also sharing these key messages with other members of their communities.

Through this and other programming efforts, we continue to collaborate with the MOH, MOWA, and other USAID implementing partners on the shared vision of bringing better nutrition and health to orphans and vulnerable children across Nigeria.

Photo by SPRING/Nigeria

Support group members meet to discuss nutrition best practices in Sab-Chem community, Jaba LGA, Kaduna state, May 2015.

SPRING works in Nigeria to reduce maternal and child undernutrition and increase HIV-free survival of infants and young children by improving nutrition care practices and access to quality services. Current activities focus on the roll-out of nutrition training packages, complementary social and behavior change communication approaches, and a joint evaluation on the C-IYCF package with UNICEF.

This story is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031. The SPRING project is managed by the JSI Research & Training Institute, Inc. (JSI), with partners Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute. The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

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Mothers in Remote Utagban Become Models for Exclusive Breastfeeding

By Spring/Nigeria

Photo by SPRING/Nigeria

Community members learn about the importance of proper infant and young child feeding practices, Utagban community, Edo state.

"I am happy about what I am seeing and happy about what SPRING is doing in Utagban. We now have the information and key messages about what works in enhancing the health and development of our children. We shall ensure that all members of Utagban community get involved."

-- Mrs. Rose Onobor
IYCF support group chair,
Utagban community

October 2015

Today, in the remote Utagban community of Edo state in Nigeria, many women understand the critical benefits of breastfeeding, which can greatly increase infant survival and improve brain function and motor skills. In fact, in recent interviews with members of a local nutrition support group, the majority of women responded that they exclusively breastfed their babies for six months.

But the adoption of this practice is relatively new in Utagban, a community with no functioning health facilities and no reliable way for health workers to connect with families due to poor road conditions and hazardous terrain. Isolated in their rural community, mothers here were unable to find answers to their questions about breastfeeding and caring for their infants and young children. Consequently, they often fed their infants with infant formula, water, or other local foods including *amoka* (a mild laxative).

Recognizing the need for better feeding practices in Utagban, two USAID-funded projects are collaborating to provide nutrition training in the community. The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project used UNICEF and World Health Organization recommendations to create a nationally approved package of training materials on community-based infant and young child feeding (C-IYCF) practices in the HIV context.

The Sustainable Mechanisms for Improving Livelihoods and Household Empowerment (SMILE) project then worked with SPRING/Nigeria to roll out the training package, which builds health worker and community volunteer capacity to deliver quality counseling around key behaviors that promote and protect nutrition in the first 1,000 days.

As part of one training session, 105 community members gathered at the Utagban community hall for demonstrations and support group simulations conducted by SPRING staff. According to Pa Roland Aghimien, a community leader, this was the first time a large health care activity had taken place in the community.

SPRING/Nigeria also conducted meetings with local gatekeepers and government representatives to sensitize them to the importance of nutrition, and deployed community volunteers to help spread key messages and mobilize communities around nutrition. Effective communication about the benefits of exclusive breastfeeding was a key focus during these activities. Community health volunteers formed infant and young child feeding support groups and made home visits to their pregnant or nursing members.

According to Aghimien, the counseling has provided necessary support to mothers within the community. "I can now feel and understand how poor health conditions were imposed on mothers. I see these activities helping to reclaim the lost values of motherhood," he said.

Photo by SPRING/Nigeria

A nutrition officer meets with local mothers to discuss optimal feeding practices.

The experience of the Utagban community is proof that counseling and support activities such as home visits and group meetings can result in positive behavior change around child feeding practices. Utagban is a model for the successful implementation of the training package in Edo State and throughout Nigeria.

SPRING works in Nigeria to reduce maternal and child undernutrition and increase HIV free survival of infants and young children by improving nutrition care practices and access to quality services. Current activities focus on the rollout of nutrition training packages, complementary social and behavior change communication approaches, and a joint evaluation on the C-IYCF package with UNICEF.

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Appendix 2. PMP

Indicators	Annual Target	Q1	Q2	Q3	Q4	FY15 Total
Number of children under five reached by USG-supported nutrition programs	36,960	0	290	1,206	704	2,200
Number of people trained through USG-supported programs	1,100	0	80	609	542	1,231
Percent of those trained who learned key messages by topic, cadre, and location of person trained	80%	N/A	73%	86%	76%	NA
Number of coaching/supportive supervision visits conducted in supported states	248	17	10	40	152	219
Number of state-level meetings of LGA nutrition focal persons conducted during the previous year	46	1	3	2	8	14
Number of national IYCF technical working group meetings conducted in the previous year	4	0	0	0	1	1
Number of quarterly national IYCF M&E meetings conducted in the previous year	4	0	0	0	0	0

Appendix 10: SPRING/Uganda FY15 Annual Report

Executive Summary

The activities described in this annual report were implemented by SPRING/Uganda during Fiscal Year 2015 (FY 15) from October 1, 2014 – September 30, 2015.

Uganda's most common malnutrition problems are high rates of chronic malnutrition that include stunting and micronutrient deficiencies, especially Vitamin A and iron. Malnutrition in all its forms remains largely a "hidden problem" because a majority of Ugandan children affected are moderately malnourished or have micronutrient deficiencies that are not routinely assessed.

During FY15, SPRING/Uganda continued to focus on reducing stunting and micronutrient deficiencies while accelerating positive nutritional outcomes through innovative and globally proven interventions. We focused on large-scale industrial food fortification, reducing anemia through a multi-sectoral coordinated approach that: 1) integrated nutrition assessment, counseling, and support (NACS) into health facilities; 2) enhanced community outreach, referral mechanisms, and follow-up, and 3) strengthened social and behavior change communications (SBCC) at all levels—from communities and facilities to the national level. In short, the project worked to improve undernutrition from the national level through all stages down to the household level.

Anticipating the Global Declaration on Food Fortification in Arusha (September 2015), the SPRING project in Uganda had already started work at the beginning of the fiscal year (October 2014) on large-scale food fortification to deliver micronutrients to the most vulnerable groups through a population based approach. We helped convene and strengthen the National Working Group on Food Fortification (NWGFF) to further the national large-scale food fortification initiative, bringing 28 stakeholders from various ministries, parastatal organizations, and the private sector together to share progress and challenges in the national food fortification initiative. This helped to identify bottlenecks and increase commitment to the fortification program and provided an opportunity to examine future plans for industrial food fortification.

Building on the momentum generated from the second national anemia stakeholders' meeting in the second quarter of FY15, we collaborated with the micronutrient secretariat in the Ministry of Health (MOH) to organize monthly National Anemia Working Group (NAWG) meetings. The NAWG meetings consolidated inputs that emerged in order to finalize the FY15/16 Anemia Action Plan.

To address micronutrient deficiencies in infants aged 6-23 months and support timely complementary feeding with micronutrient rich foods, the project has initiated the procurement of micronutrient powders (MNPs) and developed the research protocol, implementation plan, and tools to pilot test MNP distribution in Namutumba district. SPRING/Uganda also initiated the procurement process to obtain professional design services for communication materials to encourage uptake of MNPs as part of the MNP pilot study.

In strengthening SBCC at the national level, SPRING/Uganda provided technical assistance to the Office of the Prime Minister (OPM) in preparation for the launch of the National Nutrition Advocacy and Communication Strategy. At the community level, the project worked with the District Nutrition Coordination Committees (DNCCs) and district nutritionists to help them to plan, budget for, and build capacities around the governance and management of nutrition projects in the district. We used radio as a medium to sensitize communities in the southwest on better nutrition practices.

To further the Uganda Nutrition Action Plan (UNAP) at the district level, SPRING/Uganda helped the DNCCs integrate nutrition into the District Development Plans for Namutumba, Ntungamo, and Kisoro districts. We

provided technical and logistical support to Community Mobilization Teams (CMTs) as they conducted community action group (CAG) supervision visits to monitor and track progress of the community action cycle (CAC) implementation in Kisoro and Ntungamo districts. As part of continuous quality improvement, the project supported district quality improvement teams' coach health workers in all supported health facilities in Namutumba district. Workers were coached to boost the uptake of recommended infant and young child feeding (IYCF) practices and to enhance their knowledge on proper feeding for better health using locally available, affordable, and acceptable foods.

SPRING/Uganda conducted NACS trainings in the 61 SPRING-supported health facilities in the southwest district to enhance capacity for integrating nutrition services into routine health services. SPRING/Uganda hosted a monitoring mission from USAID/Washington for USAID staff to observe SPRING interventions and make recommendations for FY16. USAID/Washington and USAID/Kampala decided that SPRING should become the technical assistance lead on large-scale food fortification, home-based complementary food fortification, and reducing anemia. Finally, as we gradually ended our presence in the districts at the end of September 2015, we moved our office to Kampala, held district closeout meetings, and developed a sustainability plan.

Despite the many achievements documented during FY15, project implementation was negatively impacted by recurrent challenges, such as human resource constraints at health facilities and the frequent stock-outs of key commodities, notably RUTF. Additionally, although we had anticipated launching the national communication and advocacy strategy, this activity was postponed as we sought to ensure OPM's readiness to move forward. The launch is now scheduled for October 2015.

Selected Graphs and Tables Summarizing SPRING/Uganda's Progress in FY 2015

Figure 1. Number of People Trained

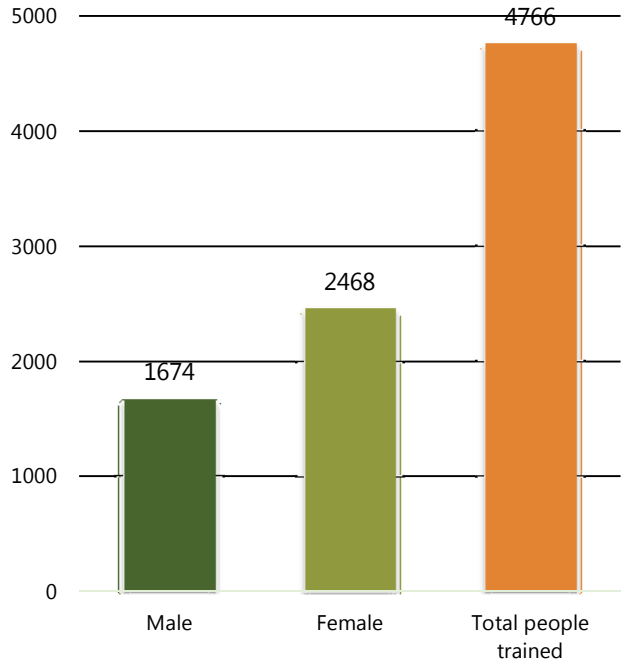


Figure 2. Number of People Reached, by Method

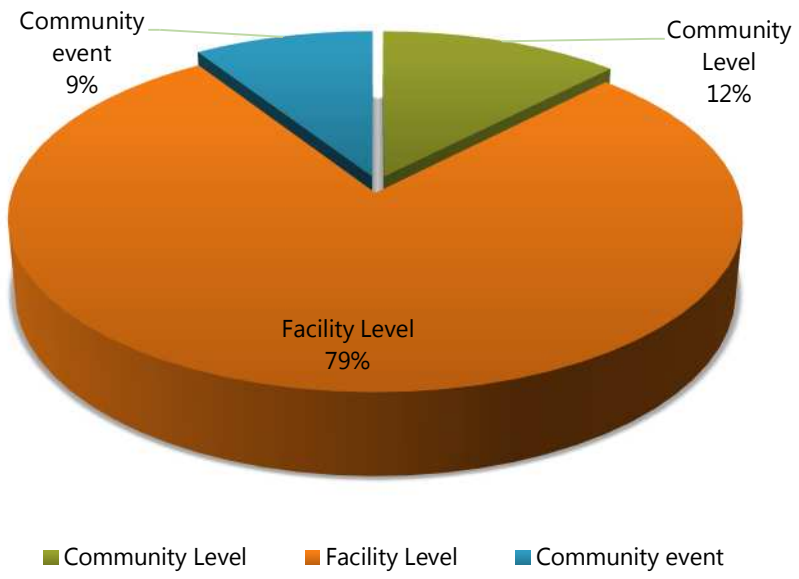


Figure 3. Proportion of People Reached by Category

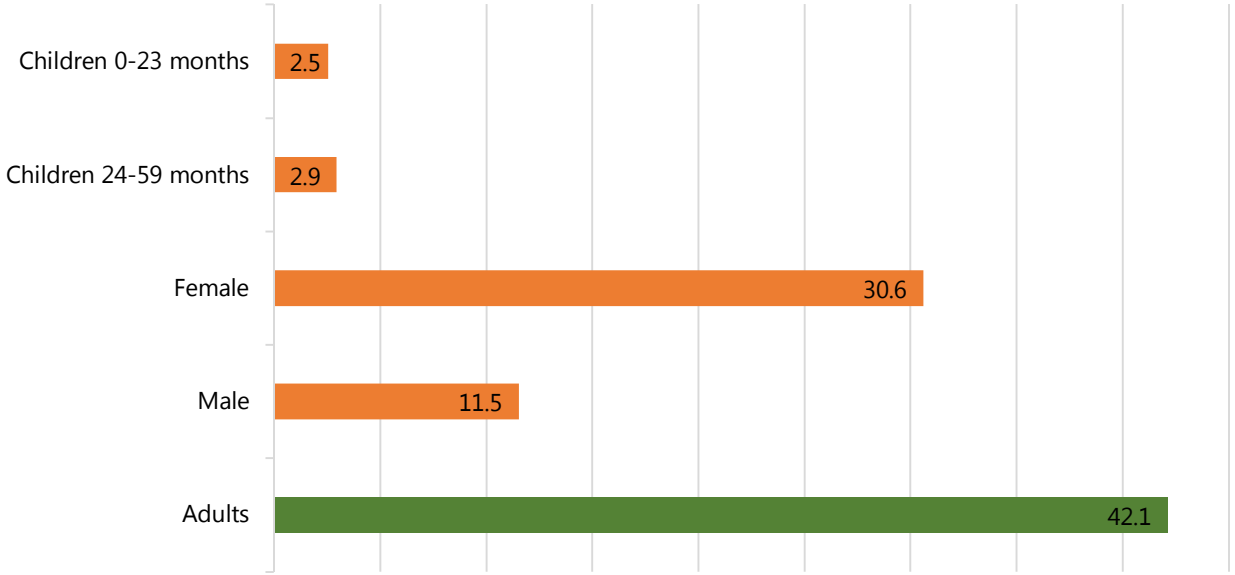


Figure 4. Number of Trainings Conducted by Category

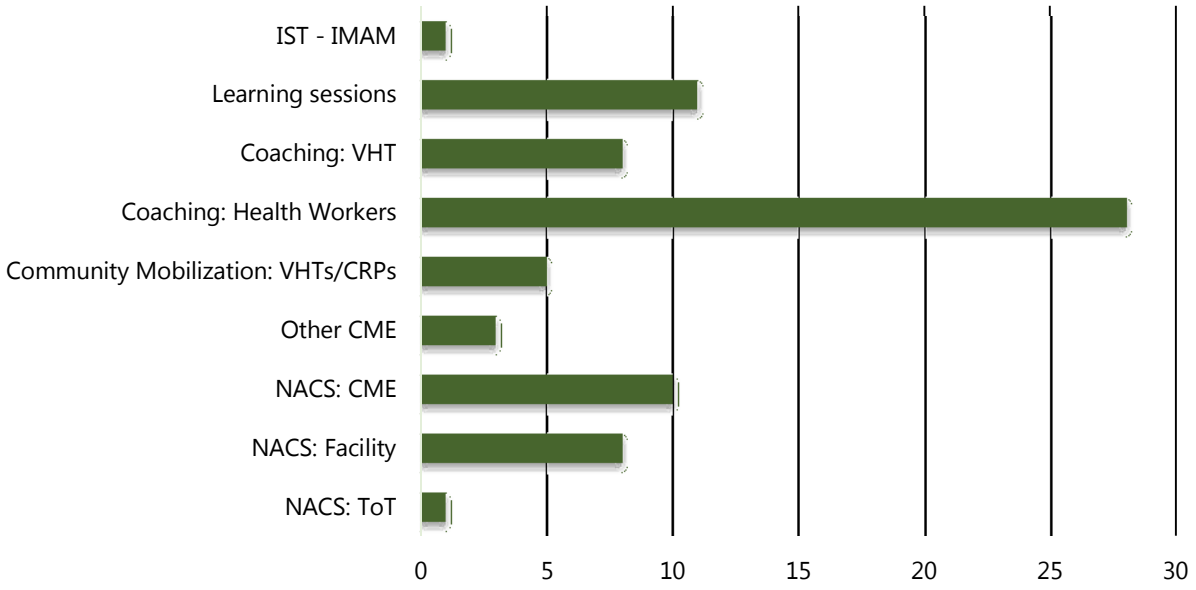
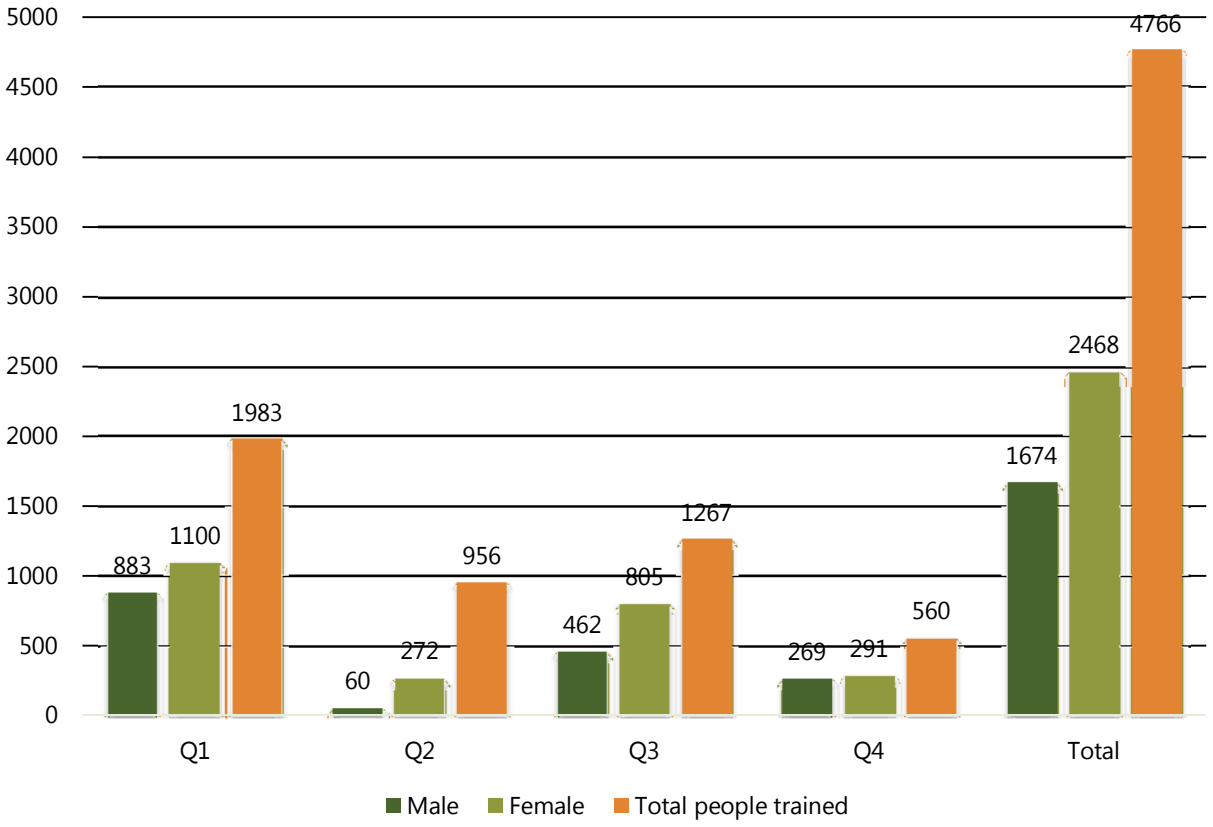


Figure 5. Number of People Trained by Quarter



Introduction

Overview

Despite relative food availability, undernutrition is widespread in Uganda, which ranks within the top 20 countries with a high burden of malnutrition: 38 percent of children under 5 years of age are stunted, 16 percent are underweight, 6 percent are wasted, and 12 percent of women of reproductive age are chronically energy deficient. Micronutrient deficiencies are highly prevalent, with rates of vitamin A deficiency among children and women at 20 percent and 19 percent, and rates of anemia at 75 percent and 49 percent respectively.[5]

At the request of the USAID Mission in Uganda, SPRING established a presence in Uganda in April 2012. Our successful implementation of work plan activities in FY12, FY13, and FY14, laid a firm foundation for rapid progress toward FY15 objectives. Covering the period from October 1, 2014 to September 30, 2015, this annual report details SPRING/Uganda's FY 15 activities and achievements, which was funded through both field support and the Partnership for HIV Free Survival (PHFS).

During FY15, SPRING/Uganda's primary goals were to reduce stunting levels in children ages 0-23 months and anemia in children 0-23 months and women of childbearing age. Our secondary goal was to reduce the proportion of children and adults with severe acute malnutrition in the Southwest (SW). For PHFS, SPRING had the goal of contributing to the elimination of mother-to-child transmission of HIV (eMTCT) through targeted nutrition assessment, counseling, and support (NACS) interventions during the first

1,000 days. Our activities were guided by the following six objectives:

1. Support the Government of Uganda in increasing access to fortified foods.
2. Support the development and launch of a national nutrition behavior change campaign that would support the delivery of two key objectives within the recently finalized UNAP Nutrition Advocacy and Communication Strategy.
3. Increase national-level attention and commitment to the control of anemia.
4. Enhance coordination and leadership among key nutrition stakeholders at national, district, and sub-county levels.
5. Strengthen the nutrition assessment, counseling, and support continuum of care in 61 health facilities across 10 project districts.
6. Increase demand for preventive nutrition practices and services in project communities.

In FY15, SPRING/Uganda made significant progress toward improving the demand, quality, and accessibility of high-impact nutrition interventions in Uganda. We targeted our primary interventions at the national, facility, and community levels. At the national level, SPRING/Uganda supported the micronutrient secretariat in the nutrition section of the Ministry of Health (MOH) and facilitated the routine monthly National Anemia Working Group (NAWG) meeting and the national anemia stakeholders' workshop. At the facility level, SPRING/Uganda strengthened the NACS continuum of care in 61 health facilities across 10 districts in the SW and East Central regions of Uganda.

[5] Uganda Demographic and Health Survey, 2006

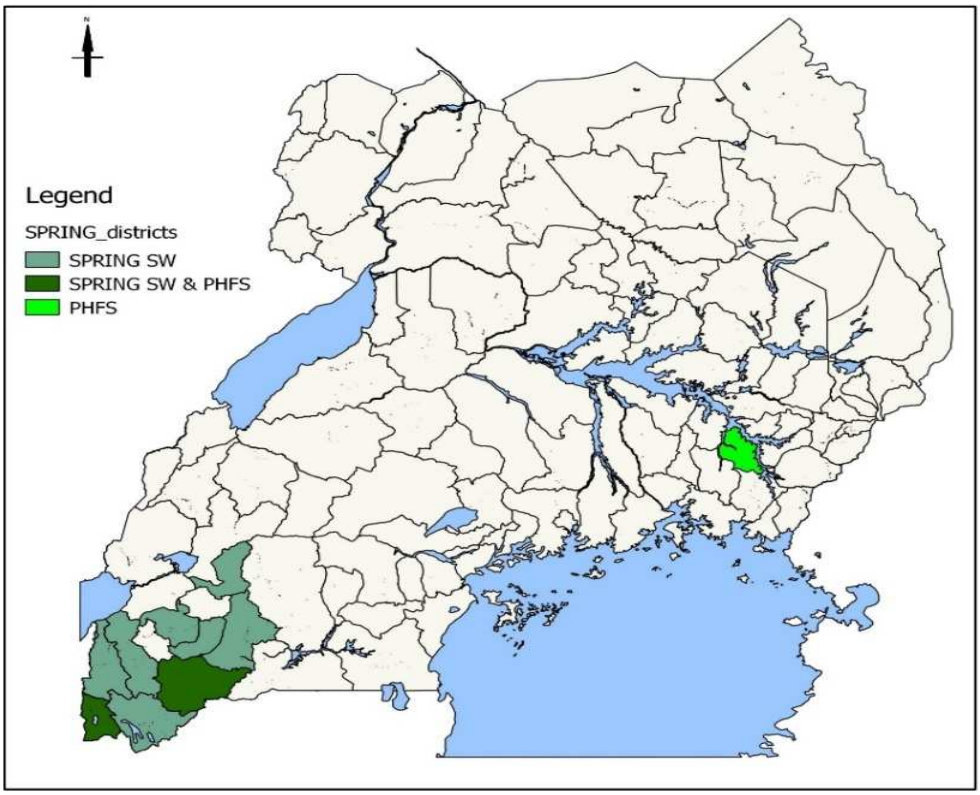
Activities included training health workers on NACS and the integrated management of acute malnutrition (IMAM), strengthening the capacity of facility-based quality improvement (QI) teams, conducting supportive supervision visits, and procuring and distributing anthropometric equipment to target sites. At the community level, we trained community-based workers on the CAC approach, and formed community action groups. At the national level, we supported meetings of the NWGFF and the NAWG, and planned for the implementation of an MNP pilot study in Namutumba district.

Geographic Coverage

This year, SPRING/Uganda focused its efforts in 10 districts and at the national level. We continued to work primarily through health facilities and communities in the districts of Kisoro and Ntungamo, with program interventions centered on strengthening the NACS continuum of care, preventing stunting, preventing anemia among women and children, and building capacity to treat acute malnutrition when identified. We maintained a strategic but limited presence in Mbarara, Ibanda, Sheema, Bushenyi, Kanungu, Rukungiri, and Kabale districts, with program activities centered on strengthening the NACS continuum of care within seven former NuLife-supported sites.

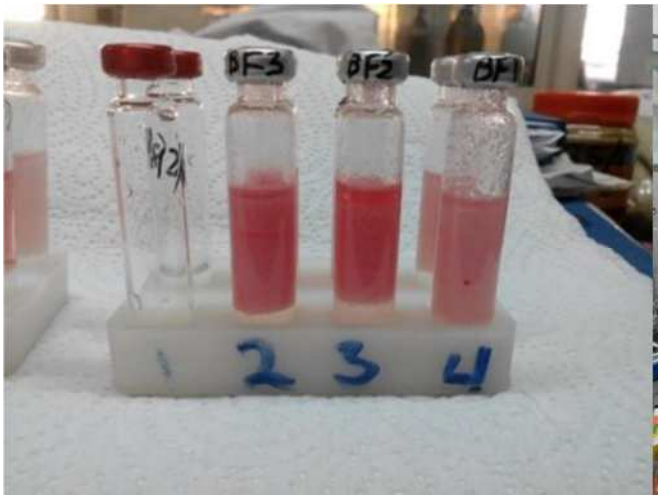
We implemented activities that supported PHFS in Kisoro, Ntungamo, and Namutumba districts, in close collaboration with PHFS implementing partners, including the MOH and District Health Offices. Program activities centered on integrating nutrition care as part of eMTCT and other routine care for HIV-positive women during the first 1,000 days. See figure 6 for geographic locations of the target districts.

Figure 6. Target Districts



Key Programmatic Activities and Achievements

Objective 1: To support the Government of Uganda in increasing access to fortified foods



Vials of flour solutions during testing for iron at UNBS laboratory- ICheck Iron (Photo Credit Miriam Kisamba)

Members of NWGFF visiting the UNBS labs (Photo credit: Abel Muzoora)

Overview

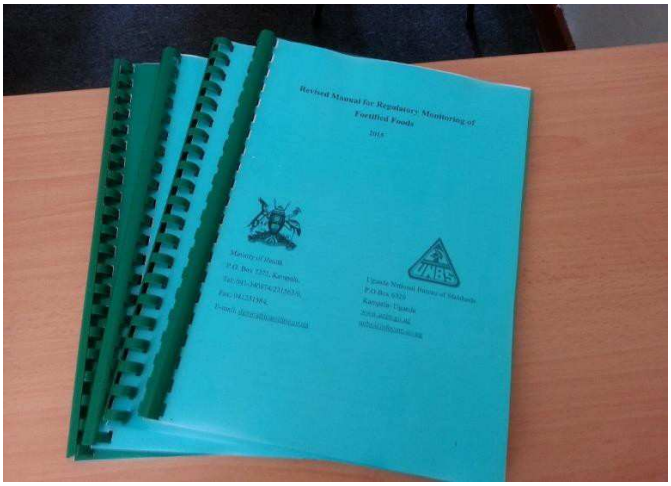
This year, SPRING/Uganda supported efforts to institutionalize a mandatory food fortification program in Uganda. We helped the National Food Fortification and Anemia Technical Working groups conduct advocacy meetings with government and private institutions to encourage the adoption of methods for supporting food fortification efforts in the country, specifically by increasing the demand for adequately fortified foods.

1.1 Provide secretarial support to the micronutrient unit in the national nutrition department

In FY15, SPRING/Uganda continued to provide logistical support to the Ministry of Health Food Fortification Secretariat to coordinate food fortification activities including quarterly NWGFF meetings. The NWGFF—composed of members from government, UN agencies, private sector, and research institutions—shared collective progress on the food fortification program in Uganda and discussed food fortification policy and communication documents (such as the social marketing strategy for industrial fortification) that require approval and presentation to the industries.

1.2 Support GOU to follow through on commitments in the national industrial fortification policy

To create an enabling environment for industrial food fortification, SPRING/Uganda worked with a variety of stakeholders, including the MOH, the Uganda National Bureau of Standards (UNBS), the National Drug Authority (NDA), and select industries to revise and update quality assurance/control and regulatory monitoring manuals for food fortification. The manuals are in a draft form awaiting approval from the NWGFF.



Draft copies of the revised QA/QC manuals that were updated bySPRING/Uganda in 2015 (Photo credit Kisamba Miriam)

Furthermore, the project supported a study on public sector readiness for the food fortification program, including an analysis of food fortification costs in Uganda. The purpose of the study is to provide food fortification stakeholders with an understanding of public sector institutions/entities that are currently involved in fortification activities and the specific activities they are undertaking.

In a bid to increase adherence to the mandatory fortification regulation and food fortification standards, we helped the UNBS inspect industries for good manufacturing practices (GMP) and collect samples of fortified wheat flour, maize flour, and cooking oil in Lira, Mbale, Jinja, Kampala, Mukono, and Wakiso districts. UNBS inspected 20 industries (13 wheat, 2 Oil, and 5 Maize) and obtained 100 food samples for testing.

Table 1: Industries Reached by SPRING-Supported Interventions

District	Wheat	Maize	Oil
Lira	00	01	01
Mbale	01	00	00
Jinja	04	00	02
Kampala	11	01	00
Mukono	00	00	01
Wakiso	01	00	00
Total	**17**	**02**	**04**

Additionally, we hired a consultant to conduct a validation study on the use of iChecks at UNBS in analyzing samples of fortified foods. The study showed that despite the cost implications and limited sources of supplies, iChecks have a role to play in the monitoring of fortified foods in Uganda.

1.3 Pilot project in Namutumba district to assess uptake of MNP

To address micronutrient deficiencies in infants aged 6-23 months and support timely complementary feeding with micronutrient rich foods, SPRING/Uganda has initiated the procurement of micronutrient powders (MNPs) and drafted the research protocol, implementation plan, and tools to pilot test MNP distribution in Namutumba. We've also begun procuring professional design services for communication materials to encourage uptake of MNPs as part of the MNP pilot study.

Lessons Learned and Next Steps

1. Manufacturers of the iCheck need to notify their clients about updates in the testing method, such as changes to the correction factor, to ensure accuracy of the test results that are obtained by UNBS and other laboratories.
2. Industries should be engaged in revising food fortification standards to ensure compliance with those standards. For instance, adoption of the harmonized East Africa Community (EAC) food fortification standards has taken approximately two years for all industries to adopt.
3. Mandatory food fortification regulation needs to be strengthened among regulators and traders involved with the importation of maize flour, wheat flour, and edible oils and fats.

Objective 2: To support the development and launch of a national nutrition behavior change campaign to support delivery of two key objectives within the recently finalized UNAP Nutrition Advocacy and Communication Strategy.

Overview

The UNAP 2011-2016 outlines the government's commitment to reduce malnutrition by ensuring food and nutrition security. The ultimate goal of the UNAP is to reduce levels of malnutrition among women of reproductive age, infants, and young children. SPRING has been supporting the UNAP through the office of the Prime Minister to achieve this goal.

2.1 Provide technical support to UNAP secretariat

SPRING/Uganda continued to support the OPM through the National Nutrition Advocacy and Communication Taskforce. SPRING/Uganda participated in three monthly consultative meetings with other partners (such as FANTA, REACH, and UNICEF). Through these meetings, the taskforce agreed to update ongoing activities in addition to reviewing and vetting communication materials produced by the partners. Currently, the taskforce is organizing the launch of the National Nutrition Advocacy and Communication Strategy.

The project began a search for vendors who can develop a communication toolkit for raising awareness about stunting and promoting healthy Ugandan diets. We created a scope of work and released a request for proposals for a creative agency, a media firm, and a branding expert. We will contract the agencies and finalize the toolkit in FY16. Although we had anticipated conducting this activity earlier in FY15, we needed to ensure OPM's readiness before moving forward, which caused some delays.

Lessons Learned and Next Steps

1. The involvement of OPM's senior management is critical for the success of the UNAP Secretariat as witnessed during recent implementation of ongoing advocacy activities.
2. It should be noted that no partner is supporting a fully-fledged nutrition country communication campaign, which makes SPRING's communication campaign particularly important.

Objective 3: Increase national level attention and commitment to the control of anemia.

Overview

Approximately 20 percent of maternal mortality is associated with iron deficiency anemia.[6] At current levels of anemia among women of reproductive age in Uganda, it is estimated that 3,000 mothers die annually from anemia-related causes. Interventions to reduce child and maternal malnutrition coupled with reproductive health interventions like adequate birth spacing will significantly improve maternal and child health, and reduce maternal and child mortality.

Ms. Sarah Ngalobi, the MOH senior nutrition officer presents during the second anemia stakeholders meeting in Kampala. (Photo credit Abel Muzoora)

The director general of health services (circled) poses for a photo with stakeholders who attended the second stakeholders meeting in Kampala. (Photo credit Abel Muzoora)

3.1 Support the national anemia working group

In FY15, SPRING/Uganda provided support to the micronutrient secretariat in the nutrition division of the MOH for the organization of monthly NAWG meetings. These meetings gathered government, civil society, development partners, private agencies, and research institutions to prioritize actions that emerged from the second anemia stakeholder meeting, finalize the FY15 Anemia Action Plan, review the anemia policy, and develop a comprehensive anemia strategy. The main thematic areas contained in the action plan were: 1) child health, 2) school age children/adolescents, 3) maternal health and neonatal care, 4) general population/cross-cutting issues, and 5) policy development. Main activities included: 1) elaboration of a scope of work for developing the national integrated anemia strategy, 2) consolidation of inputs for different thematic areas for the FY15 anemia action plan, and 3) collaboration and dialogue with other agencies involved in anemia interventions for harmonization within the action plan.

Second Anemia Stakeholder Meeting

- 105 participants attended the meeting.
- Director general of health services chaired the meeting.
- FY15 anemia action plan was developed.

We also contracted a consultant to work in collaboration with the MOH and other anemia stakeholders, including district local governments, to develop a national anemia strategy. The strategy will streamline anemia operations in

[6] www.thelancet.com/journals/lancet/...6736(07)61693-6/abstract

Uganda. Currently, the consultant is in the final stages of completion, and the final product will be disseminated in FY16.

3.2 Conduct a pilot project to compare uptake of iron/folate packaged in a 30 tablet blister pack as opposed to standard packaging

As part of efforts to operationalize the National Anemia Action Plan, SPRING/Uganda awarded a contract to Mulago Hospital Antenatal Clinic to carry out operations research on "The Impact of Pre-Packaging Iron and Folate on Compliance with Treatment." The study explores whether packaging of iron/folate supplements into a 30-tablet blister pack rather than traditional packaging could increase compliance with IFA recommendations. The study began in July and is expected to end in November 2015. We worked closely with the maternal and child health cluster of the MOH to approve the study, as a recommendation from the NAWG.

Lessons Learned and Next Steps

1. The Anemia Stakeholder Meeting stimulated national interest and action towards multi-sectoral interventions to address anemia including review of the anemia policy and develop a comprehensive anemia strategy.
2. High-level commitment by government and development partners and having a readily available platform to share intervention best practices is critical to the advancement of anemia initiatives.
3. Currently the health and nutrition cluster meetings are a good platform to jointly plan, implement and monitor anemia prevention and control interventions to ensure effectiveness.

Objective 4: Enhance coordination and leadership among key nutrition stakeholders at national, district, and sub-county level

To ignite change for the improvement of nutrition at all levels, SPRING/Uganda worked with stakeholders (partners and government) at community, district, and national levels to secure resources and political/social commitment. As envisaged in the UNAP 2011/16, nutrition advocacy enhances wider participation, collective action, and ownership of interventions, thereby maximizing the effectiveness of nutrition actions at scale.

We continued to support the work of the DNCC and Sub-County Nutrition Coordination Committees (SNCC) in the two project-supported sub-counties as they monitored and coordinated nutrition activities within the district, in line with Uganda Nutrition Action Plan 2011-2016.

4.1 Support key coordination meetings at national level.

During FY15, we focused on strengthening partnerships at the national level. SPRING/Uganda helped develop the Integrated Management of Acute Malnutrition (IMAM) guidelines and participated in the In- Patient Therapeutic Care (ITC) Validation Workshop in Mukono to validate the draft IMAM guidelines and the ITC training modules developed by various stakeholders in FY14. The participants reviewed and reached a consensus that Mwanamugimu (the consultant organization) would finalize the document design before roll-out.

Meetings at a Glance

- UNICEF-supported meeting to review and update the guidelines on management of acute malnutrition
- SUN platforms assessment, July 29, 2015, in Kampala
- The East, Central and Southern Africa (ECSA) Capacity Building Workshop

Furthermore, SPRING/Uganda participated in the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) consultative meeting for the Multi-Sectoral Food and Nutrition project to advise on implementation and find a

way to strengthen partnership in Namutumba. The meeting was attended by the district heads of department, NGO representatives, sub-county heads, and model farmers. The Multi-Sectoral Food and Nutrition project aims to reduce malnutrition using a multi-sectoral approach that involves school and model farmers. The district education department was tasked to earmark at least one acre of land at two schools in each sub-county for the establishment of model farms.

Meetings at a Glance

- WHO-organized meeting for Accelerating Nutrition Interventions (ANI).
- PHFS—monitoring and evaluation (M&E) task force workshop to finalize the PHFS Data Quality Assessment and annual progress.

SPRING/Uganda also worked with the Strengthening TB and AIDS Responses in East Central (STAR EC) project and other partners toharmonize activities for the EC regional launch of elimination of mother-to-child transmission of HIV (eMTCT) in Jinja district. The meetings helped different partners jointly plan for integration of NACS into ongoing HIV services. We participated in the national launch of the Prevent, Protect, and Treat strategic framework for diarrhea and pneumonia, hosted by the MOH with technical support from Clinton Health Access Initiative (CHAI), USAID, WHO, and UNFP. The framework's goal is to reduce the proportion of childhood deaths due to diarrhea and pneumonia from 25 percent to 5 percent in Uganda by 2020.

4.2 Support District Nutrition Coordination Committee (DNCC) and joint work planning meetings

SPRING/Uganda continued to support Kisoro, Ntungamo, and Namutumba districts conduct advocacy meetings through DNCCs to increase support for nutrition programming and integrate nutrition into the District Development Plan (DDP). Through these meetings, SPRING/Uganda, together with FANTA, helped these districts identify nutrition priorities for integration into the DDP. The three meetings attracted 73 participants, including DNCC and sub-county nutrition coordination committee (SNCC) members, implementing partners (IPs), representatives from community-based organization (CBOs), and members of the district executive committees.

4.3 Support joint monitoring and supervision by district supervisors to all project facilities

We conducted joint monitoring and supervision through the district quality improvement teams to harmonize standards of NACS and eMTCT service provision in all 61 SPRING/Uganda-supported facilities.

4.4 Support regional and district quality improvement teams to reduce NACS related bottlenecks in all project facilities.

As part of continuous quality improvement, SPRING/Uganda conducted coaching in all of the 61 SPRING-supported health facilities. Working with health facility quality improvement teams in both the Partnership for HIV Free Survival (PHFS) and NACs, SPRING/Uganda technical and district quality improvement teams identified gaps and provided timely support to health workers for improvement. The team coached 1,001 health workers on different areas of improvement across the supported health facilities.

To help mothers and caretakers improve complementary feeding practices for children 6-23 months, the project collaborated with heath workers to conduct cooking demonstrations in select health facilities in Namutumba.

In partnership with Applying Sciences to Strengthen and Improve Systems (ASSIST), FANTA, and the AIDS Support Organization, the project supported the MOH conduct the fifth PHFS learning session for district and health facility quality improvement teams in Kampala. The teams shared experiences in implementation and improvement of key focus areas in PHFS. The focus areas for the learning session included retention of mother-infant pairs, treating malnourished children, identifying all children between

2-15 years of age that are HIV-positive and enrolling them into care, as well as strengthening community- facility linkages. We brought 30 health workers from phase I health facilities and district quality improvement team members to participate in the learning session from the three districts of focus (Namutumba, Ntungamo, and Kisoro).

Lessons Learned and Next Steps

1. Collaborative implementation and partnership with the district local government, NGOs, and community groups not only strengthen technical capacity at district level but increase participation, commitment and buy-in for nutrition interventions. The district has drafted nutrition work plan, which is a precursor for sustainability of nutrition services in the district.
2. Programs needs to establish and strengthen the use of existing structures (district, sub-county and community levels) to facilitate the integration of NACS given the favorable ground that these structures provide in terms of awareness, support, and supervision.
3. Using district staff for implementation, especially the VHTs, act as incentives for promoting active engagement and ownership in community mobilization. The review meetings have acted as platforms for continuous learning and enhancement of skills for VHTs, and non-hierarchal meetings promote harmony within the district structure.
4. Involving stakeholders, as well as orienting of the DNCCs and SNCCs on UNAP, creates an enabling environment for coordinating of multi-sectoral nutrition activities. This holds stakeholders and partners accountable for nutrition actions.
5. Successful NACS integration into routine health service delivery requires coordination and corroborative implementation to ensure collective accountability, participation and leveraging resources.

Objective 5: Strengthen the nutrition assessment, counseling, and support continuum of care in 61 health facilities across 10 project districts

Overview

The nutrition assessment, counseling, and support (NACS) approach aims to improve the nutritional status of individuals and populations by integrating nutrition into policies, programs, and the health service delivery infrastructure. The NACS approach strengthens the capacity of facility- and community-based health care providers to deliver nutrition-specific services while linking clients to nutrition-sensitive interventions provided by the health, agriculture, food security, social protection, education, and rural development sectors.

5.1. Build capacity of providers at key service points in relevant components of the NACS continuum of care

During FY15, SPRING/Uganda placed emphasis on building health worker capacity. Using the MOH standard training package, we conducted a six- day NACS training for 189 health workers (74 from the 10 MJAP facilities in Mbarara) from 61 SPRING-supported health facilities. The training increased the number of health workers with the capacity to provide NACS services to clients seen at different facility contact points.

Key Achievements

- **189** Health workers trained on full curriculum NACS training.
- **325** health workers reached through NACS CME.
- **6I** health facilities supported.
- **40** mentor mothers on integration of NACS into HIV care at community- and facility–level

In addition, we continued to use continuous medical education sessions (CMEs) as a way to enhance the capacity of health workers in NACS service delivery. Through this strategy, the Nutrition Focal Persons in each of the 61 SPRING-supported health facilities reached 325 health workers with CMEs. The CMEs were facilitated by the Nutrition Focal Persons in each of the health facilities. During the CMEs, job aides for taking mid-upper arm circumference (MUAC) and body mass index (BMI) cut-offs were distributed, and feedback on performance of service delivery points (ANC, OPD, and HIV/ART) and on integration of NACS into routine health care were shared with health workers.

SPRING/Uganda provided further technical support to Nsinze Health Center (HC) IV, Magada, Nabisoigi, and Namutumba HCIIIs to: assess the uptake and storage of therapeutic foods; manage RUTF supplies; and order, dispense, and keep records for RUTF. In partnership with STAR-EC, we trained 40[7] mentor mothers (34 communities, 6 facilities) on integration of NACS into HIV care at the community and facility levels, respectively. We also conducted PHFS coaching for 27 health workers from PHFS Phase II (Nabisoigi, Bukonte, Bulange, and Nsinze) health facilities to enhance PHFS services.

SPRING/Uganda continued collaborating with Health Partners Uganda (HPU) in the implementation of post-NACS training activities in Kathel Medical Center, Katungu Mission HC III, and Comboni hospital. Through this collaboration, we developed a coaching and mentoring schedule.

5.2. Ensure access to NACS-related equipment, supplies and job aides at key service points

During FY15, SPRING/Uganda continued to ensure that supported health facilities have access to NACS related equipment, supplies, and jobs aids. We distributed job aids, admission and discharge criteria for persons enrolled in outpatient therapeutic care (OTC), and RUTF dosing charts to health facilities in Namutumba district.

Kisoro and Ntungamo teams supplied cooking equipment to SPRING-supported health facilities, including Chahafi Health Center IV and Nyabihuniko Health Center III in Kisoro district, and Itojo Hospital, Rwashamirwe HCIV, and Bwongyera HC III in Ntungamo district. This enabled facility-based village health teams (VHTs) and health workers to carry out cooking demonstrations for mothers at the health facility level and during community outreach.

5.3. Introduce nutrition-related quality improvement processes to identify and address any NACS related bottlenecks

Health Facility Displays Improved Performance

- Properly filled registers
- Patient flow chart displayed at all clinic points
- Well displayed information and trends analysis in form of charts and graphs
- Clear evidence of team work
- QI team meetings held regularly
- Monthly summaries in the registers
- Integrating NACS in HIV care with a properly filled register

During the reporting period, SPRING/Uganda engaged facility teams in competitively improving areas of weakness as identified through routine analysis of program data. Together with district quality improvement (DQI) teams, we introduced quality improvement (QI) changes to ensure efficiency of NACS services in supported health facilities. Such changes included employing the 5S assessment tools (Sort, Set in order, Shine, Standardize, and Sustain) for health workers to easily access the nutrition messages when seeing the patients and having a VHT to help health workers on assessing clients in the outpatient department (OPD).

[7] This was a STAR-EC funded activity.

The SPRING/Uganda Kisoro team set up and organized a nutrition section/corner in Chahafi Health Center IV since there was no dedicated space to store nutrition supplies in the facility.

We also held district learning sessions in the PHFS districts of Namutumba, Kisoro, and Ntungamo to enhance learning and the capacity of health workers in IYCF and NACS integration into eMTCT services. During the learning sessions, health workers shared changes in implementing Option B+ (eMTCT- a strategy to virtually eliminate vertical transmission), NACS, and QI projects. The learning sessions reached 378 health workers who came together in the respective districts to share, review performance areas, and devise action plans using the prioritization matrix.

5.4. Enhance community outreach, referral mechanisms, and follow up

A VHT member educates a mother on the importance of nutrition. (Photo Sebale Moses)

To increase uptake of nutrition services in SPRING-supported districts, we continued mentoring the trained VHTs and peer educators to enhance the integration of the NACS into their routine activities. Through mentorships and follow-up, we propose onsite solutions to challenges. The meetings were held between NACS focal persons and community linkages facilitators attached to the hospitals. VHT members shared experiences on integration of NACS into community nutrition and gained skills in nutrition counselling, assessment, referrals, and networking, as well as general knowledge in community mobilization and sensitization.

"In fact, I thank SPRING! After the training at Ntungamo Resort Hotel in Ntungamo District, I have reached about 100 children under two in their households with nutrition counselling and assessment and I have given out referrals in a period of six months. I also know how to handle clients very well when they come to the facility."

--Village Health Team member

SPRING/Uganda organized quarterly review and planning meetings with health workers and VHTs to share progress and experience on integration of NACS into communities in all the SPRING-supported districts. Fourteen VHTs from Ishaka Adventist Hospital and 27 VHTs from Kabale RRH attended the meetings, which were facilitated by Nutrition Focal Point persons from the two hospitals with technical assistance from SPRING/Uganda nutritionists. During these meetings, we re-oriented VHTs on the SPRING/Uganda community reach tools for improved documentation of nutrition activities at the community level and on the MOH IYCF counseling card for community volunteers.

We also facilitated review meetings in Kabale, Ntungamo, and Bushenyi districts as well as in Ivukula, Nsinze, and Namutumba sub-counties in Namutumba district to share progress on implementation of nutrition interventions. Two hundred seventy-eight VHTs (98 male and 180 female) and 25 (11 males and 14 females) health workers participated in these meetings.

To further integrate nutrition into outreach services, SPRING/Uganda participated in the Obulamu Campaign championed by Communications for Healthy Communities (CHC) in Bwongera sub-county of Ntungamo district.

Through the Obulamu campaign community shows, we provided NACS services and nutrition health talks to pregnant women and mothers of children aged 0-59 months. In addition, 57 children under five were assessed for malnutrition using color-coded MUAC tapes, and 16 adults were reached with water, sanitation, and hygiene (WASH) messages through health talks.

Throughout the Namutumba district, SPRING/Uganda actively supported health workers to conduct health education with mothers at health facilities. Pregnant women were sensitized on the importance of adequate feeding during the first 1000 days and 45 HIV+ mothers received nutrition counselling and sensitization on using the locally available and acceptable foods to prepare nutritious diets while ensuring good WASH practices at home.

In Kisoro, SPRING/Uganda conducted home visits in the villages of Rubagabaga and Gahuru in Rutare parish in Chahi sub-county to ascertain the uptake of community action commitments identified in the Community Action Plans. The monitoring team found that a number of households had established kitchen/backyard gardens, adopted the idea of food storage, and constructed tippy taps. The team commended the community members for following up on the commitments made in their community action plan and encouraged them to sustain the changes and promote their ideas to others in the community.

Lessons Learned and Next Steps

1. Currently, the health and nutrition cluster meetings are a strong platform to jointly plan, implement and monitor anemia prevention and control interventions to ensure effectiveness.
2. Orientation and deployment of nutrition peer educators has great potential to improve the performance of NACS indicators in some of the facilities, especially those with high client volume.
3. Accreditation of lower sites to provide RUTF will improve the numbers reached, reduce default rates for OTC, and consequently improve patient outcomes.
4. Strategic partnerships, such as the one with EGPAF, are key to expanding reach, bringing more program staff and mentors for NACS on board, and creating new avenues for the integration of nutrition in HIV care and treatment.
5. Continued mentorships of health workers in systems strengthening and supply chain management of nutrition supplies enhances management and service delivery.
6. Recognition, even in small non-monetary ways (e.g. awarding certificates to health workers), is essential to fostering good performance.

Objective 6: Increase demand for preventive nutrition practices and services in project communities

A "great mother" demonstrates baby positioning to other mothers at Kabale Hospital. (Photo credit Abel Muzoora)

CAC members demonstrate how to use a PICO projector. (Photo credit Adera Asasira)

6.1. Continue to support roll out of the community action cycle in 4 project sub-counties

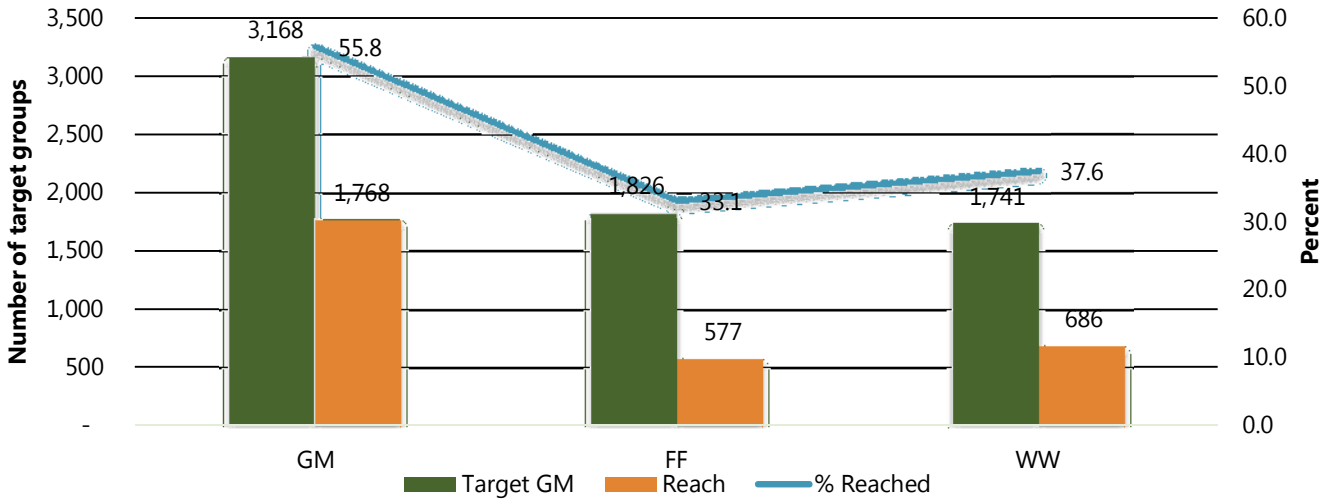
In FY15, SPRING/Uganda supported the orientation of CAGs and Parish Action Groups (PAG) on their roles and responsibilities in the prevention of stunting among children below two years and anemia in mothers of reproductive age (15-49 years). In all 216 villages in the sub- counties of Muramba, Chahi (Kisoro district), Itojo, and Bwongyera (Ntungamo district), we trained CAGs on what they were required to do during the community mobilization process. The CAGs comprise the local council (LC) I and vice LC I chairpersons, VHTs, and other opinion leaders in each village. We trained 1,105 CAGs in both Kisoro and Ntungamo (Kisoro 344 and Ntungamo 761) while 24 PAGs were trained in Ntungamo.

Equipment Distributed in Kisoro and Ntungamo

- 30 pico projectors
- 19 audio loud speakers
- 58 solar panels

In addition, SPRING/Uganda conducted review meetings with 216 VHTs (137 female, 78 male) facilitating "the great mothers, healthy children" intervention in Kisoro and Ntungamo to further strengthen the implementation of the CAC activities. VHTs shared their experiences and challenges managing the video process and collectively identified possible solutions. Through these meetings, we also improved the capacity of VHTs to conduct video dialogues and re-emphasized key nutrition messages for video dialogues. An analysis of data from the community reach tool, which records the number of community members reached with a nutrition message or action, shows that community interventions have contributed to increased access to nutrition services at the community level. The continuous interaction of VHTs and community members through home visits encouraged community-facility linkages through referrals to health facility for further management. The following graph shows the proportion of community members in Kisoro who received SBCC messages from the *great mothers* (GM), *fabulous fathers* (FF) and *wise women* (WW).

Figure 7. SBCC Reach in Muramba, Kisoro District



In FY15, SPRING/Uganda conducted cooking demonstrations in selected parishes within the SPRING- supported districts to build the capacity of mothers and fathers in the preparation of complementary foods for children 6-23 months. Through these food and cooking demonstrations, we reached 1,846 people (339 male, 1487 female); among these were VHTs, LCI chairpersons, and caretakers.

6.2. Roll out a communication campaign through multiple channels in 4 project sub-counties and Namutumba

The project rolled out the "Great Mothers, Healthy Children" campaign in four sub-counties of Bwongyera and Itojo in Ntungamo district; and Chahi and Muramba in Kisoro district. In Ntungamo, we reached 1,866 caretakers (1410 females and 456 males) with videos on exclusive breastfeeding, feeding a sick child, feeding a recovering child, and seeking medical care. These caregivers had a total of 1,151 (569 males and 582 females) children 0-23 months and 1,120 (540 males and 580 females) children 24-59 months. In Kisoro, the project reached 852 adults (96 males and 756 females) through the "Great Mothers, Healthy Children" campaign and we expect to reach 532 children aged 0-23 months and 448 children aged 24-59 months. We also updated the guide for orienting VHTs on the SBCC video campaign and completed its translation into the Runyankole and Rufimbira local languages.

Throughout FY15, SPRING/Uganda continued to support interactive radio talk shows on Radio Ankole 89.4 FM to improve demand for nutrition services by reinforcing messages delivered through other channels. Local leaders, health professionals, VHT members, and beneficiaries of health services were among the guest speakers. The talk show on exclusive breastfeeding received 15 (4 female, 11 male) call- ins and the *feeding a sick child* talk show also received 15 (5 female, 10 male) call-ins for questions and clarifications. The radio station has an estimated coverage of 5,000 people within the district.

We also supported districts to conduct quarterly drama group review meetings during which they provide feedback on performances, share experiences, and communicate any emerging issues from the communities. Progressively, drama groups have sensitized communities on the importance of good nutrition.

6.3. Support district commemoration activities in four project districts

Moses Sseabale SBCC specialist during the world health day in Agago district (Photo Abel Muzoora)

Commemoration Events Supported

- World Breastfeeding Week
- World AIDS Day
- World Health Day
- Bushenyi Nutrition Marathon
- "Protect the Goal Campaign"

SPRING/Uganda helped Bushenyi District Local Government organize the Second Annual November Nutrition Marathon held at Kizanda grounds. With the theme "Run for Good Nutrition," the marathon raised money to purchase machinery for fortification of food products in the district. The chief guests urged the people of Bushenyi to ensure they have enough food to feed themselves and their children. SPRING/Uganda staff participated in the marathon and provided nutrition assessment, education, and counseling for pregnant women and mothers with children under five years, focusing on the consumption of fortified foods at home and nutrition for pregnant and lactating women and children under five years.

We provided financial and logistical support to Kabale, Kisoro, Ntungamo, and Namutumba district local governments to organize the 2014 World AIDS Day commemorations with the theme "Getting to Zero, My Responsibility." In Kisoro, a total of 560 people (250 males and 310 females) were reached with NACS, while in Ntungamo and Namutumba, 595 people (303 males and 292 females) and 500 people (275 females and 225males) were reached with NACS respectively. In Kisoro, the commemoration activities included HIV counseling and testing and a nutrition exhibition by SPRING/Uganda and Community Connector. The event also included drama shows, food demonstrations, and nutrition assessment activities.

SPRING/Uganda also worked with districts and other USAID implementing partners to promote nutrition services such as counselling, promotion of optimal breastfeeding, consumption of fortified foods, and many more nutrition practices during the World Breastfeeding Week and World Health Day.

Upon request by the MOH in collaboration with FANTA and Uganda Action for Nutrition (UGAN), we also provided technical assistance for the government's launch of the "Protect the Goal Campaign" in November 2014. The campaign aims to sensitize youth about HIV/AIDS and mobilize them to participate in the fight against HIV transmission. During the launch, SPRING, FANTA, and UGAN offered a range of nutrition services (including nutrition assessment and classification, nutrition counseling, food demonstration, nutrition health education, and assessment for blood sugar) to 200 youth (124 males and 76 females).

6.4. Enhance nutrition-sensitive livelihoods programming in SPRING priority districts

Although SPRING planned for this activity and prepared a technical lead from the home office for a visit to Uganda to investigate potential opportunities for nutrition-sensitive agriculture integration, the USAID Mission suggested that we delay this activity until plans and priorities for FY16 are clearer.

Lessons Learned and Next Steps

1. The use of nutrition peer educators at the facility level enhances continued provision of NACS services at key service delivery points that experience of high volume of clients.

Administration and Support

To streamline its national-level strategy work, SPRING/Uganda transitioned its headquarters from Mbarara to Kampala on May 1, 2015. During this transition process, all finance, operations, and key technical staff re-located to the Kampala office in Ntinda Kampala-Uganda, while a basic programmatic and operational framework remained in place in Mbarara, Namutumba, Ntungamo, and Kisoro. This allowed technical staff to focus on achieving national-level deliverables, while continuing to provide a high level of service to clients in the southwest region.

In addition to the shift in headquarters, on March 10, 2015, we welcomed new leadership: Chief of Party Manohar Shenoy and Deputy Chief of Party for Finance and Operations Ganesh Prasad. These two positions make the Senior Management Team (SMT). With these recent additions, the total number of employees increased to 48 staff, inclusive of temporary workers and interns.

In response to the shift in increased national-level implementation, the project began downsizing its presence in the southwest as of August 1, 2015 and planned for a seamless transition to other implementing partners in the region. As of September 30, 2015, we closed our Mbarara office and retained 26 full-time employees in Kampala and Namutumba. The project, however, will continue to maintain a strong presence in Namutumba.

Monitoring and Evaluation

Packing HMIS tools for distribution to support health facilities in Namutumba. (Photo Credit: Francis Ssebiryo)

A district official collects data during Namutumba the LQAS survey. (Photo credit Majid Okot)

Routine Project Information

In FY15, SPRING/Uganda continued to collect routine data to track progress of planned activities and assess the contribution of these activities toward achievement of FY15 Performance Monitoring Plan (PMP) indicator targets. At the community level, the program reached 53,848 (18%M, 82%F) adults with SBCC messages on IYCF practices, anemia reduction, WASH, maternal nutrition counseling, community gardening (identified through CAC), and nutrition assessment through VHTs and other community resources persons. These adults had 44,358 children under 5 years (49% aged 0-23 months, 51% aged 24-59 months) who could benefit from better nutrition behavior. At the facility level, 723,246 clients received nutrition assessment from the 61-supported health facilities, resulting in an increase in clients assessed from 53 percent in FY14 to 60 percent in FY15. Among clients who received nutrition assessment, 2.5 percent were found to be malnourished. During the year, 4,766 people (health

professionals, primary health care workers, community health workers, volunteers, non-health personnel) were trained in child health and nutrition.

As part of efforts to strengthen health management information systems (HMIS) at the health facility and district levels, we printed and distributed the revised HMIS tools to health facilities. The tools are helping to ensure that health facilities capture and report data in line with new and existing MOH policies that include the new nutrition indicators.

Annual Household Survey

To measure progress, SPRING/Uganda, in partnership with STAR-EC, conducted the 2015 Lot Quality Assurance Sampling (LQAS) survey in the 2 districts of Mayunge and Namutumba. The survey results indicated significant improvements in nutrition behavior, such early initiation of breastfeeding, consumption of food diversity, antenatal care attendance, and consumption of fortified foods, among others. The SPRING/STAR-EC 2015 LQAS report is now available and offers full details on household-level outcome indicator project progress to date. SPRING/Uganda is conducting a household survey to establish outcomes of its SBCC and NACS interventions in southwest Ugandan communities in the districts of implementation.

Document and Disseminate Project Success Stories and Best Practices

In this fiscal year, SPRING/Uganda continued to showcase its work through various knowledge management products that include success stories, technical briefs, and a total of seven news briefs, as illustrated in the table below.

Table 2. News Briefs Published

Published Story	Date Published
Uganda National Working Group on Food Fortification Receives Ethiopian Delegation	Sept 2015
SPRING/Uganda Celebrates World Breastfeeding Week 2015	August 2015
Nutrition Financing Takes Center Stage at Major International Conferences	July 2015
Government of Uganda Calls for Multi-Sectoral Approaches to Address Anemia	April 2015
SPRING Co-Hosts Training Workshop to Strengthen Budget Planning and Analysis	February 2015
SPRING/Uganda Launch of the Great Mothers Healthy Children Community Campaign	December 2014
USAID Features SPRING's Nutrition Trainee Program in Uganda	November 2014

Increase Presence of Local Media

This year, we partnered with Media for Science Uganda (M4SU), an alliance of professional health reporters, to enhance documentation and to increase the visibility of SPRING/Uganda and USAID support to the GOU. Working with a group of 15 journalists,[8] M4SU visited Kisoro, Kabale, Ntungamo, and Bushenyi, Namutumba districts, UNBS,

[8] Excursions included representatives from the Daily Monitor, New Vision, Weekly Observer, UBC TV, NBS TV, Radiowest, NBS FM, Bukedde TV, TV West, Bukedde newspaper, and Voice of Muhavura.

OPM, MOH, and selected industries producing fortified foods. To date, the journalists have written and published newspaper articles, eight television news features in different media houses, and one documentary. These publications have helped raise public awareness about the nutrition situation in the SW and Namutumba, as well as the national food fortification program.

SPRING/Uganda staff participated in the PEPFAR implementing partners data requirement and reporting workshop in Kampala. The workshop highlighted new PEPFAR reporting and data requirements. After the workshop, the project compiled and submitted the PEPFAR Semi-Annual Program Results (SAPR) data reports through the DAPTS/PEPFAR Uganda Data Management System (PDMS) system. The project also shared quarter data through the Performance Reporting System (PRS).

Annex 1. Success Story

Helping Communities Tackle Malnutrition—Meeting Nsabimana Odeeta, an Ordinary Woman with an Extraordinary Life

Nsabimana Nsabimana, a VHT member from Morora Village, Chai sub-county, mentors mothers on the importance of a balanced diet. (Photo Moses Ssebale)

"Keren is a force in this community. She has helped mothers assess the need for hospital visits and is an agent of backyard gardening."

--LC chairperson, Chai sub-county

Although only 30 years old, Keren Nsabimana Odeta, has earned a respect in her community that is typically reserved for the elders.

Selected as a Village Health Team member by her village, Morora, in Chai sub county, Kisoro district, Uganda in 2010, Keren began providing community health services in September 2012. Now in her third year of service as a village health team member, Keren confesses that work has not always been smooth: "*We were selected then but not trained; even some community members did not believe in us*."

In 2013, SPRING/Uganda embarked on a program to train and equip community health workers popularly known as Village Health Team members with skills on community nutrition intervention. In FY 15, SPRING reached out to a total of 1056 VHTs, including Keren and other community health workers, to teach them how to identify key symptoms of malnourished children, conduct nutritional assessments, provide nutrition counselling and offer referrals as well as general community mobilization and sensitization.

Currently, Keren is a parish village health team peer supervisor and a member of the Community Action Cycle (CAG) and often walks long distances to provide nutrition counselling and refer malnourished children and mothers to nearby health facilities. Through interaction with community health workers like Keren, the project has observed how effectively messages can be disseminated through the VHTs, who understand their community, have earned the respect of its members, and who are committed to the well-being of its people. Keren demonstrates what a powerful force VHTs are. VHTs play a critical role to bring nutrition services to targeted groups, bridge the gap between formal health facility workers and community health workers to reduce stunting and anemia, and fostering healthy communities.

In response to mothers' pleas to play an even greater role in her community, Keren has become the chairperson of a local community based organization (CBO)–supported by SPRING/Uganda in Kisoro district. The group has organized women to carry out teachings, through drama, on the importance of good feeding in the communities and the likely repercussions of malnutrition. These volunteer positions are not Keren's first foray into public service. In 2010, she was elected as an immunization mobilizer, which she did for two years. When asked about her motivation to volunteer, Keren humbly responds: "*When I am needed I go with great spirit because I am assisting people in my community; I am ready to do the work*."

Appendix 2. PMP

Indicator		Data source	Frequency	Responsible	Baseline	2013	2014	2015	2016	Type of Indicator	Reporting Channel
IMPACT:Reduced Stunting in children (0-23 months) and Anemia among children (0-23 months) and women (15-49 years) in Uganda.											
Intermediate Result 1: Increased demand for nutrition prevention and treatment services											
1.2	Proportion of clients receiving nutrition assessment	OPD, ANC, ART, YCC, EID registers	Quarterly	SPRING/Uganda M&E Analyst	16.3%	26.0%	36.0%	46.0%	60.0%	Short term outcome	USAID/ PRS
1.3	Percentage of household which received least one message about proper nutrition for women or children in the last 3 month	Household Survey	Annual	SPRING/Uganda M&E Analyst	Kisoro: 28.8% Ntungamo: 23.9% Namutumba: 16.7%	Kisoro: 33.6% Ntungamo: 28.3% Namutumba: 21.2%	Kisoro: 38.6% Ntungamo: 33.3% Namutumba: 26.2%	Kisoro: 42.6% Ntungamo: 37.3% Namutumba: 31.2% Act 49.3%	Kisoro: 47.6% Ntungamo: 42.3% Namutumba: 36.2%	Long term outcome	USAID/ PRS
1.4	Percentage of clients who received nutritional assessment and have malnutrition	OPD, ANC, ART, YCC registers	Quarterly	SPRING/Uganda M&E Analyst		9%	7.4	6.0	4.6	Short term outcome	USAID/ PRS
1.5	Number of health facilities with established capacity to manage acute under-nutrition	Facility assessment	Annually	M&E Analyst	(20%) 9 health faclities	48	51	51 Act 51	51	Short term outcome	USAID/ PRS
1.6	Number of children under two reached by USG-supported nutrition	SPRING Community tool	Quarterly	SPRING/Uganda M&E Analyst		16,639	35,791	Act 158, 359	TBD	Output	USAID/ PRS

Indicator		Data source	Frequency	Responsible	Baseline	2013	2014	2015	2016	Type of Indicator	Reporting Channel
	programs										
1.7	Percentage of HIV+ mothers initiating BF within 1 hour of birth.	Maternity register (HMIS 105)	Monthly	EGPAF/ SPRING SI	50%	75%	80%	Namutumba 97%	100%	Short term outcome	PHFS-FANTA
Intermediate Result 2: Increased access and availability of nutrition services at facility and community level/Increased coverage of targeted nutrition interventions for vulnerable groups											
2.1	Prevalence of exclusive breastfeeding of children under six months of age	Household Survey	Annual-through monitoring	SPRING/Uganda M&E Analyst	SW: 63.7% Namutumba: 41.2%	SW: 63.7% Namutumba: 41.2	SW: 65% Namutumba: 45%	SW: 70% Namutumba: 48% Act 53.7%	SW: 75% Namutumba: 51%	Long term outcome	USAID/ PRS
2.2	Percentage of children 6-23 months who receive a minimum acceptable diet	Household Survey	Annual-through monitoring	SPRING/Uganda M&E Analyst	Kisoro 17.6% Ntungamo 16.3% Namutumba: 21.2% EC: 0.9%	Kisoro: 17.6% Ntungamo: 16.3% Namutumba: 21.2%	Kisoro: 20% Ntungamo: 19% Namutumba: 23%	Kisoro: 24% Ntungamo: 22% Namutumba: 25% Act 18.3%	Kisoro: 28% Ntungamo:25%	Long term outcome	USAID/ PRS
2.3	Proportion of health facilities providing therapeutic feeds as part of essential medicines	OTC register SPRING clinic scorecards	Quarterly	SPRING/Uganda PHFS Manager	Namutumba: 0 SW:9	Namutumba: 0 SW: 10	Namutumba: 0 STAR SW:	Kisoro: 20 Ntungamo: 17 Namutumba: 7	Kisoro: 20 Ntungamo: 17 Namutumba: 7	Output	USAID/ PRS
Intermediate Result 3: Improved quality of nutrition services at facility and community level											
3.1.	Number of people trained in child health and nutrition through SPRING	Training reports	Annual	M&E Analyst	0	464	1200	1000 Act 650		Output	USAID/ PRS

Indicator		Data source	Frequency	Responsible	Baseline	2013	2014	2015	2016	Type of Indicator	Reporting Channel
3.2	Number of eligible clients who received food and/or other nutrition services	OTC register	Quarterly	SPRING/Uganda M&E Analyst						Short term outcome	USAID/ PRS
3.3	Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	OTC/ITC register	Quarterly	M&E Analyst						Short term outcome	USAID/ PRS
3.4	Proportion of new malnourished clients who received nutrition counseling	OTC/ITC register	Quarterly	SPRING/EGPAF						Short term outcome	USAID/ PRS
3.5	Number of health workers trained in NACS	Training reports	Quarterly	PM/TM	Introductory: 0 CME: 0	Training: 218 CMEs: 166	Training: 216 CMEs: 610	Training: 142 Act 272 CMEs: 610 Act 528	Training: None conducted CMEs: 610	Output	USAID/ PRS
3.6	Number of clinically malnourished clients who received therapeutic or supplementary food	OTC/ITC register	Quarterly	SPRING/Uganda PHFS/EGPAF					TBD	Short term outcome	USAID/ PRS

Indicator		Data source	Frequency	Responsible	Baseline	2013	2014	2015	2016	Type of Indicator	Reporting Channel
3.8	Number of health care workers who successfully completed an in-service training program within the reporting period	Program Records	Annual	SPRING PM/TM	0	218	216	TBD		Output	PRS
Sub-Intermediate Result 1.4 (Policy and Social Environment) Increased dietary intake of vitamins and minerals											
4.1	Number of networks or community of practice groups that SPRING leads or participates in	Meeting reports	Quarterly	Activity Managers						Output	PTS/PRS
4.2	Number of national, district, and community meetings conducted or attended	Meeting reports	Quarterly	Activity Managers		107	100	100	100	Output	PTS/PRS
4.3	Number of individuals trained on food forttification standards/guidelines.	Training reports	Quarterly	Fortification Advisor	N/A	N/A	30 Inspectors	0	TBD	Output	USAID/ PRS

Indicator		Data source	Frequency	Responsible	Baseline	2013	2014	2015	2016	Type of Indicator	Reporting Channel
4.4	Average number of fortified food factories UNBS tests per quarter	UNBS reports	Quarterly	Fortification Advisor	oil: 4	oil: 4 wheat flour: 2	oil:4 wheat: 9 maize: 2	oil: 4 wheat: 11 maize: 4		Output	USAID/PRS
4.5	Number of district and subcounty nutrition coordination committees operating in SPRING districts	DNCC Report	Quarterly	SPRING/Uganda M&E Analyst	6 DNCC (Kisoro, Ntungamo, Kabale, Kanungu, Ibanda, and Namutumba) 0 SNCC	10 DNCC SNCC: 9 Ntungamo; 8 Kisoro; 3 in other SW; 4 Namutumba	10 DNCC SNCC: 16 Kisoro, 18 Ntungamo; 7 in other SW; 7 Namutumba	10 DNCC SNCC: 16 Kisoro, 18 Ntungamo; 7 in other SW; 7 Namutumba	10 DNCC SNCC: 16 Kisoro, 18 Ntungamo; 7 in other SW; 7 Namutumba	Output	SPRING Internal reporting

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