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PROJECT YEAR NINE**

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## LIST OF ACRONYMS AND ABBREVIATIONS

ACDI/VOCA	Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance
ADRA	Adventist Development and Relief Agency
AED	Academy for Educational Development
AIN-C	Community-Based Integrated Child Care, Honduras
AINM-C	Community-Based Integrated Child and Maternal Care, Guatemala
ALT	Assets and Livelihoods in Transition
ARC	American Red Cross
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASARECA	Association of Agriculture Research in East and Central Africa
BCC	Behavior Change and Communication
BIA	Bioelectrical Impedance Analysis
BMI	Body Mass Index
CA	Cooperating Agency
CARE	Cooperative for Assistance and Relief Everywhere
CBGP	Community-based Growth Promotion
CBO	Community-based Organization
CCC	Comprehensive Care Centers
CDC	Centers for Disease Control
CIENSA	Centro de Investigaciones en Nutrición y Salud
CMAM	Community-Based Management of Acute Malnutrition
COP	Country Operation Plan
CORE	Child Survival Collaboration and Resources Group
CRG	Commodities Reference Guide
CRS	Catholic Relief Services
CS	Cooperating Sponsor (includes Private Voluntary Organizations)
CSB	Corn-Soy Blend
CSHGP	Child Survival and Health Grant Program
CSR4	CS Results Reports
CSTS	Child Survival Technical Support Project
CTC	Community-based Therapeutic Care
DA	Development Assistance
DAP	Development Assistance Program
DCHA	USAID Bureau for Democracy, Conflict and Humanitarian Assistance
DFM	Decentralized Food Model
DHS	Demographic and Health Surveys
DIP	Detailed Implementation Plans
DQA	Data Quality Assessment
EC	European Community
ECSA	East, Central, Southern Africa
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
EM	Exhaustive Measurement
ENA	Essential Nutrition Actions

ESHE	Essential Services for Health in Ethiopia Project
EWR	Early Warning and Response
F	U.S. Department of State, Office of the Director of Foreign Assistance
FAMC	Food Aid Managers' Course
FANTA	Food and Nutrition Technical Assistance Project
FAO	Food and Agriculture Organization
FAO/NCPD	Food and Agriculture Organization's Nutrition and Consumer Protection Division
FBF	Fortified-blended Foods
FBP	Food by Prescription
FFP	USAID Office of Food for Peace
FFW	Food for Work
FH	Food for the Hungry
FHI	Family Health International
FIVIMS	Food Insecurity and Vulnerability Information and Mapping Systems
FSHA	Food Security and Humanitarian Assistance
FSIAP-II	Food Security Information for Action Programme, Phase II,
FY	Fiscal Year
GAM	Global Acute Malnutrition
GAO	U.S. Government Accountability Office
GFDRE	Government of the Federal Democratic Republic of Ethiopia
GH	USAID Bureau for Global Health
GHS	Ghana Health Service
GOI	Government of India
HAPCO	HIV/AIDS Prevention and Control Program, Ethiopia
HBC	Home-based Care
HDDS	Household Dietary Diversity Score
HFIAS	Household Food Insecurity Access Scale
HIDN	USAID Office of Health, Infectious Disease and Nutrition
HIP	Hygiene Improvement Project
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPN	Health, Population and Nutrition
ICB	Institutional Capacity Building
ICDS	Integrated Child Development Services, India
ICG	Interagency Consultative Group
IDDS	Individual Dietary Diversity Score
IDP	Internally Displaced Person
IEC	Information, Education and Communications
IEE	Initial Environmental Examinations
IEHA	Initiative to End Hunger in Africa
IFA	Iron/Folic Acid
IFPRI	International Food Policy Research Institute
I-LIFE	Improving Livelihoods through Increasing Food Security, Malawi
INHP	Integrated Nutrition and Health Program, India
IP	Implementing Partner

IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
I-TECH	International Training and Education Center on HIV/AIDS
IYCF	Infant and Young Child Feeding
KEMRI	Kenya Medical Research Institute
KPC	Knowledge, Practice and Coverage
LSHTM	London School of Hygiene and Tropical Medicine
LQAS	Lot Quality Assurance Sampling
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MCHN	Maternal and Child Health and Nutrition
MINISANTE	Rwanda Ministry of Health
MNI	Mainstreaming Nutrition Initiative, World Bank
MOF	Ministry of Finance
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services, Namibia
MSPSS	Ministry of Public Health and Social Assistance, Guatemala
MTE	Mid-term Evaluation
MUAC	Mid-upper Arm Circumference
MYAP	Multi-Year Assistance Program
NAP	National Advisory Panel, India
NASCOP	National AIDS and STD Control Program, Kenya
NFNC	National Food and Nutrition Commission, Zambia
NGO	Non-governmental Organization
NICS	Nutrition Information in Crisis Situations
NWG	Nutrition Working Group
OFDA	USAID Office of U.S. Foreign Disaster Assistance
OGAC	Office of Global AIDS Coordinator
OHA	USAID Office of HIV/AIDS
OICI	Opportunities Industrialization Centers International
OM	Outcome Monitoring
OP	Operational Plan
OSU	Ohio State University
OVC	Orphans and Vulnerable Children
PART	Program Assessment Rating Tool
PDA	Personal Data Assistant
PEPFAR	President's Emergency Plan for HIV/AIDS Relief
PLHIV	People Living with HIV
PMP	Performance Management Plan
PPC	USAID Bureau for Policy and Program Coordination
PPP	Palestinian Public Perceptions
PROCOSAN	Community-based Growth Promotion, Nicaragua
PROFILES	A Process for Nutrition Policy Analysis and Advocacy
PSNP	Productive Safety Net Program
PVO	Private Voluntary Organization

RCQHC	Regional Centre for Quality of Health Care, Uganda
ROADS	Regional Outreach Addressing AIDS through Development Strategies, Kenya and Uganda
RUSF	Ready-to-Use Supplementary Foods
RUTF	Ready-to-Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SAPQ	Standardized Annual Performance Questionnaire
SCF	Save the Children
SCN	United Nations Standing Committee on Nutrition
SD	Standard Deviation
SNNPR	Southern Nations, Nationalities, and People's Region
SO	Strategic Objective
SOW	Scope of Work
SWG	State Working Group
SYAP	Single-Year Assistance Program
TAG	Technical Advisory Group
TANGO	Technical Assistance to NGOs International
TASO	The AIDS Service Organization, Uganda
TI	Trigger Indicator
TOT	Training of Trainers
TRAC	Treatment and Research AIDS Center, Rwanda
TRM	Technical Reference Materials
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
URC	University Research Corporation
US	United States
USAID	United States Agency for International Development
USAID/EA	USAID/East Africa
USDA	United States Department of Agriculture
USG	United States Government
WAGGGS	World Association of Girl Guides and Girl Scouts
WCD	Ministry of Women and Child Development, India
WFP	World Food Program
WHO	World Health Organization
WHZ	Weight-for-Height Z-scores
WSB	Wheat Soy Blend
WV	World Vision

## INTRODUCTION

The Food and Nutrition Technical Assistance (FANTA) Project, a United States Agency for International Development (USAID) cooperative agreement managed by the Academy for Educational Development (AED), completed its ninth year of operation on September 30, 2007. FANTA provides technical leadership in food security policy and programming with a focus on food consumption and nutrition outcomes. Specifically, FANTA provides technical support in policy development, program design and implementation, and monitoring and evaluation (M&E) to host country governments; implementing partners (IPs), the USAID Bureau for Global Health (GH)/Office of Health, Infectious Disease and Nutrition (HIDN), GH/Office of HIV and AIDS (OHA), USAID's Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA)/Office of Food for Peace (FFP), DCHA/ Office of Foreign Disaster Assistance (OFDA) and other USAID bureaus, offices, and missions; and President's Emergency Plan for HIV/AIDS Relief (PEPFAR) partners. FANTA works in a number of focus countries and regions including: East Africa Region, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Zambia, India, Guatemala, Haiti, Honduras and Nicaragua. In Project Year Nine, FANTA prepared to begin work in Cote d'Ivoire as well.

During Project Year Nine, FANTA continued its focus on the following priority technical areas:

- Strengthen Maternal and Child Health and Nutrition (MCHN) programs, with emphasis on the best use of information, including nutritional status and infant and young child feeding (IYCF) indicators and measurement;
- Strengthen programming to improve adolescent and women's nutrition and survival, including broadening the evidence-base on dietary diversity as an indicator of the adequacy of women's diets;
- Develop guidelines, programming options and tools for integrating food and nutrition interventions with antiretroviral therapy (ART) services and other PEPFAR-funded programs, mitigating the impact of HIV on food security through integration of PEPFAR and food security "wrap-around" programs, screening and referring food insecure HIV-affected individuals and households, and demonstrating the results achieved;
- Strengthen guidelines for the management of acute malnutrition, including developing and adapting guidelines and protocols for the integration of Community-Based Management of Acute Malnutrition (CMAM) into national health systems, in collaboration with international agencies, host governments and IPs;
- Improve guidelines for the design, implementation and M&E of development, development relief and emergency programs;
- Identify and validate indicators of nutritional status, food consumption, access, income, and vulnerability for problem assessment, program design, targeting, and reporting of programs; and
- Strengthen resource integration, strategic planning, program management, implementation, and reporting through improved use of information and analytical tools.

FANTA uses a consultative process with its stakeholders to provide updates on technical advances and project activities and to solicit suggestions and feedback. Meetings are held with

FANTA's Technical Advisory Group (TAG).<sup>1</sup> FANTA also works closely with the Child Survival Collaboration and Resources (CORE) Group and participates at technical venues, which serve as an important source of information on the priority technical assistance needs of some of FANTA's key Private Voluntary Organization (PVO) stakeholders.

This report describes the activities undertaken by FANTA during Project Year Nine (October 1, 2006 – September 30, 2007). FANTA's ongoing activities are grouped by intermediate results (IRs) and are described in a detailed narrative.

## **STRATEGIC FRAMEWORK**

FANTA's Strategic Objective (SO) is improved food and nutrition policy, strategy, and program development. The priority technical areas are considered critical to the attainment of this SO and represent themes that cut across FANTA's IRs:

- IR1: Nutrition and food security-related program development, analysis, monitoring and evaluation improved;
- IR2: USAID, host country governments, and IPs establish improved, integrated nutrition and food security-related strategies and policies; and
- IR3: Best practices and acceptable standards in nutrition and food security-related policy and programming adopted by USAID, IPs, and other key stakeholders.

## **HIGHLIGHTS OF PROJECT YEAR NINE**

### **Comparing preventive vs. recuperative approaches to reduce childhood malnutrition**

- FANTA and its partners produced the final report in 2007: *Prevention or Cure? Comparing Preventive and Recuperative Approaches to Targeting Maternal and Child Health and Nutrition Programs in Rural Haiti*. The report is based on a five-year study on the effectiveness of targeting food supplements to malnourished children under five compared to universal targeting of all children under two which was completed in 2006. An article reporting the results of the Haiti study will be published in the Lancet in January, 2008.

The results show that the preventive model is more effective in reducing malnutrition, with the prevalence of stunting, underweight and wasting significantly lower in the preventive (23.2%, 22.9% and 5.2%, respectively) compared to the recuperative (28.6% 30.1%, 9.2%) program communities after 3 years of program implementation. The direct implications of the results are that, to improve effectiveness, food-assisted MCHN

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<sup>1</sup>The TAG membership consists of representatives from the PVO, academic, research, and USAID communities. The PVOs come from the food security and child survival and health implementing agencies and include representatives from Agricultural Cooperative Department International/Volunteers in Overseas Cooperative Assistance (ACDI/VOCA), Adventist Development and Relief Agency (ADRA), Africare, American Red Cross (ARC), Catholic Relief Services (CRS), Cooperative for Assistance and Relief Everywhere (CARE), Counterpart International, Food for the Hungry (FH), Opportunities Industrialization Centers International (OICI), Save the Children (SCF), Technoserve, and World Vision International (WV).

programs should target all children under the age of two years, as opposed to malnourished children under five. The preventative approach is now being incorporated by several Title II Cooperating Sponsors (CS) in the design of future Title II multi-year proposals. (See **3.3.**)

### **Measuring improved household access to food**

- A European Community (EC)/Food and Agriculture Organization (FAO) international workshop on simple tools for measuring household access to food and dietary diversity was held March 21-23, 2007 in Nairobi, Kenya. The workshop convened 45 experts working on nutrition, food security, and measurement issues in academic, government, multilateral and international agencies. The workshop provided a forum for participants to openly discuss the strengths and limitations of the FANTA-developed Household Food Insecurity Access Scale (HFIAS) and Household Dietary Diversity (HDDS) tools, and make recommendations for improvement. Subsequent to the March 2007 workshop, the HFIAS guide was revised to improve the wording of the questions. During Project Year Nine, FANTA and FAO also started testing HFIAS data from several countries (Burkina Faso, Mozambique, Palestine, South Africa and Zimbabwe) to validate the HFIAS empirically. (See **3.1.1.**)

### **Measuring IYCF practices**

- The results of the FANTA study, *Developing and Validating Simple Indicators of Dietary Quality and Energy Intake of Infants and Young Children in Developing Countries* formed the basis of the World Health Organization (WHO) “Informal Meeting on Assessing IYCF: progress toward developing simple indicators,” held on October 2-4, 2006 in Geneva. Key conclusions of the meeting and further analysis were: 1) Further discussion is needed to decide whether to adopt an indicator of adequate dietary quality. If this decision is taken, there will need to be a separate indicator for adequacy of iron intake. 2) Although combinations of sentinel food groups may be useful indicators of adequate dietary quality in some settings, there is insufficient consistency across sites to recommend their adoption as universal indicators for global use. 3) Further discussion is needed to agree on an indicator for milk feeding frequency among non-breastfed children. (See **3.1.2.**)

### **Validating dietary diversity as a measure of the adequacy of women’s diet**

- FANTA, in collaboration with the International Food Policy Research Institute (IFPRI), completed the protocol to test whether dietary diversity indicators can serve as a proxy for the micronutrient adequacy of women’s diets and tested it on a data set from Bangladesh. Several potential collaborating researchers were identified with extant, ready-to-analyze women’s food consumption datasets. They will analyze these datasets using the standard protocol during 2008. The results will be used to recommend the tabulation plan of women’s food intake data in the Demographic and Health Surveys (DHS). (See **3.1.3.**)

## Outcome Monitoring (OM) using modified Lot Quality Assurance Sampling (LQAS) designs

- In Madagascar and Guatemala, FANTA piloted GH Outcome Monitoring (OM) Surveys, a method for collecting data on a set of indicators that allows the United States Government (USG) to monitor outcomes of the key health activities it supports. The OM Surveys, which consist of both population-based and facility-based components, collect data covering malaria, maternal and child health, and family planning/reproductive health through two sets of indicators. The first is a set of outcome indicators selected by GH team leaders in each sector. The second set is selected by in-country Mission staff in consultation with IPs to cover the additional data they need to manage their activities. The country reports for Madagascar and Guatemala will be completed in Project Year Ten based on the surveys conducted in Project Year Nine. Further analysis of the data will be carried out to refine the OM Survey methodology in Project Year Ten. (See 3.4.2.b.)

## Improving food and nutritional responses to HIV

- As the links between food insecurity and HIV become better understood, there is increasing acknowledgment in the development community of the corresponding need to integrate food and nutritional support into a comprehensive response to the epidemic. In September 2007, FANTA released *Food Assistance Programming in the Context of HIV*, a guide developed to improve the design and implementation of food security programs that respond to HIV-related challenges as well as HIV programs that utilize food and food-related activities to achieve HIV-related outcomes. The World Food Program (WFP) and FANTA produced the guide in collaboration with Technical Assistance to NGOs (TANGO) International and with the input and participation of more than 100 food security or HIV practitioners from more than 30 non-governmental, bilateral and multilateral organizations. (See 3.2.2.)
- FANTA carried out an assessment of progress that countries in East and Southern Africa had made toward meeting the goals for nutritional care of people living with HIV (PLHIV) set during the 2005 WHO Nutrition and HIV consultation in Durban. FANTA presented results of the assessment at the UNICEF/WHO consultation on Nutrition and HIV/AIDS held in Nairobi in May 2007. (See 2.1.2.)
- In collaboration the Kenya National AIDS and STI Control Program (NASCO), FANTA supported development of a national strategy on nutrition and HIV, which lays out objectives and activities in nutrition and HIV in Kenya over the coming years. FANTA worked with NASCO to develop a national training manual on nutrition and HIV and job aids for service providers at outpatient HIV clinics. FANTA supported initial training of trainers (TOT) and service providers and developed a national curriculum on nutrition and HIV. (See 1.3.3.)
- Building on *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives*, FANTA participated in the “Integrating Nutrition and HIV/AIDS into Pre-service Nurses

and Midwifery Curricula” workshop on November 13-16, 2006 in Malawi. The workshop was organized by the East, Central and Southern Africa (ECSA) Health Community and targeted 40 nurse educators and Ministry of Health (MOH) officials. Recommended revisions for the nutrition and HIV training modules are now being incorporated. In collaboration with a regional partner, FANTA developed a set of training materials on nutrition and HIV for community and home-based care (HBC) providers. (See 2.2.2.)

- At the request of PEPFAR teams in Ethiopia, Namibia, Zambia and Haiti, FANTA assessed the need for and feasibility of integrating food and nutrition care into HIV services, as a starting point to providing HIV and nutrition technical assistance in each country. Similar needs assessments are planned for Cote d’Ivoire and Mozambique in Project Year Ten. (See 1.1.2.b., 1.3.2.a., 1.3.8., 1.3.10., and 1.3.13.a.)

### **Investigating the impacts of alternative food products on malnourished children and adults**

- FANTA is working with the Kenya Medical Research Institute (KEMRI) on a randomized control trial to investigate the impacts of food supplementation on the nutritional and clinical status of malnourished, adult ART clients and malnourished pre-ART clients in Kenya. Treatment of subjects continued as per the protocol, and primary recruitment was completed in June 2007. Some recruitment continued to ensure a sufficient sample of pre-ART clients. Complete baseline data are expected during 2007. Final results are expected in late 2008. (See 3.2.1.)
- FANTA is working in partnership with Washington University in St. Louis and the University of Malawi to investigate the differential impacts of two food products on the nutritional and clinical status of malnourished, ART clients in Malawi. Data collection continued as planned, and a report of results after 3.5 months of food supplementation was prepared. The report showed that clients receiving ready to use therapeutic food (RUTF) had greater weight gain and body cell mass gain than clients receiving corn-soy blend (CSB). The difference was statistically significant, but the magnitude of the difference was not great – 0.6 kg/m<sup>2</sup> difference in Body Mass Index (BMI) increase. There was no difference in CD4 counts, survival, or other clinical outcomes between the two groups at 3.5 months. Data for the 9-month follow-up period after food was terminated continue to be collected and analyzed. Final results are expected early in Project Year Ten. (See 3.2.1.)
- FANTA began a study with Washington University at St. Louis comparing the impact of supplementation with three locally-produced products on recovery of children with moderate acute malnutrition (MAM). The randomized, investigator blinded clinical effectiveness trial of RUTF made with milk/peanut (MP-RUTF), soy/peanut (SP-RUTF), and CSB is being carried out in Malawi. Blended foods such as CSB are commonly used to address MAM in children, and this study will provide information about the relative effectiveness of CSB and RUTF for such populations. Because MP-RUTF is relatively expensive, the study will also compare the effectiveness of SP-RUTF, which is approximately half the price, to MP-RUTF. Final results are expected in Project Year

Ten. (See 2.1.3.)

### **Supporting scale up, capacity building and program integration for CMAM**

- OFDA and GH are working with WHO and UNICEF to develop internationally accepted normative standards and guidelines to facilitate the integration of the CMAM approach into national health service systems. In May 2007, a Joint Statement by WHO/WFP/United Nations Standing Committee on Nutrition (SCN)/UNICEF was issued. (See 2.1.3.)
- To ensure that future CMAM implementers are proficient in the CMAM approach and can benefit from the lessons learned to-date, FANTA has been working with Concern, Valid and UNICEF to develop training modules on CMAM orientation, implementation and management. Regional trainings based on the modules will begin in Project Year Ten. (See 2.1.3.)
- With CMAM incorporated into government health facilities and protocols to varying degrees in Ethiopia, Malawi and Niger, FANTA has undertaken a comprehensive review of the challenges, successes and lessons learned from the experience in these three countries. This will help to strengthen the understanding of how CMAM can be sustainably and successfully implemented in post-emergency situations. The review supports the development of a CMAM cost-analysis tool to facilitate national planning of CMAM introduction and scale up. The first phase of the cost-analysis tool has been completed, and a draft tool will be finalized and field tested in Ghana in Project Year Ten. Three country reviews were carried out in Project Year Nine and the country-specific and summary review reports will be completed in Project Year Ten. An international meeting on integration of CMAM is being planned for April, 2008 in Washington. (See 2.1.3.)

### **Assessing the prevalence of acute malnutrition in emergency settings**

- The Ethiopia field validation paper, *A Field Test of Three LQAS Designs to Assess the Prevalence of Acute Malnutrition*, was published in the International Journal of Epidemiology in May 2007. The peer review paper describing the simulation methods used to create the 33x6, 67x3 and sequential designs is being finalized for submission to the journal, Survey Methodology. The Sudan field validation paper, *Precision, time, and cost: A comparison of three sampling designs in an emergency setting* has been submitted for publication consideration to the open-access journal, Emerging Themes in Epidemiology. A longer report of the Sudan field validation is also complete, and will be disseminated after publication of the peer review version of the paper. The result of the work were presented at a June 2007 international conference in Brussels, “New Methods for Assessing Health in Complex Situations,” hosted by the Center for Research on the Epidemiology of Disasters and the London School of Hygiene and Tropical Medicine (LSHTM). The alternative sample design is attracting a great deal of attention from the field and OFDA plans to recommend this approach in the OFDA grants guideline. (See 3.4.1.a.)

## Improving women's health and nutrition

- FANTA and the Regional Centre for Quality of Health Care (RCQHC), in partnership with the World Association of Girl Guides and Girl Scouts (WAGGGS) designed a program to reach adolescent girls with information and activities on anemia prevention and control. Through the Girl Guides Anemia Prevention Badge Project, Girl Guides (ages 7-18) can earn a badge in anemia prevention through educational programs and community involvement in anemia control.

FANTA and RCQHC have trained more than 75 Girl Guide Leaders and key representatives from Ministries of Education and Health in Swaziland, Rwanda and Uganda. In each country, Guide Leaders are now working with their schools to implement the program and the Girl Guides will begin learning about anemia prevention and educating their peers and communities in their quest to earn an Anemia Prevention Badge. (See 2.1.1.)

## Expanding Community-Based Growth Promotion (CBGP) and Essential Nutrition Actions (ENA) IYCF programs

- FANTA collaborated with A2Z and Africa 2010 to revise and update the BASICS ENA district health services checklist. This rapid checklist enables implementers to determine the strengths and gaps of current nutrition programming and determine which elements of ENA are already being implemented, which need to be included, and the overall quality and coverage of services. FANTA also provided technical assistance to UNICEF/Uganda's design of a three step process to implement ENA, and provided support to the development of a self-assessment tool that UNICEF will use to determine technical/coverage gaps in their health facilities. (See 2.2.2.)
- FANTA facilitated the workshop "Strategies for Behavior Change" on October 16-20, 2006 in Tegucigalpa, Honduras. The workshop gave participants the concepts, skills, and a tool with which to develop a behavior change strategy to improve impact of the MCHN component of their Title II Project, with a special emphasis on recommendations for IYCF. FANTA also conducted a workshop on "Methods and Tools to Understand the Behaviors of Title II Program Beneficiaries" on May 21-25, 2007 in Guatemala City, Guatemala and "Evaluating Quality of Implementation of Community Health and Nutrition Programs using LQAS" on August 7, 2007 in Managua, Nicaragua. (See 1.3.11. and 1.3.14.)

***IR 1: Nutrition and food security-related program development, analysis, monitoring and evaluation improved.***

## 1. ACTIVITIES IN SUPPORT OF IR 1

FANTA works with its partners and other stakeholders in nutrition and food security problem analysis, program design, and performance reporting. FANTA collaborates with GH, FFP,

DCHA, USAID Regional Offices and Field Missions, PEPFAR partners, international organizations such as WFP and WHO, and IPs. FANTA provides assistance to strengthen the implementation of and reporting on the \$1.2 billion Title II program, as well as food and nutritional care and support for PLHIV under PEPFAR.

## **1.1. Support to improve USG food and nutrition programming**

### **1.1.1. Providing technical support to DCHA and GH**

#### **1.1.1.a. Improved guidelines on nutrition and food security**

##### *Guidelines and promising practices for early warning and response*

The geographic areas and populations targeted under Multi-Year Assistance Programs (MYAPs) are chronically vulnerable to food insecurity. In addition, they often suffer periodic acute food shocks that increase the needs of both chronically food-insecure households and usually food-secure households that become temporarily food insecure due to the shock. MYAPs need flexibility to modify interventions and increase resources to respond to these increased needs. A critical element in building such program flexibility is the inclusion in MYAPs of early warning and response (EWR) frameworks that link early warning information to action. Such frameworks identify early warning trigger indicators (TIs) and the level at which they show a response is required, and define a system to 1) credibly report to Missions and FFP that a shock is occurring (warning), and 2) modify existing interventions and request the release of additional resources (response).

In Project Year Nine, FANTA began work with FFP to operationalize the development relief approach and help tailor basic development tools for EWR. A technical report on *Trigger Indicators and Early Warning and Response Systems in Multi-Year Title II Assistance Programs* briefly reviews CSs' experiences with operationalizing TIs and EWR systems to-date, outlines the key characteristics of EWR systems and TIs within the MYAP context, and provides suggestions on how CSs can operationalize the FFP guidance on TIs. The report will be revised and published in Project Year Ten as FFP Occasional Paper 5.

##### *Refining programming guidance on integration of food and nutrition in HIV programming*

FANTA provides assistance to OHA and the Office of Global AIDS Coordinator (OGAC) in refining programming guidance on integration of food and nutrition in HIV programming. In Project Year Nine, FANTA prepared a technical brief on nutrition and HIV interventions that OHA provided to OGAC as possible input for PEPFAR partners' implementation of PEPFAR policy guidance on food and nutrition interventions in HIV programs. FANTA also prepared summaries of the food and nutrition components of Kenya's PEPFAR program for USAID to share with OGAC as input for programming decisions.

*Improving guidance for determining program cutoffs and planning food resources in PEPFAR supported food supplementation programs*

In response to a request from USAID, FANTA has collected data and provided analysis to develop improved guidance to PEPFAR partners on determining program cutoffs and planning food resources in PEPFAR-supported food supplementation programs.

FANTA collected and analyzed data from ART sites in Uganda and Kenya to document the BMI distribution of new ART clients and analyze changes in nutritional status among clients who began ART with moderate or mild malnutrition (BMI between 16 and 18.5 kg/m<sup>2</sup>). The data collected were from sites where food is not provided. As part of a review of the Kenya Food by Prescription (FBP) program, similar data are being collected from sites where food is provided, which will indicate how nutritional status changes among similar clients who receive FBP services.

FANTA also prepared a comparative analysis of the costs of including adult PLHIV with moderate and mild malnutrition in PEPFAR-supported food programs versus the costs of including only PLHIV with severe malnutrition. The analysis informed OGAC's decision to change its policy and allow PEPFAR resources to support food for moderately and mildly malnourished adults.

*Quality and nutritional content of food aid commodities*

As part of USAID efforts to optimize the nutritional content of food aid commodities, FANTA provided technical assistance to help FFP to develop a strategy for reviewing Title II commodity uses, compositions and specifications.

Under the strategy, the development of specifications for optimization of the two most significant Fortified Blended Foods (FBFs) used in PL 480 food aid programs -- CSB and Wheat Soy Blend (WSB)-- would be based on recommendations from a background review and consultative meeting to assess current programmatic uses, priority target groups, commodity composition, and the ability of existing CSB and WSB formulations to meet the nutrient requirements of target groups. A common set of optimized specifications for composition and manufacture of CSB and WSB adopted across USG and United Nations (UN) agencies would promote and facilitate harmonization of guidelines and ration design in food aid programs.

*Participation in key nutrition working groups*

During Project Year Nine, FANTA continued participation in selected USAID, CS and PEPFAR working groups to strengthen food, nutrition and food-security related guidance for Title II food aid and PEPFAR programming and performance reporting, and the U.S. Department of State Office of the Director of U.S. Foreign Assistance (F) programming and results reporting.

Through participation in the FFP HIV Policy Working Group, FANTA made substantial contributions to the group's paper on Title II/PEPFAR integration: *USAID P.L. 480 Title II Food Aid Programs and the President's Emergency Plan for AIDS Relief: HIV and Food Security*

*Conceptual Framework* . The purpose of the paper is to establish a conceptual framework to achieve the common objectives of FFP and the OGAC by creating a programmatic continuum that addresses the food, nutrition and food security needs of HIV-infected and -affected populations.

FANTA participated in a roundtable of food aid stakeholders and experts convened by the Government Accountability Office (GAO) auditors working on the report, *Foreign Assistance: Various Challenges Impede the Efficiency and Effectiveness of U.S. Food Aid* (GAO-07-560). FANTA also participated in a meeting that the Partnership to Cut Hunger and Poverty in Africa held to launch its new report, *Reconsidering Food Aid: The Dialogue Continues*. The report presents key issues, analysis and options for moving forward in future U.S. food aid programs. (See 3.5. for additional information sharing and working group activities)

### **1.1.1.b. Improved food and nutrition program design**

FANTA provides guidance and conducts training sessions on problem assessment and program design, monitoring, evaluation, and performance reporting for both Title II and PEPFAR programs.

#### *Food Assistance Programming in the Context of HIV*

In September 2007, FANTA released *Food Assistance Programming in the Context of HIV*, a guide developed to improve the design and implementation of food security programs that respond to HIV-related challenges as well as HIV programs that utilize food and food-related activities to achieve HIV-related outcomes. (See 3.3.2)

#### *Training in M&E*

On August 20-23 and 27-30, 2007, FANTA conducted two separate M&E workshops in Washington, DC to train CSs and some FFP country backstop officers on FFP's new strategic plan and Performance Management Plan (PMP) and to help CSs design better-quality M&E systems that conform to the new FFP indicators. Fourteen experts, including three guest speakers from CSs, delivered the sessions. Forty-six participants, primarily from CSs' headquarters, attended the workshop. The workshops were highly rated on evaluations, and FFP asked FANTA to repeat the workshop in Project Year Ten for FFP and AMEX (FFP's institutional contractor) staff.

#### *Other training venues*

FANTA carries out annual trainings at selected venues, including the Agency's Food Aid Manager's Courses, the annual Institutional Capacity Building (ICB) Managers' Meeting, and implements other trainings in response to specific needs and requests. (See 3.6., Table 2)

### 1.1.1.c. Review Title II single and multi-year assistance program proposals, results reports, and concept papers

FANTA provides written technical reviews for all new Title II MYAP proposals, and reviews selected CS Results Reports (CSR4) and Single-Year Assistance Program (SYAP) proposals, upon request. The reviews focus on food security problem analysis, program implementation strategy and relevance of the design, and M&E plan to address issues identified in the problem analysis and program design context. FANTA's written technical reviews during Project Year Nine are listed in Table 1.

**Table 1. Title II Reviews by Type and Country**

Program Reviewed	Country	PVOs
MYAP	Haiti	ACDI/VOCA, CRS/CARE consortium, SCF/US, WV
Revised MCHN component of MYAP and PMP	Uganda	ACDI/VOCA

At FFP's request, FANTA discussed challenges encountered reviewing the FY07 Title II MYAPs with FFP and AMEX. FFP, FANTA and AMEX discussed the organization of MYAP review committees, the roles FFP cluster heads/review team leaders play and the feedback mechanisms between regional offices and Missions. One key issue discussed was the inability of a number of MYAP review committees to effectively assess program strategies in the areas of agriculture, water/sanitation and microenterprise and evaluate Initial Environmental Examinations (IEEs). The meeting consensus was to strengthen FFP linkages with OFDA and USAID Bureau for Economic Growth, Agriculture and Trade, and possibly hire other external players to assist during the review period.

#### *Technical assistance to CSs*

At FFP's request, FANTA provided feedback to CRS Uganda on technical issues and areas for improvement identified in the review of its FY07-11 MYAP proposal for Uganda. FANTA also provided technical input to ACDI/VOCA and their consultants on the revision of the MCHN component and M&E plan to respond to issues identified in the review of their FY07-11 MYAP proposal for Uganda.

### 1.1.1.d. Assistance in annual results reporting and implementation of FFP's FY 2006–2010 Performance Management Plan Framework

FANTA supported FFP in development of the PMP for FFP's new FY 2006-2010 Strategic Plan. The draft PMP identified indicators at the SO and IR2 level; indicators for IR1 are still being finalized. The PMP identifies SO -level indicators that capture the impact of the Strategy on the two aspects of food insecurity -- utilization and access -- that the Title II program best addresses.

- Given the critical importance of reducing malnutrition among the food insecure populations targeted by the program, the characteristics of Title II food resources, and its

demonstrated potential to address both access and utilization issues, FFP will report on two nutritional status indicators.

- Given the importance that Title II programs, especially multi-year programs, successfully increase resiliency to shocks by protecting and enhancing livelihoods of vulnerable households and improving their access to food, FFP will report on two household food consumption indicators.

The PMP explains the reasoning behind the selection of each indicator, and provides detailed information on indicator description, data collection methods, baselines and targets, and data quality assessment plans. FANTA developed a draft Standardized Annual Performance Questionnaire (SAPQ) to help insure consistent and comparable reporting of data for the PMP indicators. FANTA also participated in multiple meetings on and revisions of the Annual Estimate of Requirements and Executive Summary Table forms to make them more efficient and comprehensive tools for collecting the information FFP needs for performance reporting.

### *IR 1 indicators*

FANTA met with FFP and FEWS NET representatives to identify potential IR1 indicators. Possibilities include: 1) % of emergency needs (Consolidated Appeals Process) met, 2) # of non-US donors to WFP, 3) % increase in non-US donor contributions to WFP, and 4) % of WFP emergency needs assessments that meet quality criteria.

FANTA is developing detailed definitions and plans for data collection for these indicators for possible inclusion in the PMP.

### *Support to development and revisions of the SAPQ*

FANTA helped AMEX devise a data entry system for FY 2006 data submitted using the new SAPQ reporting form. AMEX did the bulk of the data entry with help from FANTA. FANTA tabulated and aggregated results data from the SAPQs for the FFP PMP indicators. FANTA conducted a data quality assessment (DQA) for FFP on 1) the indicators that FFP reports to Office of Management and Budget (OMB) as Performance Assessment Rating Tool (PART) measures, 2) FFP's performance data management systems, 3) the SAPQ itself and 4) the quality of CSs' field-level data.

FANTA began revising the SAPQ form and the FFP PMP based on results from the DQA, lessons learned in the SAPQ's first year of use and issues that arose during the FFP M&E workshop, especially on definitions of "safety nets" and "direct beneficiaries." The new SAPQ form, which FANTA will translate into French and Spanish, will be used by CSs for annual reporting in Project Year Ten. Work on the PMP is continuing.

### *Information briefs on FFP reporting systems*

FANTA provided the content for two FFP Information Bulletins, *USAID and Food for Peace Indicators and Reporting Systems (FFPIB 07-01)* and *New Reporting Requirements for Food for Peace (FFPIB 07-02)*. The first FFPIB helps CS and USAID staff understand the parallel M&E

systems within USAID: FFP indicators, Mission indicators, F indicators and CS indicators. The second summarizes and explains the standard indicators on which new MYAPs will be required to report.

#### **1.1.1.e. Technical assistance to ICB Agreements**

FANTA assists ICB Agreement recipients and USAID to report on the results of their investments in institutional capacity in food security. There are fifteen recipients, representing a wide range of CSs, with five-year ICB (FY 2004-2008) agreements.

FANTA provided guidance to several ICB recipients on conducting final evaluations. FANTA also provided guidance to FFP on the evaluation process, including suggestions to improve FFP's ability to use the final evaluation findings to inform and strengthen the future design and use of ICB resources to improve the performance of Title II programs. A review of final evaluations will be undertaken in Project Year Ten to support the technical component of the Request for Applications for the next round of ICB grants.

FFP, FANTA and AMEX also reviewed the FY 2008 ICB workplans, Indicator Performance Tracking Tables (IPTTs), budgets and Scopes of Work (SOWs) for evaluating ICB strategies and made recommendations to the CSs.

#### **1.1.2. Technical support to CSs and USAID Field Missions**

##### **1.1.2.a. Problem assessments for and baseline/mid-term/final evaluations of Title II food aid programs**

Upon request, FANTA provides technical assistance to DCHA offices, Field Missions, and CSs in planning and conducting problem assessments for and evaluations of Title II food aid programs, including desk reviews of evaluation SOWs, identifying consultants, arranging field visits, and completing reports. It also includes support to FFP in assessing the need for redesign of on-going MYAPs in priority countries to ensure consonance with FFP's new strategy. In Project Year Nine, FANTA worked with Missions in Malawi and Mozambique on development of food security strategies (see **1.3.5.** and **1.3.6.**)

##### **1.1.2.b. Assessments of needs for and gaps in food and nutritional support for people living with HIV (PLHIV)**

At the request of PEPFAR teams in Ethiopia, Namibia, Zambia and Haiti, FANTA assessed the needs for and feasibility of integrating/strengthening food and nutrition care into HIV services as a starting point to providing HIV and nutrition technical support in each country. Similar needs assessments are planned for Cote d'Ivoire and Mozambique in Project Year Ten. (See **1.3.2.a.**, **1.3.8.**, **1.3.10.**, **1.3.13.a.**)

## **1.2. Technical support to the Child Survival and Health Grants Program (CSHGP)**

### **1.2.1. Providing technical support to PVOs and GH**

FANTA engages in activities to improve the design, implementation, and M&E of maternal and child survival and health programs that focus on nutrition. In collaboration with the Child Survival Technical Support (CSTS) Project, other Cooperating Agencies (CAs) and CORE, FANTA provides technical feedback on the Knowledge, Practice and Coverage (KPC) 2000+ Survey modules and guidance materials and coordinates revisions of the Nutrition Module of the Technical Reference Materials (TRMs) for the CSHGP.

#### *Review of Detailed Implementation Plans (DIPs)*

FANTA provided a technical review of Medical Teams International's DIP for Liberia.

#### *Support to the CORE group*

FANTA actively supports the work of CORE and its members through participation in the CORE Annual Meetings and the CORE Nutrition and M&E Working Groups, and through technical assistance on the new 2005 WHO Child Growth Standards, the updated Module 2 of the KPC Survey: Breastfeeding and Infant and Young Child Feeding, and on IYCF Indicators. FANTA also participates in other work of the Nutrition Working Group (NWG), including efforts to improve IYCF interventions and CBGP in child survival programs.

At the April 2007 CORE Spring Meeting in Easton, MD, FANTA participated in meetings to develop the workplan for the NWG and, as part of the plan, agreed to participate in development of a tool to help programmers decide which community-based program is best suited for the nutrition problems in their communities. The NWG created a draft template of the decision-making tool at a September 26, 2007 meeting.

#### *Updates of the TRMs*

FANTA continued to coordinate the technical updates of the Nutrition Module of the TRM for the CSHGP, ensuring that all information is current and accurate. Working in consultation with USAID's A2Z Project, FANTA incorporated WHO's January 2007 HIV and Infant Feeding Technical Consultation Consensus Statement into the Nutrition TRM. FANTA also updated the TRM's guidance on vitamin A supplementation.

#### *Technical assistance on the updated KPC Module 2*

FANTA made a presentation on the updated KPC Module 2: Breastfeeding and Infant and Young Child Feeding through the CORE Group's Elluminate online presentation facility. The presentation reviewed the WHO Guiding Principles, compared the differences in the recommendations for breastfed and non-breastfed children and summarized the changes made to the module, including an in-depth explanation of the new IYCF Indicator for children 6-23 months. The presentation is available on FANTA's website and the CORE Group's site at

[http://www.coregroup.org/conf\\_reg/ellum\\_calendar.cfm](http://www.coregroup.org/conf_reg/ellum_calendar.cfm).

At the October 2006 Core Fall Meeting in Washington, FANTA presented the new IYCF Indicator to the NWG, along with USAID's IYCF Update, demonstrating how this publication used the new IYCF indicator.

At the request of CSTS, FANTA introduced and answered questions about the new IYCF Practices Indicator at selected sessions of the CSTS Backstop Institute. To further support the CSHGP's use of the IYCF indicator, FANTA developed detailed coding and tabulation instruction in the Epi Info 6.04d and SPSS statistical software programs. Beginning in 2007, the IYCF Indicator was included as a rapid catch indicator for the CSHGP.

#### *Technical presentations to the USAID Child Survival Mini-University*

FANTA participates in the Child Survival Mini-University, providing technical presentations, as requested, to strengthen the individual PVO projects under review and the broader PVO community through synthesis and wider dissemination of FANTA's technical input. In June 2007, FANTA presented two sessions: "Practical Design and Implementation of a Community-Based Nutrition Program" and "IYCF Practices Indicator: Improving Collection and Analysis."

### **1.3. Country-specific activities**

During Project Year Nine, FANTA continued ongoing long-term technical support programs in East Africa, Ethiopia, Kenya, Madagascar, Rwanda, Zambia, India, Guatemala-Central American Programs, Haiti, Honduras and Nicaragua. FANTA also initiated additional support programs in Ghana, Malawi, Mozambique and Namibia, and made preparations for new support to Cote d'Ivoire. FANTA staff and consultants help ensure continuity and complementarity between in-country activities and activities under FANTA's other IRs, as well as follow-up on technical recommendations.

#### **1.3.1. Ethiopia (PEPFAR, Title II and HPN)**

##### **1.3.1.a. Support to PEPFAR**

Building on Ethiopia's recently published National Guidelines on HIV/AIDS and Nutrition, FANTA has been working with the Government of the Federal Democratic Republic of Ethiopia (GFDRE), USAID/Ethiopia and its PEPFAR partners to develop guidelines for clinical nutritional care and support of PLHIV, and to support HIV care and treatment programs in applying the guidelines. In Project Year Nine, FANTA received approval on a detailed workplan it developed for a set of seven technical assistance activities to be carried out in coordination with PEPFAR partners, the GFDRE and IPs.

#### *Determining need for and feasibility of integrating food and nutritional care into HIV services*

FANTA met with stakeholders including UN agencies, USG agencies, IPs, host government partners and private food manufacturers; reviewed existing program activities and conducted

field visits. FANTA assessed the need for and scope of a food assistance program as part of HIV care and treatment services and provided detailed recommendations to USAID/Ethiopia and the PEPFAR/Ethiopia Food and Nutrition Working Group on the design of the PEPFAR FBP program. PEPFAR/Ethiopia is using FANTA's recommendations to develop a FBP program that will begin in FY 2008.

In response to USAID/Ethiopia's request, FANTA also provided language and information to include in Ethiopia's 2008 Country Operating Plan (COP) for continuing and expanding the FBP program.

#### *Coordination of food, nutrition and HIV activities*

FANTA assisted the Ethiopia Ministry of Health's HIV/AIDS Prevention and Control Organization (HAPCO) and other government bodies to plan a mechanism for coordinating food, nutrition, and HIV activities across the country. A mechanism was identified for a coordinating body through a sub-group to the Palliative Care working group and activities for the upcoming year were discussed, including preparation of a national strategy, training, and materials development. At the request of HAPCO and USAID, FANTA drafted an initial outline of the strategy and a list of materials to be developed. FANTA facilitated agreement on a process to move the coordination mechanism forward.

FANTA also hired a long-term consultant based in Addis Ababa to provide ongoing technical assistance to USAID and its partners and to coordinate the technical assistance activities related to HIV and nutrition in FANTA's Ethiopia workplan.

### **1.3.1.b Support to Title II**

FANTA also provides technical assistance to USAID and its partners under the Productive Safety Net Program (PSNP). The multi-donor sponsored program, in which the Mission started participating in FY 2005, is designed to protect and build the assets of households and communities, so they are better able to manage food security challenges on their own. Led by the GFDRE, the program provides cash and/or food to 5-7 million chronically food insecure individuals in 242 *woredas* (districts) in 8 regions, directs development assistance to areas that are marginally food secure, and promotes the development of a robust economy in more favored zones.

#### *Layers for Title II*

Because of USAID/Ethiopia's efforts in support of the PSNP, CSs have expanded their focus on food distribution operations. Food Monitors now use Layers (see **3.4.2.a.**) primarily to verify proper use and storage of food. At the request of the Assets and Livelihoods in Transition (ALT) SO team's request, FANTA updated the Layers software in October/November 2006 to drop the Food for Work (FFW) and MCHN modules and focus exclusively on monitoring food distribution. The first full round of Layers data collection was completed in the second quarter of Project Year Nine. FANTA helped analyze the data and write recommendations that the Mission provided to CSs. In the third quarter, FANTA helped derive new samples, make changes to the

software, and roll out the second round of Layers. Although FANTA's assistance was needed in those steps, Mission staff are becoming increasingly comfortable with the methodology and require less FANTA support.

### *Supporting CS understanding of the PSNP*

FANTA helped moderate a workshop on June 5-7, 2007 in Addis Ababa to review USAID's contribution to the PSNP and generate discussion and feedback from Title II CSs on a renewed commitment to the PSNP. The workshop's objectives were to reach a shared understanding of PSNP successes and challenges, identify priorities for the new program framework and develop a clearer understanding of potential new directions within the next round of MYAPs. The CSs developed a joint statement that will help delineate new directions for future MYAPs under the PSNP.

### **1.3.1.c. Support to the Mission HPN Office**

#### *A Process for Nutrition Policy Analysis and Advocacy (PROFILES)*

To help provide Ethiopia's national and regional governments with a platform for advocating for and building consensus on priority investment in nutrition and health, FANTA helped facilitate a PROFILES workshop, held October 23-27, 2006, in Adama, south of Addis Ababa.

USAID/Ethiopia felt that the new PROFILES results would be useful in continuing and updating nutrition advocacy activities that would be led by the Essential Services for Health in Ethiopia (ESHE) Project. The results were also seen a useful contribution to Ethiopia's ongoing national discussions on nutrition and to the development of a National Nutrition Strategy.

Government officials attended four presentations on the PROFILES results, one focusing on the national situation and three focusing on the situation in the three Regional States, Amhara, Southern Nations, Nationalities, and People's Region (SNNPR) and Oromia. The presentations were well received; officials expressed a strong commitment to addressing the nutrition situation.

#### *Review of the ENA approach*

At USAID/Ethiopia's request, FANTA began work on a review of how the ENA approach is being incorporated into programming by the Ethiopia Federal MOH, multilaterals and non-governmental organizations (NGOs), particularly organizations that participated in ENA training and technical assistance through LINKAGES, UNICEF, the Essential Services for Health in Ethiopia (ESHE) Project and the Institute for Curriculum Development. FANTA will conduct field work and complete a report in Project Year Ten.

### **1.3.2 Ghana (CMAM)**

Despite advances in meeting economic targets and reducing poverty, food insecurity persists in Ghana, particularly in the north during the lean season from March to September. The 2003 DHS shows that 22 percent of children under five are underweight and 29 percent are stunted, and that these figures reach as high as 33 percent for underweight and 48 percent for stunting in the north.

Acute malnutrition affects 7 percent of children under five, which is 3.5 times the level expected in a healthy population. The prevalence of acute malnutrition is nearly double in the north.

USAID/Ghana is interested in strengthening activities to address the magnitude of child acute malnutrition in Ghana and has requested support from FANTA for the introduction and scale-up of services for CMAM (see **2.1.3.**).

#### *Training on management of severe acute malnutrition (SAM)*

On June 20-27, 2007 in Accra, Ghana, the Ghana Health Service (GHS), UNICEF/Ghana, and USAID/Ghana organized a seven-day training workshop on management of SAM for Ghanaian health professionals, including frontline healthcare providers and nutritionists from throughout the country. FANTA provided input to the terms of reference for, and participated in, the training workshop, which focused on inpatient management of SAM with complications, while also providing an overview of CMAM. At the conclusion of the workshop, a template for national guidelines on CMAM was distributed to participants for further development. There was great interest at this June workshop in strengthening existing nutrition recuperation center services and in introducing CMAM in Ghana, including having access to therapeutic foods.

#### *Introduction of CMAM services*

In August 2007, following visits to CMAM stakeholders and visits to nutrition programs in the field, FANTA met with key partners to provide an overview of CMAM, identify current strengths and weaknesses for the management of SAM in Ghana, and outline initial plans for introducing CMAM services into the GHS. The draft SOW and workplan FANTA drafted in response outlines key steps in the introduction and scale-up of CMAM services in Ghana, including: strengthening the enabling environment for CMAM, improving access to CMAM services, facilitating access to CMAM supplies, strengthening the quality of CMAM services, and strengthening the competencies of health service providers for CMAM.

#### *Assessing feasibility of local production of RUTF*

FANTA also worked with Nutriset to assess the feasibility of producing RUTF locally in Ghana. Nutriset met with USAID, UNICEF, WHO, WFP, FAO, the MOH, the GHS, the Ministry of Food and Agriculture, the Ministry of Trade and Industry, the Ghana Food and Drugs Board, the Food Research Centre, the Ghana Investment Promotion Centre, the University of Ghana Department of Nutrition and Food Science, food manufacturers and raw material suppliers. The findings and recommendations from the assessment will be reported in Project Year Ten.

### **1.3.3. Kenya (PEPFAR)**

Kenya is a PEPFAR focus country and has scaled up its HIV prevention, treatment, and care and support interventions. Recognizing the important role nutrition plays in effective HIV treatment, care and support, USAID/Kenya has provided funds to FANTA to strengthen the integration of nutrition into HIV strategies and programs. During Project Year Nine, FANTA continued work begun the previous project year including a Targeted Evaluation to assess the impacts of food

supplementation on malnourished adult PLHIV, and work with NASCOP to finalize national guidelines on nutrition and HIV, produce and disseminate counseling materials on nutrition and HIV, develop national training materials on nutrition and HIV, and conduct training of service providers at over 30 HIV care and treatment facilities.

*Preparation of workplan for technical assistance*

In response to a request and allocation of new funds from USAID/Kenya, FANTA prepared a workplan for new technical assistance activities to be completed in Project Year Ten. FANTA reached agreement with USAID/Kenya and NASCOP to carry out the activities and began initial work.

*Training and technical assistance for HIV and nutrition service providers*

FANTA has been working with NASCOP and AIDS, Population and Health Integrated Assistance II partners to provide training and technical assistance to service providers at provincial, district, and private hospitals on nutritional care and support for PLHIV. In collaboration with NASCOP, FANTA prepared a draft national strategy that lays out objectives and activities in nutrition and HIV in Kenya over the next few years, and has begun work on an implementation plan.

FANTA facilitated national Technical Working Group meetings to identify next steps in applying the national guidelines and to strengthen capacity in nutrition and HIV in comprehensive care centers (CCCs).

FANTA revised and refined the trainer's manual, PowerPoint slides and a package of tools for nutrition and HIV training of CCC service providers developed in collaboration with NASCOP and other partners. Using the final draft versions, FANTA worked with NASCOP to use them in training programs.

FANTA also reviewed and revised a training curriculum on nutrition and HIV that UNICEF and FANTA prepared with NASCOP and other partners. The curriculum includes a detailed outline of topics for training of different types of service providers. UNICEF supported printing of the curriculum, and NASCOP and its partners disseminated it to support training in nutrition and HIV for various cadres of service provider.

In September 2007, FANTA helped NASCOP conduct an eight-day TOT on nutrition and HIV using the Teachback Methodology. Thirty trainers were trained, including Kenya Medical Training College trainers and CCC service providers from seven of the eight provinces – Central, Coast, Eastern, Nairobi, Nyanza, Rift Valley and Western.

*Strengthening M&E in food and nutrition responses to HIV*

FANTA has been working to strengthen M&E systems for the food and nutrition components of Kenya's national HIV response and, in Project Year Nine, FANTA worked closely with NASCOP and other partners to identify key nutrition indicators for CCCs. The indicators were

forwarded for inclusion in the integrated MOH Health Management Information System tools.

#### *Review of the FBP program*

FANTA also prepared a protocol for review of the FBP program to address a number of questions from OGAC and IPs. FANTA facilitated a meeting with stakeholders in Kenya to agree on the protocol and next steps, and then conducted the review which included both quantitative and qualitative data collection. FANTA, NASCOP and Insta Products Ltd. served on the study review team. After data collected from field visits to several sites were analyzed, preliminary results were presented to stakeholders and their feedback was incorporated. The qualitative and quantitative results are being consolidated; a draft report for review is expected in December 2007.

#### *Expanding evidence of the role of food supplementation in HIV treatment and care*

In order to strengthen the evidence base on the impacts of food supplementation on the nutritional and clinical status of PLHIV, FANTA is partnering with local partners to conduct three Targeted Evaluations with PEPFAR funding from OHA and USAID/Kenya. (See **3.2.1.**)

### **1.3.4. Madagascar (Title II and HPN)**

#### **1.3.4.a. Support to Title II**

The Title II program in Madagascar is implemented by ADRA, CARE, and CRS. The activities of the three CSs cover interventions in agriculture, MCHN, water and sanitation, food for education, and other child feeding/humanitarian assistance. The program also includes disaster mitigation and urban development activity in the capital city and in some secondary cities such as Fort Dauphin and Tamatave.

#### *Layers for the Mission FFP Office*

Since Project Year Seven, FANTA has been providing technical assistance to implement Layers, a methodology that allows the Mission to better monitor its activities, identify potential problems and ensure that food aid is being delivered to the intended populations. (see **3.4.2.a.**) In addition to the usual modules of agriculture, nutrition, health and education, the Madagascar version of Layers allows the Mission to assess the quality of infrastructure built with FFW, using technical standards developed by FANTA and agreed upon by the Mission, the CSs and the Government of Madagascar.

In Project Year Nine, FANTA helped the Mission transfer the Layers data collection responsibility to a local contractor by identifying a local private firm and providing training to build capacity.

At the Mission's request, FANTA also developed a natural resource management module for Layers to complement the other modules used in Madagascar. The module includes indicators to track the proper management of tree nurseries and tree plantations, which are part of FFW

watershed protection programs in Madagascar. FANTA developed the module in consultation with technical experts on the issue and incorporated it into the Personal Data Assistant (PDA) software. The module could prove useful in other contexts and countries where tree nursery and tree plantation activities are implemented with Title II resources.

In addition, FANTA made key modifications to some modules used to assess the quality of infrastructure built with FFW, particularly the modules concerned with road construction and rehabilitation, wells, and water and canals for irrigation.

#### *Updating the Mission Food Security Situation Analysis*

In September 2007, FANTA and the Mission held initial discussions on updating the Food Security Situation Analysis, which was developed in FY 2002. Madagascar's food security situation has evolved considerably since then, including policy changes that must be addressed by the Mission Food Security Strategy and a shifting emphasis on Title II programs' geographic focus to the southern part of the country to address recurring natural disasters there. An updated analysis also would inform efforts to upgrade CSs' capacity for emergency preparedness, mitigation and response, as well as the development of a Mission Food Security Programming Framework that will help guide the new MYAPs to be implemented in FY 2009. Work on the Food Security Situation Analysis will be carried out in Project Year Ten.

#### **1.3.4.b. Support to the Mission HPN Office**

FANTA also supports the Mission's SO 5 "Increased Use of Selected Health Services and Products and Improved Practices. The bilateral health program includes malaria control, maternal and child health (MCH), family planning and HIV/STIs.

#### *Outcome Monitoring Pilot for the Mission HPN Program*

Following the implementation of the Layers for Title II programs with the Mission FFP Office, the Health, Population and Nutrition (HPN) Office expressed interest in adopting a similar approach to monitor their programs. HPN has oversight responsibilities for a large number of partners implementing HPN interventions in several regions of the country, and is in need of a system to monitor the implementation of these activities in Madagascar to track performance on SO 5, including its four IRs, on an annual basis. After examining the feasibility of such a system, incorporating key indicators to allow Mission results reporting, and then developing a template for data collection and analysis, the full system was piloted and the first HPN Layers survey was implemented in May-June, 2006.

FANTA analyzed the data collected under the 2006 Layers for HPN activity, and submitted a final report to USAID/Madagascar and its partners in Project Year Nine.

Also in Project Year Nine, GH identified the 2006 Madagascar Layers for HPN as a candidate methodology for the collection of a standardized set of outcome indicators to be collected annually or bi-annually to document progress made in key areas of GH focus: malaria, maternal and child health, and family planning. As a result, HPN Layers in Madagascar was further

adapted to incorporate a set of the GH indicators and renamed as OM Surveys. (see 3.4.2.b.) The pilot Madagascar OM Survey was carried out in Project Year Nine, with a local firm initiating fieldwork in June and data analysis carried out through August. A final report is expected in Project Year Ten.

### **1.3.5. Malawi (Title II)**

Following the release of the FFP FY 2006-2010 Strategic Plan and the Title II Assistance Program Proposal Guidelines, and the receipt of additional Title II funding, USAID/Malawi asked FANTA to provide guidance on programming priorities for the Improving Livelihoods through Increasing Food Security, Malawi (I-LIFE) consortium and other potential Title II CSs to achieve Mission food security objectives.

To develop the Malawi Food Security Programming Strategy, FANTA carried out a literature review and two field visits to Malawi in Project Year Nine to see Title II and non-Title II food security program sites and to meet with Mission staff and food security stakeholders.

In a process designed to improve the quality and ownership of the final Malawi Food Security Programming Strategy and to increase transparency about the MYAP proposal process, a first draft of the strategy was presented at a workshop on September 18-20, 2007 in Lilongwe. FANTA incorporated recommendations from workshop participants, USAID/Malawi and FFP/Washington into the final strategy, which was shared with the appropriate stakeholders, along with all the workshop materials.

### **1.3.6. Mozambique (Title II)**

USAID/Mozambique requested FANTA support during Project Year Nine to help establish Title II program priorities and support the integration of Title II and other USG resources in support of those priorities, including PEPFAR, the Presidential Malaria Initiative, the Millennium Challenge Corporation, the Global Development Alliance activities and the Initiative to End Hunger in Africa (IEHA).

#### *Desk review on food security problem assessment*

In Project Year Nine, FANTA completed a desk review: *Food Security Problem Assessment and USAID Title II and Development Assistance in Mozambique*. The desk review collated and updated the food security analysis in country; examined the particular role of the Mission with regard to other players; and formulated recommendations on the possible role of the Title II program in furthering USAID's strategic objectives, while addressing food security issues in Mozambique.

The desk review served as an input for the initial development of the food security programming strategy and emphasized that USAID/Mozambique, in pursuing its vision for addressing chronic vulnerability and food insecurity, must draw heavily on synergies between the various Mission SO teams and USG programs and initiatives in Mozambique. Some key recommendations were:

- Facilitating better linkages between emergency and development interventions

- Focusing targeting effectively to both the chronic and transitory food insecure
- Developing early warning systems that support improved programming and targeting
- Integrating Title II funding with funding from other sources (e.g., OFDA, PEPFAR, DA) to improve program effectiveness, when feasible
- Increasing agricultural productivity, diversity, value-added chains and marketing tailored to each agro-ecological area and its associated strengths and risks
- Improving prevention of undernutrition among children under age two by focusing on behavior change in IYCF and child care practices, as well as identifying and overcoming barriers to behavior change
- Incorporating activities to increase resiliency and decrease risk among food insecure families affected by HIV

#### *Development of Mission food security programming framework*

In Project Year Nine, FANTA developed a draft food security programming framework for USAID/Mozambique that will be used as a tool for establishing Title II program priorities and supporting the integration of Title II and other USG resources in support of those priorities.

As part of the development of the framework, FANTA conducted a visioning exercise with USAID/Maputo to obtain necessary inputs. Activities included FANTA meetings with the Mission SO Teams: SO 6 – Rural Incomes, SO 8 – Health, and SO 9 – HIV/AIDS; FANTA facilitation of the “Food Security Strategy Workshop;” FANTA facilitation of a working group session at the all Africa IEHA Coordinator’s Meeting; and, FANTA meetings with various partners, including the Centers for Disease Control (CDC), the National Institute for Disaster Management, OFDA and WFP.

The “Food Security Strategy Workshop,” facilitated by FANTA with technical and logistical support from USAID SO 6 team members, took place on November 2-3, 2006 in Maputo. The overall purpose of the workshop was to share results, recommendations and lessons learned in current food security programming in Mozambique, as well as recent studies on the food security situation. FANTA completed the Food Security Strategy Workshop Report and submitted it to the Mission.

FANTA facilitated a working group’s session on November 7, 2006 at the IEHA Coordinators’ Meeting in Maputo. The session provided an opportunity for USAID staff from Missions throughout Africa to brainstorm ways to enhance programmatic links between IEHA and Title II.

After FANTA shared the draft framework with the Mission and FFP/W, the Mission worked on it to increase ownership of it among Mission SO teams and shared a revised version with FFP/W and FANTA. FANTA, FFP/W, OFDA and FEWS NET discussed the framework, particularly issues related to geographic targeting, monetization and direct distribution pipelines. At the close of Project Year Nine, FFP/W and the Mozambique Mission were in discussions to resolve those issues. It is hoped that these issues will be resolved in Project Year Ten and that a final version of the framework will be completed.

### 1.3.7. Namibia (PEPFAR)

Namibia is one of the 15 focus countries under PEPFAR, and has scaled up its HIV prevention, treatment, and care and support interventions. Recognizing the important role nutrition plays in effective HIV programming, USAID/Namibia has requested that FANTA provide technical assistance to strengthen nutrition capacity in the country.

#### *Assessment of food and nutrition needs of PLHIV*

In August 2007, FANTA met with the Ministry of Health and Social Services (MOHSS) to discuss nutrition and HIV activities over the upcoming year and prepare a detailed workplan for the project's technical assistance activities. Discussions with USAID/Namibia, PEPFAR IPs and the MOHSS Nutrition Sub-division resulted in agreement on the methodology, sites, schedule, and components of an assessment of the food and nutrition needs of PLHIV. The assessment will address the support service providers require to meet these needs, and gaps and opportunities for integrating nutrition into HIV treatment and support.

In response to a request from USAID/Namibia and the MOHSS, FANTA prepared materials that the MOHSS can use to advocate within the government for approval of the assessment and follow-on activities. The assessment is scheduled for April 2008, pending final approval by the MOHSS Research Unit. The results will contribute to the design of appropriate nutrition assessment and counseling in ART sites and inform the development of job aids and other materials for health care providers, a national nutrition and HIV strategy and operational plan, and guidelines for a food assistance program for PLHIV in Namibia.

#### *Skills-based practicum in nutritional assessment and counseling*

In response to USAID/Namibia's request for technical assistance to improve the application in the job environment of skills learned in training, FANTA is working with the International Training and Education Center on HIV/AIDS (I-TECH) to develop a skills-based follow-up module to the I-TECH/Ministry of Health and Social Services (MOHSS) "Nutrition Management with HIV/AIDS: Practical Tools for Health Workers" course. In preparation, FANTA met with I-TECH and visited an HIV care and treatment site to better understand nutrition and HIV assessment and counseling provided by health care providers in Namibia. I-TECH and the MOHSS have trained 19 trainers from the nine regions as well as 53 nurses and some physicians in ART sites.

#### *Development of counseling materials and job aids*

FANTA and the Nutrition Sub-division reviewed existing information, education and communication (IEC) materials related to nutrition and HIV and talked with health care providers in an ART clinic about the types of materials needed to support nutritional assessment and counseling. The review and discussions highlighted the need for job aids and other tools for health care providers, as well as materials for PLHIV on nutritional management of HIV-related symptoms and drug-food interactions. The MOHSS determined that the following materials are needed:

- A nutrition job aid for nurses and physicians with an algorithm for managing nutrition-related issues PLHIV face
- A patient form or clinic register that captures clients' medical history, nutritional status and food security assessment for supportive follow-up counseling
- A nutrition and HIV counseling card
- A monitoring checklist for supervisory checks of trained health care providers
- A pamphlet and clinic poster on nutritional management of HIV-related symptoms
- A pamphlet and poster on food, water and personal hygiene for PLHIV

These materials will be adapted from those produced by FANTA for other countries in the region when possible and completed based on the findings of the assessment of the food and nutrition needs of PLHIV.

### **1.3.8. Rwanda (PEPFAR)**

Rwanda is one of the 15 focus countries under PEPFAR. One of PEPFAR's foci is care and support for PLHIV, ART clients and orphans and vulnerable children (OVC). Strengthening of food and nutrition programming in Rwanda is critical for addressing the chronic nutrition problems of the overall population as well as for effective care and support of PLHIV, ART clients and OVC, in particular.

In Project Year Nine, FANTA built on experiences in the region and on activities initiated in previous years to strengthen the focus on nutrition and the integration of nutrition into service provision, while contributing to USAID/Kigali's SO 6: Increased Use of Community Health Services including HIV.

#### *Training materials on nutrition and HIV*

In Project Year Nine, FANTA revised the IYCF and Prevention of Mother-to-Child Transmission sections in *Nutrition and HIV: A Training Manual for Rwanda* to bring the manual into agreement with the WHO HIV and Infant Feeding Technical Consultation Consensus Statement. The manual will be completed and disseminated in Project Year Ten.

At the Mission's request, FANTA also contacted BASICS and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)/Rwanda about collaborating on strengthening IYCF training. FANTA provided EGPAF with a draft copy of the *Nutrition and HIV: A Training Manual for Rwanda* so EGPAF can use these training materials in late 2007. EGPAF will provide feedback to FANTA on the use of the draft training manual.

#### *Assessment on National Guidelines on Nutritional Care and Support for PLHIV*

At the request of USAID/Rwanda, FANTA worked with the Rwandan Treatment and Research AIDS Center (TRAC) and UNICEF on initial plans for an assessment of the availability, use and understanding of the *National Guidelines on Nutritional Care and Support for PLHIV* launched in Project Year Eight. These guidelines were developed to define the actions that service providers need to take to provide quality nutritional care and support to PLHIV, supplement

national policies on prevention and treatment, and strengthen and standardize care and support for PLHIV across organizations, programs and services.

#### *HIV and nutrition counseling cards*

FANTA, in collaboration with TRAC, distributed all 1,500 copies of the nutrition and HIV counseling cards they had produced. FANTA proposed producing more copies of these materials to meet the ongoing demand from PEPFAR IPs in Rwanda. However, production of additional copies of the materials and training on the use of the materials will be delayed until the assessment is complete.

### **1.3.9. Zambia (PEPFAR)**

Zambia is a PEPFAR focus country and one of the countries hardest hit by the worldwide HIV pandemic, with an estimated one million individuals (10 percent of the population) currently HIV-infected. FANTA has been working to strengthen HIV-related nutritional care and support services in Zambia, improving the quality of life of individuals receiving the services, and building community capacity to manage the negative impacts of HIV, thereby contributing to PEPFAR goals and objectives in Zambia and USAID/Lusaka's SO 9: Reduced HIV/AIDS Impact Through Multisectoral Response.

#### *Training for community- and facility-based care providers*

In Project Year Eight, FANTA developed counseling materials to strengthen counseling of PLHIV and ART clients by community-based caregivers and health facility providers on the importance of good nutrition, living positively, and preventing and fighting illness through diet and maternal and infant nutrition. As part of the roll-out for these materials, FANTA worked with the National Food and Nutrition Commission (NFNC) to develop training on nutrition counseling and use of the flipchart.

FANTA, USAID/Zambia and the NFNC developed a lesson plan, participant list and modules for the training. Two separate TOT sessions were held in February 2007: the first was for community-based caregivers and the second for facility-based providers. NFNC has continued TOTs, using the materials developed.

#### *Recommendations on a pilot FBP program*

In response to USAID/Zambia's request for recommendations for a pilot FBP program for PLHIV, in September 2007, FANTA assessed current nutrition and HIV services; collected and analyzed data on production, procurement and distribution of therapeutic and supplementary foods for PLHIV and OVC; and identified potential USAID partners for programs to improve and maintain the nutritional status of PLHIV. FANTA submitted a report on current HIV food programming opportunities, options for an FBP program, suggested eligibility criteria, costs, roles of partners and M&E considerations. In addition, FANTA helped facilitate a stakeholders' meeting to discuss issues and needs relating to HIV, nutrition and therapeutic and supplementary feeding.

### 1.3.10. India (Title II)

The India Title II program has faced a changing environment due to reduced non-emergency Title II resources, and efforts to accelerate the phase-out of Title II and phase-over of key activities to Government of India (GOI) programs. During Project Year Eight, FANTA worked with IFPRI to complete a study of the transition of CARE India's Integrated Nutrition and Health Project (INHP) from donated Title II food to increased reliance on food procured by State governments. Study findings were disseminated and discussed with stakeholders from the government, donors, and implementing NGOs. FANTA also worked with CARE and the GOI to develop a strategy for replication of INHP practices and approaches to non-CARE assisted areas under the GOI's Integrated Child Development Services (ICDS) program.

#### *Support to replication of successful INHP approaches*

In Project Year Nine, FANTA prepared a revised strategy document for the replication process and shared it with stakeholders. FANTA continued working closely with CARE and USAID/India to plan replication activities and with the GOI to maintain commitment from senior officials for the replication in the larger government program of effective approaches from the USAID-funded program.

USAID/India asked FANTA to expand technical assistance on replication to include state-wide scale-up in two states, support for a national resource center and other resources to support broader national replication, and intensive replication in selected districts. FANTA prepared a workplan for this expanded activity, reached agreement with USAID/India on the scope of the activity, and received additional field support funds from the Mission to support this expansion.

FANTA worked with Ministry of Women and Child Development (WCD) and CARE to form a National Advisory Panel (NAP) to provide guidance and oversight of the replication activity. Members of the NAP were identified and invited by the Joint Secretary of ICDS to participate; members include representatives from GOI and state ICDS and health departments, CARE and USAID/India. At the NAP's first meeting, in March 2007, participants presented and discussed the background and rationale for replication, the strategy developed for replication and the terms of reference for the NAP and State Working Groups (SWGs). Participants also agreed on specific steps to be taken in the replication process.

The SWGs will guide the replication process at the state level and support coordination among stakeholders. The NAP and SWGs are critical components of the replication process that help ensure coordination and ownership of the activity by key stakeholders. FANTA worked with WCD officials to form SWGs in Andhra Pradesh and Chhattisgarh. FANTA also facilitated the first meeting of the Andhra Pradesh SWG, where stakeholders identified the replication package to be implemented and planned steps to roll it out.

#### *Quality assurance on ICDS Practices*

FANTA helped initiate a process to support quality assurance and establish quality standards for ICDS practices, including a quality assurance and standards plan, presented along with

USAID/India to the state government in Andhra Pradesh.

*Coordination around integration of replication practices*

FANTA participated in key meetings and workshops related to INHP to strengthen the replication strategy and help integrate replication into planning and implementation of INHP activities. For example, FANTA participated in a Reproductive and Child Health, Nutrition and HIV/AIDS Program national dissemination meeting on January 11, 2007, M&E meetings February 27 -March 1, 2007 an INHP III planning meeting on March 23, 2007, an INHP III review meeting with CARE senior program managers on April 10-11 2007, and the CARE program management strategic planning meeting on May 7-11, 2007. At the latter meeting, FANTA presented on the status and progress of replication, and discussed next steps with CARE team members. FANTA's participation in these meetings supported the integration of replication efforts into INHP activities and served to ensure that the replication strategy and plans are consistent and coordinated with ongoing INHP implementation.

*Training and capacity building to support replication*

FANTA worked with USAID/India and CARE to identify training and capacity building approaches and materials needed to support replication and to identify documentation needs in the replication process. Working with USAID/India and CARE, FANTA conducted field visits to anganwadi centers (ICDS health centers), supervisors, block offices and primary health centers. FANTA drafted tools to assist in the preparation and application of capacity building activities and to help document the replication process. FANTA presented recommendations on replication approaches to USAID/India and CARE along with feedback on the tools.

FANTA completed the operational guidelines, *Replication of Integrated Nutrition and Health Project Approaches in non-CARE-assisted ICDS Areas: Operational Guidelines*, to support states and districts in replication activities. The guidelines provide detailed descriptions of the steps and processes involved in replication and are designed to help SWGs select practices for replication, plan capacity building activities and roll out activities at field sites.

*Assessment of decentralized food models*

Decentralized food models (DFMs) aim to improve the reliability of the supply chain, increase community control and ownership over the program, and enhance the livelihoods of community women.

FANTA worked with the USAID/India and CARE to assess the DFMs used in the ICDS program. The assessment analyzed and documented the operational feasibility and financial viability of DFMs, the model's impact on ICDS capacity to operate its core program and achieve its primary objectives and implications these findings have for potential replication and scale-up of DFMs in ICDS.

FANTA prepared a protocol for the assessment, collected data from three states and national stakeholders on costs, operations and program implications of the DFMs, and presented initial

findings to USAID/India, CARE and ICDS. The final report, *Assessment of Decentralized Food Models in India's ICDS Program*, and an accompanying PowerPoint presentation were produced and disseminated to USAID/India, CARE and partners.

The report documents DFM approaches, successes and challenges. It offers recommendations to strengthen existing DFMs and considerations for policymakers to help ensure that policies provide a conducive environment for these models. Findings from the assessment are expected to inform decisions by ICDS, CARE and other stakeholders on the implementation of existing DFMs and on whether and how to replicate and scale up DFMs. If ICDS and its partners choose to replicate and scale up DFMs, results of the assessment are expected to help identify the conditions, preparation and process that will support an effective scale-up, as well as the types of sites and types of models best suited for replication.

#### *Assessment of ICDS tools and approaches*

FANTA worked with the Mission and CARE to assess ICDS tools and approaches developed through INHP. The assessment examined tools used to support home visits by anganwadi workers (ICDS village workers), supervisor visits and sector meetings, as well as the use of Change Agents (community volunteers who support the ICDS program). The assessment also evaluated stakeholder perceptions of how much these tools and approaches contribute to achieving ICDS program objectives and assessed factors and conditions that support or detract from the effectiveness of the tools and approaches.

Working with a team assembled for the assessment, FANTA prepared the assessment protocol, field-tested and completed data collection instruments, collected data from four states where INHP is supporting the ICDS program, presented preliminary findings to stakeholders from USAID and CARE and analyzed the data. The final report, *Assessment of CARE India's Integrated Nutrition and Health Project Tools and Change Agents*, and accompanying PowerPoint presentation were produced and disseminated to USAID/India, CARE and partners.

It is expected that assessment findings will be used to support CARE's phase-out of INHP and will inform efforts to expand and replicate some of the tools and approaches within the ICDS program. Findings related to the Change Agents will inform the Accredited Social Health Activist worker component of the GOI's National Rural Health Mission. In addition, the assessment results are being applied in planning replication activities and in new ICDS activities.

### **1.3.11. Guatemala (Title II and HPN)**

#### **1.3.11. a. Support to Title II**

FANTA has been working to strengthen the MCHN component and CBGP activities of Title II development assistance programs (DAPs) in Guatemala. FANTA worked together with USAID/Guatemala, the MOH, University Research Corporation's (URC) Calidad en Salud Project, and the CSs to identify and agree on standards and norms for the implementation of a basic package for the Integrated Care for Children and Women at the Community Level (Spanish acronym AIEPI AINM-C) program. FANTA also trained the CSs in the use of tools and

methods to develop behavior change and communication (BCC) strategies focusing on improved IYCF, and key aspects to improve volunteer counseling for behavior change. During Project Year Nine, FANTA's support focused on M&E and quality of program implementation.

### *Harmonizing Title II reporting*

Under the FFP FY 2006-2010 Strategic Plan and the U.S. Department of State's F Process, CSs have been requested to report on new indicators either selected from a predetermined list or created on a custom basis. These new indicators are in addition to M&E indicators needed for reporting to FFP. USAID/Guatemala asked FANTA to help coordinate and harmonize this new aspect of Title II reporting. On January 25-25 and February 1, 2007, FANTA conducted an M&E workshop for the Title II CSs and met with each.

The CSs formed a consensus on indicators that will be reported to USAID/Guatemala for inclusion in the Mission's Operational Plan (OP) and indicators that will be included on the SAPQ for reporting to FFP. The indicators were harmonized, and their harmonized definitions were added to (or changed in) the IPTTs of each CS. The CSs also defined the steps needed for conducting a joint baseline survey and collaborating to create community-level early warning systems for food insecurity, and indicated their priorities for continued technical assistance.

During individual visits with each CS, FANTA reviewed the objectives and activities of their planned interventions; anticipated outputs, outcomes and impacts of the interventions; and how those results will be measured for M&E. FANTA analyzed the indicators included in the IPTTs for their concordance with standard definitions agreed upon in the workshop, feasibility for measurement and appropriateness given the interventions' objectives and limitations. The indicators in the IPTTs were reviewed for possible inclusion in the SAPQ. FANTA also addressed questions concerning the SAPQ during the visits. The CSs submitted their revised IPTTs and M&E plans to FFP in Washington.

### *Improving behavior change interventions*

FANTA provides support to the CSs in Guatemala to conduct formative research for improving behavior change interventions, and, in particular, the strategy of AIEPI AINM-C, implemented by the Ministry of Public Health and Social Assistance (MSPAS) with the technical assistance of URC Calidad en Salud.

On May 21-25, 2007, FANTA conducted a workshop, "Methods and Tools to Understand the Behaviors of Title II Program Beneficiaries." The workshop equipped the MSPAS and CSs with the knowledge of behavior change theory and qualitative research techniques needed to conduct formative research investigations. The MSPAS and each CS developed detailed plans to complete formative research on two to four behaviors that they prioritized.

Since the workshop, the CSs have been conducting formative research for prioritized behaviors in MCHN and agriculture. A follow-up workshop is planned for November 2007 to help the CSs analyze the data collected and plan behavior change interventions.

### **1.3.11.b. Support to the Mission HPN Office**

#### *GH Outcome Monitoring Pilot*

USAID/Guatemala is supporting a variety of interventions targeting the health and nutrition of the population in selected regions of Guatemala. To ensure proper oversight of those interventions, and increase USAID/Guatemala capacity to report on outcomes achieved, GH selected Guatemala as one of two OM Survey pilot countries. (see **3.4.2.b.**)

Using a local contractor, Centro de Investigaciones en Nutricion y Salud (CIENSA), to collect data, FANTA adapted and translated two questionnaires (population-based and facility-based components), programmed the questionnaires into PDA format and trained the team of enumerators to carry out the surveys. CIENSA collected data in July-August 2007. FANTA analyzed the data and documented the pilot for an external evaluation by USAID in mid-September 2007. The final Guatemala OM Survey Report will be completed in Project Year Ten.

### **1.3.12. Haiti (PEPFAR and Title II)**

#### **1.3.12.a. Support to PEPFAR**

There are over 190,000 PLHIV in Haiti. As of March 2007, 10,000 PLHIV were receiving ART and over 50,000 had received palliative care. Haiti also suffers from high rates of malnutrition (e.g., 24 percent of children under the age of 5 are stunted and 22 percent are underweight and 16 percent of women are too thin (BMI<18.5)), which can worsen the impact of HIV and pose significant challenges to care and treatment. USAID/Haiti has noted that while there are a number of ongoing food, nutrition and HIV activities there has also been a lack of a comprehensive and integrated strategy that covers all of the elements needed for successful nutrition and HIV programming, including policy guidance, nutrition counseling and assessment, training, monitoring, and referrals to livelihood strengthening programs. USAID/Haiti has requested technical assistance from FANTA to address the food and nutrition needs of PLHIV, including ART clients, pregnant and lactating women, and OVC in Haiti.

#### *Determining need for and feasibility of integrating food and nutritional care into HIV services*

In Project Year Nine, FANTA began work to incorporate nutritional care into HIV treatment and care services in Haiti. FANTA accompanied the OHA Senior Technical Advisor for HIV/AIDS and Nutrition to Port au Prince, Haiti to help USAID/Haiti develop a food and nutrition strategy as part of PEPFAR programming in Haiti.

FANTA also participated in a workshop on March 30, 2007 in Port Au Prince that provided an overview of PEPFAR food and nutrition guidance, examples and lessons learned from other countries and an update on local HIV-related nutrition and food programming in Haiti. FANTA presented on “Operationalizing the President’s Plan Food and Nutrition Guidance: Country Examples and Lessons Learned.” In addition, FANTA held a number of meetings and visits with USG staff, UN agencies, local and international NGOs and other partners to discuss HIV

nutrition and food programming in Haiti. USG partners uniformly expressed interest in collaborating on activities to strengthen the response to the nutritional and food needs of PLHIV.

### **1.3.12.b Support to Title II**

FANTA provides technical support to USAID/Haiti's Title II program in areas related to nutrition and food security, to the CSs to strengthen implementation of their DAPs, and to USAID/Haiti in support of the Layers approach for program monitoring. The four Title II DAPs operating in Haiti—a \$32 million/year program implemented by CARE, CRS, SCF/US, and World Vision—will end in FY 2007.

#### *Layers for Title II*

FANTA initially developed its Layers methodology upon a request from USAID/Haiti in 2002, though the unstable situation in country has often slowed or impeded the full implementation of this activity. The first round of Layers for Title II was completed in Project Year Seven. The following year, stakeholders' recommended changes were incorporated into the parameters and design of the second round of Layers for Title II which was rolled out in Project Year Eight and completed in Project Year Nine.

FANTA has emphasized building local capacity to implement the methodology. USAID/Haiti Food Security and Humanitarian Assistance (FSHA) staff completed the second round of Layers data collection with minimal input from FANTA. FSHA staff was also trained in how to analyze the data; data analysis is on-going.

#### *Final Evaluation of the CS DAPs*

During Project Year Eight, FANTA supported USAID/Haiti's Title II program as they undertook the final evaluation of the DAPs. Support included preparing the SOW for this externally commissioned exercise and representing USAID/Haiti interests during negotiations with the consultant firm to harmonize the technical needs of the work with the resources available to do it. In Project Year Nine, FANTA reviewed the draft Final Evaluation Report, providing comments to USAID/Haiti. At FSHA's request, after the results of the Final Evaluation and other data on the food security situation in Haiti were made available, FANTA helped prepare a September 2007 presentation to the DCHA Assistant Administrator to highlight key results from Haiti's Title II program.

#### *Support to development of new MYAPs*

On October 17-19, 2006, FANTA facilitated a workshop where USAID/Haiti staff presented the new Country Strategy by sector area (economic growth, natural resources management/agriculture, health and education, and democracy and governance) to a group of PVOs selected for their potential interest in submitting a MYAP for FY 2009. As a result of FANTA's Haiti-based research on preventive vs. recuperative approaches (see 3.3), the Mission recommended that all MYAP proposals incorporate the preventive approach. A second, follow-up workshop was held on January 10, 2007.

MYAPs were submitted to FFP and USAID/Haiti in Project Year Nine and FANTA participated in both Washington and field-based reviews.

### **1.3.13. Honduras (Title II)**

As part of FANTA's efforts in Project Year Eight to strengthen the MCHN component and CBGP activities of Title II DAPs in Honduras, FANTA worked with USAID/Honduras, the Honduran Secretariat of Health, and the Community-based Integrated Child Care (Atención Integral a la Niñez - AIN-C) Interagency Committee, which includes the CSs. Support included training the CSs on implementation of AIN-C according to Secretariat of Health norms and standards, harmonizing behavior change messages, and training and supervision through shared protocols and materials. FANTA also strengthened CS capacity to develop and implement effective behavior change strategies.

#### *Strengthening development of behavior change strategies*

FANTA facilitated a workshop, "Strategies for Behavior Change," on October 16-20, 2006. The workshop was designed to give participants the concepts, skills and a tool for developing a behavior change strategy to improve impact of the MCHN component of their DAPs, with a special emphasis on recommendations for IYCF. The workshop was structured around the BEHAVE Framework, which organizes key decisions that project planners must make when designing the behavior change component of their programs. Each CS completed two frameworks for two behaviors pertinent to their target population and project objectives, which gave them a good start on their behavior change strategy and models to follow as they develop frameworks for the other priority behaviors.

Recommendations from the workshop included follow-up and encouragement from management to allow participants to complete the behavior change strategies and support in implementing the strategies, assisting other sectors within the Title II projects to conduct qualitative research to identify determinants and apply the BEHAVE Framework to key behaviors, and continued coordination of efforts among the Johns Hopkins University's Health Communication Partnership, the Secretariat of Health and the CSs on developing behavior change strategies and materials.

The October 2006 workshop was a follow-up to a behavior change workshop held in Project Year Eight on "Methods and Tools to Understand Participant Behaviors in Maternal and Child Health and Nutrition Programs," which introduced participants to behavior change theory and practice, and trained participants to use formative research techniques, with a special emphasis on IYCF, in order to better understand the motivators and barriers to behavior change among CBGP beneficiaries.

#### *Assistance to planning and implementation of the Mid-term Evaluation (MTE)*

To help define the objectives, processes and expected outcomes from the MTE of the Title II program, FANTA wrote the SOW for the evaluation, incorporating comments and suggestions

from the CSs. FANTA also provided technical assistance in planning for the MTE, which was carried out in August-September, 2007. To improve implementation, FANTA responded to CS questions on sampling, and on the background and use of the HDDS indicator. FANTA also provided the MTE team with comments and suggestions for improving the quality of the draft report.

#### **1.3.14. Nicaragua (Title II)**

During Project Year Nine, FANTA provided support to the Title II program in Nicaragua to improve the quality of implementation of the MOH's Community Health and Nutrition Program, PROCOSAN. FANTA worked with USAID/Nicaragua, the MOH, NicaSalud and the CSs to provide technical support in the field to local MOH- CS teams in implementing their transition plans to PROCOSAN, trained stakeholders in using LQAS to evaluate the quality of PROCOSAN implementation at the local level, and in collaboration with CSs and the MOH, conducted an evaluation of the quality of PROCOSAN implementation.

##### *Improving the quality of PROCOSAN implementation*

During Project Year Nine FANTA provided support to the Title II Program in Nicaragua in quality improvements in PROCOSAN implementation, with a focus on strengthening BCC.

As a follow-up to an August 2006 FANTA workshop "Quality Implementation of the Community Health and Nutrition Program," FANTA began planning for an assessment of the quality of PROCOSAN implementation in Title II areas. The assessment will include evaluating the availability and use of PROCOSAN materials, child weighing and documentation processes during monthly PROCOSAN sessions, and counseling and negotiation. The methodology for the assessment will incorporate the use of LQAS, using PROCOSAN supervisory checklists adapted for use with LQAS. The results of the assessment will be used to identify detailed needs for continued training, and, if deemed appropriate, operational research.

FANTA held a workshop on the assessment protocol on August 7, 2007. The workshop was designed to provide CSs, the MOH, USAID/Nicaragua staff and other interested stakeholders with the knowledge, tools and skills to assess the quality of PROCOSAN implementation in CS areas of operation in Nicaragua and to contribute to a process of continual improvement of PROCOSAN. The workshop reflected the recommendations from the August 2006 workshop on "Quality Implementation of the Community Health and Nutrition Program," as well as findings from field visits FANTA made to MOH-CS teams in Nicaragua in Project Year Nine.

Participants indicated a high level of satisfaction with the 2007 workshop's content and participatory methods. After the workshop, FANTA began collecting data on the quality of implementation. Data collection will continue through October-November 2007.

***IR 2: USAID, host country governments, and IPs establish improved, integrated nutrition and food security-related strategies and policies.***

## **2. ACTIVITIES IN SUPPORT OF IR 2**

Under IR2, FANTA seeks to strengthen the relationship between the Agency's health and nutrition, HIV, agriculture, economic growth/poverty alleviation and food security-related programs in order to maximize the nutritional impact of these programs on target populations, especially young children, adolescents and women.

### **2.1. In Washington**

#### **2.1.1. Implementing strategies for improving women's nutrition**

FANTA takes a lead role in coordinating efforts to improve women's nutrition among USAID and its IPs by facilitating collaboration and by disseminating better practices and program options to the wider development community.

##### *Women's nutrition indicator guide*

In response to the need for standardized, clear guidance on women's nutrition indicators, FANTA has developed the *Women's Nutrition Indicator Guide* to foster the consistent measurement of women's nutrition indicators and to standardize the data collection and analysis of these indicators. The guide, which focuses on problem assessment, monitoring, and evaluation was revised in Project Year Eight, and has been undergoing review. It will be completed in Project Year Ten.

##### *Validating dietary diversity as a measure of the adequacy of women's diets*

To support the use and interpretation of data collected using the new DHS 2005 questionnaire, FANTA is collaborating with IFPRI to conduct a secondary analysis of food group consumption (dietary diversity) data to assess the adequacy of consumption of specific macro- and micronutrients for women (see **3.1.3.**).

##### *Strengthening regional capacity to address maternal malnutrition*

In East and Southern Africa, maternal anemia is the most prevalent nutritional deficiency among women of reproductive age, and has wide-ranging impacts on both women and their offspring. Folate deficiency, one cause of nutritional anemia, greatly increases the risk of neural tube defects in the fetus. Among adolescent girls, anemia contributes to reduced work productivity and decreased school performance.

FANTA has been working with RCQHC and the African Regional Office of WAGGGS to expand coverage of anemia intervention packages in East and Southern Africa through a

program to reach adolescent girls in three countries (Rwanda, Uganda, and Swaziland) with information, games and activities about anemia prevention and control.

By working with adolescents, FANTA and RCQHC plan to reach both girls and women with information for improved intake of iron-rich and iron absorption-enhancing foods, as well as increased access to and use of iron/folic acid supplements during pregnancy. This approach has the double benefit of improving the nutritional status of non-pregnant adolescent girls in the present, and laying the foundation for better antenatal/maternal health and nutrition care in the future.

Through the Girl Guides Anemia Prevention Badge Project, Girl Guides (ages 7-18) can earn a badge in anemia prevention through educational programs and community involvement in anemia control. By carrying out a series of learning activities detailed in the Anemia Prevention Badge Handbook and Workbook, adolescent girls learn culturally and age-appropriate ways to improve self-care to prevent anemia. The badge program also asks the Girl Guides to interact with other adolescent girls and pregnant women, passing on knowledge and the benefits of eating well, preventing and treating hookworm and malaria and consuming iron/folic acid (IFA) supplements to prevent anemia.

In Project Year Nine, FANTA completed the Anemia Prevention Badge materials, including the Anemia Prevention Badge Guiders' Manual, the Anemia Prevention Badge Handbook and the Anemia Prevention Badge Workbook. The materials were printed in English and French.

FANTA, RCQHC and the WAGGGS Africa Region office conducted anemia prevention training workshops for 75 Girl Guide Leaders in Swaziland, Uganda and Rwanda. The workshops covered the causes of anemia and ways to prevent it, and familiarized Girl Guide Leaders with the manual, handbook and workbook that they will use to teach anemia prevention to their Girl Guide patrols. In Uganda, district health and education officers and representatives from the National Ministries of Health and Education also attended the workshop. As of June 2007, the Anemia Prevention Badge Program was being implemented in two districts in each country.

In Uganda, up to 800 Girl Guides ranging in age from 7-18 years are participating in the Anemia Prevention Badge Program in 100 Girl Guide Patrols at 20 schools. In order to gain an in-depth understanding of how the implementation is progressing, explore the reasons why components of the process functioned well or did not function well, and learn lessons for program improvement in the future, FANTA has begun developing the design and methodology for a qualitative assessment of the anemia prevention package in Uganda.

The assessment will be carried out in Project Year Ten through individual semi-structured interviews of the Girl Guides and Guide Leaders based on an interview guide and questionnaire.

### **2.1.2. Provide technical support to GH and USAID initiatives**

FANTA provides technical support to GH and other USAID Bureaus in the area of food, nutrition, food security and HIV policy and programs to improve and strengthen the integration of nutrition into USAID programming. FANTA advocates for and facilitates the incorporation of promising practices and food security program approaches aimed at food insecure and more vulnerable populations into

global normative standards, the implementation of the U.S. Foreign Assistance Framework, and initiatives such as PEPFAR.

*Support to the Initiative to End Hunger in Africa (IEHA)*

In Project Year Nine, FANTA provided technical input to USAID's IEHA on the IEHA Annual Report to Congress and on potential revisions to the IEHA results framework to better capture impacts on the food insecurity of vulnerable populations.

*Coordination with WHO on policies and programs for nutrition and HIV*

As requested by USAID, FANTA assists WHO Headquarters, WHO Regional Offices and USAID IPs to strengthen capacity and provide technical assistance on policies and programs for nutrition and HIV. FANTA works with WHO to review, update and disseminate technical and operational guidelines to effectively integrate nutrition into HIV prevention, treatment (e.g., ART scale-up) and care (e.g., HBC including use of RUTF and other specialized food products).

FANTA carried out an assessment of progress that countries in East and Southern Africa had made toward meeting the goals for nutritional care of PLHIV set during the 2005 WHO Nutrition and HIV consultation in Durban. FANTA presented results of the assessment at the UNICEF/WHO consultation on Nutrition and HIV/AIDS held in Nairobi in May 2007.

*Refining programming guidance on integrating food and nutrition into HIV programming*

FANTA provides assistance to OHA and the Office of Global AIDS Coordinator (OGAC) in refining programming guidance on integration of food and nutrition in HIV programming. (See **1.1.1.a.**)

**2.1.3. Improve the management of acute malnutrition in emergency and development contexts**

FANTA has been working with its partners since 2002 to promote innovative approaches to the treatment of SAM. With support from GH, OFDA and field missions, FANTA has partnered with Valid International, a United Kingdom (UK)-based agency, to develop and disseminate lessons learned regarding the scaling-up and expansion of community-based management of acute malnutrition (CMAM), also formerly known as Community-Based Therapeutic Care (CTC). CMAM is an innovative and widely accepted approach to the management of acute malnutrition that links relief and development concepts and empowers communities<sup>2</sup>. CMAM has proven to be very effective and the MOH of Malawi, Niger and Ethiopia and PVO partners, such as CARE, International Medical Corps, Médecins Sans Frontières, SCF/US and WV have already begun to adopt and adapt this approach.

*CMAM Program Reviews*

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<sup>2</sup> Community-based Management of Severe Acute Malnutrition; A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nation's Children's Fund, May 2007

While the evidence base for the nutritional impact of CMAM has been well established, there is a need for greater documentation of the experience in mainstreaming CMAM, including its integration into health systems and links with community-based networks. Incorporation of CMAM into government health facilities and protocols has taken place in Ethiopia, Malawi, and Niger to varying extents.

In order to strengthen the understanding of how CMAM can be integrated in a successful and sustainable manner, FANTA worked closely with OFDA in Washington and in the field to conduct an assessment of CMAM integration in Ethiopia, Malawi and Niger. This comprehensive review looked at the challenges, successes, lessons learned and contextual factors that facilitate or constrain scaling up of CMAM and integration into national health systems.

After meeting with representatives of all relevant stakeholders during field visits to Ethiopia, Malawi and Niger in Project Year Nine, including USAID, UN organizations, the government, NGOs, Community-based Organizations (CBOs), community members and CMAM beneficiaries, FANTA is drafting review reports for each country that discuss the status of CMAM services, the environment in which they are delivered, the capacity of the country health systems, lessons learned and challenges for CMAM integration. FANTA is also drafting a synthesis report that summarizes key elements for CMAM integration. The country and synthesis reports will be completed in Project Year Ten.

FANTA has also been working with USAID/Ghana to integrate CMAM into the health system in Ghana (see 1.3.2.)

#### *CMAM Cost Analysis Tool*

In order to better calculate the costs of CMAM program implementation, FANTA began the development of a CMAM Cost Analysis Tool. The first phase of activities included reviewing background documents, visiting Malawi and proposing options for the cost tool. The findings were presented at a July 2007 meeting with representatives from USAID, UNICEF, WHO, Concern Worldwide, BASICS, Valid and other partners, where consensus was reached that the tool should be activity-based, used for prospective planning and that it should facilitate consensus building on components of CMAM in the development setting. FANTA presented a concept for the cost tool in the report, *A Cost Analysis tool for Programs of Community-Based Management of Acutely Malnourished Children (CMAM)*. The first draft of the tool will be completed and field tested in Ghana in Project Year Ten.

#### *Development of CMAM training modules*

In collaboration with Valid and Concern, and with support from GH, OFDA and the UK Department for International Development, FANTA is developing CMAM training modules to increase the capacity of MOH health facility staff and health program managers to design, develop, implement and monitor CMAM programs within existing child health services. Intended for front line health workers, district health managers and policy makers, the modules are designed to complement the WHO guidelines for the management of severe malnutrition

(1999) and corresponding WHO training modules on in-patient care of severely malnourished children. The material derives technical content from *Community-Based Therapeutic Care: A Field Manual* and also includes an additional focus on integration of CMAM activities into existing health services.

The draft training materials were sent for a two-week technical review by USAID, UNICEF, WHO, SCF, and Concern in June 2007. With a strong technical foundation as a result of the review, the training modules were then revised to incorporate a stronger training focus. The modules will be completed in time for a training in Malawi in Project Year Ten.

*WHO/UNICEF/SCN consultation on the guidelines for CMAM*

At the request of OFDA and GH, FANTA has been working with WHO and UNICEF to develop internationally accepted normative standards and guidelines to facilitate the integration of the CMAM approach into MOH standard facility-based treatment protocols. In May 2007, a Joint Statement by WHO/WFP/SCN/UNICEF was issued.

*Alternative Sampling Designs to Assess the Prevalence of Acute Malnutrition in Emergency Settings*

FANTA, in collaboration with CRS, SCF and Ohio State University (OSU), applied LQAS methods to develop and test three new survey designs to respond to the data collection priorities of emergency settings: 1) a 33x6 design (33 clusters, 6 observations in each), 2) a 67x3 design (67 clusters, 3 observations in each) and, 3) a "sequential" design (a multi-stage sampling plan based on the 67x3 design).

The designs were field tested in Ethiopia in 2003 and in Sudan in 2005, where they were shown to provide rapid and statistically reliable methods for assessing global acute malnutrition (GAM), an indicator commonly used by relief organizations worldwide to assess the gravity of nutritional issues and the need for response in emergency settings. (See **3.4.1.a.**)

*Comparing impacts of food supplementation on children with MAM*

FANTA provided financial support and technical input to Washington University in St. Louis for a study comparing the impact of supplementation with RUTF made with milk/peanut (MP-RUTF), RUTF made with soy/peanut (SP-RUTF), and CSB on recovery of children with MAM. The randomized, investigator-blinded clinical effectiveness trial of the three locally produced food types will be conducted at supplementary feeding sites in Malawi.

Children will receive isoenergetic amounts of MP-RUTF, SP-RUTF or CSB for up to eight weeks. They will be followed biweekly, having weight, length and mid-upper arm circumference (MUAC) measured and episodes of fever, cough, and diarrhea recorded from the caretaker's report. The primary outcome will be recovery, defined as WHZ > -2 on two consecutive visits. Secondary outcomes will be the rates of weight, MUAC and stature gain, adverse outcomes (development of SAM or death) and the number of days of fever, cough and/or diarrhea. The sample size will be 1,200 children, with 400 receiving MP-RUTF, 400 receiving SP-RUTF and 400 receiving CSB.

Results of the study are expected to inform improved programming addressing MAM. Blended foods such as CSB are commonly used to address MAM in children, and this study will provide information about the relative effectiveness of CSB and RUTF for such populations. Because MP-RUTF is relatively expensive, the study will also compare its effectiveness with that of SP-RUTF, which is about half the price. Final results are expected in Project Year Ten.

## **2.2. With Missions**

### **2.2.1. Supporting food security strategy development**

In FY 2006 and FY 2007, FFP identified 18 priority countries for focusing of MYAP resources, an important step in implementing the FFP's FY 2006-2010 Strategic Plan. Development of Title II food security program strategies is the next necessary step in these countries to ensure effective use of Title II resources in reducing food insecurity. FANTA supports USAID Missions and FFP/W in the implementation of a collaborative and participatory process to develop food security strategies to: 1) better address country-specific risks and vulnerabilities related to poverty, food insecurity and malnutrition; and, 2) improve the strategic integration of USAID resources in support of food security objectives. The strategies serve as a guide for PVOs developing new or expanded MYAP proposals. This activity is an urgent priority in the FFP priority countries where a significant proportion of existing Title II MYAPs will end in FY 2008 and/or where a significant number of new FY 2008 proposals are expected. In Project Year Nine, FANTA worked with the Mission on development of food security strategies in Malawi and Mozambique (see 1.3.5. and 1.3.6.)

#### **2.2.1.a Sudan food transition study**

Sudan's 22-year civil war left the world's greatest concentration of internally displaced persons (IDPs) – more than 4 million people within Sudan – and caused more than 600,000 refugees to flee to neighboring countries. As a result of the Comprehensive Peace Agreement in January 2005, relative peace and security have set the stage for southern Sudan's IDPs to return to their homes. To ensure stability, receiving communities, particularly in rural areas, will need assistance in developing or expanding service provision, as well as enhanced opportunities for economic growth and livelihood recovery.

FFP/W has supported emergency food aid programming throughout Southern Sudan's long years of conflict-induced displacement and malnutrition. USAID/Sudan has now developed a new Strategy Statement to respond to the significant challenges and opportunities in supporting the southern Sudanese transition from war to peace.

In Project Year Nine, FANTA, in collaboration with Technical Assistance to NGOs (TANGO) International, initiated a Food Assistance Transition Study to assist USAID to: a) sharpen the focus of current food aid programming toward attaining sustainable food security and b) identify potential linkages with longer-term development programs (USAID, Government of South Sudan, Government of National Unity and other donors) to improve food security in Southern

Sudan and the Three Areas<sup>3</sup>. The Food Assistance Transition Study will assess the impact of stability on those areas and groups considered to be the most food insecure and nutritionally vulnerable in Southern Sudan and the Three Areas. The Transition Study will also make recommendations about how Title II resources should be used as an appropriate component in addressing the prevailing food security issues. Field work was undertaken in September 2007. FANTA will complete a final report in Project Year Ten.

### **2.2.2. Support USAID/East Africa (USAID/EA)**

With support from USAID/EA, FANTA works in partnership with regional institutions to improve nutrition and food security programming in East Africa. FANTA's work supports USAID/EA's SO 11: Regional Health and HIV/AIDS Programs. FANTA's technical assistance focuses largely on building capacity to strengthen food and nutrition responses to the HIV epidemic, in particular through improved nutritional care and support for PLHIV and the uses of food aid to mitigate the impacts of HIV.

FANTA has worked with partners since 2000 to implement a range of technical assistance activities, including training in nutritional care and support to CBOs; developing training materials on nutrition and HIV for community and home-based care providers; developing a handbook for food assistance programming in the context of HIV, and developing guidance on how to monitor and evaluate nutrition education and counseling components of HIV programs. FANTA also worked with RCQHC to support a review of HIV-nutrition programs in five countries and capacity strengthening activities for country resource persons.

#### *Monitoring and Evaluating Nutrition Education and Counseling for PLHIV*

As an increasing number of government and private programs offer nutrition education and counseling for PLHIV, there is growing demand for support to monitor and evaluate these interventions. In Project Year Eight, FANTA developed *A Guide to Monitoring and Evaluating Nutrition Education and Counseling for PLHIV*, one of the first guides to provide this technical support.

The guide, which is based on a FANTA review of existing M&E materials and practices in nutrition and HIV, offers suggested indicators, tools for data collection, and provides guidance about how to design and implement M&E for nutrition education and counseling services targeting PLHIV.

To make the guide and tools more practical for program use, FANTA facilitated a field test of the M&E guide and tools with a number of programs in Kenya and Uganda that provide nutrition education and counseling for PLHIV. As part of the field test, FANTA trained the programs in M&E for nutrition education and counseling. Feedback from the programs informed revisions to the guide and accompanying tools, which are expected to be completed in Project Year Ten.

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<sup>3</sup> Abyei, Blue Nile State and Southern Kordofan/Nuba Mountains - an area with a population of around four million - are collectively known as the Transitional or Three Areas.

### *Compendium of promising practices*

In partnership with RCQHC, FANTA has been developing a compendium of promising practices in food, nutrition and HIV programming, derived from the program reviews conducted in Project Year Eight in Kenya, Malawi, Tanzania, Uganda, and Zambia. In order to inform and guide future programming, the compendium works to identify promising practices, key conditions needed to implement them, and challenges and opportunities related to the practices.

After a workshop in Project Year Eight, feedback was provided on the draft country reports, after which the teams continued their reviews, revised their reports and submitted final reports for each country. The reports were compiled in Project Year Nine into a compendium of promising practices which will be completed in Project Year Ten.

### *Integrating nutrition/HIV into pre-service nursing and midwifery training*

FANTA served as a presenter and facilitator in the “Integrating Nutrition and HIV/AIDS into Pre-Service Nurses and Midwifery Curricula” workshop on November 13-16, 2006 in Lilongwe, Malawi organized by the ECSA Health Community. The workshop targeted nurse educators and MOH officials and was designed to increase their understanding of the relationship between nutrition and HIV and to determine steps to incorporate a training manual on nutrition and HIV into existing nurses and midwifery curricula.

Participants developed a Position Statement that noted their resolve to adopt the manual to strengthen the current nursing and midwifery curricula and their recommendations for next steps. Based on their feedback, FANTA incorporated many suggested changes into the manual, including adding significant new language on management of severe malnutrition. The manual will be completed and disseminated in Project Year Ten.

### *Training for community- and home-based care providers*

During Project Year Nine, FANTA and RCQHC completed draft training materials on nutrition and HIV for community- and home-based care workers in the region. The materials consist of a set of training job aids and an accompanying manual for trainers related to nutrition and HIV treatment and how nutrition can improve the quality of life of PLHIV. A workshop and TOT on the use of the materials will be held in October-November 2007 for trainers of community-based service providers.

### *Training in nutrition and HIV along the northern transport corridor*

FANTA has been providing training and technical assistance in nutrition and HIV to community organizations and PLHIV networks along the northern transport corridor in Uganda and Kenya as part of the USAID/EA Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project. In Project Year Nine, FANTA trained 50 community-based workers and PLHIV network members at two ROADS sites in Uganda. Both two-day trainings used the Uganda counseling materials on nutrition and HIV developed by FANTA in Project Year Six.

*Strengthening agriculture-based livelihoods of HIV-affected communities*

FANTA is collaborating with Family Health International (FHI) and partners to review and strengthen PLHIV community groups' use of improved agriculture and other livelihood technologies through the ROADS Project. This activity is a reformulation of technical assistance to the Association of Agriculture Research in East and Central Africa (ASARECA) aimed at improving the food security and nutrition of households affected by HIV/AIDS in the East and Central Africa Region.

In two border towns, Busia, Kenya, and Busia, Uganda, FANTA and FHI conducted participatory reviews of the approaches and technologies being used by PLHIV groups, with a particular focus on documenting examples of successful institutional development and technology adoption related to livelihood and nutrition needs and on identifying opportunities for expanding cluster outreach activities through the use of these new technologies. FANTA will complete a final report in Project Year Ten.

*Supporting integration of ENA*

FANTA provided technical assistance to UNICEF and RCQHC to integrate the ENA approach into the health sectors in Uganda and Malawi.

In Uganda, FANTA supported ENA implementation by the Uganda MOH, UNICEF and A2Z by collaborating with A2Z and Africa 2010 to revise and update the BASICS ENA district health services checklist. This rapid checklist enables implementers to determine the strengths and gaps of current nutrition programming and determine which elements of ENA are being implemented, which should be included, and the overall quality and coverage of services. FANTA also assisted with UNICEF/Uganda's design of a three-step process to implement ENA and provided guidance and comments on the development of a self-assessment tool (based on the ENA district health services checklist) that UNICEF used to determine technical and coverage gaps in health facilities. The tool was first used in Kabermaido, a district in North Uganda, in January 2007 as part of planning for integrating ENA into the health system in that district.

In Malawi, FANTA provided UNICEF/Malawi with guidance on the ENA district health checklist and the self-assessment.

*Strengthening regional capacity to address maternal malnutrition*

FANTA has been working with RCQHC and the African Regional Office of WAGGGS to expand coverage of anemia intervention packages in East and Southern Africa through a program to reach adolescent girls in three countries (Rwanda, Uganda, and Swaziland) with information, games and activities about anemia prevention and control. (See **2.1.1.**)

***IR 3: Best practices and acceptable standards in nutrition and food security-related policy and programming adopted by USAID, IPs, and other key stakeholders.***

### **3. ACTIVITIES IN SUPPORT OF IR 3**

IR3 supports GH in fulfilling one of its primary functions of global leadership. FANTA focuses on promoting promising practices to improve food security, focusing on women, adolescent and children's health and nutrition. While IRs 1 and 2 concentrate on a defined set of stakeholders (i.e., USAID, host country governments and IPs), under IR3, FANTA synthesizes promising practices and acceptable standards in nutrition, HIV and food security programming for the wider development community. The primary approach is through research, analysis, documentation, consultation and appropriate dissemination (e.g., training, technical assistance) to a wide stakeholder audience.

Through IR3, FANTA supports priority research in programmatic and operational issues and expands the institutional capacity of key stakeholder groups (e.g. USAID Missions, UN Agencies such as FAO, SCN, UNICEF, WFP and WHO, and IPs) to assess, design, implement, monitor, and evaluate food security and nutrition policies and programs. Priority technical areas include the approaches to improve assessment, monitoring and evaluation of food security programming, and developing and documenting appropriate food and nutrition responses to HIV. Results from IR3 are incorporated in FANTA support to USAID in the development of global normative standards, food security and nutrition strategies, and guidelines for the review of proposals.

#### **3.1. Approaches to measuring household and individual access to and consumption of food**

The access to and consumption of adequate and appropriate food by households and individuals are important components of food security. FANTA is carrying out a set of activities aimed at developing user-friendly, cost-effective approaches to measure changes in food access, dietary quantity and quality, and feeding behaviors at the household and individual levels. USAID and PVO stakeholders have identified this work as a high priority. The results from technical assistance, facilitation, and operations research will help USAID and its partners to better address program M&E in this area as well as influence the design of data collection instruments for and analysis of data from key sources of information on nutrition and food security, such as the DHS and KPC.

##### **3.1.1. Measuring improved household access to food**

###### **3.1.1.a. Adaptation and Use of the HFIAS, HDDS, and Individual Dietary Diversity Score (IDDS) measures**

There is strong demand among food security program managers for a relatively simple,

methodologically rigorous measure of household food insecurity-particularly the access component-that can be used to guide, monitor and evaluate programs. In response to this demand, FANTA has undertaken a set of activities to identify a scientifically-validated, simple, and user-friendly approach for measuring the impacts of food security programs on the access component of household food insecurity. As a result of these activities, FANTA, in collaboration with Cornell and Tufts Universities, has developed a *Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide* with a standardized questionnaire and data collection and analysis instructions.

The HFIAS is composed of a set of nine questions that have been used in several countries and appear to distinguish food insecure from food secure households across different cultural contexts. These nine questions represent universal domains of the experience of insecure access to food that can be used to assign households and populations along a continuum of severity. The information generated by the HFIAS can be used to assess the prevalence of household food insecurity (e.g., for geographic targeting) and to detect changes in the food insecurity situation of a population over time (e.g., for M&E).

*Collaboration with the FAO's Nutrition and Consumer Protection Division (FAO/NCPD) and the EC/FAO Food Security Information for Action Programme, Phase II (FSIAP-II)*

During Project Year Eight, FANTA collaborated with FAO/NCPD to test and adapt the HFIAS, HDDS and IDDS tools in Kenya, Malawi and Mozambique. FANTA's continued collaboration with FAO/NCPD in the EC/FAO FSIAP-II program presents an important opportunity to broaden the use of the HFIAS and HDDS indicators beyond the Title II community and to learn from field applications of the HFIAS so that the HFIAS tool and guide can be made most practical and useful across a wide range of settings. The collaboration includes participation in FAO's e-forum, where members discuss their experiences in using and adapting the HFIAS and HDDS tools.

*Testing the construct validity of the scale*

FANTA and FAO/NCPD also have taken initial steps to analyze HFIAS data collected in diverse settings and multiple countries to test the construct validity of the scale and the HFIAS food security classification scheme. FANTA and FAO/NCPD currently plan to test data from several countries, partnering with FAO Mozambique (two rounds of data), Direction Générale des Prévisions et Statistiques Agricoles Burkina Faso (two rounds of data) and Palestinian Public Perceptions (PPP) Project Palestine, as well as using the South Africa Health Research Medical Council Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS) livelihood survey, FAO Zimbabwe Risk and Vulnerability Reduction survey and a South African Medical Research Council research study. Other potential partners are still to be confirmed. An FAO/NCPD representative and the FAO consultant who led the data collection for the PPP Project Palestine visited Washington to work with FANTA on the HFIAS validity analysis. FANTA also met with United States Department of Agriculture's (USDA) Mark Nord to receive his assessment of the performance of the HFIAS data for various data sets.

FANTA and FAO/NCPD are considering collaborating on a number of other initiatives,

including the development of revised HFIAS guidelines during Project Year Ten.

*Increasing understanding of how the set of HFIAS questions captures the experience of food insecurity in diverse populations*

FANTA continued to provide ongoing technical assistance to CSs and other implementing agencies that are using or planning to use the HFIAS as a measure of household food insecurity. Organizations include Africare, CRS, the MEASURE Evaluation Project and UNICEF Zimbabwe. FANTA also continued to provide technical assistance to researchers affiliated with the University of Kwazulu Natal in South Africa and Wageningen International in the Netherlands.

*Supporting guidelines and training for HDDS/IDDS tools*

FANTA reviewed the December 2006 draft guidelines for the HDDS/IDDS tools developed by the EC/FAO FSIAP-II program and based on their field experience adapting and applying the tools in Kenya, Malawi and Mozambique. FANTA also refined the language in several HFIAS questions to reflect recommendations of the EC/FAO FSIAP-II program, based on the project's HFIAS adaptation work in multiple countries. In addition, FANTA provided technical input on HFIAS-related materials produced by the EC/FAO FSIAP-II program.

FANTA and FAO also drafted a joint afterword for the report on FAO's Kenya National Stakeholders Workshop on Monitoring Tools for Assessing Food Access and Dietary Diversity.

*Workshop on integration of tools*

FANTA participated in a regional workshop, hosted by the EC/FAO FSIAP-II program and FAO's FIVIMS, on simple tools for measuring household access to food and dietary diversity. The workshop, held on March 20-22, 2007 in Nairobi, Kenya, convened 45 experts working on nutrition, food security and measurement issues in academic, government, multilateral and international agencies. Participants represented nine countries across four continents.

As a member of the organizing committee, FANTA contributed to the planning and organization of the workshop, presented an overview of the HFIAS tool at the workshop and participated in the plenary discussions and working group activities. FANTA also provided funding for Dr. Sheryl Hendriks, a food security researcher at the University of Kwazulu Natal in South Africa who has applied the HFIAS tool in recent studies, to participate on the workshop's organizing committee and all related workshop activities. (Dr. Hendriks is also interim director for the university's African Centre for Food Security.)

Participants discussed the strengths and limitations of the HFIAS and HDDS tools and made recommendations for what further work on the tools might be necessary. Participants also shared their experiences adapting and applying the tools in various contexts, and representatives from Burkina Faso, Mozambique and South Africa presented results from population-based surveys that incorporated the tools.

At the workshop, FANTA agreed to: 1) partner with FAO and other organizations that want to participate in the HFIAS validation work, 2) provide virtual technical assistance to workshop participants for the adaptation, application and analysis of data related to the HFIAS and HDDS, as requested, and 3) continue to collaborate with FAO on activities related to the HFIAS and HDDS tools, and participate in the FAO-led user-network, e-forum, which was developed to share information and lessons learned on the use and integration of the tools

These next steps were in addition to the HFIAS- and HDDS-related work and technical assistance that FANTA continues to carry out with CSs.

### **3.1.2. Measuring IYCF practices**

#### **3.1.2.a. IYCF indicators**

Optimal IYCF is a critical aspect of care for improved nutrition, health and development of the child. Improving the definition and measurement of IYCF practices in the 6- to 23- month period will help advocate for increased focus on this important determinant of infant and young child nutrition, in addition to improving the ability of program implementers to define the magnitude of the problem in their program context and monitor and report on improvements in IYCF practices.

With support from GH, FANTA has been collaborating with Macro International, CORE, and PVOs working on child survival and health activities to improve the use and interpretation of IYCF data available from DHS and KPC surveys. During Project Year Eight, FANTA collaborated with Measure/DHS to produce *Infant and Young Child Feeding (IYCF) Update* (September 2006) which provides data on key indicators, including a new summary IYCF indicator for children 6-23 months.

In Project Year Nine, FANTA and Macro International discussed future collaboration related to the IYCF indicator, which includes Macro International producing the IYCF table and figure for 18 new countries for which data are now available. The documents will include the standard narrative and be uploaded as a PDF file on Macro International's website, along with the respective reports. Macro International will also send an addendum containing the IYCF table, figure and narrative to institutions and individuals on the DHS distribution list for the 18 countries. This work will be completed during Project Year Ten.

In addition, Macro International will assess the feasibility of adding the IYCF indicator to the STATcompiler and STATmapper options for retrieving DHS country data on Macro International's website.

#### **3.1.2.b. Developing and Validating Indicators of Feeding Frequency and Nutrient Density of Complementary Foods for the Breastfed and Non-Breastfed Child In Developing Countries**

Clear guidance for the international community on optimal IYCF practices has been achieved with the publication of the *Guiding Principles for Complementary Feeding of the Breastfed*

*Child* (PAHO/WHO 2003) and *Guiding Principles for the Non-Breastfed Child 6-24 Months of Age* (WHO 2005). Over the past several years, FANTA has implemented a multi-stage initiative to develop a set of indicators to assess IYCF practices and to monitor and evaluate progress on improving IYCF practices worldwide. In Project Year Eight, a major milestone was reached when the main findings of this collaborative research activity were documented in the final report *Developing and Validating Simple Indicators of Dietary Quality and Energy Intake of Infants and Young Children in Developing Countries: Summary of findings from analysis of 10 data sets*. The results of the study provide a useful evidence base for the selection of indicators, field testing, and further dialogue towards consensus on global recommendations for IYCF indicators.

During Project Year Nine, FANTA continued work with WHO, IFPRI, the University of California at Davis and collaborating researchers from several developing countries to develop and validate indicators of feeding practices, specifically related to the frequency of feeding and nutrient density of complementary foods, for infants and young children 6-23 months of age in developing countries.

#### *Building consensus in developing simple indicators*

The results of the 10 data set study formed the basis of the WHO Informal Meeting on Assessing Infant and Young Child Feeding: Progress toward developing simple indicators, held in Geneva in October 2006. The objectives of the meeting were to:

- Review the steps and main outcomes of the process that has been followed to identify valid and reliable population-based indicators to assess selected aspects of complementary feeding practices (and feeding non-breastfed children aged six to 23 months) and reach a common understanding on key principles and strategic directions to be adopted.
- Present the IYCF indicators used in the DHS, KPC and MICS, along with results from the analysis of these indicators in 43 DHS surveys.
- Reach consensus on a small number of recommended population-level indicators for assessing IYCF practices.
- Discuss data collection methods and approaches for field-testing various methods.
- Identify opportunities for field-testing various methods of data collection.
- Agree on next steps to arrive at a universally agreed set of indicators that can be widely disseminated.

At the meeting, FANTA, in collaboration with Macro International, presented the IYCF indicators currently used in the DHS and KPC, as well as results from the analysis of these indicators in 43 DHS surveys (1998-2004). Participants reviewed the steps and main outcomes of the process that has been followed to identify valid and reliable population-based indicators to assess selected aspects of complementary feeding practices (and feeding non-breastfed children aged 6-23 months).

The participants agreed that, based on analysis to-date, the derived indicators were better suited to flag poor dietary quality than adequate dietary quality. Several extensions to the analysis that might lead to indicators of adequate dietary quality were identified. The discussions also led to

additional questions about the relationship between milk (or dairy product) feeds and diet adequacy (specifically, required frequency of feeding) for non-breastfed children. Meeting participants recommended additional analysis to explore 1) a new indicator of dietary quality, similar to the existing indicator of Mean Micronutrient Density Adequacy (MMDA), but excluding iron; 2) the performance of combination sentinel food groups as a measure of dietary adequacy and 3) the relationship between the number of dairy products consumed by non-breastfed children and quantity of dairy products consumed, to further inform the recommended number of minimum daily feeds appropriate for non-breastfed children.

FANTA provided comments on the WHO meeting report, a draft of which was shared with participants in November 2006.

*Additional analysis of ten data sets for defining and validating an indicator of adequate or good dietary quality*

FANTA produced a report, *Developing and Validating Simple Indicators of Dietary Quality of Infants and Young Children in Developing Countries: Additional Analysis of 10 Data Sets*, that addressed the participants' analysis recommendations. The report concluded that further discussion is needed to decide whether to adopt an indicator of adequate dietary quality. If this decision is taken, there will need to be a separate indicator for adequacy of iron intake. The report also concluded:

- Although combinations of sentinel food groups may be useful indicators of adequate dietary quality in some settings, there is insufficient consistency across sites to recommend their adoption as universal indicators for global use.
- Further discussion is needed to agree on an indicator for milk feeding frequency among non-breastfed children.

*Support to planning of the 2007 WHO consensus meeting on IYCF indicators*

FANTA is on the steering committee for the WHO consensus meeting on IYCF indicators that will be held in Washington DC in November 2007. FANTA has participated in technical discussions convened by WHO on reaching consensus on technical updates for the 1991 WHO breastfeeding indicator document. FANTA is also analyzing several DHS country data sets. Data related to IYCF practices will be tabulated to assess the extent of difference when tabulating the IYCF indicators using DHS cutoffs and food groupings versus those proposed by the IYCF working group in 2006 and 2007.

**3.1.3. Validating dietary diversity as a measure of the adequacy of women's diets**

The DHS 2005 revised questionnaire includes, for the first time, a 24-hour recall question on food group consumption of the mothers of children less than three years of age. Inclusion of this question represents a significant opportunity to advocate for an increased emphasis on women's diet quality.

To support the use and interpretation of data collected using the new DHS 2005 questionnaire, FANTA is collaborating with IFPRI to conduct a secondary analysis of food group consumption

(dietary diversity) data to assess the adequacy of consumption of specific macro- and micronutrients for women. An expression of interest was solicited from research organizations that have extant, ready-to-analyze women's food consumption datasets from developing countries, and 11 data sets representing Africa, Latin America, and Asia were identified.

In Project Year Nine, FANTA completed the analysis protocol for validation of dietary diversity indicators as a measure of the micronutrient adequacy of women's diets. The protocol, data set and timeline requirements for carrying out the analysis were shared with potential collaborators, and collaborators with at least 5 appropriate data sets expressed interest in participating in the activity during Project Year Ten.

### **3.2. Food and nutrition responses to HIV**

FANTA provides technical support to GH, DCHA, other USAID Bureaus, USAID/EA, and PEPFAR partners, to integrate food security/nutrition objectives into USG HIV strategies and programming.

#### **3.2.1. Strengthening food and nutritional care and support for PLHIV**

Since 2000, FANTA has provided technical assistance at multiple levels to strengthen nutritional care and support for PLHIV. FANTA assists regional institutions, country teams and programs in adapting global guidance to develop locally appropriate nutritional care and support programming and guidelines. Working with regional partners, FANTA has developed national guidelines for nutritional care and support for PLHIV and training and counseling materials to strengthen the capacity of service providers.

##### *Refining programming guidance on integration of food and nutrition in HIV programming*

FANTA provides assistance to OHA and the Office of Global AIDS Coordinator (OGAC) in refining programming guidance on integration of food and nutrition in HIV programming. (See **1.1.1.a.**)

##### *Improved guidance for determining program cutoffs and planning food resources in PEPFAR-supported food supplementation programs*

In response to a request from USAID, FANTA has collected data and provided analysis to develop improved guidance to PEPFAR partners on determining program cutoffs and planning food resources in PEPFAR-supported food supplementation programs. (See **1.1.1.a.**)

##### *Development of counseling screening tool*

In response to demand from programs and a request from USAID, FANTA prepared a framework of the information that service providers at HIV treatment and care facilities require to identify the services the PLHIV need, such as counseling, therapeutic and supplementary food, micronutrient supplements and household food and livelihood support. Based on this framework, USAID asked FANTA to prepare a counseling tool that can be used to screen clients for need

and eligibility for various services.

*Expanding evidence of the role of food supplements in HIV treatment and care*

In order to strengthen the evidence base on the impacts of food supplementation on the nutritional and clinical status of PLHIV, FANTA is partnering with local partners to conduct three Targeted Evaluations with PEPFAR funding from OHA and USAID/Kenya (for the evaluations in Kenya).

- In Malawi, FANTA is working in partnership with Washington University in St. Louis and the University of Malawi to investigate the differential impacts of two food products on the nutritional and clinical status of malnourished, ART clients. During the initial three months of ARV treatment at Queen Elizabeth Central Hospital in Blantyre, Malawi, HIV-infected adults with BMI<18.0 receive either CSB or a RUTF consisting of micronutrient-fortified nutrient-dense paste (Plumpynut®). Nutritional counseling is provided to all clients. The CSB and RUTF both provide 1360 kcal per day – approximately 45% of subjects’ daily energy requirement – but the two products differ in form, composition, nutrient density, and protein and micronutrient content. Data on subjects’ nutritional status (BMI, Bioelectrical Impedance Analysis (BIA), and serum albumin), clinical status (viral load, CD4 count, clinical events), quality of life, and adherence to ARV drugs are being collected for the three months of supplementation and for nine months of follow-up. Final results are expected in Project Year Ten.

The report of results after 3.5 months of food supplementation showed that clients receiving RUTF had greater weight gain and body cell mass gain than clients receiving CSB. The difference was statistically significant, but the magnitude of the difference was not great – 0.6 kg/m<sup>2</sup> difference in BMI increase. There was no difference in CD4 counts, survival or other clinical outcomes between the two groups at 3.5 months. Data for the nine-month follow-up period after food was terminated is being collected and analyzed.

- In Kenya, FANTA is working with KEMRI to investigate the impacts of food supplementation on the nutritional and clinical status of malnourished, adult ART clients and malnourished pre-ART clients. HIV-infected adults with BMI<18.5 at six sites in Kenya receive either a micronutrient-fortified blended food product and nutritional counseling, or nutritional counseling alone during their initial six months of ARV treatment (for ART clients) or during six months of cotrimoxazole treatment (for pre-ART clients). The product, locally manufactured by Insta, is composed of corn, soy, oil, sugar, whey protein, and micronutrient premix and provides 1320 kcal per day. Data on subjects’ nutritional status (BMI, MUAC, BIA, serum albumin), clinical status (CD4 count, clinical events), quality of life, and drug adherence are to be collected for the six months of supplementation and six months of follow-up. Within each arm of the study (ART and pre-ART) outcomes of subjects who receive food will be compared with outcomes of those who do not. Final results are expected in Project Year Ten.

In Kenya, recruitment of subjects was slower than planned, primarily due to the

decentralization of ART services in Kenya, which resulted in a decline in the number of new clients at a given site. Primary recruitment was completed in June 2007, and recruitment continued at selected sites to ensure a sufficient sample of pre-ART clients. Treatment of subjects continued as per the protocol. A report of complete baseline data is expected in Project Year Ten.

#### *Support to PEPFAR IPs*

In Project Year Nine, FANTA provided input to a George Washington University review of screening and monitoring tools that The AIDS Service Organization (TASO) Uganda uses to determine eligibility for entering and exiting from its food program. FANTA also provided information on M&E indicators for adolescents in the context of HIV in response to a request from Africare.

#### *Participation in forums on HIV, food and nutrition*

FANTA participates in a number of forums on HIV, food and nutrition, such as the HIV and Nutrition Coalition and the HIV/AIDS and Food Security Advocacy Task Force. (See 3.5.)

### **3.2.2. Developing food security and food aid interventions to mitigate the impact of HIV**

#### *Guide on food assistance programming in the context of HIV*

There has been increased acknowledgement in the development community of the links between food insecurity and HIV and the corresponding need to integrate food and nutritional support into a comprehensive response to the HIV epidemic. Recognizing this, FFP, OHA, USAID/EA and the Bureau for Africa, as well as WFP, provided funding to FANTA for the development of program-level technical guidance to meet this challenge.

*Food Assistance Programming in the Context of HIV* seeks to improve capacity in the assessment, design and implementation of food security programs that respond to HIV-related challenges and HIV programs that respond to food security challenges. The principal audience is program directors, program advisors and senior program managers who are directly involved in the analysis and formulation of food assistance strategies and country program activities at headquarters and in regional and field offices.

The guide is the result of a consultative process begun in 2003 that has included food security programming needs assessments, roundtable discussions, consultations, country visits, and review workshops with USAID, WFP, other international and bilateral organizations, CSs, and other international and local IPs. TANGO International is the lead writer with substantial technical, editorial and production support from by FANTA.

The first draft of the handbook was completed in Project Year Eight, based on an extensive review of the literature, field visits to Ethiopia, Kenya, Uganda and Zambia, and a regional consultative meeting in South Africa with WFP country offices and their implementing agencies.

FANTA held two Interagency Consultative Group (ICG) meetings in Project Year Nine to share and review the second draft and to fill gaps in the program design and sector areas. Concern Worldwide hosted the first ICG meeting on December 4-5, 2006 in Dublin. Senior managers from WHO, UNESCO, FAO, WFP and Irish Aid attended, along with representative from 14 European NGOs. World Vision hosted the second ICG review meeting on December 11-12, 2006 in Washington, DC. Representatives from GH, OHA, FFP, WFP and from 17 CSs attended.

After a final review of the guide by USAID, WFP and CSs, FANTA published *Food Assistance Programming in the Context of HIV* in September 2007. FANTA held a dissemination meeting for the guide, hosted by SCF/US on September 27, 2007. Meanwhile, FANTA disseminated more than 650 copies of the guide in hard copy before the end of the Project Year and another 1,250 electronically in the first few weeks of availability on the FANTA Project website at: <http://www.fantaproject.org/publications/fapch.shtml>

FANTA plans to introduce the guide in ongoing or new Mission-funded technical assistance requests focusing on imparting skills in food assistance programming in the context of HIV. As an outcome of the dissemination meeting they hosted, above, SCF/US agreed to lead a Washington task force to meet quarterly to share experiences, knowledge and lessons learned from the field in using the guide. FANTA plans to collaborate with SCF to hold an ICB Informationa and Experience Exchange workshop on the experiences and lessons learned in using the guide for Title II and PEPFAR partners in Project Year Ten.

### **3.3. Preventive vs. recuperative approaches in nutrition interventions**

The design of the food component of food-assisted MCHN interventions is a critical determinant of the eventual impact the intervention will have on the nutritional status of the population of interest. Currently, two main approaches exist: recuperative and preventive.

In the traditional recuperative approach, children under a certain age (typically five years old) are targeted to receive food supplements, based on their nutritional status as measured during growth monitoring activities. Children identified as having a weight-for-age below the -2 standard deviations (SD) from the median cutoff point are eligible to receive food rations for periods of varying length.

In the preventive approach, by contrast, food supplements are targeted to all children between 6-23 months, irrespective of their nutritional status, and are expected to prevent growth faltering and malnutrition.

There is strong scientific evidence to suggest that a preventive approach can have a greater public health impact over the long term. However, no effectiveness trial had confirmed this in a real life context. To clarify this issue, and to understand how to best design and implement a preventive intervention, FANTA, with technical support from IFPRI and Cornell University and in collaboration with WV/Haiti, supported a field study in Haiti comparing, in an operational context, the relative impact, cost and implementation implications of the preventive and recuperative approaches to MCHN programming with a food supplementation component.

FANTA completed the five-year study in Project Year Eight. The results clearly demonstrate that the preventive approach is more effective in reducing malnutrition, with the prevalence of stunting, underweight and wasting significantly lower in the preventive compared to the recuperative program communities after three years of program implementation. These results provide the much-needed evidence-base for better practices in MCHN programming approaches. WV plans to use preventive approaches in their future program design.

#### *Dissemination of the results of the evaluation*

FANTA presented the final results of the five-year study to an audience of over 50 policy-makers, NGOs and other stakeholders in September 2006 in Washington DC. In October 2006, FANTA and IFPRI presented the results to USAID/W and, in Haiti, to the Mission and Title II CSs.

.Because FY 2007 was the last year of the DAPs, it was recommended that the new MYAPs, being prepared at the time, adopt the preventive model. All three approved MYAPs (CRS, WV and ACIDI/VOCA) incorporated the preventive approach. FANTA will continue providing support to CSs in implementing the preventive model.

FANTA reviewed and provided comments to the study report, *Prevention or Cure? Comparing Preventive and Recuperative Approaches to Targeting Maternal and Child Health and Nutrition Programs in Rural Haiti*. The final report was issued in August 2007. The report has not been published pending the publication of several articles summarizing the results in peer-reviewed journals including an article to appear in the Lancet in January 2008.

### **3.4. Innovations to improve assessment, monitoring and evaluation of food security programming**

To meet expressed needs of USAID and PVO partners, FANTA continues to support the development of innovative tools for problem assessment and program and commodity monitoring. Building on its previous work, FANTA continued to focus its efforts on two promising applications in Project Year Nine: the use of LQAS applications for assessing the prevalence of SAM in emergency situations and of Layers for program and commodity monitoring.

#### **3.4.1. Improving assessments, monitoring, evaluation and reporting in emergency settings**

##### **3.4.1.a Alternative sampling designs in emergency settings**

Appropriate response to an emergency requires reliable and timely data about the health and nutrition status of the affected population. The assessment method traditionally used in emergency settings is a 30x30 cluster survey. This method provides statistically reliable results if implemented correctly, but with a sample size requirement of 900, it can be time-consuming and expensive to carry out.

Humanitarian agencies and decision makers need tools for rapid and effective prioritization of areas in greatest need and practical and reliable methods for on-going monitoring of the situation. There has long been demand for a statistically reliable emergency assessment tool that is less time and resource intensive than a conventional 30x30 cluster survey. Until recently, however, appropriate data collection alternatives were not available.

LQAS is a sampling methodology that permits statistically valid conclusions about particular outcomes (e.g., program coverage, service quality) using the smallest sample possible.

FANTA, in collaboration with CRS, SCF and Ohio State University (OSU), applied LQAS methods to develop and test three new survey designs to respond to the data collection priorities of emergency settings: 1) a 33x6 design (33 clusters, 6 observations in each), 2) a 67x3 design (67 clusters, 3 observations in each) and, 3) a "sequential" design (a multi-stage sampling plan based on the 67x3 design).

The designs were field tested in Ethiopia in 2003 and in Sudan in 2005, where they were shown to provide rapid and statistically reliable methods for assessing global acute malnutrition (GAM), an indicator commonly used by relief organizations worldwide to assess the gravity of nutritional issues and the need for response in emergency settings.

#### *Ethiopia field validation of alternative sampling designs*

A journal article, *A Field Test of Three LQAS Designs to Assess the Prevalence of Acute Malnutrition*, summarizing the results from the initial 2003 field test of the approach, was published in the International Journal of Epidemiology in May 2007. It is available free of charge through their website:

<http://ije.oxfordjournals.org/cgi/content/abstract/dym092?ijkey=ghnEoj3nbUJVMY1&keytype=ref>

#### *Sudan field validation of alternative sampling designs*

FANTA presented the Sudan field validation work to OFDA and AED in Project Year Nine. FANTA also presented the work at an international conference *New Methods for Assessing Health in Complex Situations*, hosted by the Center for Research on the Epidemiology of Disasters and the LSHTM, in Brussels in June 2007.

Also in Project Year Nine, a peer review paper on the Sudan field validation's results, *Precision, Time, and Cost: A Comparison of Three Sampling Designs in an Emergency Setting*, was completed, revised according to peer review comments, and re-submitted for publication consideration to the open-access journal, *Emerging Themes in Epidemiology*. A longer report of the Sudan field validation also was completed and will be disseminated after the peer review paper is published.

#### *Documenting the statistical methods behind alternative sampling designs*

A peer review paper, *Using Modified LQAS Designs to Assess Acute Malnutrition: A Validation*

*Study by Computer Simulation*, describing the simulation methods used to create the 33x6, 67x3, and sequential designs has been reviewed internally at AED, and is being finalized by the authors for submission to the journal, *Survey Methodology*.

#### *Developing a user's manual*

In Project Year Nine, FANTA began work on the first draft of a field manual, *Using Alternative Sampling Designs to Assess the Prevalence of Acute Malnutrition in Emergency Settings*.

### **3.4.1.b Alternative method for estimation of mortality in emergency settings**

In response to the limitations of prospective surveillance and retrospective surveys for assessment of crude and under-five mortality rates, FANTA seeks to explore alternative methods for assessing mortality in crisis-affected populations. Recently, LSHTM developed a new method for rapidly quantifying mortality over a very recent period through Exhaustive Measurement (EM), based on a snowball chain referral technique.

In contrast to a 30x30 cluster survey, which provides a three-month retrospective estimation of mortality, the EM method allows for mortality to be estimated in real time by seeking all cases of mortality in the assessment area. FANTA is exploring the possibility of collaborating with LSHTM to conduct a validation study of the mortality estimation method. LSHTM will submit a proposal for the work in October 2007. The activity will be completed during Project Year Ten.

### **3.4.2. Applying the Layers approach to program monitoring and reporting**

#### **3.4.2.a. Layers application for monitoring Title II programs**

USAID Missions have oversight responsibilities for P.L.480 Title II programs, including monitoring the management of food commodities and grants by CSs. As part of this oversight, Missions make site visits to food commodities storage and distribution sites to verify compliance by the CSs with regulations on proper storage and distribution of food commodities.

Usually, only food commodities are monitored, and sites for visits tend to be selected for convenience rather than through any systematic process. Because of this practice, Missions cannot make any significant program-wide statements on the overall quality of CS program management from these site visits findings.

In 2002, a Regional Inspector General audit examined the Title II program in Haiti and recommended that the Mission improve its oversight of the food assistance program, specifically through a statistically representative approach to monitoring Title II food distribution sites. The Mission, in turn, requested technical assistance from FANTA to address this audit recommendation.

FANTA responded with Layers, a “hardware/software” approach that combines LQAS methodology, data collection using handheld computers and an automated analysis and report production model. The LQAS methodology allows for small sample sizes without sacrificing

statistical validity and simple questionnaire using dichotomous statement (yes/no, pass/fail, etc) , while the use of handheld computers eliminates the need for post coding and data entry. The automated report production permits frequent, objective and detailed feedback from the Mission to the CSs. Layers allows the Mission to make program-wide evaluations rapidly and in a cost-effective way.

FANTA worked with the Mission and the CSs to build on this new system for data collection and analysis by selecting additional indicators that would allow the Mission to monitor and evaluate not only the operations associated with the management of food commodities but also to make rigorous, statistically valid assessments of the activities, such as immunizations or Food for Education, that accompany the distribution of food.

In Project Year Six, FANTA began implementation of Layers for the Haiti Mission, conducting pilot tests of the analytical procedures and providing training to Mission Food Monitors and an information technology team in the use of PDAs. The following year, FANTA began working with the Ethiopia and Madagascar Missions to adapt and implement the Layers approach in those two countries as well.

Original Layers modules covered nutrition, health, agriculture, and education activities. In response to needs in Ethiopia and Madagascar, new modules were added covering FFW operations to facilitate assessment of infrastructure built with program funds.

Layers was implemented in Ethiopia, Madagascar and Haiti in Project Year Nine. (see **1.3.1.b., 1.3.4., 1.3.12.b.**)

### **3.4.2.b GH Outcome Monitoring Pilots**

Every five years, most Missions implement a nationally representative DHS to collect population-level data on health and family planning knowledge, attitudes, and outcomes. However, the new USG Foreign Assistance Framework requires annual reporting on indicators that can be attributed to USG-supported interventions, which has largely resulted in output-level reporting.

In response, GH is piloting OM Surveys, a methodology for data collection that that has been adapted from Madagascar's Layers for HPN (see **1.3.4.**) and relies on the use of LQAS approaches. In the pilot OM Surveys, USAID Missions collect a set of indicators that allows the USG to monitor the key health activities it supports and to facilitate the management of those activities in-country. Health sectors covered by the pilot OM Surveys include malaria, MCHN and family planning.

The pilot OM Surveys include both population-based and facility-based components. The population-based component collects information on the target population's knowledge, practice and access to health services and products, while the facility-based component collects data on the provision of facility-based services and products offered by USG IPs in-country. The pilot OM Surveys collect information from both components and include two sets of indicators. The first is a set of outcome indicators selected by GH team leaders in each sector. The second set is

selected by in-country Mission staff in consultation with IPs to cover the additional data they need to manage their activities.

FANTA implemented pilot OM Surveys in Madagascar and Guatemala in Project Year Nine. (see **1.3.4.** and **1.3.11.b.**) Local firms were used to collect data. Data analysis commenced in September. Pilot OM Survey final reports are expected in Project Year Ten.

In Project Year Nine, GH conducted an external assessment of the pilot OM Surveys that looked at the feasibility of conducting annual or biannual OM surveys; the usefulness of the data for program management and reporting; local capacity issues; and USAID mission and USAID/W bureau interest in such outcome data collection.

### **3.5. Information sharing and coordination**

#### *Leadership and coordination with the Standing Committee for Nutrition*

With support from DCHA and USAID's Bureau for Policy and Program Coordination (PPC), FANTA has provided funding for greater outreach for technical innovations and global leadership with the SCN based at WHO. The SCN provides an active forum for information exchange through its publications (SCN News, Nutrition Information in Crisis Situations [NICS], SCN Policy Paper), its website and its annual technical sessions.

The SCN's mandate includes:

- Raising awareness of nutrition problems and mobilizing commitments at the global, regional and national levels to solve them
- Refining the direction, increasing the scale and strengthening the coherence and impact of actions against malnutrition worldwide
- Promoting cooperation among UN agencies and partner organizations in support of national efforts to end malnutrition

SCN annual meetings have representation from concerned UN Agencies, from 15 to 20 bilateral partners, NGOs, civil society organizations, academia, as well as invitees on specific topics. These meetings include symposia on subjects of current importance for policy as well as thematic working group sessions where these subjects are further discussed in detail. The 34th Session in Rome, Italy in February 2007 focused on "Working Together to Achieve Freedom from Child Hunger and Undernutrition." FANTA provided support for one participant from Bolivia and one participant from South Africa to attend the SCN's 34th Session.

#### *Nutrition Information in Crisis Situations*

The SCN, which is the focal point for harmonizing nutrition policies in the UN system, issues reports on NICS to raise awareness and facilitate action. The reports are designed to provide information over time on key outcome indicators from emergency-affected populations, play an advocacy role in bringing the plight of emergency-affected populations to the attention of donors and humanitarian agencies, and identify recurrent problems in international response capacity. FANTA has been supporting publication of NICS since 1999. NICS #11, 12 and 13 were

published with FANTA support during Project Year Nine.

#### *Forums on HIV, food and nutrition*

FANTA participates in a number of forums on HIV, food and nutrition, such as the HIV and Nutrition Coalition and the HIV/AIDS and Food Security Advocacy Task Force. FANTA also supports country efforts to improve HIV and nutrition policies, such as review of national guidelines and technical assistance to nutrition policy development. FANTA's Project Year Nine activities include:

- Providing feedback and input on the nutrition-related indicators that the HIV/AIDS and Nutrition Coalition were proposing for inclusion in PEPFAR's standard set of indicators.
- Providing feedback on Botswana's revised national guidelines on nutrition and HIV.
- Presenting "Engaging Countries: Experience Integrating Nutrition into National HIV Responses" at a meeting organized by the Mainstreaming Nutrition Initiative, a World Bank-funded initiative implemented by Cornell University. The presentation focused on FANTA's experience in introducing nutrition into government HIV programs and lessons for other efforts to mainstream nutrition.
- Participating in the PEPFAR Implementers Meeting in Kigali, Rwanda, particularly in the sessions on food and nutrition.

FANTA also actively participates in the FFP HIV Policy Working Group (See **1.1.1.a.**)

#### *Essential Nutrition Actions Working Group*

FANTA spearheaded an ENA working group within AED, bringing together experienced ENA and nutrition practitioners to support the advancement of ENA. This group will be collaborating to develop tools and strategies that will support the work of FANTA (and other AED projects) in the field.

#### *World Bank Mainstreaming Nutrition Initiative*

FANTA participated in a meeting of the World Bank's Mainstreaming Nutrition Initiative (MNI) to discuss MNI's objectives, framework and approach, as well as opportunities for collaboration. MNI aims to link nutrition with health policies, programs and actions to raise the profile of nutrition in countries and reduce the prevalence of undernutrition, especially of women and children. Current activities are focused at both the global and country level; one of MNI's aims is to build a nutrition-focused global consortium that can help move the nutrition agenda forward. Meeting participants provided suggestions on MNI's framework and approach, and discussed opportunities for collaboration in MNI current and future activities.

#### *Coordination with the Hygiene Improvement Project (HIP)*

The Hygiene Improvement Project (HIP) at AED asked FANTA for input on the POUZN (Point-Of-Use Water Disinfection and Zinc Treatment) activity, particularly a questionnaire with a harmonized water and sanitation survey module based on LQAS that FANTA piloted in

Madagascar. HIP will continue developing indicators for POUZN based on the FANTA prototype, while FANTA will incorporate the refined instrument in future survey questionnaires. FANTA welcomes this collaboration because it generates greater cohesion and harmonization in field survey instruments.

In Madagascar, FANTA and HIP will collaborate on collecting data that HIP will use for its own baseline in that country and FANTA will use for its ongoing OM activity with the Mission (see **3.4.2.b.**)

### **3.6. Knowledge management, publication and training**

Developing, capturing, articulating and disseminating promising practices and acceptable standards in nutrition and food security are activities fundamental to their ultimate adoption. FANTA communications activities support the publication, presentation and dissemination of project activities in print and electronic media and at events, workshops and trainings and to help further the following goals:

- Expanding the knowledge base on nutrition and food security.
- Fostering dialogue and discussion on key issues related to nutrition, food security and HIV.
- Informing policy on nutrition, food security and HIV programs.
- Creating linkages between FANTA and the nutrition, food security and HIV communities.

#### *Trainings, workshops and presentations*

FANTA carries out annual trainings at selected venues, including the Agency's Food Aid Manager's Courses, the annual ICB Managers' Meeting, and implements other trainings in response to specific needs and requests. During Project Year Nine, FANTA workshops, trainings and presentations reached more than 1,300 participants in 15 countries, as detailed in Table 2.

#### *Dissemination of FANTA publications*

The FANTA website is the cornerstone of dissemination activities. As a resource center, the site connects visitors not only to FANTA's work and publications but also to other websites, reports and publications that can help to expand the knowledge base, foster dialogue, inform policy and create linkages within the nutrition and food security community. FANTA also disseminates publications through response to global requests for material. In Project Year Nine, FANTA distributed nearly 530,000 copies of more than 200 different publications and information products developed over the life of the project. While it is difficult to track the final destination of web downloads, hard copies of FANTA publications were requested by recipients at universities, hospitals and NGOs in more than 25 developing countries, including many where FANTA does not provide technical assistance: Bangladesh, Benin, Burkina Faso, Congo-Brazzaville, Cote d'Ivoire, Iran, Lesotho, Nepal, Niger, Nigeria, Pakistan, Sierra Leone, South Africa, Sri Lanka, Tanzania and Zimbabwe. (See Tables 3 and 4, below)

**Table 2: Trainings, Presentations and Workshops in Project Year Nine**

Title	Location	Date	Duration	Number Participants	Audience
1. DHS and KPC IYCF Indicators	Geneva, Switzerland	October 4, 2006	.5 hour	20	WHO, FAO, UNICEF, IFPRI, UC Davis, Gates Foundation, Macro International, Path,
2. Prevention Vs. Cure: A Comparison of Two Approaches in Food Assisted Nutrition Programs	Washington, DC	October 4, 2006	2 hours	15	DCHA, GH
3. Prevention Vs. Cure: A Comparison of Two Approaches in Food Assisted Nutrition Programs	Port au Prince, Haiti	October 11, 2006	3 hours	45	USAID/Haiti, CSs, local NGOs
4. Strategies for Behavior Change Workshop	Tegucigalpa, Honduras	October 16-20, 2006	5 days	24	USAID/Honduras, Secretary of Health of Honduras, CSs
5. Incorporating the USAID Haiti Food Security Strategy in the new MYAPs	Port au Prince, Haiti	October 17-19, 2006	2 days	48	USAID/Haiti, PVOs
6. FFP's Strategic Plan and Development Relief Approach	Washington, DC	October 19, 2006	2 hours	6	OFDA Response Alternatives for Technical Services (RATS), FFP
7. PROFILES workshop	Adama, Ethiopia	October 23-27, 2006	5 days	15	MOH, Ministry of Finance (MOF)
8. PROFILES presentation	Bahar Dar, Ethiopia	October 30, 2006	0.5	20	MOH, MOF
9. PROFILES presentation	Awassa, Ethiopia	November 2, 2006	0.5	12	MOH, MOF
10. Food Security Strategy Workshop	Maputo, Mozambique	November 2-3, 2006	1.5 days	58	USAID/W, USAID/Mozambique, WFP, Government of Mozambique, Michigan State University, CLUSA, Research Institutions, FEWS NET, PVOs, NGOs
11. PROFILES presentation	Addis Ababa, Ethiopia	November 3, 2006	0.5	15	MOH, MOF
12. Overview of FANTA Project and FANTA's work on HIV/AIDS and nutrition; USAID food	Washington, DC	November 3, 2006	2 hours	25	George Washington University Economics of Poverty Alleviation

aid programs and how they address food access issues; Challenges of measuring food access and development of measurement tools.					Seminar students
13. Applying <i>Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives</i> in Nursing Schools	Lilongwe, Malawi	November 13-16, 2006	4 days	37	MOH, nursing school instructors and administrators
14. Consultation workshop for <i>Food Assistance Programming in the Context of HIV and AIDS</i>	Dublin, Ireland	December 4-5, 2006	2 days	36	FAO, UNESCO, WFP, WHO, Irish Aid , NGOs implementing HIV and food security projects (Trocaire, Goal, World Vision),
15. Consultation workshop for <i>Food Assistance Programming in the Context of HIV and AIDS</i>	Washington, DC	December 11-12, 2006	2 days	40	GH, OHA, FFP, WFP, CSs, TANGO
16. Stock Taking/Lessons Learned in FY2006 DAPS and Mission Expectations for FY2007 MYAPS.	Port au Prince, Haiti	January 10, 2007	1 day	50	USAID/Haiti, PVOs
17. Anaemia Prevention Badge, Training of Guide Leaders	Mbabane, Swaziland	January 22-25, 2007	4 days	20	Girl Guide Leaders and staff from Swazi Girl Guides Association
18. Monitoring and Evaluation Workshop	Guatemala City, Guatemala	January 24-25 & February 1, 2007	2.5 days	23	FFP/W, USAID/Guatemala, FAO, URC/Calidad en Salud, FEWS NET, INCAP, SESAN
19. Anaemia Prevention Badge, Training of Guide Leaders	Kampala, Uganda	February 12-15, 2007	4 days	19	Ministry of Health and Education, District Health and Education Officers, Girl Guide Leaders and staff from Uganda Girl Guides Association,
20. Food Aid Managers' Course: Washington	Washington, DC	February 28, 2007	2 hours	41	FFP, CBOs, CSs
21. Using LQAS to monitor the quality of services in Health Population and Nutrition programs: an example from Madagascar	Washington, DC	March 19, 2007	2 hours	15	USAID/GH
22. An Overview of the Household Food Insecurity Access Scale	Nairobi, Kenya	March 21, 2007	.25 hour	45	Experts working on nutrition, food security and measurement issues in academic, government, multi-lateral and international agency positions, primarily from East Africa region.

23. Food security, food aid and HIV at the <i>Nutrition and HIV: The Problems and the Solutions</i> symposium	New York, NY	March 30, 2007	2 hours	25	Columbia University Institute of Human Nutrition, UNICEF, St. Luke's-Roosevelt Hospital Center
24. Using Food Aid to Achieve Sustainable Reductions in Food Insecurity and Malnutrition: Title II Food-Assisted Development Programs	Columbia, SC	April 2, 2007	2 hours	25	University of South Carolina Responding to Global Hunger Seminar Series, students and faculty
25. Nutrition and HIV/AIDS for PLHIV networks and OVC Support Groups on the Transport Corridor	Busia & Malaba, Uganda	April 11-12 & April 13-14	4 days (2 days/ training)	50 (25 participants/ training)	Program staff, community-based organizations, PLHIV networks
26. Dietary Data Collection Methods	Boston, MA	April 20, 2007	4 hours	15	Friedman School of Nutrition Science and Policy, Tufts University, Graduate students
27. Anaemia Prevention Badge, Training of Guide Leaders	Kigali, Rwanda	April 23-26, 2007	4 days	28	Ministry of Health and Education, Girl Guide Leaders and staff from Rwanda Girl Guides Association,
28. Design And Implementation Of Sustainable Food Security Programs Using Food Aid Resources – Focus On Maternal And Child Health And Nutrition	Baltimore, MD	May 8, 2007	3 hours	40	Johns Hopkins University Graduate Students
29. Methods and Tools to Understand the Behaviors of Title II Program Beneficiaries	Guatamala City, Guatemala	May 21-25, 2007	5 days	30	MOH, CSs
30. New Sampling Methods for Surveying Nutritional Status	Washington, DC	May 31, 2007	2 hours	30	GH, OFDA
31. New Sampling Methods for Surveying Nutritional Status	Brussels, Belgium	June 4, 2007	45 minutes	100	Experts from academic, bilateral, multi-lateral and international agency positions working on measurement issues relevant to emergency settings.
32. Incorporating the Ethiopia Mission Food Security Strategy in the new MYAPs	Addis Ababa, Ethiopia	June 5-7, 2007	3 days	40	USAID/Ethiopia, CSs, local NGOs
33. New Sampling Methods for Surveying Nutritional Status	Washington, DC	June 28, 2007	45 minutes	25	AED
34. Food for Peace Strategic Plan and PMP: FFP Orientation	Washington, DC	August 6, 2007	2 hours	8	FFP

35. Workshop: Evaluation of the Quality of Implementation of the Community Health and Nutrition Program in Title II Areas of Operation in Nicaragua	Managua, Nicaragua	August 7, 2007	1 day	21	USAID/Nicaragua, MOH, CSs, NicaSalud
36. Food for Peace M&E Workshop	Washington, DC	August 20-24 & 27-31, 2007	2 weeks	46	FFP, CSs
37. Incorporating the Malawi Mission Food Security Strategy in the new MYAPs	Lilongwe, Malawi	September 18-20, 2007	3 days	40	USAID/Malawi, Government of Malawi (Ministries of Health, Agriculture), UNICEF, FAO, PVOs,
38. Incorporating the USAID Haiti Food Security Strategy in the new MYAPs	Port au Prince, Haiti	September 18-21, 2007	2.5 days	40	USAID/Haiti, UNICEF, WFP, FAO, MOH, international NGOs, local NGOs
39. LQAS in Emergency Settings, PVO Assessment Workshop	Washington, DC	September 21, 2007	.5 hour	40	USAID/W, WFP, CSs, FEWS NET, Tulane University
40. Nutrition Management in Comprehensive Care Clinics and Centers in Kenya	Nairobi, Kenya	September 27 – October 3, 2007	6 days	29	Trainers, service providers (health workers, nurses, nutritionists)
41. Outcome Monitoring: A presentation to the Bureau for Global Health	Washington, DC	September 28, 2007	2.5 hours	28	DCHA, GH, GH Tech
42. Updated KPC Module 2: Breastfeeding and Infant and Young Child Feeding	Washington, DC	September 28, 2007	1 hour	15	CSHGP, CORE Group

**Table 3: FANTA Publications and Dissemination in Project Year Nine**

<b>Title</b>	<b>Author/ Publisher</b>	<b>Release Date</b>	<b>FANTA Dissemination</b>
<b>Publications</b>			
Community-based Therapeutic Care (CTC): A Field Manual <sup>4</sup>	Valid International	September 2006	19,187
Developing and Validating Simple Indicators of Dietary Quality and Energy Intake of Infants and Young Children in Developing Countries: Summary of Findings from Analysis of 10 Data Sets <sup>4</sup>	Working Group on Infant and Young Child Feeding Indicators	September 2006	3,140
Project Year Nine Workplan	FANTA	October 2006	-n/a-
Project Year Eight Annual Report	FANTA	December 2006	-n/a-
Anemia Prevention Badge Handbook, Workbook and Guider's Training Manual	World Association of Girl Guides and Girl Scouts	January 2007	6,644
Recommendation for the Nutrient Requirements for People Living with HIV/AIDS 2007	FANTA	February 2007	1,317
A Field Test of Three LQAS Designs to Assess the Prevalence of Acute Malnutrition	International Journal of Epidemiology	May 2007	291
Months of Adequate Household Food Provisioning (MAHFP) for Measurement of Household Food Access Indicator Guide	FANTA	June 2007	166
A Validation of Cluster-LQAS Designs by Simulation	Submitted to Survey Methodology	July 2007	-n/a-
Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide, Version 3	FANTA	August 2007	205
Food Assistance Programming in the Context of HIV	FANTA and World Food Programme	September 2007	1,929
<b>Periodicals</b>			
Nutrition Information in Crisis Situations, Volume 11	UN System Standing Committee on Nutrition	November 2006	
Nutrition Information in Crisis Situations, Volume 12	UN System Standing Committee on Nutrition	February 2007	
Nutrition Information in Crisis Situations, Volume 13	UN System Standing Committee on Nutrition	May 2007	
SCN News No. 34, "Working Together to Achieve Freedom from Child Hunger and Undernutrition"	UN System Standing Committee on Nutrition	mid 2007	

<sup>4</sup> Although completed in Project Year Eight, the dissemination of this publication occurred solely in Project Year Nine.

**Table 4. Web Site Activity for Project Year Nine**

<b>General Information for PY9</b>	
Visits to web site	93,502
Number of web pages viewed by visitors	996,102
Number of hits	3,434,528
Average number of visitors per day	256
Average number of pages viewed per day	2,729
Most active day of PY8	June 11, 2007
<b>Top Ten Web Pages for PY9 (excludes home page)</b>	
1. Anthropometric Indicators Measurement Guide	<a href="http://www.fantaproject.org/publications/anthropom.shtml">www.fantaproject.org/publications/anthropom.shtml</a>
2. Focus Area: HIV/AIDS	<a href="http://www.fantaproject.org/focus/hiv_aids.shtml">www.fantaproject.org/focus/hiv_aids.shtml</a>
3. Focus Area: Monitoring & Evaluation	<a href="http://www.fantaproject.org/focus/monitoring.shtml">www.fantaproject.org/focus/monitoring.shtml</a>
4. Focus Area: Food Security	<a href="http://www.fantaproject.org/focus/foodsecurity.shtml">www.fantaproject.org/focus/foodsecurity.shtml</a>
5. Focus Area: Infants' and Children's Nutrition	<a href="http://www.fantaproject.org/focus/children.shtml">www.fantaproject.org/focus/children.shtml</a>
6. New Approaches for Measuring Household Food Insecurity and Poverty: the Household Food Insecurity Access Scale	<a href="http://www.fantaproject.org/publications/hfias.shtml">http://www.fantaproject.org/publications/hfias.shtml</a>
7. Nutrition and HIV/AIDS: A Training Manual	<a href="http://www.fantaproject.org/focus/preservice.shtml">www.fantaproject.org/focus/preservice.shtml</a>
8. Focus Area: Emergency Nutrition	<a href="http://www.fantaproject.org/focus/emergencies.shtml">www.fantaproject.org/focus/emergencies.shtml</a>
9. Sampling Guide	<a href="http://www.fantaproject.org/publications/sampling.shtml">www.fantaproject.org/publications/sampling.shtml</a>
10. Focus Area: Household Food Consumption	<a href="http://www.fantaproject.org/focus/household.shtml">www.fantaproject.org/focus/household.shtml</a>
<b>Top Ten PDF Downloads for PY9</b>	
1. Anthropometric Indicators Measurement Guide (English, French)	
2. Sampling Guide (English, French, Spanish)	
3. Nutritional Care and Support for People Living with HIV/AIDS in Uganda: Guidelines for Service Providers	
4. Ugandan Counseling Materials for Nutritional Care and Support of People Living with HIV/AIDS	
5. HIV/AIDS: A Guide for Nutrition, Care and Support	
6. Nutrition and HIV/AIDS: A Training Manual	
7. Community-based Therapeutic Care (CTC): A Field Manual	
8. Measuring Household Food Consumption: A Technical Guide	
9. Measuring Food Insecurity: Going Beyond Indicators of Income and Anthropometry	
10. Food and Nutrition Bulletin Volume 27, No. 3: Proceedings of an Informal Consultation on Community-based Management of Severe Malnutrition in Children	