

FANTA·2

FOOD AND NUTRITION
TECHNICAL ASSISTANCE



USAID
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**ANNUAL PROGRAM REPORT
PROJECT YEAR ONE**

June 2, 2008—September 30, 2009



Food and Nutrition Technical Assistance II Project (FANTA-2)

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Acronyms and Abbreviations

ABC	Activity-Based Costing
ACDI/VOCA	Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance
ACE Africa	Action in the Community Environment
ACF	Action Contre la Faim
ADRA	Adventist Development and Relief Agency
AED	Academy for Educational Development
AFASS	Acceptable, feasible, affordable, safe and sustainable
AIDS	Acquired immune deficiency virus
AIS	AIDs Indicator Survey
AM THG	Acute Malnutrition Thematic Working Group (Southern Sudan)
ANSA	Nutrition and Food Security Association (Mozambique)
APHA	American Public Health Association
APS	Annual Program Statement
ART	Antiretroviral therapy
ARV	Antiretroviral drug
ASC	Albion Street Centre
ATOMM	AIDS/Tuberculosis/Opportunistic Infections/Malaria/Malnutrition
AUW	Ahfad University for Women (Sudan)
AWG	IASC GNC Assessment Working Group
AWW	Anganwadi Worker (India)
BCC	Behavior change communication
BPHS	Basic Package of Health Services
BRAC	Bangladesh Rural Advancement Committee
C-IMCI	Community-Integrated Management of Childhood Illness
CAP	AED's Capable Partners Program
CARE	Cooperative Assistance for Relief Everywhere
CBO	Country backstop officer
CCC	Community care center
CD-ROM	Compact disc read only memory
CDC	United States Centers for Disease Control and Prevention
CDC-GAP	United States Centers for Disease Control and Prevention Global AIDS Program
CDWG	CDFU Communication for Development Foundation of Uganda
CHAI	IASC GNC Capacity Development Working Group
CHIM	Clinton Foundation HIV/AIDS Initiative
CHPS	Centre for Health Information Management
CHW	Community Health Planning Services
CIAT	Community health worker
CIAT	Centro Internacional de Agricultura Tropical (International Center for Tropical Agriculture)
CIENSA	Centro de Investigaciones en Nutricion y Salud (Guatemala)
CMAM	Community-based management of acute malnutrition
CMS	Ministry of Health and Social Services Central Medical Stores (Namibia)
CNSA	Conseil National de Sécurité Alimentaire (Haiti)
COP	Country Operation Plan
CORE Group	Child Survival Collaboration and Resources Group
CORE NWG	CORE Nutrition Working Group
COUNSENUTH	Centre for Counselling on Health and Nutrition
CRS	Catholic Relief Services
CSB	Corn-soy blend
CSHGP	Child Survival and Health Grants Program
CTC	Care and treatment center
DAP	Development assistance program

DBC	CORE Designing for Behavior Change (Curriculum)
DC	District of Columbia
DCHA	USAID Bureau for Democracy, Conflict and Humanitarian Assistance
DCHA/FFP	USAID Bureau of Democracy, Conflict and Humanitarian Assistance Office of Food for Peace
DCHA/OFDA	USAID Bureau for Democracy, Conflict and Humanitarian Assistance Office of Foreign Disaster Assistance
DHS	Demographic Health Surveys
DMS	Kenya's Director of Medical Services
DN	Ministry of Health Directorate of Nutrition (Southern Sudan)
DOD	United States Department of Defense
DPC	Departement de Protection Civile (Haiti)
DQA	Data quality assessment
DRC	Democratic Republic of Congo
EAST College	Embu Agricultural Staff Training College (Kenya)
ECHO	European Commission Humanitarian Office
EFP	Emergency food product
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EM	Exhaustive Measurement
ENA	Essential Nutrition Actions
ENN	Emergency Nutrition Network
EPI	Expanded program of immunization
ER&S	Emergency, reconstruction and stabilization
ERS	USDA's Economic Research Service
EWR	Early warning and response
F	United States Department of State Office of the Director of United States Foreign Assistance
F&N TWG	PEPFAR's Food and Nutrition Technical Working Group
FA-MCHN	Food-assisted maternal and child health and nutrition
FAMC	DCHA/FFP's Food Aid Manager's Course
FANTA	Food and Nutrition Technical Assistance Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FAO	Food and Agriculture Organization of the United Nations
FBF	Fortified-blended food
FBP	Food by Prescription
FEWS NET	USAID's Famine and Early Warning Systems Network
FFE	Food for Education
FFPIB	Food for Peace Information Bulletin
FH	Food for the Hungry
FHAPCO	Federal HIV/AIDS Prevention and Control Program (Ethiopia)
FHI	Family Health International
FIELD-Support	USAID's Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support project
FMOH	Federal Ministry of Health (Ethiopia and Sudan)
FP	Focal point
FSAU	Food Security Analysis Unit (Somalia)
FSCF	Food Security Country Framework
FSHA	USAID's Food Security and Humanitarian Assistance program
Funcafé	Fundación de la Caficultura para el Desarrollo Rural (Guatemala)
FY	Fiscal Year
GAIN	Global Alliance for Improved Nutrition
GAM	Global acute malnutrition
GAO	United States Government Accountability Office
GH	USAID Bureau for Global Health
GH/HIDN	USAID Bureau for Global Health Office of Health, Infectious Disease and Nutrition

GH/OHA	USAID Bureau for Global Health Office of HIV/AIDS
GHEKIO	Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections
GHS	Ghana Health Service
Global Fund	The Global Fund to fight AIDS, Tuberculosis and Malaria
GMP	Growth monitoring and promotion
GNC	IASC Global Nutrition Cluster
GOSS	Government of Southern Sudan
GRM	Government of the Republic of Mozambique
HCI	Health Care Improvement Project
HEART	Health Education Africa Resource Team
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
HIV	Human immunodeficiency virus
HOP	PEPFAR Headquarters Operational Plan
HPDPGD	Health Promotion and Disease Prevention General Directorate (Ethiopia)
HPN	USAID's Health, Population and Nutrition Program
HMS	Health management information system
I-TECH	International Training and Education Center on HIV
IADB	Inter-American Development Bank
IASC	Inter-Agency Standing Committee
ICAP	International Center for AIDS Care and Treatment Programs at Columbia University's Mailman School of Public Health
ICB	Institutional capacity building
ICDAM	International Conference on Diet and Activity Methods
ICDDRDB	International Centre for Diarrhoeal Disease Research, Bangladesh
ICDS	Government of India's Integrated Child Development Services program
ICN	International Congress on Nutrition
IEC	Information, education and communication
IFPRI	International Food Policy Research Institute
II CLACMESA	Second Latin American and Caribbean Conference on Food Security Measurement
iLiNS	International Lipid-Based Nutrient Supplements Project
IM-SAM	Integrated Management of Severe Acute Malnutrition (CMAM in Southern Sudan)
IMAM	Integrated Management of Acute Malnutrition (CMAM in Namibia and Uganda)
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illness
INHP	CARE's Integrated Nutrition and Health Project (India)
IOM	Institute of Medicine at the United States National Academy of Sciences
IP	Implementing partner
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRA	Initial Rapid Assessment
IRD	Institute of Research for Development
IT	Information technology
IYCF	Infant and young child feeding
IYCN	Infant and Young Child Nutrition Project
JRSSA	Journal of the Royal Statistical Society Series A
KEMRI	Kenya Research Medical Institute
KICC	Kenya International Conference Centre
KNASP II	Kenya National AIDS Strategic Plan III
LAMB	Lutheran Aid to Medicine in Bangladesh
LIFT	Livelihood and Food Security TA project
LNS	Lipid-based nutrient supplement
LNSRN	LNS Research Network
LQAS	Lot Quality Assurance Sampling

LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and evaluation
M&R	Monitoring and reporting
MAM	Moderate acute malnutrition
MC	Mercy Corps
MCHIP	Maternal and Child Health Integrated Program
MCHN	Maternal and child health and nutrition
MDH	Muhimbili University of Health and Allied Sciences, Dar es Salaam City and Harvard School of Public Health (Tanzania)
MERG	UNAIDS M&E Reference Group
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services (Namibia)
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MOU	Memorandum of understanding
MPH	Master's Degree in Public Health
MSD	Federal Ministry of Health Medical Services Directorate (Ethiopia)
MSH/HCSF	Management Science for Health/HIV/AIDS Care and Support Program
MSI	Management Systems International
MSPAS	Ministry of Public Health and Social Assistance (Guatemala)
MSP	Ministry of Public Health and Population (Haiti)
MTE	Mid-Term Evaluation
MUAC	Mid-upper arm circumference
MYAP	Multi-Year Assistance Program
NAC	National Advisory Committee (Sudan)
NAFIN	National Alliance for Improved Nutrition (Namibia)
NASCOP	National AIDS and STI Control Program (Kenya)
NCHS	National Center for Health Statistics
NFNC	National Food and Nutrition Commission (Zambia)
NGO	Nongovernmental organization
NHP	AED's Nutrition and HIV Program
NIE	Nutrition in emergencies
NIN	National Institute of Nutrition (Vietnam)
NND	Federal Ministry of Health National Nutrition Directorate (Sudan)
NPI	AED's New Partners Initiative
OGAC	United States Department of State Office of the Global AIDS Coordinator
OM	Outcome Monitoring
OVC	Orphans and vulnerable children
PAHO	Pan-American Health Organization
PARPA II	Action Plan for the Reduction of Absolute Poverty 2006-2009 (Mozambique)
PASADA	Pastoral Activities and Services for People with AIDS in Dar Es Salaam Archdiocese (Tanzania)
PCI	Project Concern International
PEC	<i>Programa de Extension de Cobertura</i> (Extension of Coverage program)
PENSER	Population and Environment Services (Madagascar)
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	Primary health care
PIP	Project implementation plan
PLHIV	People living with HIV
PLW	Pregnant and lactating women
PM2A	Preventing Malnutrition in Children Under Two Approach
PMP	Performance Management Plan
PMTCT	Prevention of mother-to-child transmission of HIV
PNN	National Nutrition Program (Côte d'Ivoire)
PNPEC	National Program for Care and Treatment of PLHIV (Côte d'Ivoire)
PREP	Pipeline and Resources Estimate Request
ProPAN	Process for the Promotion of Child Feeding

PVO	Private voluntary organization
QA	Quality assurance
QA/QI	Quality assurance and quality improvement
QAP	Quality Assurance Project
R&D	Research and development
RCQHC	Regional Center for Quality of Health Care (Uganda)
RF	Results framework
RUCF	Ready-to-use complementary food
RUF	Ready-to-use food
RUSF	Ready-to-use supplementary food
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SAM AC	Severe Acute Malnutrition Advisory Committee (Sudan)
SAM FP	Severe Acute Malnutrition Focal Point (Ghana)
SAM SU	Severe Acute Malnutrition Support Unit (Ghana)
SAM TC	Severe Acute Malnutrition Technical Committee (Ghana)
SAPQ	Standardized Annual Performance Questionnaire
SC	Save the Children
SC/UK	Save the Children United Kingdom
SC/US	Save the Children United States
SCMS	USAID's Supply Chain Management Systems Project
SCN	United Nations Standing Committee on Nutrition
SFP	Supplementary feeding program
SHARE	Asociación SHARE de Guatemala
SMOH	State Ministry of Health (Southern Sudan and Sudan)
SNNPR	Southern Nations, Nationalities, and People's Region (Ethiopia)
SO	Strategic Objective
SOPA	State of the Program Area
SOTA	State of the Art
SOW	Scope of work
SQUEAC	Semi-quantitative evaluation of access and coverage
SSC	United States Army Natick Soldier Systems Center
STI	Sexually transmitted infection
TA	Technical assistance
TANGO	Technical Assistance to NGOs International
TARV	Pediatric antiretroviral therapy (Mozambique)
TB	Tuberculosis
TEC	DCHA/FFP Technical Evaluation Committee
TFC	Therapeutic feeding center
TFNC	Tanzania Food and Nutrition Commission
THG	Thematic group
TI	Trigger indicator
TM	Técnicos de medicina (physician's assistants, Mozambique)
TOPS	Technical and Operational Program Support
TOR	Terms of reference
TOT	Training of trainers
TRM	Technical reference material
TSS	Technical support services
TWG	Technical working group
UC Davis	University of California at Davis
UGAN	Ugandan Action for Nutrition Society
UKZ	University of KwaZulu-Natal (South Africa)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees

UNICEF	United Nations Children's Fund
URC	University Research Corporation
US	United States
US\$	United States dollar(s)
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USG	United States Government
UTH	University Teaching Hospital (Zambia)
VAAC	Vietnam Administration of HIV/AIDS Control
WDDP	Women's Dietary Diversity Project
WDDS	Women's Dietary Diversity Scale
WHO	World Health Organization
WFP	World Food Programme
WSB	Wheat-soy blend
WU	Washington University in St. Louis
WV	World Vision

Food and Nutrition Technical Assistance II Project (FANTA-2)

FANTA-2 works to improve nutrition and food security policies, strategies and programs through technical support to the United States Agency for International Development (USAID) and its partners, including host country governments, international organizations and nongovernmental organization (NGO) implementing partners (IPs). Focus areas for technical assistance (TA) include maternal and child health and nutrition (MCHN); HIV and other infectious diseases; food security and livelihood strengthening; and emergency, reconstruction and stabilization (ER&S). FANTA-2 develops and adapts approaches to support the design and quality of field programs while building on field experience and research activities to improve and expand the evidence base, methods and global standards for nutrition and food security programming. The project is a five-year cooperative agreement (6/2/2008 – 6/1/2013) with a worldwide geographic scope.

FANTA-2 is implemented by the Academy for Educational Development (AED). Partners include the International Food Policy Research Institute (IFPRI), Nutriset, Regional Center for Quality of Health Care (RCQHC), Technical Assistance to NGOs (TANGO), Tufts University, University of California at Davis (UC Davis), University of KwaZulu-Natal (UKZ), Washington University in St. Louis (WU) and Valid International.

FANTA-2 Strategic Objective (SO) and Intermediate Results (IRs)

FANTA-2's strategic objective (SO) is improved nutrition and food security policies, strategies and programming.

FANTA-2 strengthens country-specific nutrition and food security policies, strategies and programming with field support activities (IR 1) to improve Title II food assistance, MCHN, HIV and other infectious diseases, and ER&S program assessment, design, implementation, and monitoring and evaluation (M&E).

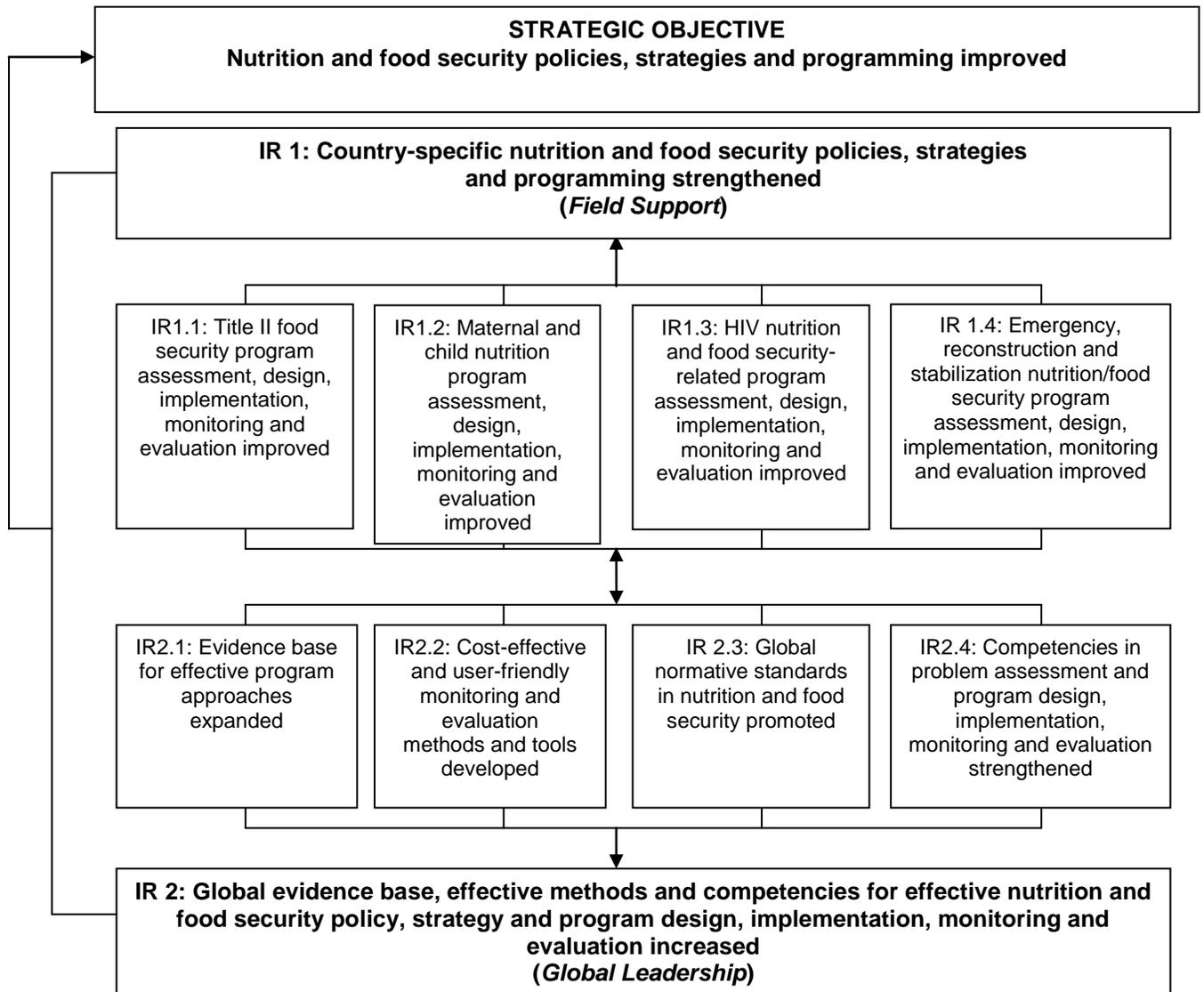
FANTA-2 also increases the global evidence base, effective methods and competencies for effective nutrition and food security policy, strategy and program design, implementation and M&E (IR 2). These activities are carried out through expanding the evidence base for effective program approaches; developing cost-effective and user-friendly M&E methods and tools; promoting global normative standards in nutrition and food security; and strengthening competencies in problem assessment and program design, implementation and M&E.

To achieve these results, FANTA-2:

- Operationalizes knowledge and experience into practice through the effective country-level scale-up of proven approaches
- Strengthens the capacity of multiple partners
- Fills the evidence gaps quickly and efficiently to refine policy and guidelines in areas of current focus, particularly effective implementation of existing approaches
- Builds the evidence base for policy and guidelines in new areas, such as nutrition and infectious diseases, and nutrition and food security in ER&S contexts

The performance management plan (PMP) in **Appendix 1** presents the achievements of Project Year One against indicators that measure the FANTA-2 SO and intermediate results (IRs) illustrated in **Figure 1** on the next page.

Figure 1. FANTA-2 Strategic Framework



FANTA-2 Key Operating Approaches

DETERMINING PRIORITY NEEDS

To determine needs and priorities, FANTA-2 works with USAID's Bureau for Global Health (GH) Office of Health, Infectious Diseases and Nutrition (GH/HIDN) and Office of HIV/AIDS (GH/OHA); Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) Office of Food for Peace (DCHA/FFP) and Office of Foreign Disaster Assistance (DCHA/OFDA); and USAID Missions allocating funds for specialized TA. FANTA-2 then coordinates and collaborates with key stakeholders at the international, regional, national and sub-national levels with country-level activities implemented under the lead of the host country's government. The breadth and depth of the collaborative relationships facilitate arriving at consensus on major needs and priorities and leveraging resources to address those needs.

COORDINATING AND MAXIMIZING THE EFFECTIVENESS OF ACTIVITIES ACROSS IRs

FANTA-2's targeted, specialized TA and training builds from and informs the integration of FANTA-2's research and development (R&D) activities. FANTA-2 integrates research results and operational experience into the strategies, policies and guidelines issued by international organizations and the United States Government (USG). FANTA-2 closely coordinates with and provides support to the USG central offices supporting programs targeted under FANTA-2 and to regional and country Missions. This multi-layered support to multiple USAID offices ensures the flow-down of global and USG standards and flow-up of country experience.

COORDINATING AND MAXIMIZING THE EFFECTIVENESS OF ACTIVITIES ACROSS PROGRAM AREAS

The evidence base and effective program approaches generated in one program area can often apply to activities in other areas. FANTA-2 strives to share knowledge across program areas and allow field experience in one area to inform the development of policies and guidelines in new areas where a more limited evidence base might exist. This takes the maximum advantage of existing evidence and enables USAID to begin program implementation.

Highlights of Project Year One

IMPROVING THE EFFECTIVENESS OF THE PREVENTIVE APPROACH IN FOOD-ASSISTED INTERVENTIONS

- The Preventing Malnutrition in Children Under Two Approach (PM2A) is now DCHA/FFP's recommended approach for food-assisted MCHN programs. FANTA-2 produced *Preventing Malnutrition in Children under Two Approach (PM2A) Technical Reference Materials* (http://www.fantaproject.org/pm2a/PM2A_Version1_Oct2009.pdf) to guide potential applicants in incorporating this evidence-based, proven approach to reduce chronic malnutrition among children under 5 in their Title II multi-year development program proposals. FANTA-2 and IFPRI provided support for the implementation of PM2A in Title II programs in Burundi and Guatemala and began the design of operations research to improve the delivery and cost-effectiveness of PM2A, working in collaboration with the IPs (Catholic Relief Services [CRS] consortium in Burundi and Mercy Corps [MC] in Guatemala).

IMPROVING TOOLS TO MONITOR AND EVALUATE INFANT AND YOUNG CHILD NUTRITION PROGRAMS

- To support the adoption of the new World Health Organization (WHO) breastfeeding and infant and young child feeding (IYCF) indicators, FANTA-2 coordinated an inter-agency working group (FANTA-2, IFPRI, Macro International, United Nations Children's Fund [UNICEF]) to develop an operational guide for collecting and tabulating the indicators. A draft version of the guide was completed and submitted to WHO for external review in July 2009. FANTA-2 will complete the guide and translate it into Spanish, French and Portuguese in 2010.
- FANTA-2 participated in the WHO/UNICEF Consultation on "Strengthening Action to Improve Feeding of Infants and Young Children," held October 6-9, 2008, in Geneva, Switzerland. FANTA-2 also participated in the follow-on UNICEF-hosted "Working Group on Development of a Comprehensive Toolkit for Complementary Feeding Assessment, Analysis, Programming, and Implementation" to provide an orientation to and discuss planning for the formation of a small, informal working group to review available tools and harmonize the further development of tools for complementary feeding assessment, analysis and programming, such as linear programming tools for complementary food/diet formulation.

REFINING LOT QUALITY ASSURANCE SAMPLING (LQAS) DESIGN FOR MISSION-LEVEL OUTCOME MONITORING (OM)

- FANTA-2 provided ongoing support to the Guatemala and Madagascar Missions, where OM has been implemented over the past three years, to continue strengthening local implementation capacity. In Guatemala, FANTA-2 trained the USAID-funded bilateral health program University Research Corporation (URC)/Calidad en Salud to manage OM and local private sector firm Centro de Investigaciones en Nutrición y Salud (CIENSA) to carry out the field work. As a result, the two groups were able, with limited TA from FANTA-2, to conduct the entire process for the 2009 OM Survey, providing an example of a successful transfer of capacity to host country partners. In Madagascar, FANTA-2 supported local private sector firm Population and Environment Services (PENSER) to carry out OM independently. PENSER and FANTA-2 developed the terms of reference (TOR) and revised the methodology for the 2009 OM survey to reflect the expansion of USAID/Madagascar program coverage. Working independently, PENSER conducted the field work in August and September 2009 and began data analysis with limited TA from FANTA-2. OM survey results will be submitted to USAID/Madagascar in the beginning of Fiscal Year (FY) 2010 in time for the Mission to use the data in its own annual report.

- FANTA-2 developed an automated LQAS Decision Rule Chart building tool to help survey designers identify the most appropriate sample size and decision rule to use for data to be analyzed with LQAS. Previously, LQAS users tended to adopt a standard sample size of n=19, no matter the indicator or level of precision required for the analysis.

VALIDATING DIETARY DIVERSITY AS A MEASURE OF ADEQUACY OF WOMEN'S DIET

- FANTA-2 completed five individual country papers (*Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets in Resource-Poor Areas: Results from Five Countries* [http://www.fantaproject.org/publications/wddp_countries2009.shtml]) and a draft synthesis report of the Women's Dietary Diversity Project (WDDP), a collaborative research activity to analyze the relationship between simple indicators of diet diversity – such as those that could be derived from the Demographic and Health Surveys (DHS) – and the micronutrient adequacy of women's diets. WDDP results will be published as a supplement to the *Journal of Nutrition* (expected to be available online in August 2010 and in print shortly thereafter). The supplement will document the problem of low micronutrient intakes among women of reproductive age in resource-poor settings and advance methods to assess the micronutrient adequacy of the diet using simple, indirect methods that could be collected in large-scale surveys. WDDP results were presented at the Experimental Biology Meeting, April 18-22, 2009, in New Orleans and the International Conference on Diet and Activity Methods (ICDAM), June 5-7, 2009, in Washington, DC.

VALIDATING THE HOUSEHOLD FOOD INSECURITY ACCESS SCALE (HFIAS)

- FANTA-2 completed the analysis of seven data sets to test the internal, external and cross cultural validity of HFIAS. The seven data sets reflected urban and rural populations, HIV-affected and non HIV-affected households, and populations living in conflict and non-conflict areas. The results indicated that a reduced set of questions and revised tabulation method could achieve the aim of a streamlined, simple, culturally-invariant scale to assess household hunger at the population level. FANTA-2 presented this research at the Second Latin American and Caribbean Conference on Food Security Measurement (II CLACMESA) on September 4, 2009, in Campinas, Brazil. The draft validation report, which introduces the reduced scale as the Household Hunger Scale (HHS), was completed in July 2009 after being shared with co-authors at the Food and Agriculture Organization of the United Nations (FAO) and Tufts University for review and comment. The report has been reviewed by the United States Department of Agriculture (USDA)'s Economic Research Service (ERS), and a final version of the report will be published in early 2010. A corresponding guide for collecting data for the HHS will also be completed in 2010.

STRENGTHENING THE M&E CAPACITY OF FOOD SECURITY PROGRAM IPS

- FANTA-2 worked with DCHA/FFP to strengthen the capacity to monitor and document the food security and nutrition impacts of food assistance programs in 21 countries – Afghanistan, Bangladesh, Burkina Faso, Burundi, Chad, Democratic Republic of Congo (DRC), Ethiopia, Guatemala, Haiti, Honduras, India, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Sierra Leone, Uganda and Zambia. Two hundred and forty IP and USAID staff were trained in M&E.

DOCUMENTING THE EFFECTIVENESS OF LIPID-BASED NUTRIENT SUPPLEMENTS (LNS) IN PREVENTING MALNUTRITION

- FANTA-2 and UC Davis identified research and implementing partners for cluster-randomized LNS effectiveness studies in Bangladesh and Guatemala. The effectiveness studies will document the impact of LNS in an operational setting; compare its impact against that of a fortified-blended food (FBF) or Sprinkles; and evaluate the economic costs and benefits of LNS for preventing chronic malnutrition, micronutrient deficiencies and delayed motor development

among children. The effectiveness studies will begin in 2010 and will be implemented in collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR) and Lutheran Aid to Medicine in Bangladesh (LAMB), which operate in three districts of northwestern Bangladesh; and CIENSA and Fundación de la Caficultura para el Desarrollo Rural (Funcafé), which provide Extension of Coverage services as contractors to Guatemala's Ministry of Public Health and Social Assistance (MSPAS).

GLOBAL COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM) CONSULTATIONS AND GUIDELINE DEVELOPMENT

- FANTA-2 reviewed *Community-based Management of Severe Acute Malnutrition: A Joint Statement* (WHO, World Food Programme [WFP], United Nations Standing Committee on Nutrition [SCN], UNICEF) on the transition to the WHO 2006 Child Growth Standards and its programmatic implications. FANTA-2 also participated in the review of the SCN Fact Sheet on the implementation of the WHO 2006 Child Growth Standards for emergency nutrition programs for children 6-59 months. FANTA-2 contributions helped ensure that the statement and fact sheet accurately reflected the evidence-based decisions on changes to admission and discharge criteria for therapeutic feeding. FANTA-2 also participated in the review of the Inter-Agency Standing Committee Global Nutrition Cluster (IASC GNC) Selective Feeding Guidelines. FANTA-2 provided technical comments and substantively contributed to editing the Guidelines in order to ensure their clarity and usefulness and that they met internationally-recognized standards and promising practices.
- FANTA-2 participated in the revision of the nutrition section of the Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response, which are the internationally-accepted standards by which NGOs and the United Nations (UN) abide when implementing emergency humanitarian programs. FANTA-2 input helped ensure the Sphere Standards incorporate the latest promising practices and international standards for emergency nutrition interventions.
- To support development of guidelines on managing moderate malnutrition, FANTA-2 participated in the WHO, UNICEF, WFP, Office of the United Nations High Commissioner for Refugees (UNHCR) Informal Consultation on the Management of Moderate Malnutrition in Under-5 Children, September 30 to October 2, 2008, in Geneva, Switzerland. FANTA-2 provided technical advice during the consultation and supported the publication of the meeting report as a supplement to the September 2009 issue of the *Food and Nutrition Bulletin*, helping to ensure that discussions would lead toward adopting evidence-based promising practices in this rapidly evolving area.

STRENGTHENING CAPACITY FOR CMAM: CMAM TRAINING MODULES AND TRAINING WORKSHOPS

- FANTA-2 published the proceedings from the April 2008 International Workshop on the Integration of CMAM as a supplement to the October 2008 issue of Field Exchange (<http://fex.enonline.net/34/international.aspx>), which reaches over 3,000 emergency nutrition professionals worldwide.
- The *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)* (<http://www.fantaproject.org/cmam/training.shtml>) was developed by the Food and Nutrition Technical Assistance Project (FANTA) in close collaboration with UNICEF, WHO, Valid International and Concern Worldwide. The Guide consolidates evidence-based and current promising practices. FANTA-2 disseminated more than 125 copies of the Guide to a large audience involved and/or interested in strengthening CMAM capacities, such as the Clinton Foundation, the International Medical Corps (IMC) and IYCF counselors in Uganda. The widespread dissemination of the Guide will help ensure current promising practices are included in trainings conducted all over the world. FANTA-2 is developing a strategy for the global roll-out

of these materials, which includes working with the IASC GNC and the University Network to Improve Training for Nutrition in Emergencies, and the national roll-out and use of these materials in countries where FANTA-2 is actively involved in capacity development for CMAM (Ghana, Southern Sudan and Sudan). FANTA-2 is also translating the Guide into French to facilitate its uptake in West Africa and other francophone regions.

- FANTA-2 reviewed the international IYCF training module developed by the IASC GNC for eventual integration into the CMAM Training Guide. Integrating IYCF into the Guide will better harmonize the two approaches, which overlap in significant areas. This will also ensure that CMAM not only treats children with severe acute malnutrition (SAM), but is also integrated with current, evidence-based promising practices for the prevention of malnutrition.
- FANTA-2 field tested the CMAM costing tool in Ghana. Feedback from the field test indicated that data required to generate the necessary results are reasonable and easily available at the district, regional and national levels.

DEVELOPING/TESTING ALTERNATIVE FORMULATIONS OF READY-TO-USE THERAPEUTIC FOODS (RUTF)

- Ready-to-use foods (RUFs) with high milk content and soy-peanut fortified spreads have been shown to be effective in treating children with moderate and severe acute malnutrition in controlled clinical effectiveness studies. However, the higher cost of these products is limiting the number of malnourished children that can be treated in a programmatic setting. To identify the more cost-effective formulation of RUTF, FANTA-2 conducted a clinical-effectiveness study in Malawi to identify a lower-cost formulation of RUTF. A 20 percent lower-cost product (10 percent milk RUTF) was tested but resulted in a lower rate of recovery and slower growth rates when compared to the standard 25 percent milk RUTF.

EVALUATING LNS APPROACHES FOR MANAGING MODERATE AND SEVERE ACUTE MALNUTRITION

- With co-funding from the IASC GNC, FANTA-2 and UC Davis produced *Use of Lipid-based Nutrient Supplements (LNS) to Improve the Nutrient Adequacy of General Food Distribution Rations for Vulnerable Sub-groups in Emergency Settings* (http://picn.ucdavis.edu/research/LNS_in_emergencies.pdf). The report describes the potential role of LNS in improving the nutrition quality of foods provided in emergency settings and the optimal formulation of LNS for various target groups (e.g., infants and young children, pregnant and lactating women [PLW]) in this context. The report will be published as a supplement in *Maternal and Child Nutrition* in early 2010.
- “Supplementary Feeding with Fortified Spreads (LNS) Results in Higher Recovery Rates than with a Corn/Soy Blend (CSB) in Moderately Wasted Children,” reporting the results of the FANTA, Washington University School of Medicine, University of Malawi and Baylor College of Medicine study comparing effectiveness providing iso-caloric amounts of milk-peanut ready-to-use supplementary food (RUSF), soy-peanut RUSF and CSB in the management of moderate acute malnutrition (MAM) in Malawi, was published in the *Journal of Nutrition* in April 2009 (http://www.fantaproject.org/publications/JofN_April2009.shtml).

FIELD VALIDATION OF LQAS DESIGN FOR RAPID ASSESSMENT OF THE PREVALENCE OF ACUTE MALNUTRITION IN EMERGENCY SETTINGS AND EXHAUSTIVE MEASUREMENT OF MORTALITY ESTIMATION METHOD

- FANTA-2 published *Alternative Sampling Designs for Emergency Settings: A Guide for Survey Planning, Data Collection and Analysis* (<http://www.fantaproject.org/publications/asg2009.shtml>),

a guide providing government agencies and humanitarian organizations with instructions to carry out the alternative sampling designs.

- "Cluster Designs to Assess the Prevalence of Acute Malnutrition by Lot Quality Assurance Sampling: A Validation Study by Computer Simulation," which reports the results of a simulation study undertaken in collaboration with the Harvard School of Public Health to examine the classification error of the alternative sampling designs to assess the prevalence of acute malnutrition with LQAS, was published in the *Journal of the Royal Statistical Society Series A* (JRSSA). The article is available free-of-charge on the JRSSA website (<http://www.rss.org.uk/main.asp?page=1711>). The study concluded that for independent clusters with moderate intra-cluster correlation, the alternative sampling designs maintain approximate validity for LQAS classification of acute malnutrition prevalence. Study results were presented at the American Public Health Association (APHA) annual meeting on November 7-11, 2009, in Philadelphia, Pennsylvania.
- There has been substantial interest in and uptake of the alternative sampling designs by humanitarian agencies in a range of countries and for diverse applications, including for emergency nutrition assessment by the Food Security Analysis Unit (FSAU) in Somalia and for quarterly nutrition surveillance by Action Contre La Faim (ACF) in sentinel sites in Southern Sudan and Kenya.
- FANTA-2 published "A New Method to Estimate Mortality in Crisis-Affected Populations: Validation and Feasibility Study" (http://fantaproject.org/publications/EM_method.shtml), which reports on a FANTA and London School of Hygiene and Tropical Medicine (LSHTM) evaluation of an alternative approach to obtaining a population-based measure of mortality. Additionally, three calculators for analyzing data collected using the exhaustive measurement (EM) method were developed and are also available on the FANTA-2 website.

INTRODUCING AND SCALING UP CMAM

- In collaboration with Missions and DCHA/OFDA, FANTA-2 is supporting the integration of CMAM into national health systems in Ghana, Southern Sudan and Sudan. More than 630 national and regional health managers, health care providers and community health workers (CHWs) were trained in CMAM.
- FANTA-2 helped scale up CMAM activities to provide district-wide coverage in Ghana's Agona District (East and West), which greatly improved access to services. Agona District now provides outpatient care services in 14 facilities across the district. Swedru Hospital in Agona District now provides inpatient care for children with SAM with medical complications.
- FANTA-2 conducted a review of community outreach in various health services in Sudan in order to assess the current national capacity for outreach in general and the context in which CMAM outreach will specifically be implemented. The results of the review informed the development of the community outreach section of the national CMAM guidelines and job aids. In Ghana, FANTA-2 assessed the national capacity for scaling up CMAM services in five regions, which will include remote areas with limited health care coverage.

ESTABLISHING LOCAL PRODUCTION OF RUTF

- Steps have been taken to establish local production of RUTF in Ghana and potentially for the West Africa region. Following a feasibility assessment on the local production of RUTF in 2008, FANTA-2 partner Nutriset identified a Ghanaian food processing company, Athena Foods, as its local partner and trained a number of Athena Foods staff at Nutriset's headquarters in France. FANTA-2 and Nutriset will continue to provide TA to Athena Foods in Ghana to start up local production of RUTF in 2010.

DEVELOPING FOUR FOOD SECURITY COUNTRY FRAMEWORKS (FSCFs) TO SUPPORT TITLE II ASSISTANCE PROGRAM GUIDELINES FOR DEVELOPING MYAP PROPOSALS

- FANTA-2 supported DCHA/FFP/Washington and USAID Missions by developing FSCFs for four countries: Bangladesh, Burkina Faso, Liberia and Sierra Leone. The completed FSCFs inform the Title II Assistance Program Proposal Guidelines for developing the next round of MYAP proposals that are due in January 2010. These frameworks provide a broad overview of contextual factors and cross-cutting issues that promote or constrain food security programming in-country; identify the determinants of food insecurity and the geographic distribution of food insecurity and malnutrition, including areas of greatest food insecurity, risks and vulnerabilities; describe existing policies, strategies, initiatives and programs related to reducing food insecurity in-country; and identify priority objectives, program areas, activities, partners and geographic foci for Title II food security programs.

STRENGTHENING CAPACITY TO CARRY OUT NUTRITION ASSESSMENT, COUNSELING AND SUPPORT

- To strengthen partner capacities in nutrition assessment, counseling and support of PLHIV, FANTA-2 adapts existing resources to develop and roll out national nutrition and HIV training materials and materials to support nutrition assessment and counseling. During PY1, 111 female and 177 male health workers were trained in nutrition and HIV.
- FANTA-2 supported the design, and in some cases the implementation, of Food by Prescription (FBP) programs in Cote d'Ivoire, Ethiopia, Haiti, Namibia, Tanzania and Zambia. In coordination with governments, USAID Missions and program partners, FANTA-2 provided support to the assessment of programming needs; design of FBP programs; development of program guidelines; identification of specialized food product requirements; and training and capacity building of health care providers at program sites.
- FANTA-2 developed or refined training materials in nutrition care for PLHIV in Cote d'Ivoire, Haiti and Kenya, Namibia, Tanzania, and Zambia. FANTA-2 also conducted trainings of trainers (TOTs) and trainings of program managers, nurses, nutritionists and health care providers in multiple countries (see **Appendix 3**).
- FANTA-2 revised the draft *Guide to Screening for Nutrition Interventions among Adult PLHIV*. The Guide provides step-by-step instructions on how to screen adult PLHIV to determine if they may benefit from nutrition services, including anthropometric and dietary assessment and counseling, provision of specialized food products, micronutrient supplementation, and food security and livelihood programs. FANTA-2 developed a field test questionnaire and shared the Guide and review questionnaire with HIV care and treatment service providers in Kenya, Mozambique and Zambia and at the Africa Forum in Malawi in June 2009. The Guide will be completed in 2010.
- FANTA-2 participated in a planning workshop to establish a regional institute for Nutrition Intervention Research and Training in West Africa, which will research ways to address nutrition and build regional capacity to deliver interventions. The workshop also assessed regional capacities for advanced training in public health nutrition in West Africa. A Task Team was established to prepare a proposal to support planning for the West Africa training and research initiative and the regional institute.

STRENGTHENING M&E OF NUTRITION AND HIV

- FANTA-2 contributed to the latest version of the United States President's Emergency Plan for AIDS Relief (PEPFAR) Next Generation Indicators related to food and nutrition, which were released in July 2009. These indicators will be required reporting indicators for PEPFAR

programs and country teams. FANTA-2's work included technical input to the indicator descriptions and facilitating, at the PEPFAR F&N TWG's request, a two-day meeting in April 2009 to review the indicators related to nutrition care and support.

- FANTA-2 worked with GH/OHA and WHO to help develop harmonized indicators on nutrition and HIV for global stakeholders and national governments supporting nutrition care for PLHIV. FANTA-2 updated a review of existing indicators, collaborated with WHO to organize a stakeholder meeting on the harmonization process, and prepared draft indicators on food security and HIV. To further support harmonization of nutrition and HIV indicators, FANTA-2 reviewed the WFP draft M&E guide on nutrition and HIV, as well as contributed to the September 2009 meeting of the Indicators Working Group of the UNAIDS Monitoring and Evaluation Reference Group (MERG).

DEVELOPING NATIONAL GUIDELINES FOR NUTRITION CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV (PLHIV)

- FANTA-2 helped complete National Guidelines for Nutritional Care and Support for PLHIV in Côte d'Ivoire and Haiti.

SUPPORTING SUPPLY CHAIN MANAGEMENT OF SPECIALIZED FOOD PRODUCTS FOR HIV PROGRAMS

- FANTA-2 advised USAID and the Supply Chain Management Systems Project (SCMS) – which was mandated by USAID to procure RUTF and FBF for the FBP program in some countries – on the specifications for FBF and provided support to SCMS country teams in Ethiopia, Haiti, and Tanzania on food regimens and products to support procurement for FBP programs.
- FANTA-2 provided technical input to guidance that SCMS published for SCMS country teams on procurement of specialized food products for HIV programs, and FANTA-2 collaborated with SCMS to draft guidance for PEPFAR country teams on procurement of specialized food products.

NUTRITION SITUATION ANALYSES AND POLICIES

- FANTA-2 worked with Missions in Southern Sudan and Uganda to develop national nutrition policies and country-specific community-based nutrition program models. As part of this process, FANTA-2 prepared nutrition situation analyses for Southern Sudan and for Uganda. In collaboration with the Uganda Action for Nutrition Society (UGAN), FANTA-2 supported and presented at a Nutrition Congress entitled "Challenges, Successes and Opportunities to Improve Nutrition" that was attended by nearly 360 delegates from 17 countries in Africa and beyond.

IR1: Strengthening Country-Specific Nutrition and Food Security Policies, Strategies and Programming

FANTA-2's field support activities are designed to strengthen nutrition and food security programs and integrate food and nutrition components into a range of MCHN, HIV and emergency response programs. FANTA-2's approach is to strengthen the capacities of government and local institutions, ensuring that these institutions ultimately sustain and expand the improved nutrition and food security activities FANTA-2 supports. Country activities apply the evidence, methods, tools and normative standards developed through FANTA-2's global leadership activities (see **IR 2**) and, in turn, country activities inform global leadership efforts.

In Project Year One, FANTA-2 conducted activities in collaboration with Missions, national governments, Title II Awardees and IPs in 15 countries: Côte d'Ivoire, Ethiopia, Ghana, Guatemala, Haiti, Kenya, Madagascar, Mozambique, Namibia, South Sudan, Sudan, Tanzania, Uganda, Vietnam and Zambia. FANTA-2 also provided country-focused TA to DCHA/FFP programs in Afghanistan, Bangladesh, Burkina Faso, Burundi, Chad, Democratic Republic of Congo (DRC), Ethiopia, Guatemala, Haiti, Honduras, India, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Sierra Leone, Uganda and Zambia.

IR 1 PRINCIPAL ACTIVITIES

IR 1.1 Improving Title II Food Security Program Assessment, Design, Implementation and M&E

As the single largest USG investment in improving nutrition and food security, USAID's Title II program represents an important opportunity to achieve significant and sustainable impacts in reducing household food insecurity and malnutrition. DCHA/FFP's identification of 20 priority countries for Title II Multi-Year Assistance Programs (MYAPs) provides a clear focus for DCHA/FFP development activities and a priority target for TA. The increase in non-emergency resources and resources for assessments and studies in the 2007 Food for Peace Act offers a strong platform for improved nutrition and food security programming. FANTA-2 staff, consultants and partners provide in-country TA to DCHA/FFP, Missions and Title II Awardees in DCHA/FFP priority countries to strengthen approaches throughout the program cycle of assessment, strategy, design, implementation and M&E.

1.1.1 Food Security Assessments and Country Frameworks

A solid understanding of national food security conditions is a crucial prerequisite to sound programming. In response to demand, FANTA-2 supports Missions and governments to plan and implement in-depth food security assessments. FANTA-2 uses existing information and, if necessary, collects primary data to identify the location, nature and level of food insecurity in targeted countries.

Working with Missions, governments and other stakeholders, FANTA-2 applies assessment results to develop Food Security Country Frameworks (FSCFs). These frameworks provide a broad overview of contextual factors and cross-cutting issues that promote or constrain food security programming in-country; identify the determinants of food insecurity and the geographic distribution of food insecurity and malnutrition, including areas of greatest food insecurity, risks and vulnerabilities; describe existing policies, strategies, initiatives and programs related to reducing food insecurity in-country; and identify priority objectives, program areas, activities, partners and geographic foci for Title II food security programs. All this helps ensure that Title II resources will be effectively and appropriately utilized in these countries.

In Project Year One, FANTA-2 supported DCHA/FFP/Washington and USAID Missions by developing FSCFs for four countries: Bangladesh, Burkina Faso, Liberia and Sierra Leone. The development process included desk reviews, fact-finding missions in-country and internal USAID reviews before completion. To guide the development of the FSCFs in each country, FANTA-2 developed a broad outline of the process

and content. To guide the teams in their fact-finding missions, a broad framework on early warning and response (EWR) and gender considerations was also developed. The completed FSCFs, which inform the Title II Assistance Program Proposal Guidelines for developing the next round of MYAP proposals that are due in January 2010, will be submitted to DCHA/FFP and posted on the USAID website in October 2009.

1.1.2 EWR Systems

Development relief, an approach that simultaneously addresses both chronic and transitory food insecurity, is central to DCHA/FFP's FY 2006-2010 Strategy. A critical component of this is integrating EWR systems into MYAPs targeting food-insecure populations subject to recurrent shocks. In Project Year One, FANTA-2 initiated a sequence of priority activities to help operationalize and refine the development relief approach. These activities included documenting practices to-date and lessons learned related to EWR, including trigger indicators (TIs), in MYAPs; developing technical reference materials (TRMs) and/or program tools for MYAPs on operationalizing EWR, TIs and development relief in MYAP settings; providing technical support and training to DCHA/FFP and private voluntary organizations (PVOs) for the implementation of these TRMs followed by evaluation; and supporting DCHA/FFP/Washington in implementing a surge capacity mechanism based on TIs, which entails the provision of emergency resources to MYAPs to prevent food security conditions from deteriorating (see **Haiti** and **2.3.2**). FANTA-2 also provided direct TA to Title II Awardees on EWR aspects of MYAPs when requested, including during the DCHA/FFP Indicator Workshops conducted in Mali in October 2008 and Madagascar in August 2009 (see **1.1.3**), and to CRS in Burundi in June 2009.

1.1.3 M&E

FANTA-2 focuses significant attention on establishing high-quality M&E systems in DCHA/FFP priority countries to strengthen the ability of USAID and Title II Awardees to document progress, demonstrate results and improve program implementation. FANTA-2 applies and refines state-of-the-art methods and tools, such as the IYCF summary indicator, HFIAS, LQAS and alternative sampling designs, and develops new methods and tools to meet specific M&E needs. FANTA-2 also supports the development of harmonized and integrated M&E plans for new MYAPs through regional workshops and TA to Missions and Awardees; helps coordinate and harmonize Awardee outcome and impact indicators; incorporates Mission, United States Department of State Office of the Director of Foreign Assistance (F) and DCHA/FFP indicators; provides new MYAPs with TA for designing and implementing high-quality baseline surveys; and helps to improve Mission oversight and assessment of the quality of Title II programs in the field through training in the Layers approach – a computerized food aid program monitoring system that allows DCHA/FFP Officers to assess the performance of Title II activities at a representative number of sites using standard questionnaires and handheld computers.

Regional M&E Workshops

Regional M&E workshops, held annually, help newly-awarded MYAPs improve their results frameworks; integrate required Mission, F and DCHA/FFP indicators into their M&E systems; and prepare for baseline data collection. FANTA-2 conducted two regional DCHA/FFP workshops for new MYAPs at the beginning of Project Year One. The first was held in Bamako, Mali, in October 2008 for FY 2008 MYAPs in Burundi, Chad, Mali and Niger. The second was held in Maputo, Mozambique, in November 2008 for MYAPs awarded in Afghanistan, DRC, Mozambique and Uganda. DCHA/FFP staff from Washington, regional offices and Missions also attended.

FANTA-2 also held a separate M&E workshop in February 2009 for FY 2008 Awardees in Ethiopia, where the operating environment is considerably different from other MYAP contexts. The workshop ensured that DCHA/FFP- and Mission-required indicators were included in Ethiopia's Productive Safety Net Program MYAP M&E systems, provided guidance for bringing an environmental lens to the optional indicators in the Awardees' Indicator Performance Tracking Tables (IPTTs) and included a discussion on planning the 2010 joint final evaluation. As a follow-up to the workshop, FANTA-2 reviewed the Ethiopia Awardees' revised IPTTs and provided comments to further improve the IPTTs.

In August 2009, FANTA-2 delivered two more DCHA/FFP M&E workshops for the new MYAPs awarded in FY 2009 in Malawi and Madagascar. The workshops were aimed at staff of the MYAP consortiums operating in those countries. Mission staff and the Country Backstop Officer (CBO) from DCHA/FFP/Washington also attended.

Baseline Surveys and IPTTs

To help MYAPs ensure that required indicators are collected and to improve the overall quality of Awardee data collection, FANTA-2 reviewed the baseline survey planning documents, including the questionnaires and sampling plans, for MYAPs awarded in FY 2008 in Chad, the DRC, Mali, Niger and Uganda, and responded to numerous technical questions regarding baseline surveys from these and other MYAPs. FANTA-2 also reviewed the completed baseline survey reports for MYAPs in Chad, the DRC and Mali and provided comments and recommendations to improve these reports. To prepare for the review of FY 2009 MYAP baseline surveys, FANTA-2 partnered with a volunteer organization, Statisticians Without Borders, which will assist in assessing the overall design, sampling and question quality of the baseline plans of FY 2009 MYAPs in Project Year Two.

FANTA-2 also provided technical reviews of MYAPs' M&E materials, including baseline survey scopes of work (SOWs), baseline survey questionnaires and other survey instruments, and IPTTs. This aimed to support the quality of M&E in the MYAPs and improve MYAP adherence to DCHA/FFP's M&E protocols. Specifically, FANTA-2 reviewed the baseline survey SOW, baseline instruments and IPTT for Counterpart International in Niger in May 2009; the IPTT for CRS/Burkina Faso in April 2009; and the results framework (RF) and IPTT for CRS/Madagascar in August 2009.

Mid-Term Evaluations (MTEs), Final Evaluations and RFs

FANTA-2 provides TA in M&E to Awardees to strengthen the capacity and improve the overall quality and comprehensiveness of MYAP impact and monitoring data. FANTA-2 conducted technical reviews of the MTE SOWs and IPTT for CRS/Niger in June 2009. FANTA-2 also reviewed, commented on and provided recommendations for the MTE plans for MYAPs in Guatemala, Niger and Zambia and the final evaluation plans and reports of MYAPs in Bolivia, Burkina Faso and Honduras. FANTA-2 conducted workshops to strengthen the annual data collection of MYAPs in Mozambique and worked with MYAPs in India on their exit strategies and the replication of program approaches (see **India**). FANTA-2 further strengthened Awardees' M&E systems by reviewing and commenting on their RFs and IPTTs. These reviews were conducted for all of the MYAPs that attended the M&E workshops, during and after the workshop when they submitted revised IPTTs. RF and IPTT reviews also were done for MYAPs in Burkina Faso and Mauritania.

Review of Development Assistance Programs (DAPs) in Indonesia

In Project Year One, FANTA-2 reviewed Title II DAPs in Indonesia, at USAID/Indonesia's request, to document lessons learned from the Indonesia Title II program, which provided a unique learning opportunity. The program, which ended in 2008, was predominantly urban (four of the five DAPs were conducted in low-income urban populations); faced early budget cuts and potential termination; and deferred development activities to respond to a series of major, rapid-onset disasters, including the 2004 tsunami. The review report will be completed in Project Year Two.

Layers

DCHA/FFP, responding to a United States Government Accountability Office (GAO) audit finding that it should strengthen monitoring of Title II programs in the field, asked FANTA-2 to expand Layers (currently operating in Haiti, Madagascar and Ethiopia) to all 20 DCHA/FFP priority countries. FANTA-2 began rolling out Layers to three DCHA/FFP priority countries in Project Year One – Guatemala, Mali and Uganda – by training subrecipient TANGO in Layers. FANTA-2 then visited the countries to introduce the Layers system to the relevant Mission and Awardee staff and to plan for the roll-out. FANTA-2 also

developed a comprehensive manual on the Layers process that includes implementation tools such as sampling spreadsheets and LQAS calculators for use in the roll-out.

IR 1.2 Improving MCHN Program Design, Implementation and M&E

The 2008 *Lancet* series on maternal and child undernutrition highlighted and deepened the evidence base for what program implementers and public health authorities have long known: Malnutrition is the single largest contributor to child mortality. USAID has made significant strides over the past decade in addressing malnutrition, not only through Title II programs but also through integrating nutrition into broader health programs. FANTA-2 works with partners to integrate proven approaches into national health systems, while continuing to innovate and adapt approaches to maximize impacts in various contexts. FANTA-2 also responds in new areas, such as nutrition and malaria, as evidence-based normative standards emerge.

1.2.1 Integrating CMAM into National Health Systems

SAM affects about 20 million children under 5, contributing to over one million child deaths each year. CMAM has proven to be a highly effective approach to tackling this problem, with both research and program experience attesting to its success. CMAM is frequently implemented by NGOs as a parallel program, but to be effective as a development model and to reach national scale it must be integrated into national health systems, a process that is occurring with varying degrees of success in countries such as Burkina Faso, Chad, Ethiopia, Ghana, Malawi, Mauritania, Niger, Southern Sudan and Sudan. To strengthen the capacity of countries to manage acute malnutrition in children, FANTA-2 works with USAID missions, national governments, UN partners and CMAM IPs to introduce, integrate and scale up services for CMAM. Support includes program design, strategic planning, drafting national guidelines, and training and mentoring to build skills in implementing and monitoring and reporting (M&R) services while coordinating with UNICEF, FANTA-2 subrecipient Nutriset and other private sector partners to facilitate national production of RUTF. (See **Ghana**, **Southern Sudan** and **Sudan**.)

1.2.2 Outcome Monitoring

OM is a data collection approach that allows the USG to annually monitor the key health activities it supports and to facilitate the management of those activities in-country. FANTA-2 provides ongoing support to the Guatemala and Madagascar Missions, where OM has been implemented over the past three years, to strengthen local implementation capacity. (See **Guatemala** and **Madagascar**.)

1.2.3 Community-Based Nutrition Program Approaches

The ENA is a set of seven interventions that promote nutrition and child survival. Countries face challenges in operationalizing ENA due to limitations in training, supervision, supplies and community linkages, and to poor-quality health services. FANTA-2 works with partners to develop community-based nutrition program approaches based on ENA by conducting formative assessments, facilitating dialogue among stakeholders ranging from the government to the community and developing guidance for designing community-based approaches. This includes guidance on advocacy, community-level strategy, training and supervision plans, behavior change communication (BCC) strategies and tools, and prioritizing interventions and implementation approaches. (See **Uganda**.)

1.2.4 National Nutrition Policies

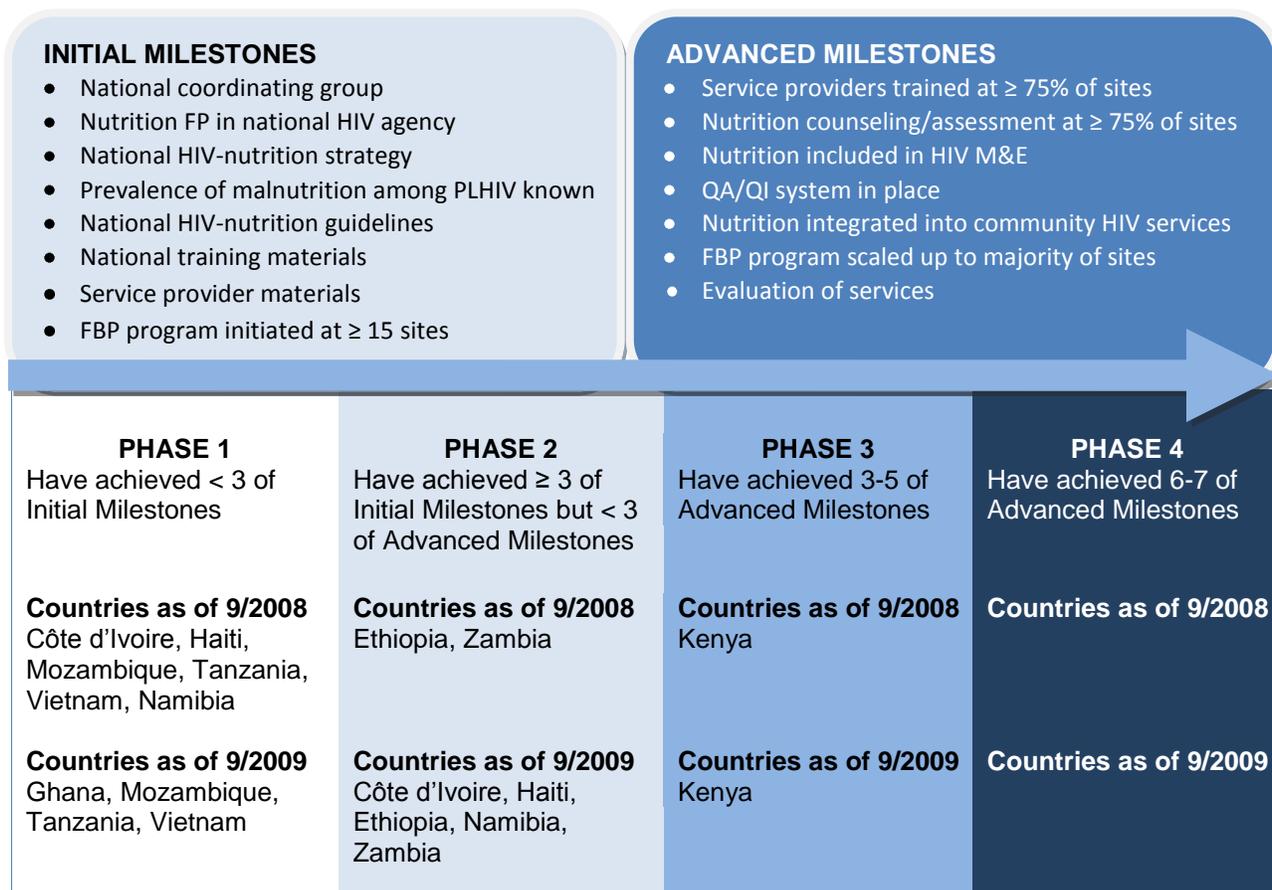
FANTA-2 provides technical input and facilitation to governments in preparing nutrition policies and implementation strategies. Policy dialogues often revolve around resource allocation and policymakers often require concrete data to justify investments in nutrition. FANTA-2 updates and applies data-based tools, such as PROFILES for advocacy, and provides TA to support action plans. Another challenge that governments face is the lack of human-resource capacity in nutrition. FANTA-2 helps to address this

through the establishment of nutrition focal points (FPs), TA, and pre-service and in-service training. (See **Ghana, Southern Sudan** and **Uganda**.)

IR 1.3 Improving HIV Nutrition and Food Security-Related Program Design, Implementation and M&E

The 2008 PEPFAR reauthorization supports a transition from addressing HIV as an emergency response to establishing sustainable systems and services. A growing number of PEPFAR focus countries recognize food and nutrition interventions as critical components of an efficacious and sustainable response to HIV, and a majority have already begun integrating food and nutrition into HIV programs, though they are at different stages and have varying human and institutional capacities. A major focus for FANTA-2 is supporting PEPFAR Implementing Agencies, national AIDS control programs and PEPFAR Partners to operationalize this recognition in programming by integrating food and nutrition into HIV responses at the national, program, clinic, household and individual levels. **Figure 2** organizes the 15 PEPFAR focus countries into four phases that categorize progress and identify steps needed. FANTA-2 provided TA to the following countries in Project Year One: Côte d'Ivoire, Ethiopia, Ghana, Haiti, Kenya, Mozambique, Namibia, Tanzania, Vietnam and Zambia.

Figure 2. Phases of Integration of Nutrition into National HIV Response



1.3.1 National Nutrition and HIV Policies and Strategies

An enabling policy environment is critical for effective nutrition and HIV services. However, in many countries, the influx of considerable HIV resources and the pressure to rapidly roll out treatment services have made it difficult for governments to engage in the systematic, long-term and multi-pronged approach needed to integrate nutrition into HIV policies and services. In response, WHO organized a consultation

on nutrition and HIV for Francophone African countries in Ouagadougou, Burkina Faso, in November 2008. FANTA-2 conducted a review of the status of integration of nutrition and HIV in Francophone Africa, presented the results at the WHO Consultation Meeting, and prepared and published a report on the results. The report, *Nutrition Care and Support of People Living with HIV in Countries in Francophone Africa: Progress, Experience, and Lessons Learned*, is available in French with an English translation of the executive summary at <http://www.fantaproject.org/publications/francophone2009.shtml>.

In addition, to integrate nutrition into a more coordinated and cohesive national HIV response, FANTA-2 works closely with partners to help organize technical working groups (TWGs), establish nutrition FPs at the national level, and prepare national nutrition and HIV strategies and national guidelines. (See **Côte d'Ivoire** and **Haiti**.)

1.3.2 Nutrition and HIV Capacity

As recognition of the critical role food and nutrition play in HIV care and treatment has grown, a clear need has emerged to strengthen partner capacities in nutrition assessment, counseling and the provision of specialized food products. To strengthen these competencies, FANTA-2 adapts existing resources to develop and roll out national nutrition and HIV training materials and materials to support nutrition assessment and counseling. FANTA-2 also works closely with USG PEPFAR Partners and government facilities to provide on-site TA on the integration of nutrition assessment and counseling into client flow systems, information systems and protocols at HIV treatment and care facilities and in community programs. In Project Year One, FANTA-2 developed national training materials in nutrition care for PLHIV in a number of countries and conducted trainings of trainers (TOTs) and trainings of program managers, nurses, nutritionists and health care providers. (See **Côte d'Ivoire**, **Ethiopia**, **Ghana**, **Haiti**, **Kenya**, **Mozambique**, **Namibia**, **Tanzania**, **Vietnam** and **Zambia**.)

FANTA-2 also held a skills-building session on nutrition assessment and gave a presentation on technical updates in nutrition and HIV at the Africa Forum 2009 held June 21-26, 2009, in Mangochi, Malawi. The Forum, titled "Sharing Integrated Solutions for HIV/AIDS and Food Insecurity," focused on food security and nutrition for PLHIV in Africa and was hosted by Project Concern International (PCI). Aims were to examine the impact of the current world food crisis on PLHIV; allow NGOs, public health and development organizations, and policy makers to share experience integrating HIV and food security and nutrition programming; strengthen collective efforts; inform policy decisions; and facilitate country-based mechanisms to integrate HIV and food security and nutrition strategies into national plans.

FANTA-2 carried out a series of consultations, collected information about existing services, and presented analysis of current strengths and gaps in nutrition and HIV services in Malawi and offered recommendations for how to address the gaps and strengthen the quality of services. Malawi has one of the largest and longest running programs providing specialized food products to malnourished PLHIV. The program, run by the government with support from a number of partners, serves adult ART clients, PMTCT clients, and children using RUTF and likuni phala, a corn-soy blend product

1.3.3 FBP Programming

FBP was initiated in a PEPFAR/Kenya program and has become an effective and replicable approach for meeting the nutritional needs of malnourished PLHIV in clinical settings, significantly enhancing the care and treatment provided. With PEPFAR support, the FBP model is being adapted and replicated in several countries. To better enable food provision programs to meet the needs of HIV-affected individuals, such as clinically malnourished adult PLHIV and pregnant/lactating HIV-positive women, FANTA-2 provides support to the design of and guidelines for FBP programming; for assessing progress, challenges, results and gaps in ongoing programs; and for supporting scale-up where appropriate. (See **Côte d'Ivoire**, **Ethiopia**, **Haiti**, **Namibia**, **Tanzania** and **Zambia**.)

1.3.4 Assuring the Quality of Nutrition Care

As nutrition interventions for PLHIV expand, establishing systems that ensure high-quality program implementation becomes critical. To strengthen systems for monitoring, quality assurance (QA), impact assessment and information sharing, FANTA-2 helps countries integrate nutrition indicators into national M&E systems; incorporate data collection processes into existing information systems; and adapt, test and apply quality assurance and quality improvement (QA/QI) tools. In Project Year One, FANTA-2 worked with URC to plan a situation assessment of QA/QI improvement systems in HIV care and treatment services in Ethiopia. Based on the assessment, to be carried out in November 2009, FANTA-2 and URC will recommend approaches for integrating QA/QI into nutrition care services in Ethiopia. To complement program M&E, FANTA-2 also conducts specialized assessments of specific program approaches, such as the use of lay counselors, food delivery mechanisms and facility-community linkages for client follow-up. (See **Ethiopia, Kenya and Vietnam.**)

IR 1.4 Improving ER&S Nutrition and Food Security Program Assessment, Design, Implementation and M&E

Access to food is most acutely threatened and vulnerability to malnutrition is most severe in ER&S contexts. FANTA-2 provides targeted TA to strengthen USAID initiatives to improve the nutritional status and food security of people living in these contexts.

1.4.1 CMAM in Emergency Contexts

SAM is an urgent problem in many ER&S settings, and CMAM has been demonstrated to be a highly-effective approach for managing SAM during and after emergencies. To strengthen capacity for inpatient care, outpatient care and community outreach for CMAM, FANTA-2 assesses existing CMAM programs and conducts tailored training workshops for health sector and IP staff. This training consists of in-service classroom instruction coupled with learning visits, internships where available and other TA, and is provided in conjunction with national training institutions to facilitate the integration of CMAM into pre-service training curricula. (See **Sudan.**)

IR 1 MISSION-, DCHA/FFP- AND DCHA/OFDA-SUPPORTED COUNTRY ACTIVITIES
Figure 3. Matrix of Country Activities in Project Year One

	1.1.1 Food Security Assessments and Country Frameworks	1.1.2 Early Warning and Response Systems	1.1.3 M&E Regional Workshops	1.1.3 High-Quality Baseline Surveys	1.1.3 Indicator Performance Tracking Tables	1.1.3 Mid-Term Evaluation Design	1.1.3 Final Evaluations/ Documentation of Lessons Learned	1.1.3 Layers	1.2.1 Integrating CMAM into National Health Systems	1.2.2 Outcome Monitoring	1.2.3 Community-Based Nutrition Program Approaches	1.2.4 National Nutrition Policies	1.2.4 National Human Resource Capacity Building	1.3.1 National Nutrition and HIV Policies, Strategies and Human Resource Capacity Development	1.3.2 Nutrition and HIV Capacity	1.3.2 Nutrition and HIV Training and Counseling Materials	1.3.3 Food by Prescription Programming	1.3.4 Assuring the Quality of Nutrition Care Services	1.4.1 CMAM in Emergency Contexts
COUNTRIES																			
Afghanistan			X																
Bangladesh	X																		
Bolivia							X												
Burkina Faso	X				X		X												
Burundi		X	X																
Chad			X	X															
Côte d'Ivoire														X	X		X		
Democratic Republic of Congo			X	X															
Ethiopia			X		X		X								X	X	X	X	
Ghana								X	X				X		X				
Guatemala						X		X		X									
Haiti		X		X				X						X		X	X		
Honduras							X												
India							X												
Indonesia							X												
Kenya															X	X		X	
Liberia	X																		
Madagascar			X		X					X									
Malawi			X												X				
Mali			X	X				X											
Mauritania					X														
Mozambique			X												X	X			
Namibia															X		X		
Niger			X	X	X	X													
Sierra Leone	X																		
Southern Sudan									X			X							
Sudan									X										X
Tanzania															X		X		
Uganda			X	X				X			X	X							
Vietnam														X				X	
Zambia						X								X	X	X			

Côte d'Ivoire

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Côte d'Ivoire, a PEPFAR focus country, passed from phase 1 to phase 2 of integrating nutrition into the national HIV response in Project Year One (see **Figure 2**). In 2007, there were about 420,000 PLHIV in Côte d'Ivoire. According to the 2005 AIDS Indicator Survey (AIS) for Côte d'Ivoire, HIV prevalence is 4.7 percent, with a higher prevalence among women (6.4 percent) than men (2.9 percent). In addition, 8.2 percent of pregnant women are HIV-positive and about 540,000 children are orphaned by AIDS. As of March 2008, 39,700 people were receiving antiretroviral therapy (ART) with support from PEPFAR.

In FY 2008, FANTA implemented a set of activities to strengthen capacity in nutrition care of PLHIV. FANTA conducted an initial assessment of nutrition, food and HIV activities and related policies, materials and capacity; helped establish a national nutrition and HIV TWG comprising stakeholders from the Ministry of Health (MOH), including the National Nutrition Program (PNN) and the National Program for Care and Treatment of PLHIV (PNPEC), and PEPFAR Partners; and drafted *National Guidelines on Nutritional Care and Support for PLHIV and TB Patients*. In Project Year One, FANTA-2 placed a nutrition and HIV program manager in Abidjan to facilitate FANTA-2 activities in-country, completed nutrition counseling materials for PLHIV, assisted with the development of a national FBP strategy, and provided TA in nutrition and HIV to MOH and PEPFAR Partners. FANTA-2 also completed a consolidated workplan with PEPFAR/Côte d'Ivoire, PNN, the Infant and Young Child Nutrition Project (IYCN) and WFP to coordinate efforts on nutrition and HIV in-country.

In May-June 2009, FANTA-2 provided TA to the International Center for AIDS Care and Treatment Programs (ICAP)/Côte d'Ivoire to incorporate nutrition care and support activities into its ART services for PLHIV and orphans and vulnerable children (OVC). FANTA-2 also provided input on the training content for health care providers and supported a PEPFAR-funded training on July 27-30, 2009, to strengthen ICAP's training capacity for sites they support under PEPFAR. Specifically, FANTA-2 assisted ICAP in developing a training module on nutrition assessment, nutrition counseling for PLHIV, the management of malnutrition among adult PLHIV, and the use of therapeutic and supplementary foods, based on the Kenyan manual for FBP services provided in the community care centers (CCCs). FANTA-2 also accompanied the ICAP trainers to the University Health Center in the town of Bonon in Bouaflé district to help train 13 health care providers in the above topics.

Nutrition Counseling Materials for PLHIV

In Project Year One, FANTA-2 developed nutrition counseling materials for PLHIV. PNN, the Nutrition and HIV TWG and FANTA-2 identified priority topics and counseling materials and oversaw the adaptation of nutrition counseling materials developed in other countries to the Côte d'Ivoire context. FANTA-2 also worked with PNN to conduct a workshop with the Nutrition and HIV TWG on May 26, 2009, to revise and complete the counseling materials and recommend their adoption by the MOH. The text of the materials has been approved and the layout will be completed in Project Year Two, after which they will be printed and disseminated.

FBP Program and National FBP Strategy

In Project Year One, FANTA-2 assessed current food assistance programs, the capacity for implementing an FBP program at PEPFAR sites and the potential for local/regional procurement of specialized food products. FANTA-2 also took part in a learning visit to FBP program sites in Kenya on June 16-21, 2009, to collect information relevant to activities in Côte d'Ivoire and subsequently met with PNN and PEPFAR Partners to update them on current promising practices in FBP programming and share lessons learned from the Kenya FBP program. Based on the assessment results, FANTA-2 drafted a strategy for integrating food and nutrition services into HIV care and treatment in Côte d'Ivoire. The strategy provides guidance for selecting PEPFAR program sites for FBP initiation, a plan for scale-up, identification of appropriate specialized food products, forecasting for food product procurement, eligibility and exit criteria

for food provision, targeting, and staffing and capacity strengthening. The draft strategy was submitted to PNN and PEPFAR/Côte d'Ivoire in August 2009. The final strategy will be delivered to PEPFAR/Côte d'Ivoire and the MOH early in Project Year Two.

FANTA-2 has received plus-up funding to assess specialized food products used in PEPFAR/Côte d'Ivoire programs for PLHIV to support the introduction of specialized food products into an FBP program. In Project Year One, FANTA-2 developed a draft protocol for the assessment, which will be completed in Project Year Two.

General TA to MOH

FANTA-2 provided TA to the MOH in Project Year One on the development of national eligibility and exit criteria for beneficiaries of food distribution programs, a draft code for marketing breast milk substitutes in Côte d'Ivoire, and a national supply chain management strategic plan for pharmaceuticals and specialized food products. FANTA-2 participated in a workshop on April 16-18, 2009, to provide comments on draft national nutrition norms, which are intended to complement existing national norms on the management of acute malnutrition and are designed for use by health care providers as protocols for nutrition care and support activities to be carried out at the clinical level. These norms were derived from the *National Guidelines on Nutritional Care and Support of PLHIV and TB Patients*.

Ethiopia

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Ethiopia is a PEPFAR focus country in phase 2 of integrating nutrition into the national HIV response (see **Figure 2**), with an estimated 1.1 million PLHIV in 2009. Given the high rates of malnutrition in Ethiopia and the demonstrated links between HIV and nutrition, USAID/Ethiopia supports the integration of nutrition interventions into HIV care and support programs. In FY 2008, FANTA provided TA to the Federal HIV/AIDS Prevention and Control Program (FHAPCO) and the Federal Ministry of Health (FMOH) to strengthen human resource capacity, establish nutrition and HIV services, and develop plans to take the services to scale.

Coordinating Mechanisms

In Project Year One, FANTA-2 worked in consultation with the FMOH and USAID/Ethiopia to determine and plan TA needs. FANTA-2 then placed a nutrition and HIV specialist in Addis Ababa to facilitate FANTA-2 activities in-country. FANTA-2 also developed a SOW for a nutritionist to be seconded to the FMOH/Medical Services Directorate (MSD) to provide coordination and technical support on nutrition and HIV.

FANTA-2 participated in a Nutrition and HIV Sub-Committee¹ meeting and discussed development of an annual workplan for the Sub-Committee with the FMOH/MSD care and treatment focal person. Because of the new ongoing restructuring in the FMOH that resulted in the relocation of staff and shifts in responsibilities among the directorates, it was not possible to move forward with some of the planned activities. However, FANTA-2 did participate in an urgent Nutrition and HIV Sub-Committee meeting called by the FMOH to discuss FBP procurement and specifications for the FBP program (see below).

FBP Program

In response to requests from USAID and the Supply Chain Management Systems Project (SCMS), in Project Year One, FANTA-2 provided information on protocols and food products for the FBP program

¹ The Nutrition and HIV Sub-Committee is part of the National Palliative Care TWG, which is currently dormant. Following a restructuring of the FMOH, the Nutrition and HIV Sub-Committee was temporarily under the FMOH/MSD and will be a part of the Health Promotion and Disease Prevention General Directorate (HPDPGD), which oversees most HIV programs.

being planned in Ethiopia. The Award for the FBP program has not yet been announced, therefore there is no activity on the ground; however, preparations have already begun. FANTA-2 provided TA to USAID in the design of the program. FANTA-2 also advised SCMS – which was mandated by USAID to procure RUTF and FBF for the FBP program in some countries– and the Nutrition and HIV Sub-Committee on the specifications for FBF needed, which were unanimously endorsed by the Sub-Committee.

Guidelines and Counseling Materials for Nutrition Care of PLHIV

FANTA-2 helped the FMOH plan the initial dissemination of a comprehensive set of materials on nutrition care for PLHIV that FANTA developed with the FMOH and partners. These materials include the *Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV: A Three-Day Training Course for Clinical Care Providers* (Trainer and Trainee Manuals); the *Ethiopian National Guidelines for HIV/AIDS and Nutrition, Revised September 2008*; a national strategy, titled the *Ethiopian National Nutrition and HIV/AIDS Implementation Reference Manual*; counseling cards, posters and brochures on nutrition and HIV in Amharic and English; algorithms for nutrition care; and anthropometric assessment charts. The materials were disseminated to health facilities providing HIV care and support and ART services country-wide through IPs.

Training and Support in Clinical Nutrition Care for PLHIV

In Project Year One, FANTA-2 organized and implemented 11 rounds of three-day trainings on clinical nutrition care for PLHIV and trained 274 nurses and health officers from health centers in Oromiya Region; Southern Nations, Nationalities, and People's Region (SNNPR); and Amhara Region. The trainings were conducted immediately after trainings that Management Science for Health/HIV/AIDS Care and Support Program (MSH/HCSP), a PEPFAR Partner, carried out for these service providers on HIV care and treatment. Coordinating these trainings back-to-back was an efficient way to reach the targeted service providers and helped to integrate the nutrition components into broader care and treatment services. FANTA-2 established a system for future trainings with the system of back-to-back trainings, which FANTA-2 will continue to coordinate with MSH/HCSP, and established a partnership with a local organization to implement the trainings.

FANTA-2 also discussed with MSH/HCSP the training and orientation in clinical nutrition care for PLHIV of 50 clinical mentors identified and supported by MSH/HCSP. The objective of this training, planned for mid-October 2009, is to enable the mentors to provide support supervision and mentorship to service providers in clinical nutrition care. In addition to the introduction of nutrition care into mentoring efforts, FANTA-2 also planned joint TA and support supervision visits to health centers with mentors and MSH/HCSP technical specialists. This TA, which will be carried out in Project Year Two, is intended to assist and ensure the initiation of integrated clinical nutrition care services for PLHIV at the site level and also address challenges to implementing the program.

At the request of the FMOH, FANTA-2 provided financial and technical assistance in Project Year One to organize an integrated national TOT on Clinical Mentoring and Clinical Nutrition Care for PLHIV held September 29 through October 6, 2009, in Bahir Dar. This TOT targeted clinical mentors and trainers in HIV care and ART from PEPFAR Partners working with hospitals, health centers, regional health bureau officers and FMOH representatives. It aimed to enable PEPFAR Partners to integrate clinical nutrition care into the mentoring and trainings provided to health care providers in hospitals and other health centers not supported by MSH/HCSP, as well as to enhance involvement of regional health bureaus in supervision and support for clinical nutrition care.

In FY 2008, FANTA supported the development and dissemination of nutrition counseling and assessment materials to health centers. Orientation in their content and use was provided in Project Year One as part of the training on clinical nutrition care for PLHIV. There are limited resources on nutrition in general and nutrition and HIV in particular in the health centers. FANTA-2 identified additional resource materials on nutrition and HIV to distribute to stakeholders.

QA/QI Methods for Nutrition Care Services

FANTA-2 is partnering with URC to introduce QA/QI methods for nutrition care services in Ethiopia, which will build on existing methods used and allow for the incorporation of nutrition components into the existing information system used by several HIV IPs in different parts of the country and at different health facility levels to address QA/QI. URC operates the Health Care Improvement Project (HCI) and has developed a number of methods for QA/QI in health service delivery. A national QA/QI framework exists, but deals mainly with HIV services, and partners implement the framework using their own methodology. In Project Year One, FANTA-2 discussed with the FMOH and PEPFAR Partners the QA/QI methods partners are currently using as part of their support to clinical HIV services. FANTA-2 also worked with URC to design a situation assessment of QA/QI in national HIV care and treatment services, which URC will begin conducting in November 2009.

Availability of Anthropometric Assessment Equipment

FANTA-2 finished collecting site-level data on the availability of anthropometric assessment equipment at hospitals and health centers providing care and treatment to PLHIV, such as ART. Country-wide data collection within a three month period, which was conducted by IP mentors and supervisors, was possible because of the collaboration of all PEPFAR Partners under the leadership of the FMOH. FANTA-2 will compile and analyze the data in Project Year Two to identify gaps that the FMOH and PEPFAR will need to fill.

Ghana

IR 1.2 MCHN Program Design, Implementation and M&E Improved

While Ghana has the world's 15th-highest burden of children suffering from severe wasting, the management of SAM and the CMAM approach have only recently been introduced in the country. To help the Ghana Health Service (GHS) improve technical capacity in nutrition, USAID/Ghana asked FANTA during FY 2008 to help introduce and scale up CMAM in Ghana, which focuses only on SAM. In Project Year One, FANTA-2 continued to work with the GHS and partners to support the integration and scale-up of CMAM into the health system.

Coordinating Mechanisms

Early in Project Year One, FANTA-2 consolidated lessons learned in CMAM implementation, which informed both a five-year concept note for continued support to integrate CMAM into the GHS and FANTA-2's workplan for CMAM for Project Year One. The concept note and workplan were developed in line with the GHS workplan and budget. The lessons learned were shared with relevant stakeholders at a Severe Acute Malnutrition Technical Committee (SAM TC)² meeting, where FANTA-2 discussed progress on integrating CMAM into the GHS and next steps were identified.

FANTA-2 placed an experienced CMAM specialist in Ghana to support and oversee CMAM capacity strengthening and scale-up. This specialist and the GHS National Severe Acute Malnutrition Focal Point (SAM FP), who is the linchpin in the coordination of all national SAM activities, constitute the Severe Acute Malnutrition Support Unit (SAM SU), an important element in strengthening the enabling environment. Its main roles consist of strengthening CMAM technical expertise in-country and coordinating nationwide CMAM-related activities, including training and guidelines development.

CMAM Scale-Up

FANTA-2 helped scale up CMAM activities to provide district-wide coverage in Agona District (East and West), which greatly improved access to services. Agona District now provides outpatient care services in

² The SAM TC was an existing but dormant national-level coordinating committee for SAM until it was revived by FANTA in FY 2008.

14 facilities across the district, three of which are in Community Health Planning Services (CHPS)³ compounds. Swedru Hospital in Agona District now provides inpatient care for children with SAM with medical complications. Community volunteers screen children at the household level and CHWs screen children with SAM at child welfare clinics and during national immunization days. CHWs also screen children during the annual child health week, which focuses on management of common child illnesses (i.e., malaria, diarrhea, malnutrition, acute respiratory infections). FANTA-2 further increased national CMAM capacity in Ashiedu Keteke and Agona by conducting refresher training for health care providers and community volunteers working in outpatient care facilities. Health care providers also received refresher training in the management of SAM with medical complications.

CMAM Guidelines Review

In Project Year One, under the guidance of the SAM SU, draft *Interim National Guidelines for CMAM* were reviewed by district-level implementers in Agona and Ashiedu Keteke districts; regional managers from Upper East, Upper West, Northern, Central and Greater Accra Regions; and members of the SAM TC and other program managers within the GHS Nutrition Division (e.g., IYCF, Micronutrients, Nutrition and Malaria) at the national level. Reviewers provided suggestions on how to better adapt the Guidelines to the local context.

A SAM TC meeting was held on May 20, 2009, with the objective of reviewing draft CMAM guidelines that had been developed for Agona and Ashiedu Keteke regions. During the meeting, the SAM TC decided to upgrade the draft Agona and Ashiedu Keteke guidelines to be the *Interim National Guidelines for CMAM*. These guidelines will be used by a wider group of implementers in Upper West, Upper East, Northern, Central and Greater Accra regions for one year, revised according to lessons learned and then endorsed as the National Guidelines for CMAM in a national consensus-building workshop. At the end of Project Year One, FANTA-2 was editing and formatting the *Interim National Guidelines for CMAM* before the final review and consensus-building meeting with the SAM TC in November 2009. The *Interim National Guidelines for CMAM* will then be disseminated, marking an important step toward harmonizing the management of SAM in Ghana.

Enhanced Quality of Services

In Project Year One, the SAM SU provided support and made supervision visits to all outpatient and inpatient sites to ensure high-quality CMAM service provision. A detailed supervision checklist adapted to the Ghanaian context guided this support and supervision. This checklist ensured that supervisors observed the treatment of SAM cases in outpatient care, observed community outreach and reviewed record-keeping and supply management. The SAM SU visited each facility at least once per month, with newer outpatient care sites in the health facilities requiring more support than older sites.

The FANTA-2 CMAM specialist also helped the GHS facilitate SAM TC and other technical coordination meetings with USAID/Ghana, UNICEF and WHO to provide updates on the status of CMAM implementation, review annual workplans on integrating CMAM in Ghana, and discuss the availability of CMAM supplies and mechanisms for conducting TOTs on inpatient care for the management of SAM with medical complications.

CMAM Monitoring Tools, Data Repository and Reporting System

In Project Year One, the SAM SU helped district nutrition officers in Agona East and Agona West Municipality update training and community outreach records, both crucial planning tools for districts and facilities. As part of CMAM program monitoring, facility, district and national CMAM performance indicators are being collected and analyzed monthly. The SAM SU also reviewed the CMAM monitoring tools – outpatient care treatment card, tally sheet and reporting forms – and trained and mentored health care providers in using them. The monitoring tools were adapted in line with international standards, which will help ensure higher quality of CMAM services.

³ CHPS is an initiative by the GHS to provide health services to marginalized communities.

A CMAM data repository – a Microsoft Excel database – was developed based on the revised monitoring tools. The data repository currently only covers the CMAM learning sites but will eventually be expanded to serve as the national CMAM data repository. The repository is currently managed at the national level, which will continue until district and regional health management information system (HMIS) officers are trained in CMAM and on using the repository.

The SAM SU is exploring whether to switch the CMAM data repository's format from Microsoft Excel to the HMIS Microsoft Access format, which district information managers are already trained in and which would allow for easier, more sustainable refresher trainings and troubleshooting. Further discussions will be held with HMIS officers at the learning districts in Project Year Two to ensure that this data repository is acceptable to the district- and national-level users and that the new Microsoft Access format will be able to generate all necessary CMAM data and reports at the various levels.

In addition, the SAM SU and the Centre for Health Information Management (CHIM) worked to ensure that the CMAM M&R system is compatible with the HMIS. Issues discussed included the flow of HMIS information from the service delivery point to the national level, data management at the various levels of the health system, unique identification of clients and facilities, and registration and reporting of services within the HMIS. CHIM recommendations were used to update the information system in the learning sites, including using the CHIM information flow chart, using district information officers that CHIM already has trained, and using a database similar to CHIM's, which is easy to manage and train district-level staff to use. The SAM SU and CHIM also began exploring the idea of incorporating CMAM indicators into the national HMIS; discussions will continue in Project Year Two.

CMAM Supply System

FANTA-2 helped establish a CMAM supply system at the facility, district and national levels to improve access to CMAM equipment and supplies, such as therapeutic food and drugs. The system is crucial to ensuring adequate and timely requests for supplies at all levels. FANTA-2 trained health care providers at facilities in using the system, in which health workers report on inventory levels monthly and request for supplies when inventories fall below acceptable levels. UNICEF then purchases therapeutic food supplies based on GHS national-level requests per the estimated number of SAM cases in each region. Other regions are expected to adopt the system as CMAM scales up.

Steps have been taken to establish local production of RUTF in Ghana and potentially for the West Africa region. Following a feasibility assessment on the local production of RUTF, Nutriset identified a Ghanaian food processing company, Athena Foods, as its local partner and trained a number of Athena Foods staff at Nutriset's headquarters in France. In Project Year Two, Nutriset will continue to provide TA to Athena Foods in Ghana to start up local production of RUTF. FANTA-2 will provide financial and logistical support to Nutriset during the TA period and will support the cost of training Athena Foods staff in France and Ghana.

Strengthening CMAM Competencies

The SAM SU and the Agona West Municipality nutrition officer conducted refresher in-service trainings in the management of SAM without medical complications for 108 health care providers in Ashiedu Keteke Sub-Metropolitan Area, Agona East District and Agona West Municipality. Twelve health care providers in Swedru Hospital received refresher in-service training on the management of SAM in inpatient care. Intensive mentoring from the district nutrition officer and SAM SU accompanied the refresher trainings to reinforce the training and further strengthen capacity.

In addition, 138 community volunteers in Agona East District, Agona West Municipality and Ashiedu Keteke Sub-Metropolitan Area received refresher training on the signs of malnutrition and methods for early case detection.

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Ghana's annual incidence of HIV infection is currently stable at around 23,000 per year, with a prevalence of 1.7 percent (2008 data). Nationwide, there are 236,000 PLHIV, and only 23,000 of the 70,000 PLHIV in need of ART are currently on treatment. The Ghana MOH has recognized the critical role of food and nutrition in effective responses to HIV and has taken major steps toward integrating nutrition into HIV services.

Because of the similarities with its work integrating CMAM into Ghana's routine health services, FANTA-2 is using CMAM integration approaches as models for integrating nutrition into routine HIV care and treatment services. In addition, because CMAM and nutrition and HIV services have a number of common objectives, FANTA-2 is harmonizing and coordinating several aspects of the two programs, including treatment protocols, coverage plans and referrals among services, to ensure optimal outcomes. FANTA-2 is also collaborating with PEPFAR Partners in its nutrition and HIV activities in Ghana, which will be an important factor in these efforts.

In Project Year One, in response to a request from USAID/Ghana, FANTA-2 prepared an SOW for TA on integrating food and nutrition into HIV care and treatment services. The planned TA will focus on strengthening nutrition assessment and counseling capacity and possible initiation of a FBP program. Components of these services will build on and link to the CMAM services that FANTA-2 is supporting with the GHS. FANTA-2 held initial consultations with stakeholders in Ghana, including USAID, PEPFAR Partners and government officials, and more in-depth TA will begin in October 2009.

FANTA-2 also provided USAID/Ghana with descriptions of nutrition programming for PLHIV in the areas of FBP, adult care and support, malnourished ART clients, prevention of mother-to-child transmission of HIV (PMTCT), pediatric care and system strengthening/development in response to the Mission's request for language for Country Operation Plan for FY 2010 (COP 10).

Guatemala

IR 1.1 Food Security Program Design, Implementation and M&E Improved

Guatemala's MYAPs for FY 2007-2011 are implemented by CRS, Asociación SHARE de Guatemala (SHARE) and Save the Children (SC). These Title II Awardees work in MCHN, water and sanitation, agricultural production, marketing, credit and natural resource management and help strengthen local governments' capacity to deliver services in those sectors in highly food-insecure areas in the Departments of Baja Verapaz, Chimaltenango, Huehuetenango, Quiché and San Marcos.

In Project Year One, FANTA-2 continued to provide Awardees with TA in their priority areas of formative research tools and behavior change interventions, as requested by USAID/Guatemala. FANTA-2 helped Awardees resolve apparent discrepancies between their baseline survey results and first-year program results related to exclusive breastfeeding and provided guidance on their MTE design and methodology.

IR 1.2 MCHN Program Design, Implementation and M&E Improved

FANTA-2 provided continuing support to USAID/Guatemala in conducting OM surveys in the locations covered by the Mission's Health, Population and Nutrition (HPN) program. FANTA-2's work included training URC/Calidad en Salud, the USAID-funded bilateral health program, in contracting and supervising OM, and CIENSA, a private sector firm, in carrying out the OM survey field work and analyzing and reporting the results. As a result, in Project Year One, URC/Calidad en Salud and CIENSA were able, with guidance from FANTA-2, to conduct the entire process for the 2009 OM Survey, providing an example of a successful transfer of capacity to host country partners. The 2009 OM Survey included data from all eight Health Regions covered by Title II Awardees; previously only five health regions had

been surveyed because of funding restraints. The partners are also preparing the final report, which CIENSA will submit at the beginning of Project Year Two.

Haiti

IR 1.1 Food Security Program Design, Implementation and M&E Improved

Three Title II Awardees – Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance (ACDI/VOCA), CRS and World Vision (WV) – are implementing MYAPs for FY 2008-2012 in Haiti. These Awardees work in MCHN, including a preventive approach targeting PLW and young children; food security early warning; household water and sanitation; agricultural production and marketing; natural resource management; and community capacity strengthening for vulnerability reduction and emergency response. ACDI/VOCA, CRS and WV mainly implement their MYAP activities in the southeast, south and central plateau of the country, in partnership with the regional and national Government of Haiti counterparts.

Baseline Indicator Harmonization and Survey Process

The three Awardees agreed to jointly conduct the baseline survey for their new MYAPs because they felt using the same methodology and tools would allow for comparability across programs, all results to be available at the same time, better interpretation of the comprehensive program impact and reduced overall costs.

In Project Year One, FANTA-2 worked with the Awardees to define the indicators to be collected and the methodology to be used for the 2008 joint baseline survey, with an emphasis on harmonizing information collected with the needs of the Mission, DCHA/FFP and the Awardees themselves. FANTA-2 also provided a Team Leader, provided TA in designing the survey methodology, helped to train enumerators, assisted in the development of the field survey manual, processed and analyzed the data collected and prepared a final summary report, including survey results for the Awardees' MYAPs. Awardees participated in all steps as necessary, including translating the questionnaire into Creole, carrying out data collection (e.g., providing enumerators, securing logistics) and supervising data collection in their areas.

The final report, with USAID/Haiti and Awardee comments incorporated, was sent to all stakeholders with a CD-ROM containing all materials needed to replicate the study at the time of the final evaluation (e.g., questionnaires, SPSS syntax, tabulations, analyses). Based on this material and using the FANTA-2 summary report as a template, the Awardees wrote their own individual baseline reports, which were reviewed by FANTA-2 in Project Year One and were considered the final steps in the baseline process.

MYAPs in the Crisis Context

In January and February 2009, FANTA-2 and the director of DCHA/FFP/Washington visited areas hit by economic and climatic shocks in 2008 and assessed whether ongoing MYAPs in those areas should be revised to better respond to such crises. FANTA-2 also visited the cities of Gonaives and Les Cayes, the towns of Hinche and Port Salut, and the village of Baie d'Orange, where Title II programs and/or WFP distribute Food for Peace Act commodities.

USAID/Haiti then held a two-day workshop in Port au Prince (February 2-3, 2009) to examine how food aid programs could upgrade their emergency response ability to better address future shocks in Haiti. Participants included WFP, UNICEF, Coordination Nationale de la Sécurité Alimentaire (CNSA), Departement de Protection Civile (DPC), USAID's Famine and Early Warning Systems Network Project (FEWS NET) and the Awardees. Participants decided that Awardees should review their MYAPs to more fully incorporate the surge capacity element implicit in DCHA/FFP's Strategic Framework. Another workshop was held in March 16-20, 2009, to review individual MYAPs and recommend changes as needed (see 2.1.1).

Nutrition Advocacy

The baseline survey process, fact-finding mission and MYAP review workshops allowed for substantial sharing among organizations on how to best address nutrition concerns in Haiti. At a meeting hosted by WFP, the Inter-American Development Bank (IADB), UNICEF and USAID formed a Nutrition Committee to advocate for greater visibility for nutrition, implement advocacy activities and revitalize discussions in-country through a series of seminars, conferences and other events related to nutrition. FANTA-2 agreed to help organize a PROFILES workshop that would be coordinated by the MOH's Nutrition Office and co-funded by WFP, UNICEF and the World Bank. Discussions were held with USAID/Haiti about how the Mission could support the Nutrition Committee and with committee members to determine a date for the PROFILES workshop. This activity was delayed because of political matters in Haiti, but local authorities are expected to follow up on this in Project Year Two.

Layers

Important changes in the location and some types of activities in the new set of MYAPs made it necessary to adapt the Layers monitoring tool for these new parameters. In Project Year One, FANTA-2 and USAID/Haiti's Food Security and Humanitarian Assistance (FSHA) officers discussed what changes were needed and how they would be implemented. While FSHA can implement Layers on a routine basis, FANTA-2 support and oversight is necessary to ensure seamless transition between MYAP rounds. FANTA-2 extensively reviewed the Layers software, managed various issues associated with the new programming logic and sample selection, and provided a new Layers tool to FSHA.

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

In Project Year One, Haiti progressed from phase 1 to phase 2 of integrating nutrition care and support into the national HIV response (see **Figure 2**). With over 120,000 PLHIV (2007 data), high rates of malnutrition in Haiti worsen the impact of HIV and pose significant challenges to care and treatment. In FY 2008, FANTA conducted an assessment to identify current partners, policies and materials related to nutrition care and support of PLHIV, and existing capacity and gaps in nutrition and HIV; drafted *National Guidelines on Nutrition Care and Support for PLHIV*; and provided technical support for the design of an FBP program targeting clinically malnourished ART and pre-ART clients, PLW and OVC.

To support further progress in integrating nutrition into the national HIV response, USAID/Haiti asked FANTA-2 to help the Ministry of Public Health and Population (MSPP) and other PEPFAR Partners to facilitate a coordinated and integrated approach to food, nutrition and HIV activities and to strengthen the capacity of health providers, PEPFAR Partners and community-based service providers to provide nutrition assessment, counseling and palliative care that includes nutrition care and support.

Guidelines and Counseling Materials for Nutrition Care of PLHIV

In Project Year One, FANTA-2 finished developing the *National Guidelines on Nutrition Care and Support for PLHIV* (which were started under FANTA) and conducted a workshop with the MSPP's *Groupe de Travail Technique de la Nutrition* (Nutrition TWG) on April 23-24, 2009, to complete them. The National Guidelines were submitted to the MSPP in August 2009 and are expected to be adopted and printed by November 2009.

FANTA-2 also finished developing French-language nutrition counseling materials for PLHIV, which underwent a technical review and were field-tested. FANTA-2 conducted a workshop with the Nutrition TWG, at which the nutrition counseling materials were completed and recommended to MSPP for adoption after final revisions. The materials are expected to be printed and disseminated in Project Year Two.

In addition, FANTA-2 translated into French a training manual on food, nutrition and HIV for care and support service providers. FANTA-2 delivered the manual to USAID/Haiti and has received requests from

partners in Haiti for copies. In Project Year Two, FANTA-2 will provide TA on adapting the manual to the Haitian context.

Specialized Food Product Specifications

FANTA-2 provided the Mission and SCMS with a recommendation on specifications for a FBF product for the planned FBP program and with TA on local production of specialized food products, FBP eligibility criteria and forecasting needs for food procurement, delivery and storage. FANTA-2 also provided comments on a draft protocol submitted by the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) and other partners for a program evaluation assessing the impact of RUTF on the anthropometric status and overall quality of life of PLHIV.

India

IR 1.1 Food Security Program Design, Implementation and M&E Improved

USAID is phasing out Title II resources in India, with Title II development assistance support ending in December 2009. Current Title II resources in India include programs implemented by CRS and the Cooperative for Assistance and Relief Everywhere (CARE). CRS implements a multi-sectoral food security program that includes MCHN, natural resource management, agriculture, Food for Education (FFE) and other humanitarian assistance activities. CARE's long-standing Title II program in India, the Integrated Nutrition and Health Project (INHP), has contributed significantly to reducing the food insecurity of vulnerable groups and strengthening the capacity of central- and state-level governments to implement child nutrition and health services. The third phase of the program, INHP III, supports the Government of India (GOI) Integrated Child Development Services (ICDS) program by providing TA and capacity strengthening support (and food commodities, until recently) to improve the MCHN services provided.

Replication of Practices

INHP III has supported selected ICDS blocks (an administrative unit smaller than a district) in 78 districts in nine states – a substantial area, but only a fraction of where ICDS operates. Recognizing opportunities to replicate successful components of CARE's approach within non-assisted government ICDS program areas, USAID, CARE and FANTA worked closely with the GOI and state governments to replicate five key approaches and practices developed through the Title II program in Andhra Pradesh and Chhattisgarh states. The replicated practices are: convergence of the Ministries of Women and Child Development and Health and Family Welfare to improve coordination, coverage and service quality, particularly through Nutrition and Health Days in which both health services and food supplementation are provided at the same time; checklists and tools to strengthen support supervision; block and sector meetings for supervisors and Anganwadi Workers (AWWs); tools to improve home contacts with beneficiaries; and strengthened food supply chain management and monitoring systems that are responsive to context-specific needs and problems.

The replication of practices developed through a Title II food aid program in a large-scale, permanent government program is an important frontier for sustainable food security programming. It is critical to ensuring the long-term sustainability of program activities and impacts beyond program exit, and it is expected to yield valuable lessons for other health and nutrition programs. By helping ICDS implement INHP practices in areas that do not receive direct CARE assistance, the replication process will enable these effective practices to continue beyond USAID and CARE assistance.

In FY 2007-2008, FANTA TA included support for establishing a National Advisory Panel centrally and State Working Groups in each state; developing standards for quality implementation of each INHP practice; developing and producing tools and training materials to guide functionaries in implementing the practices; training ICDS functionaries at multiple levels in the practices; producing counseling and educational materials, job aids and registers and reproducing them at scale to reach all targeted sites in Andhra Pradesh and Chhattisgarh states; developing project implementation plans (PIPs) under ICDS IV

in several states; and rolling out practices in non-Title II ICDS areas in Andhra Pradesh and Chhattisgarh states. The INHP practices are now being replicated in about 300 blocks of all 21 non-CARE-assisted districts in Andhra Pradesh and Chhattisgarh. Replication has also been supported in about 280 new blocks of 75 CARE-assisted districts in nine states.

In Project Year One, FANTA-2 worked with CARE and USAID to develop an internal audit system to support monitoring and QA of the INHP practices. The audit system was refined based on stakeholder input, and CARE is planning to initiate it in Andhra Pradesh and has supported the government in mobilizing resources to institutionalize the audit process. FANTA-2 also worked with CARE and USAID to identify a set of eight indicators to monitor implementation of the practices that can be incorporated into the routine ICDS management information system. The indicators were identified based on the actions that ICDS functionaries are expected to carry out as part of the INHP practices, the existing information being collected in ICDS and the feasibility of data collection within the existing system. Given the existing system and capacities, the indicators focus on measuring the coverage of the practices, not outcomes or impacts.

FANTA-2 also began documenting the replication process, timeline and costs in Project Year One to help other states and stakeholders conduct the replication. FANTA-2 worked with CARE and USAID to engage government stakeholders in planning a National Resource Center to house technical resource materials on quality ICDS implementation, including the practices being replicated. FANTA-2 also provided technical input and support to CARE and ICDS in the continued rollout of the replication of practices developed under INHP and application of the standards for the practices.

Exit Strategies

USAID/India and DCHA/FFP worked with CARE and CRS to develop three-year (2007-2009) phase-out plans to ensure sustained program impacts and continuation of key services. Based on discussions with USAID/India, CARE/India and DCHA/FFP, FANTA-2 conducted a rapid review of the India Title II exit strategies, documented the approaches and progress, and shared results and recommendations with USAID, CARE and CRS to inform the rest of the phase-out process.

Given the importance of effective exit strategies, DCHA/FFP asked FANTA-2 to examine exit strategies that Title II Awardees are implementing in different contexts. FANTA-2 is working with subrecipient Tufts University to conduct in-depth reviews and evaluations of Title II exit strategies in Bolivia, Honduras and Kenya (see 2.1.1). The India Title II program has a well-planned exit strategy that uses a range of approaches including transition to government services, strengthening local leadership, and strengthening community institutions. In Project Year One, FANTA-2 worked with USAID and Tufts University to plan the incorporation of India into the exit strategy study. Tufts University will collect data from the India programs as part of the study in Project Year Two.

Kenya

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Kenya is a PEPFAR focus country, now in phase 3 of integrating nutrition into the national HIV response (see **Figure 2**), that had over 1.75 million PLHIV in 2007. Since 2004, USAID/Kenya has been supporting the integration of nutrition into HIV care and treatment services in Kenya. To support this effort, FANTA has been providing TA to the Mission, the Kenya National AIDS and STI Control Program (NAS COP) and PEPFAR Partners. This assistance included developing national guidelines, developing and rolling out training and counseling materials, training service providers, introducing nutrition into community-based HIV care services, integrating nutrition into the national M&E system, and conducting a randomized Targeted Evaluation to examine the impact of food supplementation.

In Project Year One, FANTA-2 continued TA to NAS COP and national stakeholders to support the integration of nutrition into the national HIV response. This TA included contributing to the national AIDS

strategic plan, supporting the nutrition capacity of community-based HIV care groups, providing technical updates to NASCOP, participating in the nutrition and HIV TWG, completing nutrition components of the M&E system, updating national guidelines and job aids on nutrition and HIV, supporting the National Nutrition Day, and analyzing data from a study on the impact of food supplementation. FANTA-2 also helped document lessons learned and supported study visits to Kenya from other PEPFAR countries, so other countries can benefit from Kenya's experience.

Kenya National AIDS Strategic Plan III (KNASP II) (2009/10-2012/13)

In Project Year One, NASCOP asked FANTA-2 to help draft the KNASP III, which provides the action framework for the national response to HIV and the context within which all stakeholders develop their specific strategies, plans and budgets to make the responses. FANTA-2 collaborated with colleagues from AED's Nutrition and HIV Program (NHP) to provide input to the nutrition sections of the main strategy, the implementation plan and the budget. This led to the inclusion in the KNASP III of key nutrition and HIV activities that are aligned with the NASCOP Nutrition and HIV Strategy and can considerably strengthen efforts to seek funding for these activities from government and key donors.

Nutrition and HIV Competencies Among Community Service Providers

Following earlier training support in nutrition care that FANTA provided to PEPFAR Partners in FY 2008, FANTA-2 held consultative discussions with the PEPFAR-supported Capable Partners Program/Kenya (CAP/Kenya) on April 15, 2009 about follow-up support to strengthen nutrition components of community-based services. Community-based services offer important entry points to reach HIV-affected populations with nutrition services that can complement facility-based services, such as FBP. CAP/Kenya requested that FANTA-2 provide TA in nutrition to CAP sub-grantees that support community-based HIV services. FANTA-2 was linked to three organizations that had participated in the FY 2008 FANTA trainings: Health Education Africa Resource Team (HEART), Ripples International and Action in the Community Environment (ACE Africa). FANTA-2 conducted rapid assessments of the organizations' nutrition programs to determine whether they had implemented their workplans developed during the training, assess how well they integrated nutrition activities with other HIV services and identify gaps that could be addressed through one-on-one TA. Some gaps that were evident included lack of nutrition training and informational materials, limited linkages with the MOH Nutrition Division and NASCOP Nutrition Unit, lack of nutrition within M&E systems and weak integration of nutrition and HIV activities. Following the assessments, FANTA-2 communicated its recommendations to CAP/Kenya and has provided support to these programs by disseminating nutrition and HIV materials, conducting on-site visits and reviewing nutrition data collection tools.

TA Updates to NASCOP and Partners

FANTA-2 has supported NASCOP and key partners, such as NHP, with technical updates on the latest evidence base and international recommendations and norms in areas such as revised anthropometric cutoffs for nutrition assessment and the new WHO Child Growth Standards. NASCOP and NHP used this information to develop the reference anthropometric charts and algorithms now used in health facilities implementing the NHP FBP program.

Nutrition M&E System

Building on work FANTA carried out in FY 2008 to develop a nutrition register and system for collecting data on nutrition indicators as part of the HIV HMIS, in Project Year One, FANTA-2 supported the initiation of the nutrition register and indicator summary forms in Central and Nyanza Provinces. The report from the initiating process informed the final revisions to these tools. The next step is to fully incorporate these indicators and tools into the national M&E system, which NASCOP plans to do as part of the national HMIS process that is expected to occur early in Project Year Two.

National Guidelines on Nutrition and HIV

When Kenya's national guidelines and counseling materials on nutrition and HIV were developed in 2004-05, the FBP program had not begun and this approach to care for clinically malnourished HIV-positive individuals and OVC was not foreseen as a national program. Therefore, the guidelines and materials did not provide information on implementing the FBP program, such as targeting using entry and exit criteria and key messages for use of the food.

In response to NASCOP's request, in Project Year One, FANTA-2 supported NASCOP in reviewing and updating the National Guidelines on Nutrition and HIV during a review meeting on May 12-15, 2009, with a selected task force at Embu Agricultural Staff Training (EAST) College. The reviewers asked FANTA-2 to consolidate the comments from the review and produce a new draft of the guidelines. A review meeting with a new set of reviewers to complete the updated guidelines is planned for November 2009.

Training Materials and Job Aids on Nutrition and HIV

Kenya, the first PEPFAR country with comprehensive national training materials on nutrition and HIV, serves as a model for other PEPFAR countries in developing training materials. Over the past two years in Kenya, a number of developments and lessons have emerged from implementing the national training materials. After the review of the national nutrition and HIV guidelines, FANTA-2 reviewed the national training materials to enhance their practical components and emphasize addressing actual performance gaps observed in the field, such as completing the new M&E tools (nutrition register and summary indicator forms), QA/QI in nutrition assessment and counseling, reviewing and updating the FBP sections, and addressing new issues related to management of SAM in children and adults in the context of HIV.

In addition, the toolkit for CCC service providers and accompanying trainer's manual were reviewed on May 26-30, 2009, at the Kenya School of Monetary Studies, Nairobi. The reviewers asked FANTA-2 to incorporate updates from the national guidelines into the training materials once the review of the guidelines was completed.

NASCOP held a task force review meeting to adapt and update the regional community training materials on nutrition and HIV (facilitator's guide and participant handouts) that FANTA had produced. FANTA-2 provided technical facilitation at the meeting, held August 19-20, 2009, at EAST College. An initial draft of the updated materials was developed at the meeting, and the materials will be completed after the updated national guidelines are completed.

To maintain consistency with the national guidelines and training materials and to update and improve the content of the job aids on nutrition and HIV that FANTA helped NASCOP to develop in 2006-07, FANTA-2 supported NASCOP to technically update these materials. These materials include a wall chart on the nutritional management of antiretroviral drug (ARV) side effects including responses to the changing regimens currently in use, a Patient Nutrition Data Collection Form and a table on nutrient requirements.

National Nutrition Day

The NASCOP Nutrition Program held Kenya's second National Nutrition Day on August 14, 2009, at the Kenya International Conference Centre (KICC), Nairobi. The event highlights nutrition issues affecting vulnerable groups and serves as an advocacy tool. This year's theme focused on the quality of life of HIV-infected families, reflecting the higher infection rates among married couples and the need to emphasize family and community interventions. FANTA-2 support for the event included helping with planning; contributing information, education and communication (IEC) materials (e.g., a banner, brochures); and drafting a document on the event's objectives.

Milestones and Lessons Learned in Nutrition and HIV

In Project Year One, FANTA-2 helped NASCOP develop a report on the nutrition and HIV program's milestones. The objective of the report is to offer lessons learned to other countries, advocate for the

importance of nutrition in HIV programming, and educate stakeholders about achievements to-date and remaining areas of need. The NASCOP manager is reviewing the initial draft, which is scheduled to be shared with the task force reviewing the guidelines on November 11-13, 2009.

FANTA-2 also supported efforts to help other PEPFAR countries to benefit from Kenya's experience in Project Year One. PEPFAR/Namibia, FANTA-2 and NHP supported a one-week study visit in June 2009 of representatives of the Namibia Ministry of Health and Social Services (MOHSS) and other Namibian organizations to PEPFAR/Kenya's FBP program for clinically malnourished PLHIV. The study visit included visits to public and private CCCs implementing FBP programs and integrated nutrition and HIV activities, the factory where specialized food products (FBF and RUTF) are made, and NASCOP and Director of Medical Services (DMS) offices. The Namibia MOHSS is using the information to design its own food and nutrition interventions for clinically malnourished PLHIV, including an FBP program now being developed. (See also **Namibia**.)

Dissemination of Technical Resource Materials Through NASCOP

In order to increase availability of technical resource materials on nutrition and HIV within Kenya and strengthen NASCOP's role as a source of technical resources, FANTA-2 met with the NASCOP Information Technology (IT) Officer on August 9, 2009, to discuss posting nutrition and HIV materials on the NASCOP website (<http://www.aidskenya.org/>). The materials include assessment reports, policy documents, guidelines and training materials. Key issues included seeking approval to upload the publications since space on the website is limited, the option of having FANTA-2 support the expansion of the website at minimal cost, and having FANTA-2 ensure that all materials (including reviewed documents) are updated and completed before being uploaded.

Research on the Impact of Food Supplementation on Malnourished Adult PLHIV

In FY 2007-2008, FANTA and the Kenya Medical Research Institute (KEMRI) conducted a randomized controlled trial of the impact of food supplementation on nutrition and clinical outcomes of malnourished adult ART and pre-ART clients. In Project Year One, FANTA-2 worked with KEMRI to clean and analyze the data and write up the results. The final report documenting the findings of the study will be completed in Project Year Two.

Madagascar

IR 1.2 MCHN Program Design, Implementation and M&E Improved

The HPN office of USAID/Madagascar is supporting a variety of interventions aimed at improving the health and nutrition of people living in targeted regions in Madagascar's six provinces. USAID/Madagascar-funded programs provide health services and products addressing malaria, child survival, child nutrition, reproductive health, family planning, neonatal/maternal health, sexually transmitted infections (STIs) and HIV. Since 2006, FANTA/FANTA-2 has been helping USAID/Madagascar conduct annual surveys that assess the outcomes of the Mission's HPN programs. The Mission uses the data from these surveys for its annual reporting to USAID/Washington and to manage its health activities.

From June through October 2008, FANTA-2 supported subrecipient PENSER to conduct the FY 2008 OM survey with the objective that PENSER become fully equipped to carry out OM independently. FANTA-2 assisted PENSER with instrument preparation, sampling, enumerator training and data analysis training. Data were collected in August and September 2008, indicator findings were submitted to USAID/Madagascar in October 2008, and a final report was submitted in December 2008.

FANTA-2 and PENSER prepared for the Madagascar FY 2009 OM survey by developing the TOR, updating the methodology to reflect the expansion of USAID/Madagascar program coverage and making arrangements for PENSER to collect the data. Working independently, PENSER conducted the field work in August and September 2009 and began data analysis before the end of Project Year One. OM survey

results will be submitted to USAID/Madagascar in the beginning of Project Year Two in time for the Mission to use the data in its own annual report.

Mozambique

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Mozambique is a PEPFAR focus country, currently in phase 1 of integrating nutrition into the national HIV response (see **Figure 2**). It has about 1.7 million PLHIV, including 150,000 children. Among adults 15-49 years, an estimated 16 percent live with HIV. By 2020, an estimated 550,000 children under 17 will have lost their mother, father or both to AIDS. Recognizing the important role food and nutrition play in comprehensive care and treatment of PLHIV, in FY 2008, PEPFAR/Mozambique requested that FANTA-2 help integrate food and nutrition interventions into HIV care and treatment services in Mozambique.

USAID/Mozambique, the Government of the Republic of Mozambique (GRM), FANTA-2 and partners decided on three goals for FANTA-2's activities in Mozambique:

- Improved and harmonized strategies, guidelines, manuals and plans for food and nutrition interventions for PLHIV
- Improved food and nutrition interventions, particularly treatment for MAM and SAM and for PLHIV and OVC in USG-supported HIV care and treatment services
- Improved coordination among USG-supported HIV care and treatment services, OVC programs and food security programs

In Project Year One, FANTA-2 placed a Senior Nutrition and HIV Specialist in Mozambique to facilitate FANTA-2 activities in-country. FANTA-2 also completed the workplan for its nutrition and HIV activities and identified Nutrition and Food Security Association (ANSA), a Mozambican consulting firm, as a partner in implementing the workplan. FANTA-2 is working closely with ANSA to build its capacity in nutrition and HIV and will mentor and supervise ANSA's work on FANTA-2 activities in Project Year Two.

Capacity Strengthening and Strategy Development

FANTA-2 supported USAID/Mozambique in hosting a meeting with PEPFAR implementing agencies in August 2009 with the objectives of providing information on links between nutrition, food security and HIV; providing information on program approaches supported by PEPFAR; presenting the PEPFAR Nutrition, Food and HIV Strategy; and sharing and receiving feedback on FANTA-2 activities in Mozambique. FANTA-2 provided TA to USAID/Mozambique in the development of nutrition priorities and actions in the PEPFAR Partnership Framework, which is a five-year joint strategic framework for cooperation developed between the USG, the PEPFAR host government and, as applicable, other partners to combat HIV in the host country through service delivery, policy reform and coordinated financial commitments.

FANTA-2 also helped with the national evaluation of the Action Plan for the Reduction of Absolute Poverty 2006-2009 (PARPA II), which guides the government's actions to reduce poverty, including efforts to improve health status and human capital development. FANTA-2's TA included participating in meetings, interpreting and presenting national poverty and nutrition data in the evaluation report, writing the report's nutrition and HIV section, and reviewing the report. FANTA-2's support to the evaluation resulted in clearer recommendations for nutrition and HIV activities in the next action plan for reducing absolute poverty, PARPA III.

National-Level Coordination Among the GRM and Its Partners

The main entity within the GRM concerned with nutrition and HIV is the MOH-led Nutrition, Food and HIV TWG. In Project Year One, FANTA-2 and the TWG drafted a revised *Strategy for Nutrition Interventions in HIV/AIDS and TB through the National Health System*, which the TWG will use as the basis for the final strategy. FANTA-2's support to the TWG and development of the strategy helps the government more effectively coordinate its efforts and its partners' efforts in nutrition and HIV.

In May 2009, the Chief of the MOH Department of Nutrition was replaced, which put TWG activities on hold. In Project Year Two, FANTA-2 will offer the department administrative support (e.g., calling meetings, ensuring minutes are shared in a timely manner, creating workplans) to revitalize the TWG. Once the TWG becomes operational again, a first activity will be to complete the strategy with FANTA-2 support.

Guidance for the Treatment of Acute Malnutrition and Nutrition Care of PLHIV

In Project Year One, FANTA-2, with the input of PEPFAR/Mozambique implementing agencies and PEPFAR Partners, drafted a three-year Nutrition, Food and HIV Strategy for PEPFAR/Mozambique to define its approach to nutrition care and support in the context of HIV. The Strategy was completed with USAID/Mozambique and the Centers for Disease Control and Prevention Global AIDS Program (CDC-GAP)/Mozambique.

FANTA-2 met with USAID/Mozambique and SCMS/Mozambique in Project Year One to discuss key considerations for implementing an FBP program, including the logistics and use of therapeutic and supplementary foods. FANTA-2 prepared two brief documents to guide USAID/Mozambique as it considers implementation of a program to treat MAM and SAM among PLHIV and OVC. One document answered logistics questions posed by SCMS/Mozambique about therapeutic and supplementary foods, and the other summarized issues for discussion on initiation of treatment.

In collaboration with the MOH Department of Nutrition, SC and UNICEF, FANTA-2 updated the Mozambique national protocol for treating acute malnutrition in children and adults, *Manual de Orientação para Reabilitação Nutricional*, to reflect new international guidelines for the treatment of acute malnutrition in children and nutrition care of PLHIV. As part of the revision, algorithms that consolidate treatment protocols and can be used as job aids for service providers were added. The manual will be formatted, published and disseminated in Project Year Two.

Training in Nutrition and HIV

ANSA, with the support of FANTA-2, began developing nutrition and HIV training materials, *Community-Based Nutrition Care of Adults and Children Living With HIV* in Project Year One. The materials were adapted from the *Training Manual on Nutrition Care for PLHIV for Community and Home-Based Care Providers* (2008) developed by RCQHC, FANTA, AED and USAID. The purpose of the training materials is to strengthen the capacity of community- and home-based care providers and other community members and leaders to understand and better care for the nutritional needs of PLHIV. The materials complement FANTA-2 activities to strengthen nutrition care and support provided by health care providers at the facility level by helping to improve community capacity to deal with nutrition and HIV issues in PLHIV and to better link communities with health care facilities.

CDC-GAP asked the International Training and Education Center on HIV (I-TECH) to strengthen capacity within the MOH to diagnose and treat individuals with HIV. Central to I-TECH's work is the pre-service and in-service training and mentoring of health care workers. In Project Year One, FANTA-2 signed a memorandum of understanding (MOU) with I-TECH to improve the pre-service and in-service training of health professionals in the nutrition aspects of caring for and treating individuals with HIV. FANTA-2 participated in the initial testing of the Pediatric ART (TARV in Portuguese) nutrition module in the city of Beira, Sofala Province; reviewed the nutrition content of the AIDS/TB/Oppportunistic Infections/Malaria/Malnutrition (ATOMM) and TARV curricula; and provided comments on both curricula

to I-TECH. In Project Year Two, FANTA-2 will provide TA to I-TECH in the pre-service training of *técnicos de medicina* (TM, or physician's assistants) in the ATOMM curriculum, in the in-service training of TM in TARV and nurses in PMTCT, and for a TOT for nurses in counseling through mothers-to-mothers groups.

Namibia

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Namibia is a PEPFAR focus country, currently in phase 2 of integrating nutrition into the national HIV response (see **Figure 2**). Its adult HIV prevalence rate is estimated at 19.6 percent, one of the highest in the world. In FY 2008, FANTA provided TA to the MOHSS for an assessment of food and nutrition needs of PLHIV. The assessment results informed the development of BCC materials, job aids, a training module to support nutrition assessment and counseling, and an operational plan for food and nutrition assistance programming that defines the components of and resource needs for a PEPFAR-funded FBP program.

USAID/Namibia requested further TA from FANTA-2 in Project Year One to strengthen health care provider capacity in nutrition assessment and counseling, strengthen sustainable nutrition support at HIV care and treatment sites, and integrate food and nutrition for malnourished PLHIV into HIV care and treatment. Activities agreed upon included support for a nutrition and HIV specialist to work with the Food and Nutrition Sub-Division of the MOHSS; support for completing and printing an assessment report, job aids, client education materials and the *Operational Plan for a National Nutrition Programme for PLHIV* developed under COP 07; technical support to the MOHSS to operationalize an FBP program; TA to the MOHSS to develop a nutrition and HIV course for regional health workers; technical support to the MOHSS to review the final content of a diploma course in nutrition to be integrated into a Master's Degree in Public Health (MPH) program; and TA to the MOHSS to integrate indicators for nutrition and HIV into the national HIV M&E framework.

In April 2009, FANTA-2 placed a Nutrition and HIV Specialist in-country to coordinate FANTA-2 activities and support the MOHSS in planning and initiating food and nutrition interventions for PLHIV. As FANTA-2's administrative and technical focal point in Namibia, the Specialist facilitated partner involvement in planning the FBP program and helped establish the National Alliance for Improved Nutrition (NAFIN), supported by the Global Alliance for Improved Nutrition (GAIN) and Gates Foundation-funded NGO Synergos, to enrich staple foods, promote breastfeeding and raise awareness of the importance of nutrition in Namibia.

Initial FBP Program

To support initiation of an FBP program, in Project Year One, FANTA-2 organized and funded visits for Namibian national and regional MOHSS officials to FBP programs in Kenya⁴ and Malawi to expose them to the FBP approach in a private-sector-supported program and a government-supported program. During the three-day Malawi trip, the Namibian representatives visited the Malawian Ministry of Health and Population program that provides nutrition assessments and food and nutrition counseling to malnourished ART and non-ART clients and TB patients. They also observed a CMAM program. FANTA-2 and the USAID/Namibia Senior Technical Advisor for HIV/AIDS Care and Nutrition accompanied the delegation during the trips. FANTA-2 also supported the officials' participation in the Africa Forum 2009 in Malawi, which focused on food and nutrition security for PLHIV in Africa. The experience shared by the Forum participants provided a context for a planned PEPFAR-funded activity to address food security and livelihoods of PLHIV in Namibia.

For the FBP initiation, the MOHSS has selected seven clinics where the Integrated Management of Acute Malnutrition (IMAM) program (equivalent of CMAM) was already initiated and staff already exposed to nutrition assessment and provision of therapeutic food for severely malnourished children. FANTA-2

⁴ See **Kenya** for details on the visit to that country.

participated in several stakeholder meetings on procuring, storing and distributing specialized food products for clinically malnourished PLHIV. The MOHSS, USAID/Namibia, Clinton HIV/AIDS Initiative (CHAI), WFP, I-TECH, SCMS, the MOHSS Central Medical Stores (CMS) and the MOHSS Pharmacy Department also attended. To support treatment of MAM in the FBP program, FANTA-2 worked with the MOHSS Food and Nutrition Sub-Division to collect bids from FBF producers in Namibia and South Africa, but ultimately the MOHSS opted to procure the product from Insta Foods Ltd. in Kenya, pending confirmation of the transport costs.

Support Materials for the FBP Program

In Project Year One, FANTA-2 revised the nutrition and HIV job aids, client education materials and operational guidelines developed in FY 2008 with input from the MOHSS, UNICEF and PEPFAR Partners and submitted them to the MOHSS Technical Advisory Committee on HIV/AIDS. These are awaiting final approval by the Primary Health Care (PHC) Directorate (training materials, job aids and BCC materials) and MOHSS Permanent Secretary (operational guidelines). Once these materials are approved, FANTA-2 will support limited printing for health care providers in the seven initial FBP sites.

FANTA-2 and the MOHSS developed a clinic care register in Project Year One to capture nutrition information on clients in ART sites. The Food and Nutrition Sub-Division has decided instead to adapt UNICEF registers from the national IMAM program for the FBP program. FANTA-2 also worked with UNICEF/Namibia to harmonize the FBP cutoffs and treatment guidelines for children with SAM with the national IMAM guidelines to ensure that health care providers in sites where both FBP and IMAM operate have consistent protocols to follow. FANTA-2 will then support limited printing of the materials for health care providers and supervisors in eight initial FBP sites.

National Nutrition and HIV Courses

FANTA-2, I-TECH and the MOHSS Food and Nutrition Sub-Division discussed incorporating the content of the two-day skills-based training module on nutrition assessment and counseling that FANTA developed in FY 2008 into the current four-day national nutrition and HIV course. FANTA-2 and I-TECH co-facilitated one of the national nutrition and HIV courses in Ondangwa to identify needed modifications, and found that, among other things, the national course should include doctors, clinical officers, community counselors and nurses; the existing nutrition assessment and counseling content could be replaced with the two-day skills-based module; and height boards and adult and child MUAC tapes are needed for further training.

Meanwhile, UNICEF and the MOHSS rolled out training in IMAM to health care providers working in the sites identified to initial the FBP program. The Food and Nutrition Sub-Division decided to develop a course specifically on FBP for these sites to be harmonized with the IMAM guidelines instead of revising the national four-day course. The FBP course includes nutrition and HIV content similar to that in the national four-day course, but also includes content on the management of SAM and MAM, specialized food products and supervision of FBP sites. FANTA-2 worked with the MOHSS and I-TECH to develop this course manual, adapted from a manual FANTA-2 developed for Tanzania, and pretest it with 15 regional health managers and separately with 28 health care providers in ART sites. The FBP training will be rolled out to all FBP sites.

The MOHSS is still considering revising the national four-day course. However, the Food and Nutrition Sub-Division, which received a great deal of UNICEF input on IMAM in 2008, prefers an integrated national program on the management of malnutrition and sees the FBP program as a component of that program.

Southern Sudan

IR 1.2 MCHN Program Design, Implementation and M&E Improved

The nascent Government of Southern Sudan (GOSS) is starting to establish and strengthen policies and systems. The GOSS MOH made the establishment of a national nutrition policy or strategy a priority for FY 2009 given the high levels of malnutrition in the country. The 22 percent prevalence of global acute malnutrition (GAM) in children 6-59 months is significantly higher than the WHO 15 percent threshold for nutrition emergencies. Although few data exist on the prevalence of vitamin and mineral deficiencies, such deficiencies are certainly widespread given the general malnutrition situation. To help the GOSS begin addressing malnutrition strategically, USAID/Sudan/Juba requested that FANTA-2 provide TA to the GOSS for developing a national nutrition policy.

Nutrition Health Policy

In Project Year One, at the request of USAID/Sudan/Juba and the GOSS MOH/Directorate of Nutrition (DN), FANTA-2 conducted an exploratory mission in Southern Sudan to prepare for the development of a Southern Sudan Nutrition Health Policy that would strengthen the coordination capacity of the MOH/DN, build Southern Sudan's capacity for CMAM and address not only nutrition-specific issues, but also related factors such as food security, education and water. FANTA-2 then drafted a concept paper that established a multi-sectoral framework for the eventual content of the Nutrition Health Policy.

FANTA-2 helped the MOH/DN host the MOH Nutrition Health Convention, which served as a launch pad for developing the Southern Sudan Nutrition Health Policy and integrating direct nutrition interventions into the Basic Package of Health Services (BPHS). FANTA-2 developed the convention agenda and facilitators' guide, invited international expert speakers and participants on the MOH's behalf, provided guidance on and helped organize presentations, and facilitated sessions at the convention.

The convention, held on April 6-9, 2009, had 134 participants, including representatives from nine of the 10 Southern Sudanese state MOHs (SMOHs; the principal audience), state and central teaching hospitals, UN agencies, and numerous national and international NGOs working in health and nutrition in Southern Sudan.

The convention included presentations to lay out the context by the acting Minister of Health, the Undersecretary of Health, the Director General of Nutrition, the NGOs and the SMOHs, as well as plenary presentations and breakout sessions on topics that the future Nutrition Health Policy will cover. Discussions led to recommendations for priorities and potential solutions for addressing malnutrition, which will feed into the policy development. In addition, participants gained a better understanding of the importance of integrating nutrition into primary health care.

After the convention, FANTA-2 began work on a nutrition situation analysis, which will also inform the Nutrition Health Policy. FANTA-2 interviewed representatives of the MOH/DN, SMOH, NGOs, UN, donors and other key informants in Southern Sudan. Extensive research was also conducted in the literature on nutrition, food security and health in Southern Sudan. The nutrition situation analysis was drafted at the end of Project Year One and will be reviewed and completed during a high-level forum in Southern Sudan in Project Year Two.

Also after the convention, FANTA-2 placed a nutrition specialist in Southern Sudan to mentor the MOH/DN in FANTA-2-supported activities, including moving the Nutrition Health Policy forward and facilitating wider nutrition-sector collaboration. FANTA-2 laid the groundwork for the first Nutrition Health Policy stakeholder meeting, where participants will develop the first draft of the Nutrition Health Policy. The meeting will take place in October 2009.

Capacity Strengthening

FANTA-2 worked with the MOH/DN in Project Year One to dramatically improve its coordination capacity. On behalf of the MOH/DN, FANTA-2 met with the current members of the Nutrition TWG, the coordinating body for nutrition activities in Southern Sudan, which had not been meeting regularly for quite some time. The Nutrition TWG renewed its commitment to coordinate nutrition activities and planned for regular meetings chaired by the MOH/DN. The Nutrition TWG thematic groups (THGs) were also re-established with expanded membership from other sectors; THG meetings are now convening regularly basis.

Also to improve the MOH/DN's coordination capacity, FANTA-2 developed TOR and membership lists for the Nutrition TWG and various THGs, including the Surveillance and Survey THG and Nutrition Health Policy THG. FANTA-2 analyzed job functions of MOH/DN staff and revised certain job descriptions, which will be completed in Project Year Two. FANTA-2 also helped draft and review proposals and reports, including the WFP request for supplementary feeding, the Sudan Institutional Capacity Programme: Food Security Information for Action Project progress report and the Nutrition Health Convention Report.

Integrated Management of Severe Acute Malnutrition (IM-SAM) Guidelines

In Project Year One, FANTA-2 began reviewing and revising the draft Southern Sudan IM-SAM Guidelines, which UNICEF wrote in July 2008, to ensure that they are appropriate to the Southern Sudanese context and meet international standards, reflecting current evidence-based promising practices and internationally accepted protocols and guidance (IM-SAM is the equivalent of CMAM in Southern Sudan).

An expanded THG, the Acute Malnutrition (AM) THG, was put in charge of completing the guidelines. The AM THG identified issues to address in the revised guidelines, including standard M&R, standard terminology, cutoff points for admission and discharge, appropriate admission criteria for integrated services at scale, age groups to include in the guidelines, and addressing MAM. A timeline for completing the guidelines was agreed upon.

FANTA-2 supported the MOH/DN in reviewing the draft guidelines during a workshop held June 2-4, 2009, which included intensive discussions involving nutrition partners from the GOSS/MOH, SMOHs and NGOs. Discussions contributed to the context-specific adaptation of the interim guidelines for IM-SAM implementation in the BPHS. Participants discussed the issues identified by the AM THG and suggested final recommendations. The interim final IM-SAM guidelines will be completed and ready to implement in Project Year Two.

Sudan

IR 1.4 ER&S Nutrition and Food Security Program Assessment, Design, Implementation and M&E Improved

The crisis in Darfur, compounded by conflict and insecurity over the past four years, has led to the displacement of about 2.4 million people, with an additional 1.8 million considered to be seriously affected by the conflict and requiring humanitarian assistance. This has exacerbated problems in an already-marginalized region in Sudan afflicted with chronic food insecurity, inadequate health services and limited access to potable water and sanitation. Malnutrition rates remain above emergency thresholds, as high as 18 percent. In the absence of national guidelines to manage SAM, many selective feeding programs respond to acute malnutrition according to different protocols and with varying degrees of quality.

Throughout Darfur, the WHO 1999 protocol for the management of SAM is followed in 12 therapeutic feeding centers (TFCs) operated by the SMOHs and an additional seven run by NGOs outside of SMOH structures. Staff skills differ greatly between SMOH- and NGO-run facilities, affecting the quality of services. Meanwhile, the WHO 2007 CMAM protocol is followed in a number of NGO-run stabilization centers working in conjunction with outpatient care sites both inside and outside SMOH structures.

Finally, a variety of international guidelines with differing criteria for program admission and treatment protocols outside of SMOH structures are used by 15 NGOs with different levels of experience providing outpatient care services at 63 sites throughout Darfur.

In response, FANTA-2 supports the FMOH, SMOHs, UNICEF, DCHA/OFDA/Sudan and NGO IPs to strengthen capacities for planning and implementing CMAM in Sudan. FANTA-2 provides TA at national and regional levels with a particular focus on strengthening the knowledge and skills of senior health professionals in CMAM. This work continues the collaborative initiative that began under FANTA with the 2008 *Interagency Review of Selective Feeding Programs in South, North and West Darfur States, Sudan*, conducted by FANTA, UNICEF and WFP in collaboration with the FMOH and South, North and West Darfur SMOH.

Strengthening Capacity for CMAM

In Project Year One, FANTA-2 worked with UNICEF/Khartoum, UNICEF/Nyala, the FMOH, SMOHs and Ahfad University for Women (AUW) Centre for Training and Research on training and other capacity strengthening activities for CMAM. FANTA-2 partners with AUW, a well-regarded Sudanese university, because it has an established international reputation in emergency nutrition; links to US universities, such as Tufts to conduct research and the University of Ohio to provide an e-course on emergency nutrition to United States (US)-based students; and is welcomed as a neutral entity by partners in both Sudan and Southern Sudan. To improve the management of SAM in Sudan, FANTA-2 helped translate the recommendations of FANTA's *Interagency Review* into action plans for the Darfur SMOH and the FMOH to scale up CMAM and improve program performance. FANTA-2 also collaborated with the FMOH to translate the Sudan National Nutrition Policy into an implementation plan, which includes the development of National CMAM Guidelines.

In March 2009, FANTA-2 participated in CMAM orientation meetings and in developing strategies for strengthening CMAM capacities, activities that were organized and supported by the FMOH National Nutrition Directorate (NND). In addition, at the FMOH biannual national nutrition meeting, FANTA-2 presented CMAM global developments, discussing global evidence, new tools and materials, and the transition to the new WHO 2006 Child Growth Standards and its relevance for Sudan.

National CMAM Guidelines

In Project Year One, FANTA-2 obtained support for coordinating the development of national CMAM guidelines from the FMOH and the Severe Acute Malnutrition Advisory Committee (SAM AC), which oversees the development of capacity-strengthening activities and includes represents all major CMAM stakeholders: the FMOH, senior pediatricians (including deans and professors of three medical schools), AUW, UNICEF, WHO and WFP.

At the request of the FMOH, FANTA-2 worked with key stakeholders to draft generic CMAM guidelines to be adapted to the Sudanese context. The draft generic guidelines were reviewed and comments were provided by the National Advisory Committee (NAC) for CMAM, which provides guidance and direction during CMAM scale-up across the country and consists of key nutrition stakeholders, including senior pediatricians and representatives from other departments of the FMOH, UNICEF, WFP and WHO.

In partnership with the NND and NAC for CMAM, FANTA-2, the FMOH and AUW reviewed community outreach activities within Sudanese public health programs in both Darfur and non-Darfur states to develop Sudan-specific community outreach guidelines to include in the overall draft CMAM guidelines. FANTA-2, NND and NAC for CMAM then completed the draft interim guidelines using review comments from the FMOH and SAM AC. The interim guidelines will be released for general use in Project Year Two.

Findings from the community outreach review were also used to draft training tools and job aids for community outreach. These materials will be completed and ready to use in Project Year Two.

Training in CMAM

In Project Year One, FANTA-2 participated in the first CMAM training of nutritionists at AUW and visited their learning site. FANTA-2 also co-facilitated a five-day TOT with AUW for its staff and other partners involved in CMAM training. The TOT included an introduction to adult learning and included in-depth discussions of the 2008 *Training Guide for CMAM*, both the Trainers' Guide and Participant Handouts. FANTA-2 also co-facilitated a training workshop on CMAM with the FMOH for senior FMOH staff so they could gain understanding and become familiar with the national interim operation guidelines for CMAM.

Tanzania

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Tanzania is a PEPFAR focus country with regional HIV prevalence rates ranging from 2 to 14 percent and an estimated 1.4 million PLHIV. Considerable achievements have been made in the national roll-out of prevention, care and treatment, and support services. PMTCT services are now available in more than 75 percent of the nation's 4,300 hospitals, health centers and primary health care dispensaries. In addition, more than 200,000 PLHIV are receiving ARVs. Key strategy documents, including the Health Sector Strategic Plan III, the HIV Sector Strategy, the National HIV Prevention Strategy, and the USG and Government of Tanzania Partnership Framework clearly call for attention to nutrition counseling and support for PLHIV and OVC. PMTCT, HIV Care and Treatment, and Home-Based Care Guidelines also highlight the importance of nutrition support in HIV services.

In Project Year One, USAID requested that FANTA-2 assist the Ministry of Health and Social Welfare (MOHSW) in operationalizing the integration of nutrition services into the national HIV response. FANTA-2 worked with the Tanzania Food and Nutrition Centre (TFNC), the lead government agency, and the Centre for Counselling on Health and Nutrition (COUNSENUH), a local NGO, to strengthen local institutional capacity to maximize investment in nutrition and HIV. FANTA-2 also placed a nutrition and HIV specialist in Namibia to coordinate FANTA-2 activities, support the MOHSW and support the design and operationalization of food and nutrition interventions in-country.

Initial FBP Program

In Project Year One, FANTA-2 worked with the MOHSW, TFNC and PEPFAR Partners to design and roll out an initial FBP program for PLHIV in nine sites in Shinyanga, Mwanza, Mbeya, Iringa and Dar es Salaam Regions through the Regional and Council Health Management Teams. Several PEPFAR Partners – including AIDSRelief; the Walter Reed Project; the Deloitte/Family Health International (FHI) partnership; the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF); Muhimbili University of Health and Allied Sciences, Dar es Salaam City and Harvard School of Public Health (MDH); and Pastoral Activities and Services for People with AIDS in Dar Es Salaam Archdiocese (PASADA) – are helping implement the FBP activities. Managers and providers at the health facilities were trained in FBP, and nutrition focal persons within the facilities and the IPs have been identified and are engaged in program implementation.

FANTA-2 also helped develop an FBP training manual and related job aids on topics including nutrition assessment, counseling and provision of specialized food products.

Assessment of PMTCT and Maternal and Child Health Services

In September 2009, FANTA-2 and COUNSENUH laid the groundwork for a rapid assessment of PMTCT and maternal and child health services to document the quality of infant feeding and nutrition counseling services, postpartum follow-up of HIV-positive mothers and their exposed children, linkages of facility-based services with community-based services for OVC, and linkages with livelihood and food assistance programs. The assessment will inform the design of technical support to about 30 health facilities with PMTCT services and all the FBP initial sites to strengthen nutrition services, which will roll out in Project Year Two.

Nutrition and HIV TWG, M&E and Wrap-Around Services

In Project Year One, FANTA-2 helped establish a Nutrition and HIV TWG to prepare technical guidance, review nutrition assessment and counseling materials, and establish operational plans and a M&E system for nutrition support within national HIV services. FANTA-2 also reviewed the indicators in the National AIDS Control Program M&E system, including clinic registers, monthly summary forms and patient records, and helped develop additional program tools to monitor nutrition support.

FANTA-2 worked with TFNC to review food security and livelihood programs that support HIV-affected households. The review is being conducted in several regions of Tanzania, including all the regions where FBP is being initiated. It will help establish linkages between clinical nutrition services and food security services to help ensure that broader, non-PEPFAR-supported services wrap around PEPFAR services focused on HIV outcomes. The review will be completed in Project Year Two.

Uganda

IR 1.2 MCHN Program Design, Implementation and M&E Improved

Uganda has had high levels of stunting and underweight for the past 20 years but does not yet have a national agenda to prevent child malnutrition. Uganda's main focus has been on inpatient management of severe malnutrition and vitamin A supplementation as part of the expanded program of immunization (EPI). However, USAID/Uganda prioritizes reducing child and maternal mortality through, among other approaches, the promotion of breastfeeding and appropriate complementary feeding, and through growth promotion. In support of this work, USAID/Uganda requested that FANTA-2 provide TA to strengthen maternal and child nutrition programming in Uganda, build political interest in MCHN and develop a community-based nutrition program approach to reduce malnutrition among women and children.

In Project Year One, FANTA-2's efforts included helping to identify priorities in nutrition and making presentations on nutrition and HIV to inform the new USAID/Uganda Mission Health Strategy. At the request of the MOH/Nutrition Unit, FANTA-2 made three key presentations:

- "Malnutrition in the Midst of Plenty: Where Have We Gone Wrong?" was presented to the MOH senior management team in November 2008.
- "The Cost of Malnutrition in Uganda: It Is Too High to Neglect" was a keynote speech during the launch of the Policy Guidelines on IYCF in March 2009.
- "The Double Burden of Malnutrition in Uganda: Are We Eating Our Way to Bad Health?" was a keynote speech at a forum between the MOH and the Uganda Health Communication Alliance, an organization of mainly media professionals and journalists who report on health issues in Uganda.

Notably, the last two presentations were broadcast to Ugandan citizens via the local media. In addition, FANTA-2 and UGAN organized a two-day congress, entitled "Challenges, Successes and Opportunities to Improve Nutrition." FANTA-2 also helped identify and justify inclusion, for the first time, of a nutrition indicator in the monitoring of the new National Development Plan.

Community-Based Nutrition Program Design

Community-based programs in Uganda are usually implemented in a few sub-counties per district, rarely covering the whole district and only in a couple districts. The impact of such interventions is minimal and bringing them to scale would be expensive. FANTA-2 is working to design a district-wide cost-effective community-based nutrition model. The first step was a situation analysis FANTA-2 conducted in Project Year One to assess the country's nutrition problems, causes, activities, challenges and opportunities in

maternal and child malnutrition. FANTA-2 continues to refine the situation analysis, which will be completed in early Project Year Two.

FANTA-2 also completed the first draft of a desk review and a strategic mapping of the nutrition interventions in-country in Project Year One. First FANTA-2 conducted field work in sites in the East Central region in February 2009 and in the Southwest and Northern regions in April 2009 to better understand current nutrition practices, examine barriers and constraints to optimal nutrition, and identify potential partners for nutrition programming in two districts. IMC, a US-based PVO that is implementing a MYAP in the Kitgum and Pader districts of northern Uganda, was chosen as a partner. IMC will help develop the Community-Based Nutrition Program, combining resources to conduct formative research and design the BCC program and materials. A SOW for the research team (to be led by researchers from Makerere and Mbarara Universities), a protocol and a timeline for the research were drafted. The formative research, analysis and initial activities will be conducted in Project Year Two.

Advocacy for MCHN

To build political interest in MCHN in Uganda, FANTA-2 helped the MOH develop the TOR for the new sub-committee on nutrition. In addition, FANTA-2 and the MOH hosted National Nutrition Stakeholders meetings to discuss drafts of the Uganda Food and Nutrition Bill, National Development Plan and Child Survival Strategy (FANTA-2 recommended that the strategy incorporate ENA). FANTA-2 also co-sponsored the Uganda Action for Nutrition Congress, entitled “Challenges, Successes and Opportunities to Improve Nutrition,” which was attended by 358 international participants from 17 countries in Africa and beyond, including 128 Ugandans. The Congress was held outside Kampala in February 2009. FANTA-2 presented on implementation successes and challenges of the Girl Guides Anemia Prevention Program, the cost of malnutrition in Uganda based on a PROFILES analysis, harmonizing FBP and CMAM programs, and other topics.

Nutrition Policies, Guidelines and Protocols

A key aspect of FANTA-2’s technical support to the MOH is to help develop strong, evidence-based nutrition policies and guidelines to guide nutritionists and nutrition programs throughout the country. In Project Year One, FANTA-2 provided recommendations to a MOH and GAIN team to develop a framework to operationalize the nutritional policies and guidelines that the MOH is establishing.

FANTA-2 provided technical input to Uganda’s Guidelines on IMAM, the term used in Uganda for CMAM. FANTA-2 served in the TWG charged with developing the Guidelines and took the lead in drafting M&R tools for IMAM programs in collaboration with the MOH, UNICEF, NuLife and other nutrition stakeholders.

FANTA-2 provided technical guidance on the Uganda IYCF policy, guidelines and counseling tools, a process spearheaded by the MOH. Based on evidence from the Uganda DHS, FANTA-2 advocated for the guidelines to focus on key IYCF issues that had been overlooked in the draft version, particularly related to pre-lacteal feeds and specific complementary feeding issues. FANTA-2 also facilitated a consensus to reinstate heat treatment of breast milk in the guidelines as an option, especially for mothers who develop breast problems in the early weeks or months of breastfeeding when replacement feeding is not acceptable, feasible, affordable, safe and sustainable (AFASS).

To support the dissemination of new policies and update nutritionists on the latest nutrition policies, guidelines and protocols, FANTA-2 developed training content and facilitated several sessions of the first MOH orientation of regional and district nutritionists. The training covered IYCF policy guidelines, IMAM, facility-based and community-based growth promotion, ENA, the Baby-Friendly Hospital Initiative, and vitamin A and iron supplementation.

All the 12 regional hospitals have recently had a nutritionist (FANTA-2 provided TA in drafting the job descriptions for the positions). Five of the district hospitals have a nutritionist.

Behavior Change

In collaboration with the Communication for Development Foundation of Uganda (CDFU), FANTA-2 reviewed nutrition-focused BCC materials to determine the types of materials available and ascertain their technical accuracy, appropriateness to the target audience, strengths, weaknesses and gaps. The review report analyzes materials in eight technical areas and includes recommendations for future BCC materials. In Project Year Two, field work will be undertaken in selected districts to assess and understand whether BCC materials are used at the district and community levels and to identify challenges and opportunities to strengthen implementation in the future.

Vietnam

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Vietnam, a PEPFAR focus country in phase 1 of integrating nutrition into the national HIV response (see **Figure 2**), reported 290,000 PLHIV in 2007. Most PLHIV are reported to be intravenous drug users and commercial sex workers, but HIV prevalence in the general population (estimated at 0.53 percent in 2007) is increasing. A large percentage of HIV-affected children under 5 suffer from food insecurity and nutritional deficiencies. PEPFAR/Vietnam supports ART and PMTCT at hospitals and outpatient clinics, as well as home-based care and community outreach for PLHIV and OVC.

In 2008, USAID/Vietnam requested that FANTA work with the Mission, the Vietnam Administration of AIDS Control (VAAC), the National Institute of Nutrition (NIN) and other USG partners to identify gaps in HIV and nutrition programming and develop a multi-year action plan for nutrition and food components of PEPFAR activities. The resulting assessment identified a need to maximize PEPFAR/Vietnam's investments in nutrition and HIV and support for PLHIV and OVC by addressing human capacity, infrastructure, program systems and commodities.

In Project Year One, FANTA-2 developed a MOU with NIN, the FP responsible for improving nutritional status in Vietnam and implementing the National Nutrition Strategy. FANTA-2 will support a nutrition and HIV team in NIN to coordinate implementation and scale-up of nutrition and HIV interventions, facilitate partner involvement and monitor implementation. In Project Year Two, activities including developing national nutrition guidelines and training materials, establishing a sub-committee on nutrition and HIV under the Nutrition Partnership Group, and developing counseling materials on infant feeding in the context of HIV will begin. FANTA-2 will also install a program coordinator in-country to work with NIN to coordinate these activities, a process that began at the end of Project Year One.

Initial FBP Program and Nutrition and HIV Materials

Following on FANTA's 2008 assessment, FANTA-2 helped USAID/Vietnam estimate quantities and costs of therapeutic and supplementary food needed for a FBP program at PEPFAR-supported ART sites. In addition, FANTA-2, the Mission and PEPFAR Partners discussed options for preventing and treating clinical malnutrition in PLHIV and opportunities to assess the acceptability of Plumpy'Nut[®] (or other peanut-based RUTF) among pediatric and adult ART clients given the negative experiences found by a similar acceptability study by CHAI in Cambodia. FANTA-2 also reviewed nutrition and HIV assessment and counseling tools, standard operating procedures and training materials developed by the Albion Street Centre (ASC), an Australian NGO that works in HIV, for FHI/Vietnam in 2008 using FY 2008 plus-up funding. These and other nutrition and HIV training manuals were shared with NIN, which will develop a national training course and counseling materials for health care providers in the seven PEPFAR-supported districts.

Infant Feeding in the Context of HIV

Child and maternal malnutrition remains high in Vietnam, where one in three children under 5 is stunted. The MOH recommends formula feeding for HIV-positive mothers. While PEPFAR/Vietnam adheres to this

policy in its programming and services for HIV-positive mothers and their infants, it recognizes the risk of sub-optimal infant feeding practices, including widespread mixed feeding. Little is known about IYCF practices among the populations in Vietnam who are most at risk for HIV infection.

In response, USAID/Vietnam requested FANTA-2 TA to assess IYCF practices in an HIV context to target counseling messages, capacity strengthening and training to make IYCF recommendations more feasible for mothers and caregivers and discourage high-risk infant feeding practices. In Project Year One, FANTA-2 developed a SOW for a Boston University researcher and the local research firm NEWCARE to conduct this assessment in two sites in Vietnam in October 2009.

At the request of the Gates Foundation-funded Alive & Thrive Project, FANTA-2 also reviewed and contributed to the IYCF and child nutrition questions in the 2009 version of NIN's biannual National Nutrition Survey to help ensure that critical questions were addressed.

Zambia

IR 1.3 HIV and Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Zambia is a PEPFAR focus country in phase 2 of integrating nutrition into the national HIV response (see **Figure 2**). The country's estimated adult HIV prevalence was 15.2 percent in 2008, with a population of 1.1 million PLHIV and high rates of malnutrition. Government, donor and IP stakeholders recognize the critical role of nutrition care and support in responding to HIV. PEPFAR/Zambia has supported the roll-out of ART, reaching 46 percent of PLHIV by the end of 2007, and programs that include food and nutrition components for malnourished PLHIV and OVC.

Following on support provided in FY 2008 under FANTA, FANTA-2 provides TA to the MOH's National Food and Nutrition Commission (NFNC) to integrate food and nutrition components for malnourished PLHIV and OVC and strengthen health care providers' capacity in nutrition assessment, counseling and sustainable nutrition care and support at HIV care and treatment sites. In Project Year One, FANTA-2 supported the NFNC National Nutrition and HIV/AIDS Coordinator's participation in the *Africa Forum 2009: Sharing Integrated Solutions to HIV and Food/Nutrition Insecurity* on June 21-26, 2009, in Malawi. FANTA-2 also shared guidance on the use of PEPFAR resources for food and nutrition support for PLHIV with AED's New Partners Initiative (NPI) sub-grantees in Zambia.

Developing and Strengthening a FBP Program

FANTA-2 helped start an FBP program for clinically malnourished PLHIV, PMTCT clients and OVC in Zambia in Project Year One. FANTA-2 provided TA to PEPFAR/Zambia to identify appropriate specialized food products; design protocols, training manuals and a M&E system; and review forms for clients, prescribing and dispensing specialized foods, and monthly reporting. FANTA-2 partnered with the NFNC to update the *Guidelines for a Food by Prescription Program in Zambia* developed by FANTA in FY 2007 based on stakeholder discussions on logistics and changing PVO roles. FANTA-2 also completed the national *Nutrition Care and Support for People Living With HIV Training Manual* with input from 26 stakeholders from the NFNC, PEPFAR Partners, UNICEF and WFP; supported its printing for a FANTA-2-funded training of 21 health care providers from PEPFAR IPs and FBP facilities; and partnered with the MOH and NFNC to facilitate training of staff from 10 FBP sites and four other health institutions on nutrition care and support of PLHIV.

Inpatient Stabilization Centers for SAM

In December 2008, high rates of SAM with medical complications were reported among children under 6 months in Lusaka District at the University Teaching Hospital (UTH) Nutrition Rehabilitation Unit. The high SAM rates were attributed partly to diarrhea from unhygienic preparation of infant formula. Overcrowding in the unit increased the risk of cross-infection and overwhelmed staff capacity. The MOH, UNICEF and other stakeholders prepared an emergency plan to address the outbreak by opening three stabilization

centers near the affected communities. Through a sub-agreement with Valid Nutrition/Zambia, FANTA-2 provided technical and financial assistance to the MOH for on-the-job training and mentoring of health care staff to manage high case loads and fatality rates. FANTA-2 also helped Valid Nutrition/Zambia conduct a microbiological assessment of the causes of death among severely malnourished children in the UTH. One hundred and twenty-two children were enrolled and results were analyzed for 89 children by the end of Project Year One. Data from more children is needed to reach the minimum sample necessary for data analysis; the assessment is scheduled to be completed in January 2010.

IR 2: Increasing the Global Evidence Base, Effective Methods and Competencies for Effective Nutrition and Food Security Policy, Strategy and Program Design, Implementation and M&E

In consultation with USAID, FANTA-2 carries out priority R&D activities and develops innovative methods and tools to strengthen the design and implementation of nutrition and food security interventions in both development and ER&S contexts. FANTA-2 studies and validates approaches that are relevant to implementation at different levels (e.g., regional, national, community) to expand the evidence base on effective interventions and ways to deliver them, while supporting and promoting the release of global standards by international organizations. FANTA-2 also helps USAID incorporate R&D results and country program lessons into policy and guidelines, and increases IP competencies through capacity-strengthening activities at the central level that link to and interact with IR 1 country activities.

FANTA-2 works with an extensive network of international and in-country organizations and has strong collaborative relations with Title II, Child Survival and Health Grants Program (CSHGP) and GH/OFDA IPs, and PEPFAR Partners.

IR 2.1 EVIDENCE BASE FOR EFFECTIVE PROGRAM APPROACHES EXPANDED

FANTA-2 consults with USAID, IPs and other stakeholders to establish priority areas for research, given the amounts and sources of available funding. To gain input and consensus, FANTA-2 reaches out to specific communities of practice to determine which research areas are most relevant. FANTA-2 collaborates with existing mechanisms, such as the IASC GNC, the PEPFAR Food and Nutrition (F&N) TWG and the Child Survival Collaboration and Resources (CORE) Group.

2.1.1 Effective Program Approaches for Title II

Refinement of Food-Assisted MCHN (FA-MCHN) Program Components

A typical Title II FA-MCHN program has several components, including food distribution, BCC and growth monitoring. Research is needed to identify the most effective – and cost-effective – packages of interventions and delivery systems to strengthen FA-MCHN programs and maximize their impact on MCHN. FANTA-2's FA-MCHN research is implemented in the context of the scaling up of the Preventing Malnutrition in Children Under Two Approach (PM2A), below.

Scaling Up the Preventive Approach

While the FANTA/IFPRI/WV studies in Haiti demonstrated that a preventive approach (PM2A) is effective in preventing child undernutrition by targeting all children under 2, PM2A's relatively high cost remains an issue. Ways to reduce operational costs include shortening the time that the children receive benefits (e.g., from the current 18 months to 12 months or 15 months), reducing the ration size and/or maintaining only the most cost-effective components of the intervention. FANTA-2 is collaborating with IFPRI to study whether the duration of benefits or size of rations can be reduced without affecting the benefits documented in the Haiti study, whether it is always necessary to give rations to pregnant women to ensure optimal delivery outcomes and reduce early child undernutrition, and what is the added benefit of food rations to PM2A's BCC and health components.

This multiple-arm study will take place in the context of DCHA/FFP's implementation of PM2A in two countries beginning in FY 2009, Guatemala and Burundi, which DCHA/FFP selected because of their high levels of chronic child malnutrition. The large investment in the PM2A initiative (roughly US\$50 million over five years in each selected country) provides unprecedented opportunities to refine various components of Title II MCHN programs. Linking FANTA-2's FA-MCHN research with DCHA/FFP's PM2A

effort helps maximize the use of research funds while allowing PM2A Awardees to benefit from strong technical guidance in their implementation of the program.

DCHA/FFP received five proposals for the PM2A MYAPs in Guatemala and two for Burundi, which were reviewed by an expert panel, including FANTA-2. A CRS-led consortium won for Burundi, and MC for Guatemala. FANTA-2 and IFPRI consulted with the two Awardees to plan the implementation of the research alongside the PM2A program. Those discussions led to important modifications in the design of the PM2A MYAPs, which were then incorporated in final, revised versions submitted to DCHA/FFP. FANTA-2 and IFPRI made several visits to Guatemala and Burundi to design full research protocols, which IFPRI will submit to FANTA-2 early in Project Year Two. The study protocols are based on cluster randomized controlled trials using cross-sectional surveys in Burundi and a longitudinal study in Guatemala. The two protocols were designed to evaluate the impact on growth (main outcome) and other indicators (e.g., child motor development, micronutrient status, household food security) of various implementation modalities (e.g., with or without family rations, PM2A for 12 vs. 18 months), and to evaluate the value added of special products (e.g., using multiple micronutrients instead of FBF for pregnant women). The addition of randomized controls will also allow for testing of the overall impact and cost-effectiveness of PM2A.

Title II Commodities and Nutrition Supplements

Key Title II commodities (e.g., FBF such as CSB and wheat-soy blend [WSB]) are inadequate in helping infants under 12 months meet many of their micronutrient requirements, especially iron and zinc. Recent research shows that supplementing FBF with additional targeted products, such as micronutrient Sprinkles or LNS, can improve the linear growth of young children, be highly effective at reducing anemia prevalence and improve the child's micronutrient status. Such specialized food supplement products could be promising complements to the usual rations offered in Title II MCHN programs. In Project Year One, FANTA-2 began planning for research to assess the feasibility, effectiveness and cost of using such products in the context of Title II FA-MCHN programs (see PM2A, above) that will be initiated in Project Year Two.

Effective Exit Strategies for Title II MYAPs

One of the persistent challenges of development programs is to ensure that the benefits of their interventions are sustained after the program ends. Since 2006, all Title II programs have been required to incorporate into their design specific exit strategies describing how the program intends to withdraw from the activity area while ensuring that its achievements are not jeopardized and that progress continues. However, a review of documented experiences with Title II program exit strategies conducted under FANTA (Rogers and Macías 2004)⁵ found little rigorous evidence of the effectiveness of different exit strategies. This represents a critical gap in knowledge about program design and implementation; filling this gap is essential to providing guidance for designing effective exit strategies.

An exit strategy is considered effective if the infrastructure or systems created by the program remain in place, are operative, and the benefits achieved by the program are maintained or increased after the program has ended. The actual choice of exit strategy depends on several factors, for example, what type of program was implemented. If the program brought permanent change (such as roads or other infrastructures), further input might not be required, though the routine maintenance of the infrastructure will be critical. In other cases, such as in MCHN or FFE programs, continued provision of inputs will remain an essential component of the program and the exit strategy must be designed to transfer the responsibility for providing those inputs to other contributors, whether they are local or not. Different study questions are required in each of these situations.

⁵ Rogers, Beatrice Lorge, and Kathy E. Macías. 2004. *Program Graduation and Exit Strategies: Title II Program Experiences and Related Research*. Washington, DC: FANTA, AED.
(http://www.fantaproject.org/publications/exit_strategies.shtml.)

Due to DCHA/FFP's decision to reduce the number of countries where Title II programs are supported, programs will have to end their activities in non-supported countries and implement exit plans. This provides a good opportunity to observe and draw lessons from the exit strategies and processes that Title II Awardees put in place. In Project Year One, FANTA-2 began a comprehensive research effort to study the effectiveness of exit strategies in three countries where Title II programs are phasing out: Bolivia, Honduras and Kenya. A fourth country, India, will be added in Project Year Two. Results from the studies will provide guidance to future programs on how to incorporate exit strategies into their program designs.

In Project Year One, FANTA-2 worked with Tufts University to refine the exit strategy research protocol. The research was divided in four phases. First, "scoping trips" will be conducted, in which PVOs about to exit were contacted to obtain key information on their activities and to establish relations with in-country firms that could collect the data. Second, a first round of in-depth qualitative studies will be carried out before the MYAPs ended to assess their performance and the benefits they brought to their target populations, and to document their exit strategies. Third, a second qualitative round will be conducted one year after the first round to document what has happened in the period immediately following program exit and to refine the hypotheses in greater depth. Fourth, quantitative studies will be carried out two years after the program has exited to collect information on trends in the populations' well-being and evaluate whether the programs' successes were maintained. Qualitative research will also be conducted that same year to examine why the community succeeded or failed in maintaining the benefits and/or services provided by the MYAPs.

FANTA-2 also requested that Tufts University update the 2004 Rogers and Macías report and review the published and gray literature to examine the types of exit strategies Awardees commonly use. The basic documentation that this work created laid out the numerous types of exit strategies currently in use, outlined the most common approaches used and provided background information to support the formulation of specific hypotheses about the exit strategy process. A conceptual review of issues possibly affecting the success of exit strategies was then created to anchor the exit strategy study hypotheses. These hypotheses will be tested in Bolivia, Honduras and Kenya. In addition, detailed instruments (e.g., questionnaires, interview guides) were prepared to document the exit strategy process, how initial Awardee plans for exit are being implemented and how well those plans performed in various contexts.

The preliminary scoping trips and first round of data collection were carried out in Bolivia, Kenya and Honduras in Project Year One. Next steps for Project Year Two include the analysis and production of findings from the qualitative rounds in all three countries. India will also be added to the exit strategy study set of countries in Project Year Two.

EWR Capacity of MYAPs

In Project Year One, FANTA-2 began documenting current practices and lessons learned in the course of providing TA to Awardees to strengthen MYAP EWR systems (see **1.1.2**) for developing and refining Title II guidelines and technical reference, training and guidance materials and for evaluating the TI mechanism. Evidence is being documented on both the technical considerations and institutional processes for selecting TIs, defining TI thresholds, collecting and validating the data (including engaging community structures), identifying appropriate follow-up steps when trigger levels are reached, and operationalizing the TI mechanism (i.e., shifting resources toward/away from emergency distributions).

FANTA-2 is also working directly with Awardees to learn from their experiences and strengthen field competencies related to nutrition M&E and EWR. In Project Year One, FANTA-2 interviewed the points of contact in EWR and M&E at CARE, CRS, ACDI/VOCA, Food for the Hungry (FH), Save the Children/United States (SC/US) and WV, as well as MYAP field office staff to document their early warning practices in detail. FANTA-2 also developed training materials, which were incorporated into the DCHA/FFP M&E Workshops (see **1.1.3**), to train MYAP staff in developing and implementing TIs. And, FANTA-2 worked with DCHA/FFP to clarify the protocols that guide how MYAPs request and receive additional resources for emergency response based on TIs.

In addition, in Project Year One, FANTA-2 traveled to Haiti to provide TA to the three Awardees – CRS, ACDI/VOCA and WV – on surge capacity and their EWR systems. The information collected was incorporated into the overall review of EWR practices in MYAPs. FANTA-2 will also use these findings to strengthen and harmonize implementation of the national EWR protocols (including TIs) in the Haiti MYAPs in Project Year Two.

FANTA-2 presented on “Food Security and Nutrition Monitoring and the Global Food Price Crisis: USAID/FFP Title II Programs” at the Institute of Medicine at the United States National Academy of Sciences (IOM) workshop entitled “Mitigating the Nutritional Impacts of the Global Food Price Crisis” on July 15, 2009. The presentation addressed opportunities and constraints to understanding the food security impacts of food price hikes using data routinely collected in Title II programs.

2.1.2 Using LNS to Prevent Chronic Malnutrition

The term LNS refers to a range of products in which vitamins and minerals are embedded in a fat-based food product which is generally composed of vegetable oil, peanut paste, milk powder and sugar. Until recently, LNSs have primarily been used for therapeutic purposes (RUTF; e.g., Plumpy’nut[®]). RUTF has been used effectively for outpatient treatment of SAM without medical complications in CMAM programs. Based on the success in the treatment of SAM, additional LNSs have been developed for the prevention of chronic malnutrition. These have been shown in efficacy trials to improve the linear growth of children, prevent severe stunting, reduce iron deficiency anemia and enhance motor development when provided starting at 6 months of age for a period of six to 12 months. However, there are no data yet as to the performance of LNS when provided in a programmatic setting.

Effectiveness Studies

In Project Year One, FANTA-2 explored the potential for conducting an effectiveness study in Guatemala based on the high prevalence of chronic malnutrition and the interest shown by USAID/Guatemala. FANTA-2, in collaboration with subrecipient UC Davis, developed a concept note for a cluster-randomized controlled trial to compare supplementation with LNS to supplementation with a FBF or with no additional food product, within the normal program activities of the MOH *Programa de Extension de Cobertura* (Extension of Coverage program, PEC) for children 6-23 months. However, in late January 2009, before presenting the concept note to the MOH partners, the Mission told FANTA-2 that working with PEC would not be possible. FANTA-2 thus began exploring other research sites, including Bangladesh, Honduras, Mali and Peru, while still remaining open to the possibility of conducting the study in Guatemala at another time.

USAID/Guatemala informed FANTA-2 in April 2009 of another potential opportunity to conduct an effectiveness study in Guatemala, working with Funcafé, an NGO that provides Extension of Coverage services for the MOH. FANTA-2 discussed the possible study with individuals at Funcafé and other national programs in Guatemala in June 2009. At the same time, information was collected on potential study sites in Suchitepéquez, one of the departments in which Funcafé provides services.

FANTA-2 and UC Davis are revising the study protocol previously developed for Guatemala to be implemented within the Funcafé program context. The proposed study with Funcafé would compare the effects of providing LNS to children participating in PEC for 12 months (beginning at age 6 months) to the effects of participating in the Extension of Coverage without a nutrition supplement. FANTA-2 and UC Davis will visit Guatemala in November 2009 to plan the first phase of this research study.

In April and May 2009, FANTA-2 and UC Davis discussed the possibility of conducting an effectiveness study in Bangladesh with individuals from the Bangladesh Rural Advancement Committee (BRAC). UC Davis also has collaborators at ICDDR, B and involved them in early discussions of a potential research study. A preliminary concept note for a research study to be conducted in BRAC’s Essential Health Care program and developed by UC Davis and FANTA-2 was shared with colleagues at BRAC and ICDDR, B for further discussion. However, in subsequent discussions, BRAC felt that due to the significant workload of both their program and research staff they would not be able to help conduct the study. Thus, another

potential program partner was identified: LAMB, which operates in three districts in northwestern Bangladesh. LAMB implements a similar community-based program to BRAC, and preliminary discussions regarding the research have been positive. FANTA-2 will visit the potential research site and plan next steps in October 2009.

LNS in Emergencies Technical Document

To address identified knowledge gaps in nutrition in emergencies (NIE), the IASC GNC provided UC Davis funding in 2008 to develop a technical document describing the potential role of LNS in improving the nutrition quality of foods provided in emergency settings and the optimal formulation of LNS for various target groups (e.g., infants and young children, PLW) in this context. In Project Year One, FANTA-2 and UC Davis completed this document, *Use of Lipid-based Nutrient Supplements (LNS) to Improve the Nutrient Adequacy of General Food Distribution Rations for Vulnerable Sub-groups in Emergency Settings* (http://picn.ucdavis.edu/research/LNS_in_emergencies.pdf). The document is expected to be adapted for publication in a scientific journal.

Determining Alternative Formulations

RUF with high milk content and soy-peanut fortified spreads have been shown to be effective in treating children with SAM and MAM in controlled clinical effectiveness studies. However, the higher cost of these products might limit the number of malnourished children that could be treated in a programmatic setting.

To identify the most cost-effective formulation of RUTF, in Project Year One, FANTA-2 conducted a randomized, double-blind, controlled clinical-effectiveness study in Malawi comparing a 10 percent milk RUTF with the 25 percent milk RUTF currently used to treat children with SAM. The study showed that treating children with SAM with a 10 percent milk RUTF resulted in a lower rate of recovery and slower growth rates than the standard 25 percent milk RUTF, and the children who benefited most from more milk in the RUTF were those with kwashiorkor (bilateral pitting edema). The cost of treating a child with SAM with 10 percent milk RUTF or 25 percent milk RUTF is US\$29.80 or US\$37.60 per child, respectively. However, the relative prices of soy and milk, like all agricultural commodities, are dynamic and the price of soy has risen more quickly than the price of powdered milk over the past two years, reducing the savings that could be realized by substituting soy for milk in RUTF. The final study report will be disseminated in Project Year Two.

2.1.3 Emergency Food Products (EFPs) Development

In 2001, in response to the escalating scale and number of humanitarian emergencies, DCHA and GH began a process to develop an EFP that would be nutritionally and culturally appropriate and logistically convenient for delivery to affected populations in the initial stages of an emergency. The EFP was envisioned as a compact, nutrient-dense RUF that would satisfy the complete nutrient requirements of the recipient population for up to 15 days. The EFP could be the only source of food for affected individuals in the first two weeks after natural disasters (e.g., hurricanes, earthquakes) and civil disturbances, before a regular food aid supply could be established. The EFP could also be useful in situations where people have little or no access to food and/or cooking fuel, such as a sedentary population cut off by conflict or quarantined due to pandemic flu.

From 2001 to 2005, USAID collaborated with the Department of Defense (DOD) (specifically the US Army Natick Soldier Systems Center [SSC]), IOM and FANTA to develop specifications and prototypes and test the acceptability of cost-effective, high-energy, nutrient-dense EFP that:

1. Satisfies all nutrient requirements for a population age 6 months and over
2. Is appropriate for use as the sole source of subsistence for up to 15 days
3. Is acceptable to people of any ethnic and religious background
4. Can be eaten on the move without preparation steps
5. Can, without significant cost increase, be pre-positioned in harsh environments for at least three years

6. Can, without significant cost increase, withstand an airdrop without endangering people on the ground

Based on IOM-recommended specifications, the SSC prepared three prototypes: a wheat-based bar (A-28), a rice-based bar (A-29) and a paste (A-20). In 2005, these prototypes were field-tested for acceptability among a randomly selected and representative sample of refugee camp residents in Bangladesh and Ethiopia and in extremely poor neighborhoods in Nicaragua. All three formulations were found to be acceptable. In Project Year One, FANTA-2 began laying the groundwork for conducting an efficacy trial to test the safety of these EFPs. FANTA-2 selected Tufts University to implement the study and completed the study protocol. The efficacy trial will start after USDA procures the EFP, which is anticipated for early 2010.

2.1.4 Review the Evidence on the Performance, Impact, Integration and Scale-Up of CMAM

A three-country review conducted under FANTA identified key elements that contribute to successful integration of CMAM into national health systems. However, more work is needed to refine the factors and processes that influence the quality of integration. Documentation of promising practices is needed to guide integration and scale-up. In addition, lessons learned from introducing and supporting community-based primary health care (PHC; e.g., Integrated Management of Childhood Illness [IMCI], Community-IMCI [C-IMCI], EPI) and analyses of their relevance to CMAM are valuable for refining guidance on promising practices. In response, FANTA-2 uses the key elements of the CMAM analytical framework to assess health systems that are the most advanced in integrating CMAM, focusing on processes, a wider operational context and sustainability. FANTA-2 also documents evidence on the sustainability of integrated and scaled-up CMAM services in the post-emergency or development context, as well as performance in the next nutrition emergency.

In Project Year One, FANTA-2 reviewed community outreach in various health services in Sudan to assess the current national capacity for outreach in general and the context in which CMAM outreach will specifically be implemented. The results of the review informed the development of the community outreach section of the national CMAM guidelines and job aids. (See **Sudan** and **2.4.4.**)

In Ghana, FANTA-2 assessed the national capacity for scaling up CMAM services in new parts of the country, which will include remote areas with limited health care coverage. These new locations will benefit from lessons learned from scaling up CMAM in regions in Ghana with more developed health infrastructures. Those lessons are still being gathered and analyzed based on site visits and regular reports. A review of CMAM implementation will take place in Project Year Two and will inform the scale-up process in both new and existing sites. (See **Ghana.**)

IR 2.2 COST-EFFECTIVE AND USER-FRIENDLY ASSESSMENT, M&E, COSTING AND PLANNING METHODS AND TOOLS DEVELOPED

FANTA-2 consults with USAID, IPs and other stakeholders to establish priority areas for developing M&E methods and tools, taking into account the amounts and sources of available funding. To gain input and consensus, FANTA-2 reaches out to the specific communities of practice for which method and tool development are relevant, as in **2.1.**

2.2.1 Tools and Approaches to Improve Title II Programming

EWR Nutrition Indicator Tool

Amid increasing global food prices, DCHA/FFP asked FANTA-2 to provide TA to link nutrition data to FEWS NET's Price Watch to help inform decisions on prioritizing resources. FANTA-2 explored developing a tool similar to Price Watch that would summarize existing nutrition data. However, several technical issues emerged that would make the tool unfeasible to develop. At FANTA-2's suggestion,

made after consultations with Tufts University and FEWS NET, DCHA/FFP/Washington canceled the activity.

2.2.2 Definition and Use of Nutrition and Food Security Indicators by the DHS

FANTA-2 is working with the DHS to support the incorporation of validated indicators that could be collected and reported as part of standard DHS country reports. These indicators include the Women's Dietary Diversity Scale (WDDS) (see 2.2.3) and the HHS (see 2.2.4). In Project Year One, FANTA-2 reviewed the preliminary DHS VI questionnaire and provided comments to support the collection and tabulation of data to assess IYCF practices and women's diet patterns.

2.2.3 Developing a WDDS

FANTA-2 is continuing FANTA's efforts to validate dietary diversity as a measure of the micronutrient adequacy of women's diets. A literature review addressing what is known about women's micronutrient intakes and five country studies initiated under FANTA's WDDP were completed in Project Year One. A summary report is also being prepared. The country reports use a standardized analysis protocol to test whether dietary diversity indicators constructed from a simple set of food groups can serve as a proxy indicator to assess the adequacy of micronutrients in women's diets. The summary report will synthesize results across countries and draws conclusions about the performance of the indicators for global use.

In Project Year One, collaborating WDDP researchers made presentations on the women's dietary diversity summary results at three scientific meetings: the Experimental Biology Meeting, April 18-22, 2009, in New Orleans; ICDAM, June 5-7, 2009, in Washington, DC; and the International Congress on Nutrition (ICN), October 4-9, 2009, in Bangkok, Thailand. Also at ICDAM, the Burkina Faso and Mali site-specific WDDP results were presented as posters, and FANTA-2 provided support to the Institute of Research for Development (IRD) to present the Burkina Faso site-specific methodology results. The Mali site-specific results were also presented as a poster at ICN.

In Project Year One, FANTA-2 also submitted a proposal to the *Journal of Nutrition* for a supplement dedicated to reporting the results of the WDDP research. The proposal was approved and seven articles for the supplement are being prepared. FANTA-2 is sponsoring the supplement and will co-author two of the articles. Collectively, the articles will help to document the problem of low micronutrient intakes among women of reproductive age in resource-poor settings and advance methods to assess the micronutrient adequacy of the diet using simple, indirect methods that could be collected in large-scale surveys, such as the DHS. The full set of articles will be submitted to the *Journal of Nutrition* for publication consideration in February 2010. The supplement is expected to be available online in August 2010 and in print shortly thereafter.

2.2.4 Household Food Insecurity Access Scale

To follow up on FANTA's release of HFIAS, in Project Year One, FANTA-2 conducted a study to assess the validity of the scale for cross-cultural use. HFIAS collaborators – Urban Harvest of the International Potato Center in Kenya, the Department of HIV and AIDS and Nutrition and UNICEF in Malawi, FAO in Mozambique, the Human Sciences Research Council in South Africa, FAO in the West Bank and Gaza, and Centre for Applied Social Sciences in Zimbabwe – contributed seven data sets for inclusion in the validation study, representing diverse populations and geographic settings. Across collaborators, HFIAS data were collected from both urban and rural populations, from HIV-affected and non HIV-affected households, and from populations living in conflict and non-conflict areas. The HFIAS data were evaluated for internal, external and cross-cultural validity. The results indicated that a reduced set of questions and revised tabulation method could achieve the aim of a valid, culturally invariant scale to assess household hunger at the population level. FANTA-2 presented this research at II CLACMESA on September 4, 2009.

The validation report, which introduces the reduced scale as the HHS, was completed in July 2009 after being shared with co-authors at FAO and Tufts University for review and comment. The report has been

reviewed by ERS and a final version of the report will be published in early 2010. A corresponding guide for collecting data for the HHS will also be completed in Project Year Two.

2.2.5 Indicators for Assessing IYCF Practices

To support the adoption of the new WHO breastfeeding and IYCF indicators, FANTA-2 coordinated an inter-agency working group (FANTA-2, IFPRI, Macro International and UNICEF) to develop an operational guide for collecting and tabulating the indicators. In July 2009, a draft version of the guide was completed and submitted to WHO for external review. In Project Year Two, FANTA-2 and the working group will incorporate the reviewers' comments and complete the guide for publication and translation into Spanish, French and Portuguese in February 2010. FANTA-2 will then conduct workshops with USAID, the CORE Group and Title II Awardees to raise awareness of the new WHO breastfeeding and IYCF indicators and to provide direction on using the operational guide to collect, report and interpret the indicators.

2.2.6 Quality Assurance and Quality Improvement

Assuring the quality of program implementation is key to program impact – especially in areas of rapid expansion, such as food and nutrition for PLHIV and the use of specialized food products for HIV and CMAM. FANTA-2 collaborates with other cooperating agencies (e.g., the Quality Assurance Project [QAP], HCI) to adapt QA/QI principles in the priority areas FANTA-2 supports. QA/QI packages might include descriptions of the critical components of food and nutrition services, criteria for assessing and improving quality, and algorithms or job aids for supervisory support. Global tools and methods developed under IR 2 will be adapted and applied to country programs supported under IR 1. In Project Year One, FANTA-2 partnered with URC to introduce QA/QI methods for nutrition care services in Ethiopia, which will build on existing methods used and allow for the incorporation of nutrition components into the existing information system used by several HIV IPs in different parts of the country and at different health facility levels to address QA/QI (see **Ethiopia**.)

2.2.7 Sampling Guide

FANTA-2 is updating and expanding the *FANTA Sampling Guide (1999)*, focusing on key issues related to sampling and an explanation of appropriate sampling methods for mid-term assessments and annual monitoring. A discussion on alternative sampling designs and LQAS will also be incorporated into the guide.

As part of this process, in Project Year One, FANTA-2 developed an automated LQAS Decision Rule Chart building tool to help survey designers identify the most appropriate sample size and decision rule to use for data to be analyzed with LQAS. Previously, LQAS users tended to adopt a standard sample size of $n=19$, no matter the indicator or level of precision required for the analysis. The tool will be available on the FANTA-2 website in Project Year Two.

2.2.8 Validating Additional Thresholds for Alternative Sampling Designs

Humanitarian agencies and decision makers need tools for rapid and effective prioritization of areas in greatest need, as well as practical and reliable methods for ongoing monitoring of the situation. To respond to this need, FANTA developed, field-tested and validated three alternative sampling designs: a 33x6 design, a 67x3 design and a sequential design. The designs provide rapid yet statistically reliable data and are appropriate for use where information on the prevalence of acute malnutrition is needed, and classification of the prevalence of acute malnutrition against the key threshold levels of 10 percent, 15 percent or 20 percent is useful for decision-making.

In Project Year One, FANTA-2 published a guide for carrying out the alternative sampling designs. In addition, a simulation study to examine the classification error of the alternative sampling designs to assess the prevalence of acute malnutrition with LQAS was published in the JRSSA. The study, funded

by FANTA-2 and undertaken in collaboration with statisticians at the Harvard School of Public Health, concluded that for independent clusters with moderate intra-cluster correlation, the three alternative sampling designs maintain approximate validity for LQAS classification of acute malnutrition prevalence. This research was also selected for presentation at the APHA annual meeting and exposition in Philadelphia on November 7-11, 2009.

Since publication of two peer review articles reporting the results of a field test of the designs in Ethiopia and Sudan, there has been substantial interest in and uptake of the designs by humanitarian agencies. The alternative sampling designs are now being used by multiple agencies, in a range of countries and for diverse applications, including for emergency nutrition assessment by FSAU in Somalia and for quarterly nutrition surveillance by ACF in sentinel sites in South Sudan and Kenya.

Due to the increased range of settings in which the designs are being used and as a result of the recent adoption of the WHO Child Growth Standards in emergency settings, there is now growing demand for additional indicators of acute malnutrition and additional thresholds of acute malnutrition to be addressed by the alternative sampling designs. To further advance the alternative sampling design methods and increase the relevance of the designs for nutrition surveillance, further simulation and modeling work will be carried using existing 33x6 data sets with acute malnutrition data.

2.2.9 Exhaustive Measurement of Mortality Estimation Method

Mortality estimations provide valuable information to assess the severity of crisis situations. The 30x30 cluster method is commonly used to estimate mortality in a population, yet the method suffers from several limitations when applied to emergency settings. These limitations include being time- and resource-intensive, possibly leading to imprecise estimates, and providing estimates of mortality averaged over a retrospective period of three months or longer. To improve the methods available for measuring mortality in crisis-affected populations, FANTA and LSHTM evaluated an alternative approach to obtaining a population-based measure of mortality, the EM method. The EM method captures deaths through an exhaustive search for all deaths occurring in the community over a defined and very short recall period. Unlike retrospective surveys, it provides nearly real-time mortality estimates, which are more useful for operational purposes in relief settings. The results of this validation study are reported in the FANTA-2 publication, *A New Method to Estimate Mortality in Crisis-Affected Populations: Validation and Feasibility Study*, available on the FANTA-2 website at http://fantaproject.org/publications/EM_method.shtml. In addition, three calculators for analyzing data collected using the EM method were developed and also posted on the FANTA-2 website.

2.2.10 CMAM Integration Support Tools

Building on the three-country review of integration of CMAM services FANTA conducted in FY 2007 and the growing evidence base on the performance, impact, integration and scale-up of CMAM, FANTA-2 is continuing to develop tools for determining whether to implement CMAM, planning for implementation and evaluating CMAM service coverage.

CMAM Training Guide

The *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)*, which consolidates current evidence-based promising practices, was developed by FANTA in FY 2007-2008 in close collaboration with UNICEF, WHO, Valid International and Concern Worldwide. In Project Year One, FANTA-2 disseminated more than 125 copies of the Guide to a broad audience, including the Clinton Foundation, the IMC, and IYCF counselors in Uganda. The widespread dissemination of the Guide will help ensure current promising practices are included in trainings conducted all over the world. FANTA-2 is also translating the Guide into French to facilitate the uptake of guidance in West Africa and other Francophone regions.

The Guide will also be updated to reflect the adoption of the WHO 2006 Child Growth Standards and the new anthropometric cutoffs for admission to and discharge from selective feeding programs. An erratum

was added to the Guide explaining the continued use of the National Center for Health Statistics (NCHS) reference and old anthropometric cutoffs for admission into selective feeding programs in certain settings as the WHO 2006 Child Growth Standards are adopted by MOH around the world. However, the NCHS reference and old anthropometric cutoffs will no longer be included in the Guide.

The Guide was discussed at a key IASC GNC meeting held September 16-18, 2009, in Nairobi, Kenya, further ensuring its use by key agencies for their training activities. FANTA-2 also reviewed the IASC GNC's international IYCF training module for eventual integration into the Guide. This will better harmonize the two approaches, which overlap in significant areas, and will ensure that CMAM not only treats children with SAM, but is also integrated with current, evidence-based promising practices for the prevention of malnutrition.

CMAM Costing Tool

In FY 2007-2008, FANTA drafted a tool to help MOH and IPs plan and budget for implementing CMAM services/programs. As the second phase of the process, in Project Year One, FANTA-2 field-tested the costing tool in Ghana. In collaboration with the GHS and Ghana SAM SU, FANTA-2 gathered information to refine the tool and confirm the acceptability of the assumptions it uses. The field test then evaluated how easily the costing tool could be used and how useful its results would be. The tool's instructions were also tested to ensure that they were clarity, that the tool can be easily followed, and that the data required are reasonable and readily available.

Feedback from the field test indicated that data required to generate the necessary results are reasonable and easily available at the district, regional and national levels. Some assumptions made in the tool vary from one country to another, which will require careful adaptation at the national level before use by lower-level managers. However, it will be important to maintain minimum standards to ensure the quality of implementation. In addition, a key point of feedback from the field test was the need to ensure that the tool can provide analyses not only for CMAM as a separate service but also as an integrated approach, which is how CMAM is now developed and implemented. In Project Year Two, FANTA-2 will revise the costing tool and conduct additional field tests in Southern Sudan and Sudan.

The tool provides results in monetary terms. In Project Year One, FANTA-2 began reviewing the tool to ensure that it provides results in terms of time, especially in the manpower section.

SQUEAC Coverage Tool

Semi-quantitative evaluation of access and coverage (SQUEAC) is a simple approach to facilitating the frequent and ongoing evaluation of program coverage and barriers to access through routine collection, analysis and use of CMAM program planning and evaluation data. FANTA-2 and Valid International are refining and operationalizing the SQUEAC approach for assessing and improving the quality and coverage of CMAM services. The first phase of this work involves field-testing SQUEAC and developing a user's guide; the second phase involves developing training materials and teaching aids on SQUEAC.

In Project Year One, FANTA-2 and Valid International developed a plan for field-testing and refining SQUEAC technical documentation and developing a SQUEAC user's guide. FANTA-2 and Valid International will implement these activities in Project Year Two.

2.2.11 Guide to Screening for Food and Nutrition Interventions Among Adult PLHIV

Recognizing the important role food and nutrition play in comprehensive care of PLHIV, countries and programs, such as those supported by PEPFAR and WHO, are increasingly integrating food and nutrition interventions into HIV care and treatment services. As HIV care and support programs scale up food and nutrition interventions among PLHIV, implementing agencies have expressed the need for guidance on how to identify clients who need food and nutrition interventions, and for simple tools that can be integrated into care and treatment service provision.

To meet this need, FANTA began developing the *Guide to Screening for Nutrition Interventions Among Adult PLHIV* in FY 2008. The Guide provides guidance on how to screen adult PLHIV to determine whether they might benefit from food and nutrition interventions, including nutrition assessment and counseling, provision of specialized food products, micronutrient supplementation, and food security and livelihood programs. It is designed for use by program managers, government officials, service providers, TA partners and others responsible for designing screening tools for food and nutrition interventions for PLHIV and/or identifying and estimating the number of PLHIV who might benefit from an intervention.

In December 2008, FANTA-2 revised the draft of the Guide based on an internal review and comments from USAID and WHO. A field review questionnaire was then developed. The Guide and review questionnaire were shared with HIV care and treatment service providers in Kenya, Mozambique and Zambia. Both documents were also shared with HIV care and treatment service providers at the Africa Forum in Malawi in June 2009. The Guide will be completed and disseminated on the FANTA-2 website and among PEPFAR Partners in Project Year Two.

IR 2.3 PROMOTING GLOBAL NORMATIVE STANDARDS IN NUTRITION AND FOOD SECURITY

Results from FANTA-2's R&D activities, as well as lessons from country programs, are used to generate and contribute to new global-level guidance and standards and to USG policies and guidelines.

2.3.1 Global-Level Normative Standards

To enable widespread and sustainable uptake, it is essential that global codification of state-of-the-art, innovative and proven approaches be achieved through statements, policy and guidelines issued by international organizations such as FAO, UNICEF, WFP and WHO. A number of new approaches and methods pioneered by USAID, such as CMAM and the IYCF summary indicator, have been endorsed by the international community through consensus-building meetings led by international organizations with active participation and technical input from USAID.

FANTA-2 builds on its relationships with key international organizations to facilitate the uptake of FANTA-2 outputs and supports global collaboration to further guidance and training materials and to build the evidence and operational research base in relevant project focus areas. FANTA-2 also translates research and programmatic evidence into standards and guidance, and works to promote their adoption by the international community.

Infant and Young Child Feeding

FANTA-2 participated in the WHO/UNICEF Consultation on "Strengthening Action to Improve Feeding of Infants and Young Children," held October 6-9, 2008, in Geneva, Switzerland. The overall objective of the meeting was to strengthen actions to improve IYCF. Experts shared effective interventions and delivery approaches to optimize feeding of infants and young children 6-23 months. Presenters also shared ways to integrate effective interventions and delivery approaches into existing programs to accelerate program delivery. Meeting recommendations included developing a toolkit to assist program managers, designers, implementers and evaluators with assessment, analysis, programming and evaluation for complementary feeding; and providing improved guidance on integrated planning for breastfeeding and complementary feeding interventions, including preparing a summary framework document, updating *the Planning Guide for Implementation of the Global Strategy on Infant and Young Child Feeding* and developing an instrument to prioritize options for improving the nutrition quality of complementary foods. The meeting report was completed and disseminated by WHO and included feedback from FANTA-2 and other participants. The meeting content and results are relevant to FANTA-2's planned research on effective program approaches for Title II because they provide important information on current directions in successful IYCF programming, focusing on behavior change interventions, growth monitoring and promotion (GMP), and ways to improve the quality of complementary foods.

Complementary Feeding Working Group

As a result of the WHO/UNICEF Consultation meeting recommendation to develop a toolkit around child feeding, UNICEF hosted the “UNICEF Working Group on Development of a Comprehensive Toolkit for Complementary Feeding Assessment, Analysis, Programming, and Implementation,” with the specific purpose of providing an orientation to and discussing planning for the formation of a small, informal working group to review available tools and harmonize the further development of tools for child feeding programs. Participants included FANTA-2, WHO, PATH, GAIN, IFPRI, the Pan-American Health Organization (PAHO) and Centro Internacional de Agricultura Tropical (International Center for Tropical Agriculture [CIAT]). FANTA-2 facilitated a session on the Process for the Promotion of Child Feeding (*ProPAN*), a tool for formative research and program planning in IYCF, and presented on IYCF activities and potential tools for the IYCF toolkit, specifically training in IYCF BCC strategy development for Title II Awardees in Guatemala and Honduras; the Nutrition Decision Tool being developed by the CORE Nutrition Working Group (NWG); determinants and key factors of behavior change (BEHAVE Framework and CORE Designing for Behavior Change [DBC] Curriculum); and an Activity-Based Costing (ABC) tool for CMAM, which might be adapted for IYCF. Results of this meeting included a list of agreed-upon needs, priorities and immediate action points for developing the toolkit for child feeding programs and further objectives for the informal working group. FANTA-2 will continue to support working group activities in Project Year Two, specifically by developing a software tool for a linear programming approach to formulate and test complementary feeding recommendations for children, especially children 6-23 months.

Moderate Acute Malnutrition

Internationally accepted guidelines have been established for the management of SAM but not yet for MAM. MAM affects millions more children globally than SAM. FANTA-2 participated in the WHO informal consultancy meeting on dietary requirements for MAM in December 2008 in Geneva. FANTA-2 provided technical advice during the consultation and supported publication of the meeting report as a supplement to September, 2009 issue of the Food and Nutrition Bulletin, helping to ensure that discussions would lead toward future adoption of evidence-based promising practices.

Implementation of WHO 2006 Child Growth Standards

In Project Year One, FANTA-2 reviewed *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 Nations Children’s Fund* on the NIE transition to the WHO 2006 Child Growth Standards and its programmatic implications. FANTA-2 contributions during the review helped ensure that the statement accurately reflected the evidence-based decisions on changes to admission and discharge criteria for therapeutic feeding. FANTA-2 also helped review the SCN Fact Sheet on the implementing the WHO 2006 Child Growth Standards in emergency nutrition programs for children 6-59 months.

IASC GNC

Since the inception of the Cluster Approach in 2005, as part of the Humanitarian Reform to strengthen humanitarian response, FANTA has participated in IASC GNC meetings and activities as an active member of the NIE community. FANTA-2 continues this support and participates in Assessment Working Group (AWG) and Capacity Development Working Group (CDWG) activities, which better positions FANTA-2 to support to NIE-related activities. FANTA-2 also collaborates with technical experts, Awards, implementing agencies, DCHA/OFDA and GH/HIDN to share NIE technical information and strategies.

Throughout Project Year One, FANTA-2 participated in regular international IASC conference calls in which IASC members discussed the GNC vision statement and strategy for 2010-2012, the development of TOR for different positions within the AWG and CDWG, new members, 2009 and 2010 workplans, and rolling out new assessment tools in 2009 and 2010. One of these key tools developed by the GNC was

the integrated Initial Rapid Assessment (IRA) Tool for humanitarian emergencies, which incorporates not only the nutrition sector but also related sectors such as health and water, sanitation and hygiene. The GNC is also developing a user-friendly referenced annotated depository of assessment tools for GNC members that consolidates all relevant existing nutrition and food security assessment tools.

In November 2008, FANTA-2 provided TA to the NIE Training Network by making contributions to the Network's strategy and TOR and by investigating potential collaborations on strengthening capacities for CMAM in particular and NIE in general. FANTA-2 also contributed to the AWG and CDWG 2009 workplan and reviewed proposals submitted for funding from the IASC GNC.

FANTA-2 later helped review the IASC GNC Selective Feeding Guidelines for use during humanitarian emergencies. FANTA-2 provided technical comments and substantively contributed to editing the Guidelines to help ensure that they were clear and met internationally recognized standards and promising practices. FANTA-2 also provided technical comments to various emergency concept notes, tools and proposals that were developed, including the Selective Feeding Guidelines and the Harmonized Training Package roll-out and web access. In addition, FANTA-2 helped review the use of IASC GNC tools, IYCF field testing, the selective feeding defaulter study progress and the IRA.

In May 2009, FANTA-2 participated in a Core GNC Working Group Meeting to discuss strategic directions for 2010-2011, develop a draft GNC funding proposal for submission to the European Commission Humanitarian Office (ECHO) in mid-June 2009 and agree on methods and objectives for sharing meeting discussions and outputs with the wider cluster at the next annual GNC meeting in Project Year Two. FANTA-2's participation helped ensure that a more solid strategy would be developed based on the discussions and that the ECHO proposal was of high quality.

LNS Research Network (LNSRN)

FANTA-2 is a member of the LNSRN, a global group of researchers and practitioners with interest in exploring the potential of LNS for the prevention of malnutrition. The objectives of the LNSRN is to provide technical information on the use of LNS to improve the nutrition of vulnerable populations, facilitate timely exchange of knowledge and experience regarding use of LNS, and foster the rapid translation of new research findings on LNS into programs and policy. The LNSRN is currently coordinated by the International Lipid-Based Nutrient Supplements Project (iLiNS), which has conducted four large efficacy trials in Africa (funded by the Gates Foundation) to further assess the potential of LNS to prevent malnutrition in children and pregnant/lactating women.

At the first meeting of the LNSRN, held in Rome, Italy, in February 2009, FANTA-2 presented its planned effectiveness research (see **2.1.2**) and an overview of organizations currently using LNS for malnutrition prevention in their programs and any affiliated research. Since June 2009, as a contribution to the LNSRN's second objective of sharing knowledge and experience regarding programmatic use of LNS, FANTA-2 has been systematically compiling information on these programs and the affiliated research, and has been organizing the information into a database for future periodic updating. More programs are added to the database as they are identified, and a systematic updating will take place in early 2010. Short descriptions of the research activities of different organizations appear on the iLiNS/LNSRN website, launched in August 2009, <http://www.ilins.org>.

FANTA-2 is also contributing to the first objective of the LNSRN, the development of technical information on the use of LNS, which is also available on the iLiNS/LNSRN website. In Project Year One, FANTA-2 provided answers to "frequently asked questions" about LNS, an annotated review table of published literature on LNS and a comparison table of different LNS products used for the prevention of malnutrition.

In addition, as part of its interaction with organizations incorporating LNS into their program activities, FANTA-2 provided technical reviews of planned evaluations of programmatic interventions with LNS and will continue to do so as opportunities arise.

Sphere Minimum Standards in Disaster Response

Because of FANTA-2's expertise in emergency nutrition and CMAM, FANTA-2 was invited by the Sphere Project to participate as a core working group member revising the nutrition section of the Sphere Minimum Standards in Disaster Response, which are the internationally accepted standards NGOs and the UN adhere to when implementing emergency humanitarian programs. In Project Year One, FANTA-2 participated in early discussions on the review and reviewed proposed revisions to the Sphere Standards ahead of a core group meeting planned for October 2009, in which FANTA-2 will participate. In this meeting, core group members will make decisions on the major changes suggested for the revised version, which will feed into the first draft of the revised Sphere Standards.

2.3.2 Strengthening USG Policies and Guidelines

FANTA-2 provides support to the key USAID central offices responsible for the overall management of the programs targeted under FANTA-2. FANTA-2 assists DCHA/FFP, GH/OHA and GH/HIDN in strengthening policies and guidelines in key areas of competencies and provides technical information and language for briefing notes and responses to United States Congress, United States Executive Branch and GAO inquiries.

GH/OHA and PEPFAR TWGs

In Project Year One, FANTA-2 provided GH/OHA and the PEPFAR F&N and OVC TWGs with updated information on the evidence base, promising implementation practices, cost implications and other issues as input to policy guidance, programming tools, M&E approaches and recommendations to the United States Department of State Office of the Global AIDS Coordinator (OGAC). FANTA-2 also disseminated and shared key evidence, methods and approaches with the wider HIV community (e.g., PEPFAR Partners; the Global Fund to Fight AIDS, Tuberculosis and Malaria [Global Fund]; UNICEF; WFP; WHO; private foundations) through strategically targeted forums.

In response to a request from the PEPFAR F&N TWG, FANTA-2 provided guidance on procurement and QA of specialized food products for FBP programs. FANTA-2 also reviewed and contributed to procurement-related guidance that SCMS provided for its own country offices. And, FANTA-2 worked closely with SCMS to develop guidance for PEPFAR country teams on procurement, QA and logistics of specialized food products for PEPFAR Programs. The guidance is being reviewed by the PEPFAR F&N TWG. FANTA-2 also gave SCMS summaries of FBP programs to assist in preparations for the procurement of specialized food products for FBP programs.

In response to another request from the F&N TWG, FANTA-2 prepared information on PEPFAR food and nutrition programming experience, strategies and recommendations to include in the PEPFAR State of the Program Area (SOPA) that was prepared for country offices to support design and implementation of PEPFAR programming. FANTA-2 also provided input to the food and nutrition sections of the technical considerations provided to PEPFAR country teams to support preparation of COPs.

FANTA-2 provided information on new FANTA-2 and WHO activities related to nutrition and HIV to inform the PEPFAR Headquarters Operational Plan (HOP) used to plan the expenditure of central PEPFAR resources for TA and other global activities. FANTA-2 began discussions with WHO to identify areas of collaboration during Project Year Two.

FANTA-2 provided information on the FBP approach and programs to PEPFAR's AIDS Support and Technical Resources project, which PEPFAR asked to review the FBP program in Kenya and a similar program in Malawi. In response to a request from GH/OHA, FANTA-2 also developed Food and Nutrition country case studies (Zambia and Ethiopia) for Management Systems International (MSI), which will use them in upcoming visits to targeted countries. MSI requested these country case studies to provide background when orienting their PEPFAR Partners on food and nutrition issues.

FANTA-2 worked with USAID and its Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support project (FIELD-Support) to plan TA in food security and livelihoods for HIV-affected populations as part of PEPFAR programming. FANTA-2 also provided input to the scope and approach for a new program, the Livelihood and Food Security TA project (LIFT), that will provide support to PEPFAR country teams. USAID has asked FANTA-2 to coordinate with LIFT in countries where both are working.

At USAID's request, FANTA-2 developed a set of parameters for determining which economic-strengthening activities should be counted as food and nutrition interventions. This is of particular relevance since the United States Congress directed PEPFAR to spend US\$100 million of FY 2009 funds on food and nutrition interventions.

FANTA-2 contributed to the latest version of the PEPFAR Next Generation Indicators related to food and nutrition. These indicators will be required reporting indicators for PEPFAR programs and country teams. FANTA-2's work included technical input to the indicator descriptions and facilitating, at the PEPFAR F&N TWG's request, a two-day meeting in April 2009 to review the indicators related to nutrition care and support.

The meeting also contributed to FANTA-2's TA to GH/OHA and WHO to help develop harmonized indicators on nutrition and HIV for global stakeholders and national governments supporting nutrition care for PLHIV. At the meeting, FANTA-2, GH/OHA and WHO planned a consultation and process to identify harmonized indicators. FANTA-2 contacted stakeholders and reviewed M&E documents to update the *Compilation of M&E Indicators for Food and Nutrition Interventions Addressing HIV/AIDS* prepared under FANTA and use the updated compilation as background for the July 2009 consultation. At the consultation, participants identified sets of indicators and developed a plan to engage the Joint United Nations Programme on HIV/AIDS (UNAIDS) M&E Reference Group (MERG) to include them in its directory of indicators and to possibly propose three of them as United Nations General Assembly Special Session on HIV/AIDS (UNGASS) indicators. After the consultation, FANTA-2 developed detailed descriptions of the food security indicators and helped develop the descriptions of other indicators.

To further support harmonization of nutrition and HIV indicators, FANTA-2 reviewed the WFP draft M&E guide on nutrition and HIV and provided comments.

FANTA-2 presented on harmonization of CMAM and HIV and on FANTA's assessment of food and nutrition needs of PLHIV in Namibia at the PEPFAR Implementers Meeting in Namibia in June 2009. After the meeting, FANTA-2 and UNICEF began working to coordinate FANTA-2 TA with UNICEF plans to link CMAM services to HIV counseling and testing. FANTA-2 also prepared presentations on nutrition and HIV for other key forums, such as the International Conference on Nutrition and a seminar for Congressional Hunger Fellows.

DCHA/FFP Policies, Guidelines and Performance Management

In support of DCHA/FFP's efforts to collect high-quality standardized data from Title II Awardees, in Project Year One, FANTA-2 updated the Standardized Annual Performance Questionnaire (SAPQ) form by making it more user-friendly and effective, as well as the data entry template. Awardees submit the SAPQ with their annual results reports to DCHA/FFP, and DCHA/FFP uses the data from the SAPQ to tabulate its PMP indicators, some of which are used for reporting to the United States Congress. FANTA-2 also responded to Awardees' questions on the SAPQ's use and trained DCHA/FFP's institutional in SAPQ quality control and data entry.

In Project Year One, FANTA-2 began planning a data quality assessment (DQA) to help ensure that DCHA/FFP complies with USAID regulations requiring regular verification of the quality of indicator data. The DQA will take place in Project Year Two.

FANTA-2 also drafted responses to requests for information about DCHA/FFP's M&E systems from the GAO as part of its assessment of M&E of non-emergency food aid.

FANTA-2 helped DCHA/FFP revise the instructions and forms used for the Pipeline and Resources Estimate Request (PREP), which is used to gather M&E information from Awardees on the number of beneficiaries reached by Title II programs. FANTA-2 reviewed and revised the M&E components of both the Title II Proposal Guidance and Program Policies and the Annual Results Report Guidance, which instruct Awardees on their M&E tasks and are crucial for ensuring timely and appropriate reporting. FANTA-2 also provided input on the treatment of gender in the Proposal Guidance, including adding new language on gender. In addition, FANTA-2 authored a new Food for Peace Information Bulletin (FFPIB 09-06) that outlines in a single document Awardees' M&E responsibilities at each stage of the project cycle. This FFPIB helped strengthen DCHA/FFP's response to the GAO audit.

To facilitate DCHA/FFP's collection of data on WFP programs that are DCHA/FFP-funded, FANTA-2 analyzed DCHA/FFP's information needs and WFP's set of performance indicators to recommend the type of data WFP can report to DCHA/FFP. DCHA/FFP and WFP then agreed on a subset of the standard DCHA/FFP indicators on which WFP will report.

FANTA-2 also conducted training sessions at DCHA/FFP's Food Aid Manager's Course (FAMC) for Mission DCHA/FFP Officers in April 2009. Topics included Layers, the DCHA/FFP Strategy, PM2A and M&E. FANTA-2 also further increased the capacity of DCHA/FFP staff by delivering a presentation in March 2009 on the M&E Workshops and lessons learned from the workshops. In addition, FANTA-2 conducted several training sessions for CBOs in July and September 2009 on how to review Awardees' results frameworks and IPTTs.

MYAP Reviews

As part of its review of Title II MYAP proposals, FANTA-2 provides technical input to those proposals that focuses on strengthening the assessment of vulnerabilities, the design of interventions and the identification and measurement of appropriate indicators (see **1.1.3**). In January 2009, FANTA-2 helped review MYAP proposals in Madagascar and Malawi, for which DCHA/FFP accepted proposals in FY 2009. FANTA-2 provided written comments and scores on the proposals to the DCHA/FFP Technical Evaluation Committees (TECs). FANTA-2 also helped DCHA/FFP improve Awardees' reporting capacity in Project Year One by writing the M&E Issues Letter for FY 2008 MYAPs to help correct their reporting.

Surge Capacity in Emergencies

Early in Project Year One, FANTA-2 began a consultation process with DCHA/FFP/Washington to identify policies and procedures for approving and mobilizing additional resources requested by an Awardee when early warning trigger levels are met. These policies and procedures will clearly describe the steps Awardees, Missions and DCHA/FFP must follow when a surge in local capacity to respond to food insecurity crises is required and will facilitate the expeditious decision-making and resource allocation needed to fully operationalize the development relief approach. They are a necessary complement to the assistance provided to MYAPs (see **1.1.3**) and development of the evidence base and promising practices (see **2.1.1**).

To support this work, FANTA-2 provided TA in Haiti to the three Awardees – CRS, ACDI/VOCA and WV – on their EWR systems and surge capacity (i.e., the allocation of emergency resources to MYAPs to prevent a deterioration of food security conditions in the event of a shock) (see **2.1.1**). FANTA-2, USAID/Haiti and DCHA/FFP/Washington agreed that an addendum would be developed for the MYAPs that would formalize the procedures to operationalize surge capacity, which FANTA-2 would support. In the interim, DCHA/FFP/Washington agreed to set up a provisional contractual mechanism to support the allocation of emergency resources to the Haiti MYAPs for the 2009 hurricane season. FANTA-2 also initiated preparations for a desk review of this activity in Project Year Two, which included compiling key secondary data and conducting planning meetings with key national partners.

IR 2.4 COMPETENCIES IN PROBLEM ASSESSMENT AND PROGRAM DESIGN, IMPLEMENTATION AND M&E STRENGTHENED

To strengthen the capacity of USAID IPs, FANTA-2 works to integrate R&D results, innovative methods and tools, normative standards and field experience into their programs. These activities include the creation of a technical support services unit (TSS), development of TRMs and strengthening the capacity of development organizations.

FANTA-2 disseminates evidence-based nutrition and food security approaches through collaboration with global-level partners, TOT workshops, technical consultations and dissemination of research findings. FANTA-2 also continues to strengthen partners' capacity to apply and adopt new indicators, tools and methods, such as IYCF, WDDS, HFIAS, LQAS, Layers, OM and FBP, by developing and making technical resources available to all Title II Awardees and IPs (see **2.1**, **2.2** and **2.3**).

2.4.1 TSS for Title II

In Project Year One, FANTA-2 laid the groundwork for creating a TSS for Title II, including drafting an internal TSS concept paper and establishing a TSS Steering Committee. The TSS will collaborate with the new Technical and Operational Program Support (TOPS) project that DCHA/FFP will award to provide support to Title II Awardees as a group and promote quality in Title II nutrition and food security programming through consistent capacity strengthening and direct technical support. The TSS will serve as the forum for two-way communication and technical collaboration between FANTA-2 and the Awardees and as a roundtable to seek input on FANTA-2 R&D activities, including priorities for new tools and guides. The TSS will also provide an avenue for FANTA-2 to participate in and support Awardee initiatives.

2.4.2 Title II TRMs

FANTA-2 is working with Title II Awardees to adapt the TRM model, as developed by USAID's CSHGP, to support Title II's specific needs. The Title II TRMs will provide concise, practical, up-to-date information on the essential elements of primary technical interventions and cross-cutting areas to be considered when designing and implementing MYAPs. They will draw directly on research conducted, and methods and tools developed under FANTA-2, and research and technical work conducted by Awardees, IPs and international organizations and will be an integral part of the capacity strengthening provided to IPs.

At the beginning of Project Year One, IFPRI submitted to FANTA-2 a draft of the first TRM, on PM2A (see **2.1.1**). The aim of this TRM is to provide solid guidance to Awardees interested in submitting proposals for the PM2A program. The draft underwent extensive review and rewrite by FANTA-2 in collaboration with Title II PVOs, DCHA/FFP staff and other interested stakeholders, and will be posted on the DCHA/FFP website along with the FY 2010 Title II Program Guidance early in Project Year Two.

2.4.3 Supporting the CSHGP

FANTA-2 continues to support the CSHGP through work directly with the Program, as well as collaboration with the CORE Group — especially its M&E Working Group and NWG — and the Maternal and Child Health Integrated Program (MCHIP), USAID's US\$600 million five-year project to support the introduction, scale-up and further development of maternal and child health interventions.

FANTA-2 is a member of the CORE NWG steering committee and one of the key developers of *Nutrition Decision Assistant: A Tool to Help Make Decisions for Nutrition Programs* to help PVOs design community-based nutrition programs. As part of the continuous development process, in Project Year One, FANTA-2 contributed to the technical input and design of the tool, including streamlining the content. The draft tool was presented at the CORE Spring Meeting (March 31 - April 2, 2009), and CORE Group members provided feedback and recommendations. The tool is currently undergoing a comprehensive external review, and FANTA-2 will continue technical support in Project Year Two.

2.4.4 Promoting Quality Implementation of CMAM

To ensure that future CMAM implementers are proficient in the CMAM approach and can benefit from the lessons learned to-date, FANTA-2 and its partners are developing a sustainable capacity strengthening model for CMAM. The model will include training for CMAM program orientation, implementation and management; operational research on access and uptake of services (coverage) for improved QA; and strengthened information systems (see 2.1.4 and 2.2.9). Within the capacity strengthening model, opportunities to address recommendations from the DCHA/OFDA-funded CMAM program reviews – the three-country review of CMAM in post-emergency contexts under FANTA (http://www.fantaproject.org/publications/CMAM_April08.shtml) and the four-country review in West Africa discussed below – are explored and integrated, where appropriate. Capacity strengthening efforts will also use the CMAM costing tool and the SQUEAC coverage tool (see 2.2.10).

In collaboration with UNICEF, Valid International and Concern Worldwide, FANTA completed training materials to strengthen capacity in CMAM program design and planning, outpatient care, inpatient care, community outreach, supplementary feeding and M&E. FANTA-2 is developing a strategy for the global roll-out of these materials, which includes working with the IASC GNC and the University Network to Improve Training for NIE. The strategy also includes the national roll-out and use of these materials in countries where FANTA-2 is involved in CMAM capacity development, currently Ghana, Southern Sudan and Sudan (see **Ghana, Southern Sudan, Sudan** and 2.1.4).

In addition, FANTA-2 published the proceedings from the April 2008 International Workshop on CMAM Integration as a supplement to the October 2008 issue of Field Exchange, which reaches over 3,000 emergency nutrition professionals worldwide.

Technical Support to DCHA/OFDA Partners

In response to the global food crisis in 2007-2008, DCHA/OFDA issued an Annual Program Statement (APS) seeking proposals in three priority sectors: agriculture and food security, the economy and market systems, and nutrition in West Africa. A second APS for the Horn of Africa (Kenya and Uganda) has goals of stabilizing humanitarian indicators, strengthening developmental programs and improving economic opportunities and livelihoods. FANTA-2 will provide technical support to strengthen the implementation and monitoring of activities awarded through the APSs. Specifically, plans are in place to conduct a four-country CMAM implementation review in the Sahel – specifically Burkina Faso, Mali, Mauritania and Niger – in Project Year Two to identify challenges, gaps and opportunities to improve service delivery and integration. Preliminary planning for the review began in Project Year One, including developing a time frame and drafting the TOR and SOW.

FANTA-2 also participated in a planning workshop for establishing a regional institute for Nutrition Intervention Research and Training in West Africa that will research ways to address nutrition and build regional capacity to deliver interventions. An additional goal of the workshop was to assess regional capacities for advanced training in public health nutrition in West Africa. The workshop established a Task Team to develop a planning process for the West Africa training and research initiative and the regional institute.

2.4.5 Support to Research on Supplementary Feeding Programs (SFPs)

FANTA-2 participates in the steering groups for research initiatives led by the Emergency Nutrition Network (ENN) and Save the Children United Kingdom (SC/UK) related to SFPs. Through its participation, FANTA-2 helps develop minimum reporting standards for emergency SFPs. The objectives of this initiative are to develop guidelines; data collection templates; manuals and training materials; and a database application for data entry, analysis and reporting.

FANTA-2's participation in the steering groups also contributes to the SFP Defaulting and Access Study, which is designed to examine the role of default in program performance, strategize ways to minimize its occurrence, and better understand causes of non-response and how to address this problem. In Project

Year One, FANTA-2 furthered the progress of these objectives by reviewing the study design and support documents.

2.4.6 Food Security Assessment in the HIV Context

FANTA-2 is working with WFP to provide technical input to the continued roll-out and application of *Food Assistance Programming in the Context of HIV* (2007). FANTA-2 participated in a consultation with regional WFP staff, other UN agencies and NGOs in Johannesburg in November 2008 to help identify IPs' learning needs in food security and HIV and to develop strategies to meet these needs.

IR 2.5 TRAINING AND PUBLICATION AND KNOWLEDGE SHARING

Capturing, articulating and disseminating promising practices and internationally recognized standards in nutrition and food security are fundamental to their ultimate adoption. FANTA-2 maximizes the transfer of knowledge by translating research findings and program experience into policy briefs, open-access peer-reviewed journals, research reports, assessments, reviews and technical presentations. FANTA-2 interacts with relevant communities of practice on developments in research, policy and tools, and maintains dialogue about needs, opportunities and lessons learned by participating in electronic fora, working groups and other collaborative efforts.

FANTA-2 communications activities support the publication, presentation and dissemination of nutrition and food security knowledge in print and electronic media and at events, workshops and trainings. Notably, in Project Year One, FANTA-2:

- Disseminated project technical knowledge through trainings that responded to specific needs; international, national and local workshops; and targeted technical presentations, reaching thousands of people in 21 countries directly and through the media, as detailed in **Appendices 3 and 4**
- Began developing new user-friendly publication formats, such as TRMs, to capture and present key technical information

Dissemination of FANTA-2 Publications

FANTA-2's website is the cornerstone of dissemination activities. As a resource center, the site connects visitors not only to FANTA and FANTA-2's work and publications but also to other websites, reports and publications that can help expand the knowledge base, foster dialogue, inform policy and create linkages within the nutrition and food security community. In Project Year One, FANTA-2 began designing an updated web portal to allow open access to FANTA and FANTA-2 publications with sub-sites focused on specific priority technical areas, such as nutrition and HIV and the TSS. The portal is expected to be completed in Project Year Two.

FANTA-2 also disseminates publications through response to global requests for material. In Project Year One, FANTA-2 distributed 976,588 copies of nearly 130 different publications and information products developed under both FANTA and FANTA-2. While the end users of products downloaded from the web site are difficult to track, hard copies of FANTA and FANTA-2 publications were requested by recipients at academic institutions, health facilities and NGOs in 22 developing countries, including many where FANTA-2 does not provide TA: Afghanistan, Bangladesh, Brazil, Cameroon, Côte d'Ivoire, DRC, Ethiopia, Ghana, India, Kenya, Laos, Liberia, Malawi, Mali, Moldova, Nigeria, Pakistan, the Philippines, South Africa, Uganda, Zambia and Zimbabwe. (See **Appendices 2 and 5**).

Appendix 1. PMP for Project Year One

PERFORMANCE INDICATORS BY RESULTS <i>(All indicators and targets are annual, not cumulative. LOA target will be cumulative)</i>	DEFINITION, UNIT OF ANALYSIS	DATA COLLECTION METHOD, TYPE, AND SOURCE	2008 BASE-LINE	2009 TARGET	2009 RESULTS		2010 TARGET	2011 TARGET
					Data	Details		
STRATEGIC OBJECTIVE Nutrition and food security policies, strategies, and programming improved								
Indicator 1. # FANTA-2-assisted countries that have reached phase 3 or 4, during the fiscal year (FY), on the Phases of Integration Continuum, for	Countries are those receiving FANTA-2 integration assistance. The four phases for CMAM (draft): Phase 1: at least 4 of the 9 initial milestones achieved Phase 2: at least 7 of the 9 initial milestones achieved Phase 3: all 9 initial milestones and at least 3 of the 6 advanced milestones achieved Phase 4: all 9 initial and 6 advanced milestones achieved There are 9 initial and 6 advanced milestones for CMAM.	In a participatory process, relevant stakeholders and FANTA-2 specialists will assess the integration phase reached each year using clearly-defined milestones, as a part of annual goal setting and planning. The baseline phase of integration and targets for achieving future phases of integration will be written into the SOW for each country and into the FANTA-2 Workplan. The denominator is the number of FANTA-2 assisted countries in each respective activity.						
a) integrating community-based management of acute malnutrition (CMAM) into national health systems (NHSs)			CMAM:0		0	0 countries out of 3 (Ghana, Sudan, Southern Sudan (all in phase 1))	0	1
b) integrating nutrition into national HIV policies/strategies/services			HIV: 1		0	(0 countries out of 9 reached level 3/4 during the year: Mozambique, Tanzania, Vietnam, Cote d'Ivoire, Haiti, Ethiopia, Namibia, Zambia, Kenya). Note that Kenya is starting at level 3 as its baseline but did not reach it during the year or due to FANTA-2 TA.	2	4
c) If applicable: integrating nutrition into other disease (TB, malaria, diarrhea, pneumonia) policies/strategies/services	The four phases for HIV: Phase 1: at least 2 of the 8 initial milestones achieved Phase 2: 3 or more of the initial 8 milestones achieved and fewer than 3 of the 7 advanced milestones achieved Phase 3: 3-5 of the 7 advanced milestones achieved Phase 4: 6-7 of the 7 advanced milestones achieved The 8 initial and 7 advanced milestones for nutrition and HIV are described in IR1.3 of the PY1 workplan.		0			No activity in FY09		
Indicator 2. # research and development (R&D) activities that have advanced at least one stage on the Pathway from Research to Field Implementation and Use, during the FY	Pathway from Research to Field Implementation and Use is adapted from <i>USAID/GH's Health-Related Research and Development Activities at USAID- Report to Congress</i> . May 2006. FANTA-2's adapted version of the Pathway contains six stages: 1) Problem Identification (Strategic planning, problem identification and priority setting) 2) Design and Development (Review of evidence and formulation of program theory; applied research and testing to create tools, approaches, and interventions) 3) Releasing documentation (Packaging and release of written documents (policy, guidelines, tools)) 4) Implementation (Facilitation of adoption of approach, country-level program/policy rollout/diffusion into regular use, monitoring of program rollout) 5) Assessment (Evaluate, refine program theory, revise documentation)	For each of the principle R&D activities, FANTA-2 specialists in consultation with the agreement officer's technical representative (AOTR) will identify at which stage on the pathway the activity is at baseline and what/how many stages FANTA-2 would like to take the topic through over the course of the five-year FANTA-2 project.	0		12	1. Household hunger scale (HHS) (4 to 5) 2. Preventing malnutrition in children under 2 years of age (PM2A) (1 to 2) 3. Exit strategies (1 to 2) 4. Social marketing of ready-to-eat foods (RUFs) (1 to 2) 5. Early warning and response (EWR) capacity of multi-year assistance programs (MYAPs) (1 to 2) 6. Women's dietary diversity indicator (WDDI) (1 to 2) 7. Infant and young child feeding (IYCF) (2 to 3) 8. Lot quality assurance sampling (LQAS) interactive sample size tool (1 to 3) 9. Alternative Sampling Designs (2 to 3) 10. Manary RUTF study (1 to 2) 11. Lipid-based nutrient supplement (LNS) Effectiveness study in Guatemala (1 to 2) 12. LNS Effectiveness study in Bangladesh (1 to 2)	-10	-10

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, UNIT OF ANALYSIS	DATA COLLECTION METHOD, TYPE, AND SOURCE	2008 BASE-	2009 TARGET	2009 RESULTS	2010 TARGET	2011 TARGET
	6) Consensus (Agreement between researchers and practitioners that approach should be the norm) The R&D activities are described under R2 of the workplan. If additional R&D activities are identified they can easily be added.						
Indicator 3. Average score on FANTA-2 customer satisfaction survey, for the FY.	A customer satisfaction survey for all FANTA-2 TA activities. Survey will have a 5-point score scale from 1 highly satisfied to 5 highly dissatisfied. TA recipients will be asked to fill out the survey along different criteria including FANTA-2 technical knowledge, effectiveness of transfer of information/skills, etc.	Survey to be developed.	0		n/a Survey has not been designed yet	5	5
INTERMEDIATE RESULT 1 Country-specific nutrition and food security policies, strategies and programming strengthened (Field Support)							
Indicator 1.1. % FANTA-2 country-specific recipients of capacity building technical assistance (TA) in FS and MCHN advancing at least one Level of Appropriation, during the FY, for using	FANTA-2 country-specific recipients of TA can be USAID Missions, Governments or specific implementing partner (P) programs. Appropriation refers to a recipient's ability to implement new methods with decreasing external TA from FANTA-2.	At the end of each fiscal year, FANTA-2 specialists in consultation with the TA recipient will make a qualitative determination of the recipient's level of appropriation.					
a) Layers	The levels of appropriation are borrowed from a USAID GH/OHA OP indicator: - Level 1- Implementing with significant FANTA-2 TA - Level 2- Implementing/replicating with limited FANTA-2 TA - Level 3- Implementing/replicating independently - Level 4- Serving as a resource for others/leveraging resources Levels will be clearly defined by approach type in the scope of work (SOW) and Workplan to ensure consistency over time. FANTA-2 specialists will propose specific activities to be included in this indicator, as not all FANTA-2 TA activities allow recipients to advance levels of appropriation. Not all activities should be expected to reach level 4 of appropriation (some activities might only be intended to achieve level 2 or 3). The maximum level of appropriation that each activity is expected to achieve will be included in the SOW.		0%		0% 0 out of 6 countries (Guatemala (level 1), Mali (level 1), Uganda (level 1), Haiti (level 2), Madagascar (level 2), Ethiopia (level 2)). Denominator is total number of countries where Layers has been introduced. Layers levels of appropriation definition: Level 1 "Significant FANTA-2 TA": recipient needs help at every stage of performing Layers. Level 2 "Limited FANTA-2 TA": FANTA-2 provides TA on some task(s) where recipient still needs help.	0%	27%
b) outcome monitoring (OM)			0%		100% Guatemala (from level 1 to level 2)Madagascar (from level 1 to level 3)-- 2 countries out of 2.OM levels of appropriation definitions: Level 1 "Significant FANTA-2 TA": recipient needs help at every stage of performing Layers Level 2 "Limited FANTA-2 TA": FANTA-2 provides TA on some task(s) where recipient still needs help.	100%	NA, unless more countries use OM
c) LQAS (repeated uses)			0%		100% Guatemala (for annual monitoring, from level 1 to level 2) -- 1 country out of 1.		NA unless more countries use LQAS
d) CMAM(This may be disaggregated by country of between services vs. training. TBD)			0%		0% 0 countries out of 3 countries (Ghana, Sudan, Southern Sudan (all countries at level 1))CMAM levels of appropriation definitions are TBD	0%	33%
e) Nutritional Care Services for people living with HIV and AIDS (PLHIV)			0%		Nutrition Care Services levels of appropriation definitions: Level 1 "Significant FANTA-2 TA": FANTA-2 is providing TA directly to service providers and/or service delivery sites. For example, training service providers, supervision or TA visits to sites. Level 2 "Limited FANTA-2 TA": FANTA-2 TA is only at national or state/region level. For	33%	44%

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	PERFORMANCE INDICATORS BY RESULTS	DEFINITION, UNIT OF ANALYSIS	DATA COLLECTION METHOD, TYPE, AND SOURCE	2008	2009	2009 RESULTS	2010	2011
				BASE-	TARGET		TARGET	TARGET
						example, national coordination, revision of materials, support to regional health officers, etc.		
	f) Nutrition & HIV Training (FANTA-2 training of trainers (TOT) to IP, then Ps conduct training on their own)			0%		Nutri/HIV training levels of appropriation definitions: Level 1 "Significant TA" for training activities: FANTA-2 is directly doing trainings (staff, consultants, or subs), which could be ToT or service provider training. Level 2 "Limited TA": we are providing input, revising materials, or helping plan trainings, but not directly doing trainings ourselves.	14%	57%
	g) Community-based Nutrition			0%		This program in Uganda has not started yet	0%	100%
	h) Early Warning and Response (EWR)			0%		NA EWR levels of appropriation definitions: Level 1 "Significant FANTA TA": monthly direct TA to Food Security Analysis and Reporting Level 2 "Limited FANTA TA": quarterly or less frequent TA (ad hoc).	100%	100%
Indicator 1.2. # countries that have advanced at least one phase, during the FY, on the Phases of Integration Continuum, for								
	a) integrating CMAM into NHSs	Countries are those receiving FANTA-2 integration assistance. The four phases for CMAM (draft): Phase 1: at least 4 of the 9 initial milestones achieved Phase 2: at least 7 of the 9 initial milestones achieved Phase 3: all 9 initial milestones and at least 3 of the 6 advanced milestones achieved Phase 4: all 9 initial and 6 advanced milestones achieved There are 9 initial and 6 advanced milestones for CMAM.	In a participatory process, relevant stakeholders and FANTA-2 specialists will assess the integration milestones reached each year using clear definitions for the milestones, as a part of annual goal setting and planning.	0		0 countries out of total of 3 countries (Ghana, Southern Sudan, Sudan (all in phase 1))	2	1
	b) integrating nutrition into national HIV policies/ strategies/services	The four phases for HIV: Phase 1: at least 2 of the 8 initial milestones achieved Phase 2: 3 or more of the initial 8 milestones achieved and fewer than 3 of the 7 advanced milestones achieved Phase 3: 3-5 of the 7 advanced milestones achieved Phase 4: 6-7 of the 7 advanced milestones achieved The 8 initial and 7 advanced milestones for nutrition and HIV are described in IR1.3 of the PY1 workplan.		0		Cote d'Ivoire, Haiti, and Namibia advanced (out of the total of 9 countries: Mozambique, Tanzania, Vietnam, Cote d'Ivoire, Haiti, Ethiopia, Namibia, Zambia, Kenya)	4	3
Indicator 1.3. # countries with introduction and expansion of cutting edge nutrition interventions, during the FY, for								
	a) CMAM	Introduction means the country was not already implementing the intervention. Expansion means the country already started implementing but is scaling up or replicating. Cutting edge interventions will include CMAM, nutritional care for PLHIV, integrating nutrition into protocols for other infectious diseases and others.	Simple count of the countries in which FANTA-2 is conducting these activities.	0		• Ghana (GH+Mission) – CMAM Capacity Strengthening, Integration of CMAM into Ghana Health Service • Sudan (GH+OFDA) – CMAM Capacity Strengthening, Integration of CMAM into Health System • Southern Sudan (GH+OFDA) - CMAM Capacity Strengthening, Integration of CMAM into Health System	4	5

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	PERFORMANCE INDICATORS BY RESULTS	DEFINITION, UNIT OF ANALYSIS	DATA COLLECTION METHOD, TYPE, AND SOURCE	2008	2009	2009 RESULTS	2010	2011
				BASE-	TARGET		TARGET	TARGET
Not GH/HIDN	b) Nutritional care for PLHIV					8 Intro: Mozambique, Tanzania, Ethiopia, Haiti Expansion: Namibia, Zambia, Kenya, Cote d'Ivoire	10	10
Not GH/HIDN	c) Integrating nutrition into protocols for other infectious diseases					0	6	10
Not GH/HIDN	d) Preventing malnutrition in children under 2 years of age (PM2A)					2 Guatemala, Burundi	4	4
DCHA/ FFP (OP)	Indicator 1.4. # countries engaged in capacity building activities, during the FY, to strengthen assessment, design, and implementation of Title II programs	Countries are Title -2 intervention countries receiving TA assistance from FANTA-2. This includes food security country frameworks (FSCF); regional and country-specific M&E workshops; baseline, midterm and final evaluation support; Layers; early warning and response (EWR)/Trigger indicators; and indicators performance tracking table (PTTs)/ results frameworks (RF) and multi-year assistance program (MYAP) reviews.	Simple count of the countries in which FANTA-2 is providing TA.	0		22 1. Afghanistan (FFP M&E regional workshop) 2. Bangladesh (FSCF) 3. Bolivia (Final evaluation report review) 4. Burkina Faso (FSCF, IPTT/RF review, Final evaluation plan review/design assistance) 5. Burundi (FFP M&E regional workshop, Trigger indicator/EWR assistance) 6. Chad (FFP M&E regional workshop, baseline study plan review/design assistance, baseline report review) 7. DRC (FFP M&E regional workshop, baseline study plan review/design assistance, baseline report review) 8. Ethiopia (FFP M&E regional workshop, IPTT/RF review). 9. Guatemala (Mid-term evaluation plan review/design assistance, LAYERS) 10. Haiti (EWR) 11. Honduras (Final evaluation report review) 12. India (Exit Strategy, Replication of program approaches in the boarder govt prog) 13. Liberia (FSCF) 14. Madagascar (MYAP proposal review, FFP M&E regional workshop) 15. Malawi (FFP M&E regional workshop, MYAP proposal review) 16. Mali (FFP M&E regional workshop, LAYERS, baseline study plan review/design assistance, baseline report review, IPTT/RF review) 17. Mauritania (IPTT/RF review) 18. Mozambique (FFP M&E regional workshop, IPTT/RF review, Strengthening annual monitoring workshop) 19. Niger (FFP M&E regional workshop, Mid-term evaluation plan review/design assistance, Baseline study plan review/design assistance) 20. Sierra Leone (FSCF) 21. Uganda (FFP M&E regional workshop, baseline study plan review/design assistance, LAYERS, IPTT/RF review) 22. Zambia (Mid-term evaluation plan review/design assistance)	-20	-20

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	PERFORMANCE INDICATORS BY RESULTS	DEFINITION, UNIT OF ANALYSIS	DATA COLLECTION METHOD, TYPE, AND SOURCE	2008 BASE-	2009 TARGET	2009 RESULTS		2010 TARGET	2011 TARGET
GH/H DN (OP)	Indicator 1.5. # people trained, during the FY,							0	
	a) trained by FANTA-2, overall	Number of people trained in different topics both in HQ and in the field.	Simple count of training participants. Can use the list of participants, disaggregated by sex and type of training. A person attending more than one training (as long as training is different) can be counted more than once.	0		1185	Includes: M&E MYAPs workshops, Nutri-HIV, CMAM. For specific details see tab "Training Delivered"	-1300	-1300
	i) # women trained			0		589		-500	-500
	ii) # men trained			0		596		-500	-500
	b) in M&E, (partially or fully funded by FFP)								
FFP (OP)	i) # female IP staff trained in M&E funded by FFP			0		24		25	25
FFP (OP)	ii) # male IP staff trained in M&E funded by FFP			0		116		75	75
FFP (OP)	iii) # female USA D staff trained in M&E funded by FFP			0		39		10	10
FFP (OP)	iv) # male USAID staff trained in M&E funded by FFP			0		37		10	10
GH/H DN (OP)	c) in child health and nutrition ---- (partially or fully funded by USAID Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition (GH/HIDN))	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in child health care and child nutrition. Disaggregated by sex.	Simple count of training participants (funded partially or fully by GH/HIDN). Can use the list of participants, disaggregated by sex.	0	200+	620	CMAM training in multiple countries	-400	-400
	i) # women trained			0		378	CMAM training in multiple countries	-250	-250
	ii) # men trained			0		242	CMAM training in multiple countries	-150	-150
	d) in maternal/newborn health and nutrition --- (partially or fully funded by GH/H DN)	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in maternal and/or newborn health and nutrition care. Dissaggregated by sex.	Simple count of training participants (funded partially or fully by GH/HIDN). Can use the list of participants, disaggregated by sex.	0	0	0		0	
	i) # women trained			0	0	0		0	
	ii) # men trained			0	0	0		0	
Missions(PEP FAR)	e) # of health care workers who successfully completed an in-service training program ---- (partially or fully funded by the President's Emergency Program for AIDS Relief (PEPFAR))	This indicator is ONLY for training that has been partially or fully funded by PEPFAR. This is a new generation PEPFAR indicator. Data will be collected for it starting in FY10 (FY09 data is only partial)Reporting separately for in-service training program on Male Circumcision and Pediatric Treatment is required. All other training goes together under "others", but type of training should be included in "details" column.	Simple count of training participants. Can use the list of participants, disaggregated by sex.	0		38	Health care providers trained on Food By Prescription (FBP) in Namibia and Zambia (information disaggregated by sex was not collected).	750	750
	i) # women trained on Male Circumcision			0		0		0	0
	ii) # men trained on Male Circumcision			0		0		0	0
	iii) # women trained on Pediatric Treatment			0		0		0	0
	iv) # men trained on Pediatric Treatment			0		0		0	0
	v) # women trained on other training program			0		n/a		575	575
	vi) # men trained on other training program			0		n/a		175	175
GH/HIDN (OP)	1.6. # Missions accessing FANTA-2 [centrally-designed or managed mechanisms] using their own funding, during the FY	USAID Missions accessing centrally-designed or managed mechanisms using their own funding	Simple count of USA D Missions from FANTA-2 records	0		17	1. Cote D'Ivoire 2. Ethiopia 3. Ghana 4. Guatemala 5. Haiti	-20	-20

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	PERFORMANCE INDICATORS BY RESULTS	DEFINITION, UNIT OF ANALYSIS	DATA COLLECTION METHOD, TYPE, AND SOURCE	2008 BASE-	2009 TARGET	2009 RESULTS	2010 TARGET	2011 TARGET
						6. Indonesia 7. Madagascar 8. Mozambique 9. Namibia 10. South Sudan 11. Tanzania 12. Uganda 13. Vietnam 14. Zambia 15. AFR/SD 16. DCHA/FFP 17. DCHA/OFDA		
GH/HIDN (OP)	1.7. Ratio of Mission funding to core funding in FANTA-2 [centrally-managed mechanisms designed to support the field], for the FY	Mission funding: Mission + FFP + Office of Foreign Disaster Assistance (OFDA) + Regional Bureaus Core GH funding: H DN + Office of HIV and AIDS (OHA)	Formula: MISSION / CORE GH	0		3 3 Ratio of Mission to Core funding = 3.3 (equivalent to 77% of total project funding) Funds Obligated PY 01 : Funding Details GH (core) 4,030,000 OHA (core) 325,000 MIS (mission) 7,473,978 FFP(mission) 6,000,000 OFDA(mission) 900,000	3.3	3.3
INTERMEDIATE RESULT 2 Global evidence base, effective methods and competencies for effective nutrition and food security policy, strategy and program design, implementation, monitoring and evaluation increased (Global Leadership)								
	Indicator 2.1. # FANTA-2 publications that contributed to the creation of global normative standards, during the FY	"Contributing to the creation of global normative standards" is defined as when international organizations such as WHO or the USG have adopted/published/disseminated practices and materials that include work in which FANTA-2 was substantially involved.	Routine project records of publications	0		2 1. WHO IYCF Measurement document and publication/translation into French, Spanish, Portuguese (Megan) 2. Title II Technical Reference Materials TRM-01: Preventing Malnutrition in Children Under 2 Approach (PM2A)	-2	-2
	Indicator 2.2. # events at which presentations/posters of FANTA-2 work were delivered, during the FY	FANTA-2 Presentations/Posters Delivered at Professional Meetings This includes formal professional meetings/workshops/conferences and not routine presentations made as a part of offering technical assistance. Presentations/posters could have been delivered by non-FANTA-2 staff, as long as presentations/posters were about FANTA-2 work or research/presentation was funded by FANTA-2.	Simple count of events where presentations/posters were delivered. Tracking spreadsheet includes: title of event, title of presentation/poster, FANTA-2 staff name, location,date, audience.			32 Names of events are listed in tab "Presentations Delivered" in this spreadsheet	-30	-30
	Indicator 2.3. # research publications, published during the FY	"Research publication" includes: - peer reviewed publications - research-related publications (research reports, occasional papers, technical briefs, articles) that are published by FANTA-2 and disseminated via the website	Routine project records of publications	0		7 1. Cluster Designs to Assess the Prevalence of Acute Malnutrition by Lot Quality Assurance Sampling: A Validation Study by Computer Simulation 2. Interagency Review of Selective Feeding Programs in South, North and West Darfur States, Sudan, March 8 – April 10, 2008 3. New Method to Estimate Mortality in Crisis-Affected Populations: Validation and Feasibility Study (VERSION 2) 4. Nutrition Care and Support of People Living with HIV in Countries in Francophone Africa: Progress, Experience, and Lessons Learned 5. Review of Kenya's Food by Prescription Program	-7	-7

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	PERFORMANCE INDICATORS BY RESULTS	DEFINITION, UNIT OF ANALYSIS	DATA COLLECTION METHOD, TYPE, AND SOURCE	2008 BASE-	2009 TARGET	2009 RESULTS	2010 TARGET	2011 TARGET
						6. Supplementary Feeding with Fortified Spreads Results in Higher Recovery Rates Than with a Corn/Soy Blend in Moderately Wasted Children 7. Timing is Everything: Preventing Child Undernutrition		
GH/HIDN (OP)	Indicator 2.4. # methods and tools under development during the FY	GH/H DN refers to this indicator as "number of technologies under development". Tools and methods will be described in R2.2. work plan and are partially or fully funded by GH/H DN. It does not need to be a publication; a tool might not get turned into a publication.	Routine project records of publications plus knowledge of other tools under development.	0		10	-8	-8
						1. Alternative Sampling Designs for Emergency Settings: A Guide for Survey Planning, Data Collection and Analysis 2. Global (GH) – Indicators For Assessing Infant And Young Child Feeding Practices Part 2: Measurement 3. Global (GH) – CMAM Cost Analysis Tool 4. Global (GH) – Women’s Dietary Diversity Score for measurement of the quality of women’s diets for DHS data analysis 5. Global (GH) – HHS – Household Hunger Scale 6. Global (GH) – Exhaustive Measurement Method of Estimating Mortality 7. Global (GH) – IYCF Operational guide 8. Global (GH) – LQAS interactive sample size tool 9. Global (GH) – Alternative Sampling 10. Training Guide for Community-Based Management of Acute Malnutrition (CMAM)		
	Indicator 2.5. # information gathering or research activities, during the FY, partially or fully funded by							
GH/H DN (OP)	a) GH/H DN	FANTA-2 research activities carried out under IR 2.1. partially or fully funded by GH/HIDN	A count of all FANTA-2 research activities carried out under R 2.1., partially or fully funded by GH/HIDN	0		5	6	6
FFP (OP)	b) FFP	A count of all FANTA-2 research activities carried out under R 2.1. partially or fully funded by FFP	"A count of all FANTA-2 research activities carried out under R 2.1." partially or fully funded by FFP	0	5	6	-9	-9
FFP (OP)	Indicator 2.6. # of evaluations, undertaken during the FY, partially or fully funded by FFP	Evaluation involves a systematic collection of information on the performance and impacts of on-going or completed USG-funded projects, programs, or sub-sets of activities.	A count of evaluations partially or fully funded by FFP	0	0	0	1	1
FFP (OP)	Indicator 2.7. # Sector Assessments, undertaken during the FY	Sector assessments are undertaken to provide comprehensive analyses of needs and opportunities in a particular sector so that informed strategic and programmatic decisions can be made. A sector is broadly defined to include gender, environment, agriculture, industry, food security, health, education, and democracy.	A count of sector assessments under R 2.1. partially or fully funded by FFP	0	4	4	4	4

Appendix 2. Project Year One Publications and Dissemination

Title	Author/Publisher	Release Date	FANTA-2 Dissemination
Publications			
International Workshop on the Integration of Community-Based Management of Acute Malnutrition ⁶	ENN	October 2008	8,878
Timing is Everything: Preventing Child Undernutrition	IFPRI with FANTA-2 support	November 2008	453
2008 Outcome Monitoring Survey: USAID/Madagascar Programs	PENSER with FANTA-2 support	December 2008	N/A ⁷
Interagency Review of Selective Feeding Programs in South, North and West Darfur States, Sudan, March 8 – April 10, 2008	Mates, Deconinck, Guerrero, Rahman, Corbel	March 2009	2,008
Joint Baseline Report for the Title II Multi Year Assistance Programs in Haiti	Bergeron, Michener, Tumilowicz-Torres, Deitchler, Blythe and Metellus	March 2009	N/A ⁷
New Method to Estimate Mortality in Crisis-Affected Populations: Validation and Feasibility Study (VERSION 2)	Checchi, Roberts and Morgan	March 2009	3,586
Nutrition Care and Support of People Living with HIV in Countries in Francophone Africa: Progress, Experience, and Lessons Learned (French)	Cissé and Diène	March 2009	4,538
Nutrition Care and Support of People Living with HIV in Countries in Francophone Africa: Progress, Experience, and Lessons Learned (EXECUTIVE SUMMARY, English)	Cissé and Diène	March 2009	906
A Desktop Study on Food Security to Identify Priority Areas for Title II Food Aid for MYAP Southern Sudan and the Three Areas	Ververs	May 2009	N/A ⁷
Layers Manual	FANTA-2	May 2009	N/A ⁸
Review of Kenya's Food by Prescription Program	FANTA-2	July 2009	N/A ⁹
Use of Lipid-based Nutrient Supplements (LNS) to Improve the Nutrient Adequacy of General Food Distribution Rations for Vulnerable Sub-groups in Emergency Settings	Chaparro and Dewey (IASC GNC with FANTA-2 Support)	July 2009	N/A ¹⁰
Assessment Report on the Integration of Nutrition, Food and HIV Programming in Côte d'Ivoire	Adou, Muyunda and Moses	August 2009	N/A ⁷
Alternative Sampling Designs for Emergency Settings: A Guide for Survey Planning, Data Collection and Analysis	FANTA-2	September 2009	N/A ⁹
Periodicals			
Cluster Designs to Assess the Prevalence of Acute Malnutrition by Lot Quality Assurance Sampling: A Validation Study by Computer Simulation (<i>Journal of the Royal Statistical Society</i>)	Olives, Pagano, Deitchler, Hedt, Egge and Valadez	February 2009	1,858
Supplementary Feeding with Fortified Spreads Results in Higher Recovery Rates Than with a Corn/Soy Blend in Moderately Wasted Children (<i>Journal of Nutrition</i>)	Matilsky, Maleta, Castleman and Manary	April 2009	900

⁶ Also disseminated in Project Year Ten of FANTA because it was funded under both FANTA and FANTA-2

⁷ Report submitted to USAID Mission

⁸ Used only for training IPs in Project Year One

⁹ Will be disseminated in Project Year Two

¹⁰ Disseminated only on the UC Davis website

Appendix 3. Project Year One Trainings Delivered and Workshops Facilitated

Topic/Title	Location	Facilitated By	Date	Duration	Audience	Number of Participants		
						Female	Male	Total
Trainings Delivered								
Expanded WHO training in inpatient care of children with SAM	Accra, Ghana	GHS, WHO/Ghana, UNICEF/Ghana and FANTA-2	August 26 - September 6, 2009	10 days	Clinicians, nurses, nutritionist and dieticians			27
Regional Managers Workshop	Swedru, Agona West Municipality, Ghana	SAM SU in collaboration with UNICEF/Ghana and FANTA-2	July 13-17, 2009	5 days	Regional nutrition officers and public health nurses			17
Series of Workshops on Training Health Care Providers on CMAM	Ghana, Agona East, West, Ashiedu Keteke and Ga South	Ghana SAM SU (GHS and FANTA-2)	October 2008 - September 2009	3 or 4 days	CMAM health care providers			N/A
Series of Workshops on Training Health Care Providers on CMAM	Ghana, Agona East, West, Ashiedu Keteke and Ga South	Ghana SAM SU (GHS and FANTA-2)	October 2008 - September 2009	1 day	CMAM CHWs			N/A
FBP Training	Zambia	FANTA-2	January 1, 2009		Health care providers			20
CMAM	Khartoum, Sudan	FANTA-2	February 2009	3 days	CMAM technical working group and support team, FMOH			N/A
CMAM	Juba, Southern Sudan	FANTA-2	March 2009	1 day	MOH, SMOH, CMAM IPs, UNICEF, WFP, WHO			N/A
Training TFNC staff on FBP and what it implies for policy and integration	Tanzania	FANTA-2	March 9-12, 2009	4 days	Health professionals, PVOs, USAID	4	9	13
CMAM TOT: clinicians trained to implement CMAM	AUW, Omdurman, Sudan	FANTA-2	April 2009	6 days	FMOH staff, senior pediatricians, WFP, AUW lecturers			N/A
FAMC I and FAMC II	Washington, DC	FANTA-2	April 20 and 27, 2009	2 days	DCHA/FFP Officers	12	12	24
Training on implementation of nutrition and HIV/FBP in CTC services	Tanzania	TFNC staff and group of TOT	March 2009	4 days	Health professionals			38
Training on implementation of nutrition and HIV/FBP in CTC services	Tanzania	TFNC staff and group of TOT	April 2009	4 days	Health professionals			38
Training on implementation of nutrition and HIV/FBP in	Tanzania	TFNC staff and group of TOT	May 2009	4 days	Health professionals			38

Topic/Title	Location	Facilitated By	Date	Duration	Audience	Number of Participants		
						Female	Male	Total
CTC services								
Training on implementation of nutrition and HIV/FBP in CTC services	Tanzania	TFNC staff and group of TOT	July 2009	4 days	Health professionals			38
<i>Ethiopian Guide to Clinical Nutrition Care for Adults and Children Living with HIV</i>	Hawassa, SNNPR, Ethiopia	FANTA-2 and partners	May 30 - June 1, 2009	3 days	Health professionals	14	11	25
<i>Ethiopian Guide to Clinical Nutrition Care for Adults and Children Living with HIV</i>	Hawassa, SNNPR, Ethiopia	FANTA-2 and partners	June 13-15, 2009	3 days	Health professionals	16	26	42
Training on community-based approaches for addressing malnutrition	Uganda	FANTA-2	June 15-17 2009	3 days	Health professions, UN, PNOs			N/A
<i>Ethiopian Guide to Clinical Nutrition Care for Adults and Children Living with HIV</i>	Bahir Dar, Amhara Region, Ethiopia	FANTA-2 and partner	June 19-21, 2009	3 days	Health professionals	6	18	24
CMAM	Juba, Southern Sudan	FANTA-2	June 2009	6 days	MOH, SMOH, health and nutrition IPs, UNICEF, WFP, WHO			N/A
CMAM	Khartoum, Sudan	FANTA-2	June 2009	4 days	CMAM technical working group and support team, FMOH			N/A
Training of Health Managers on CMAM	Agona West, Ghana	Ghana SAM SU (GHS and FANTA-2)	July 2009	5 days	National and Regional Health and Nutritional Manager			N/A
How to review a Results Framework and IPTT	Washington, DC	FANTA-2	July 16, 2009; September 15 and 17, 2009	2 days	DCHA/FFP CBOs	4	2	6
<i>Ethiopian Guide to Clinical Nutrition Care for Adults and Children Living with HIV</i>	Adama, Oromiya Region, Ethiopia	FANTA-2 and partners	Aug 26-28, 2009	3 days	Health professionals	38	42	80
Training on management of children in the inpatient care	Accra, Ghana	FANTA-2 and WHO	August - September 2009	10 days	Clinicians, nurses and nutritionists			N/A
<i>Ethiopian Guide to Clinical Nutrition Care for Adults and Children Living with HIV</i>	Bahir Dar, Amhara Region, Ethiopia	FANTA-2 and partners	September 5-7, 2009	3 days	Health professionals	30	56	86
Annual M&E for MYAPs	Mozambique	FANTA-2	September 8-9, 2009	2 days	MYAP program and M&E staff: WV, SC, Africare, Samaritan's Purse, ADRA and FH	20	20	40

Topic/Title	Location	Facilitated By	Date	Duration	Audience	Number of Participants		
						Female	Male	Total
LQAS for Annual MYAP Monitoring	Mozambique	FANTA-2	September 10-11, 2009	2 days	MYAP M&E staff: WV, SC, Africare, Samaritan's Purse, ADRA and FH	4	6	10
FBP Training	Namibia	FANTA-2	September 21-25, 2009	5 days	Health care providers			18
<i>Ethiopian Guide to Clinical Nutrition Care for Adults and Children Living with HIV</i>	Bahir Dar, Amhara Region, Ethiopia	Partners	September 26-28, 2009	3 days	Health professionals	3	15	18
Workshops Facilitated								
DCHA/FFP M&E Workshop for new MYAPs	Bamako, Mali	FANTA-2	October 20-24, 2008	5 days	Title II IPs (CRS consortium from Burundi; Africare consortium from Chad; CRS consortium and Africare from Mali; CRS consortium, Africare and counterpart from Niger) and USAID/Mali staff	7	23	30
DCHA/FFP M&E Workshop for new MYAPs	Maputo, Mozambique	FANTA-2	November 10-14, 2008	5 days	Title II IPs (WV from Afghanistan; FH, ADRA consortium and MC from DRC; ADRA, FH, WV and SC consortium from Mozambique; MC from Uganda), USAID/Mozambique staff and USAID/Washington staff	7	26	33
DCHA/FFP M&E Workshop for new MYAPs	Addis Ababa, Ethiopia	FANTA-2	February 23-25, 2009	3 days	Title II IPs (CARE, REST, SC/UK, CRS, FH), USAID/Ethiopia staff and USAID/Washington staff	6	29	35
Nutrition convention: "Challenges, Successes and Opportunities to Improve Nutrition"	Uganda	FANTA-2 and UGAN	February 2009	2 days				358
DCHA/FFP M&E Workshop for new MYAPs	Antananarivo, Madagascar	FANTA-2	August 10-14, 2009	3 days	Title II IPs (CARE, REST, SCUUK, CRS, FH), USAID/Malawi staff and USAID/Washington staff	6	29	35
Nutrition Convention	Juba, Southern Sudan	FANTA-2	April 2009	3 days	MOH, SMOH, health and nutrition IPs, UNICEF,			134

Topic/Title	Location	Facilitated By	Date	Duration	Audience	Number of Participants		
						Female	Male	Total
					WFP, WHO			
CMAM: Review of Southern Sudan IM-SAM Guidelines	Southern Sudan	FANTA-2 and GOSS	June 2-4, 2009	3 days	Nutrition partners from the GOSS/MOH, SMOH and NGOs			N/A
Harmonization of M&E indicators for nutrition and HIV	Washington, DC	FANTA-2	July 15-17, 2009	3 days	USAID, CDC, WHO, partners	25	12	37
DCHA/FFP M&E Workshop for new MYAPs	Lilongwe, Malawi	FANTA-2	August 3-7, 2009	5 days	Title II IPs (CRS consortium), USAID/Malawi staff and USAID/Washington staff	4	24	28

Appendix 4. Project Year One Presentations/Posters Delivered at Professional Meetings

Title of Event	Presentation or Poster Title	Presenter	Location	Date of Presentation	Audience
MOH Senior Management Meeting	Malnutrition in the midst of plenty: Where have we gone wrong?	FANTA-2	Uganda	November 2008	Uganda MOH senior management team
Second Latin American and Caribbean Conference on Food Security Measurement [II Conferencia Latino Americana e Caribenha de Medidas de Seguranca Alimentar - II CLACMESA]	HFIAS Validation Study: Identifying an Experience Based Measure of Household Hunger for Cross-Cultural Use	FANTA-2	Campinas, Brazil	January 26-28, 2009	UNICEF, WHO, PAHO, GAIN, IFPRI, PATH, CIAT
Uganda Action for Nutrition Congress	The Cost of Malnutrition in Uganda: Too High a Price to Pay	FANTA-2	Kampala, Uganda	February 19, 2009	Nutrition professionals from PVOs, academia, multi-laterals, and donor agencies throughout the world
Uganda Action for Nutrition Congress	Girl Guides Anemia Prevention Badge Program: Implementation Successes and Challenges	FANTA-2	Kampala, Uganda	February 20, 2009	Nutrition professionals from PVOs, academia, multi-laterals, and donor agencies throughout the world
Policy Guidelines on Infant and Young Child Feeding Launch	The cost of malnutrition in Uganda: It is too high to neglect	FANTA-2	Uganda	March 2009	Ugandan citizens
Presentation to the Director of USAID/Tanzania	Cost of Malnutrition among PLHIV	FANTA-2	Tanzania	March 2009	
19th International Congress of Nutrition (ICN)	Simple indicators of dietary diversity as proxy indicators of micronutrient adequacy for women of reproductive age in resource-poor settings: Results from the Women's Dietary Diversity Project	WDDP	Bangkok, Thailand	April 18-22, 2009	Academics, researchers, nutritionists
Meeting on the Integration of WASH into PEPFAR Programming	Integration of Water, Sanitation and Hygiene into PEPFAR Food and Nutrition Activities	FANTA-2	Washington, DC, US	April 27, 2009	USAID, CDC, partner organizations
HIV and TB: What's the Latest and Greatest? CORE Group SOTA session, October 6, 2009	"Triple Trouble:" Malnutrition, TB and HIV"	FANTA-2	Washington, DC, US	April 2009	Government, PVO, health professionals, donors
International Food Aid Conference	Preventing malnutrition: The potential role of lipid-based nutrient supplements (LNS)	FANTA-2	Kansas City, Missouri, US	April 2009	PVOs, food and shipping industry, international organizations

Title of Event	Presentation or Poster Title	Presenter	Location	Date of Presentation	Audience
Nutrition and HIV Subcommittee, Ethiopia Palliative Care Technical Working Group	Update on Food Procurement for Food by Prescription Program in Ethiopia	SCMS with FANTA-2 input	Addis Ababa, Ethiopia	May 22, 2009	Government, PEPFAR and partner institutions in Ethiopia
Uganda MOH and the Uganda Health Communication Alliance Forum	The Double Burden of Malnutrition in Uganda: Are we eating our way to bad health?	FANTA-2	Uganda	May 22, 2009	Uganda MOH officials, journalists/media professionals, Ugandan citizens
UNICEF Working Group on Development of a Comprehensive Toolkit for Complementary Feeding Assessment, Analysis, Programming and Implementation	FANTA-2 IYCF Activities and Potential Tools for IYCF Toolkit	FANTA-2	New York, New York, US	May 2009	USAID/Tanzania staff (including the Mission Director), OGAC staff
Experimental Biology (EB)	Simple indicators of dietary diversity are associated with micronutrient adequacy for women of reproductive age in resource-poor settings	WDDP	New Orleans, Louisiana, US	June 5-7, 2009	Academics, researchers, nutritionists
7th International Conference on Diet and Activity Methods (ICDAM)	Is dietary diversity a good proxy of probability of micronutrient adequacy in women of childbearing age in urban Burkina Faso?	WDDP	Washington, DC, US	June 5-7, 2009	Academics, researchers, nutritionists
7th International Conference on Diet and Activity Methods (ICDAM)	Simple indicators of dietary diversity are associated with micronutrient adequacy for women of reproductive age in resource-poor settings	WDDP	Washington, DC, US	June 5-7, 2009	Academics, researchers, nutritionists
7th International Conference on Diet and Activity Methods (ICDAM)	Dietary diversity and micronutrient adequacy for women of reproductive age in urban Mali	WDDP	Washington, DC, US	June 5-7, 2009	Academics, researchers, nutritionists
19th International Congress of Nutrition (ICN)	Potential of dietary diversity scores as proxies of micronutrient adequacy of women's diet in urban Burkina Faso	WDDP	Bangkok, Thailand	June 5-7, 2009	Academics, researchers, nutritionists
Africa Forum 2009	Nutrition Assessment; Nutrition and HIV Technical Update	FANTA-2	Mangochi, Malawi	June 2009	HIV and Nutrition Program Implementers
Africa Forum 2009	What is 'Kicking' in Nutrition and HIV Programming	FANTA-2	Mangochi, Malawi	June 2009	HIV and Nutrition Program Implementers
PEPFAR Implementers' Meeting	Guidelines for Food by Prescription and Community-Based Management of Severe Acute Malnutrition: Harmonization and Coordination	FANTA-2	Windhoek, Namibia	June 2009	100 HIV implementers and programmers
PEPFAR Implementers' Meeting	Assessing Nutrition Care in HIV Services in Namibia through a PEPFAR-Government Partnership	FANTA-2, Namibia MOHSS and University of	Windhoek, Namibia	June 2009	100 HIV implementers and programmers

Title of Event	Presentation or Poster Title	Presenter	Location	Date of Presentation	Audience
		Namibia			
Mitigating the Nutritional Impacts of the Global Food Price Crisis	Food Security and Nutrition Monitoring and the Global Food Price Crisis: USAID/FFP Title II Programs	FANTA-2	IOM, Washington DC, US	July 16, 2009	Food security policy maker and development professionals
Leland International Hunger Fellows Orientation	Preventing malnutrition: The potential role of lipid-based nutrient supplements (LNS)	FANTA-2	Washington, DC, US	July 2009	Incoming Congressional Hunger Fellows
Seminar for Global Hunger Fellows	Nutrition and HIV: An Overview	FANTA-2	Washington, DC, US	July 22, 2009	Congressional Hunger Fellows
WHO and PEPFAR Consultation on Harmonizing Nutrition and HIV M&E	Review of Current Practice in Nutrition and HIV Monitoring and Evaluation	FANTA-2	Washington, DC, US	July 2009	
Indicators working group of the UNAIDS Monitoring and Evaluation Reference Group (MERG)	Proposed Harmonized Indicators on Nutrition and HIV	USAID with FANTA-2 input	London, England	September 17-18, 2009	Members of the UNAIDS Monitoring and Evaluation Reference Group indicators working group
Uganda Action for Nutrition Congress	Food by Prescription and Community-based Management of Acute Malnutrition Guidelines: Is there a need for Harmonisation	FANTA-2	Kampala, Uganda	September, 2009	USAID, CDC, Peace Corp, US Embassy

Appendix 5. Project Year One Website Statistics

General Information for Project Year One for Period of June 2, 2008 Through September 30, 2009	
Visits to web site	122,734
Number of web files viewed by visitors	1,884,616
Number of hits	5,312,351
Average number of visitors per day	252
Average number of pages viewed per day	3,877
Most active day of PY01	June 23, 2008
Top Ten Web Pages for Project Year One (excludes home page)	Page Views
1. Focus Area: Monitoring and Evaluation	13,191
2. Focus Area: Food Security	11,374
3. Anthropometric Indicators Measurement Guide	11,087
4. Focus Area: Infant and Children	9,964
5. Focus Area: HIV	9,504
6. Publications main page	8,630
7. Training Guide for Community-Based Management of Acute Malnutrition (CMAM)	7,862
8. Focus Area: Emergency	7,477
9. About Us	6,664
10. Nutrition and HIV/AIDS: A Training Manual	5,925
Top Ten PDF Downloads for Project Year One	PDF Views
1. Anthropometric Indicators Measurement Guide (English version)	83,425
2. Training Guide for Community-Based Management of Acute Malnutrition (CMAM)	72,511
3. Sampling Guide (English Version)	59,661
4. HIV/AIDS: A Guide to Nutritional, Care and Support	36,720
5. Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives	30,310
6. Nutrition and HIV/AIDS: A Training Manual	28,319
7. Anthropometric Indicators Measurement Guide (French version)	26,860
8. Measuring Food Insecurity: Going Beyond Indicators of Income and Anthropometry	21,496
9. Training Manual for Community and Home-Based Care Providers Facilitators Guide and Participant Handouts	20,533
10. Measuring Household Food Consumption: A Technical Guide	19,851