



# AFRICARE FOOD SECURITY REVIEW



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## Critical Resource Information Brief (CRIB) #1: Selecting FANTA Indicators for Nutrition Education for People Living with HIV (PLHIV)

Africare Health, Nutrition, and HIV/AIDS Working Group<sup>i</sup>

**Objective:** This Critical Resource Information Brief (CRIB)<sup>ii</sup> presents a complete list of FANTA indicators for measuring the impact of nutritional education and counseling tailored specifically to PLHIV.<sup>iii</sup> It is intended to assist in development of key tracking indicators for nutrition and education activities that are targeted for and will inevitably impact people living with HIV as the new round of Africare food security projects are initiated in 2009. This CRIB specifically contributes to Africare's Institutional Capacity Building grant objective of improving capacity to identify and assist HIV-affected populations and households.<sup>iv</sup>

**Background:** FANTA's new guide on Monitoring and Evaluation of Nutrition Assessment, Education, and Counseling of People Living with HIV (Castleman et al. 2008) provides guidance to programs for selecting appropriate indicators that measure impacts of nutrition assessment, education, and counseling on PLHIV. This CRIB was developed to distill the essential information in FANTA's guide for designing a pilot monitoring and evaluation (M&E) sub-system so that the new Africare food security projects can incorporate tracking of nutrition and education activities on people and households affected by HIV in their M&E systems. In addition, Africare/Rwanda has an ongoing pilot project in providing food aid to households with members living with HIV and, as a result of an initial review of the project,<sup>v</sup> it is in the process of implementing a nutrition education activity tailored to the specific nutritional needs of PLHIV (based on FANTA [2007] recommendation for PLHIV). This is the appropriate time to field test an M&E system for assessing these activities. Following FANTA's guidance to incorporate indicators that are within the realm of existing staff and program capacity and that are feasible in the context of the program, Africare field staff should select appropriate indicators from the comprehensive list presented below (reproduced from the FANTA [Castleman et al. 2008] guide). These indicators will then be field tested and hopefully validated by the Rwanda pilot project and other similar projects, which will inform routine M&E systems in the future. Following this field test the Rwanda HIV staff will present the lessons learned and recommendations for future M&E of nutrition education activities for PLHIV.<sup>vi</sup> Despite the fact that the indicators listed below are not yet field tested by any Africare projects and since the baseline studies of the new Africare projects are in the process of being designed, this CRIB was needed so that (even without the results of the field testing) some indicators to track the impacts of nutrition and education activities in the new projects can be incorporated. Once the results of the Rwanda field testing of selected indicators have been reported, it is acknowledged that individual projects may want to adjust their indicators; however, it would be best to add more effective indicators while still collecting data on the original indicators included in the baseline studies for continuity. Africare's attention to HIV follows the specific directive of the USAID strategic plan to target vulnerable groups (including those affected by HIV) in Title II programming (USAID 2005).<sup>vii</sup>

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### Critical Information:

When selecting from the list below, Africare and other programs with nutrition and education activities that either target HIV-households or that are implemented in areas of high HIV prevalence should consider the objectives and activities, staff capacity and availability, and time and funding/resources for data collection. The indicators selected should fit easily into the existing M&E system and should be adjusted to reflect the specific field situation.

FANTA (Bergeron et al. 2006 and Castleman et al. 2008) provides for five categories of indicators that assess different implementation stages of an intervention (input, process, output, outcome, and impact indicators).<sup>viii</sup> FANTA recommends selecting at least one of each type of indicator for each project goal (see example in box below for the project goal of improved nutritional status of PLHIV). Africare and many Title II Cooperating Sponsors (CS) are accustomed to two categories of indicators (monitoring and impact indicators). The first four FANTA indicator categories (input, process, output, and outcome) can be thought of as monitoring indicators and the last category would be impact indicators. If Africare (or other Title II CSs) follow the framework for indicators recommended by FANTA, many of the indicators for the first four categories (input, process, output, and outcome) will be internal indicators and would not be reported in the Indicator Performance Tracking Table (IPTT) or to USAID.

Data for the five types of indicators to assess implementation and progress towards project aims will typically be from three different sources (depending on the specific indicators). These three sources are HIV care sites (e.g., percentage of sites with educational materials or equipment such as weighing scales), HIV care site staff (e.g., percentage of staff trained in data collection or nutritional counseling for PLHIV), and clients or beneficiaries (e.g., percentage of beneficiaries weighed/who demonstrate improved weight or who are educated on nutrition for PLHIV or that know the PLHIV nutritional guidelines).

Since many of the effects of food security initiatives have overlapping and multi-faceted activities and impacts and that nutritional education of PLHIV is only one way to improve the nutritional status of PLHIV, FANTA also recommends collecting other types of data that may help paint a more complete picture of the situation and any changes of PLHIV (such as household food security data). Africare routinely uses MAHFP and has started exploring the special food security situation of households affected by HIV/AIDS through this indicator (Badiel et al. 2008).

#### **Example of Five Categories of Indicators Recommended by FANTA**

If one of the project aims is to improve the nutritional status of PLHIV, working backwards one of the FANTA *impact indicators* (i.e., aim assessed in beneficiary population) adopted might be “Percentage of PLHIV (adults) with unintentional weight loss since last weighing.” Selecting the input (i.e., materials needed), process (i.e., training staff, putting data collection process in place), output (i.e., beneficiaries receiving or providing information), and outcome (i.e., beneficiaries internalizing aim) indicators will ensure that programs know what they need and where potential problems (bottlenecks) are occurring on the road to achieving their aim (Bergeron et al. 2006).

*Input indicator:* Percentage of HIV care sites with functional adult weighing scales.

*Process indicator:* Percentage of HIV care site staff who measure client’s weight correctly and ask and record answers to specified questions (e.g., date since last weight recorded, pregnancy status, need for weight loss, MAHFP).<sup>ix</sup>

*Output indicator:* Percentage of PLHIV who had weight measured and were asked appropriate questions at HIV care center in past three months.

*Outcome indicator:* Percentage of PLHIV who know their target weight and/or percentage of PLHIV who are eating more than prior to nutrition education and regular weighing.<sup>x</sup>

**FANTA Indicators for Nutrition Education of PLHIV<sup>xi</sup>**

#	Indicators (FANTA core indicators are in bold)
<b>Monitoring Indicators ( Input Indicators)</b>	
<b>1</b>	<b>Percentage of HIV care and treatment sites or providers with functional adult weighing scales (site-level data collection)</b>
<b>2</b>	<b>Percentage of HIV care and treatment sites or providers with counseling materials or job aids on nutrition and HIV (site-level data collection)</b>
<b>3</b>	<b>Percentage of HIV care and treatment sites or providers with access to a copy of guidelines on nutrition and HIV (site-level data collection)<sup>xii</sup></b>
<b>4</b>	<b>Percentage of HIV care and treatment sites or providers with at least one service provider (nurse, counselor, nutritionist) trained in a MoH approved course on nutrition and HIV (site-level data collection)</b>
	Percentage of HIV care and treatment sites or providers with a separate area/room allocated for individual nutrition counseling of patients that provide for audio and visual privacy (site-level data collection)
	Percentage of HIV care and treatment sites or providers with written protocols for nutrition assessment, counseling, and referral for services (site-level data collection)
	Percentage of HIV care and treatment sites or providers with functional standimeters (site-level data collection)
	Percentage of HIV care and treatment sites or providers routinely measuring and documenting BMI for all adult clients (site-level data collection)
	Percentage of HIV care and treatment sites or providers with nutrition behavior change communication (BCC)/IEC materials (e.g., posters) displayed at the counseling/education facility/site (site-level data collection)
	Percentage of HIV care and treatment sites or providers with food demonstration equipment available (storage, cooking, sprouting) (site-level data collection)
	Percentage of HIV care and treatment sites or providers with oral rehydration solution (ORS) demonstration equipment available (site-level data collection)
	Percentage of HIV care and treatment sites or providers with hand-washing demonstration equipment available (site-level data collection)
	Percentage of HIV care and treatment sites or providers/providers with water purification demonstration equipment available (site-level data collection)
	Percentage of staff providing nutrition education or counseling who score higher than 75% (or other percentage determined by program managers) on a knowledge fact sheet (staff-level data collection)
<b>Monitoring Indicators (Process Indicators)</b>	
<b>5</b>	<b>Percentage of nutrition counseling staff scoring 75% or higher on the Counseling Quality Checklist (This % can be determined by program managers based on the checklist content and expected counseling capacity.) (staff-level data collection)</b>
	Percentage of staff providing nutrition counseling who asked the client about all the foods and liquids consumed in the previous day (staff-level data collection)
	Percentage of staff providing nutrition counseling who weighed the client (or recorded weight taken by a different service provider during the client's current visit) (staff-level data collection)
	Percentage of staff providing nutrition counseling who provided information and guidance on topics that correspond to the assessment (staff-level data collection)
	Percentage of staff providing nutrition counseling who scheduled a follow-up visit with the client (staff-level data collection)
	Percentage of staff providing nutrition counseling who gave the client an opportunity to ask questions
	Percentage of staff taking client weights who measure weight correctly
	Percentage of staff taking clients weights who correctly compute client BMI
<b>Monitoring Indicators (Output Indicators)</b>	
<b>6</b>	<b>Percentage of HIV care and treatment sites or providers providing individual nutrition counseling services tailored to PLHIV (site-level data)</b>
<b>7</b>	<b>Percentage of PLHIV who had weight monitored at the HIV care and treatment site in the</b>

#	Indicators (FANTA core indicators are in bold)
	<b>past three months (client-level data)</b>
<b>8</b>	<b>Percentage of PLHIV individually counseled in nutrition and HIV in the past three months (client-level data)</b>
	Percentage of HIV care and treatment sites or providers providing education and/or counseling services on nutrition topics (site-level data)
	Percentage of PLHIV who have received individual demonstration of correct food storage or preparation (e.g., cooking, germination) (client-level data)
	Percentage of PLHIV who have received individual demonstration of correct ORS preparation (client-level data)
	Percentage of PLHIV who have received individual demonstration of correct water treatment (client-level data)
	Percentage of PLHIV who have received individual demonstration of correct hand-washing technique (client-level data)
	Percentage of PLHIV who have at least one family member counseled in nutrition and HIV in the past 12 months (client-level data)
<b>Monitoring Indicators (Outcome Indicators)</b>	
<b>9</b>	<b>Percentage of PLHIV who know the three primary recommended ways to increase energy intake (client-level data)</b>
<b>10</b>	<b>Percentage of PLHIV consuming food at least the recommended number of times on the day prior to the client's visit to the site (client-level data)<sup>xiii</sup></b>
	Percentage of PLHIV who know appropriate dietary responses to symptoms (client-level data) <sup>xiv</sup>
	Percentage of PLHIV on ART who know how to time meals to manage food-drug complications (client-level data) <sup>xv</sup>
	Percentage of PLHIV who know how to treat drinking water appropriately (client-level data) <sup>xvi</sup>
	Percentage of PLHIV who can name two or more critical times to wash hands (client-level data) <sup>xvii</sup>
	Percentage of PLHIV who know their target weight (client-level data)
	Percentage of PLHIV taking medications who adhered to an appropriate drug-food timetable on the day before their visit to the site (client-level data)
	Percentage of PLHIV who consumed fruits AND vegetables AND food prepared with oils/fats AND meat/fish/milk/legumes/nuts on the day before their visit to the site (client-level data) <sup>xviii</sup>
	Percentage of PLHIV who reported taking actions to improve energy/nutrient density of their food on the day before their visit to the site (client-level data)
	Percentage of PLHIV who demonstrate correct hand-washing behavior (client-level data) <sup>xix</sup>
<b>Impact Indicators (Impact Indicators)</b>	
<b>11</b>	<b>Percentage of non-pregnant adult PLHIV with body mass index (BMI) &lt; 18.5 kg/m<sup>2</sup> (client-level data)</b>
<b>12</b>	<b>Percentage of PLHIV adults with unintentional weight loss since last weighing at HIV care and treatment site (client-level data)</b>
	Percentage of non-pregnant adult PLHIV with body mass index (BMI) < 16.0 (which represents severe malnutrition) (client-level data)
	Percentage of PLHIV with mid-upper arm circumference (MUAC) < 18.5 cm (client-level data)
<b>13</b>	<b>Percentage of PLHIV who have experienced no symptoms or a decreased severity of symptoms since the last reporting of symptoms (client-level data)</b>
	Percentage of PLHIV with diarrhea over defined recall period (2 weeks is a normal recall time) (client-level data)
	Percentage of PLHIV with signs of anemia (brittle fingernails; pale skin, lips, gums, eyelid linings, nail beds, palms; weakness; and fatigue) (client-level data)
<b>14</b>	<b>Percentage of PLHIV in the Working category of the three WHO-recommended functional status categories (Working, Ambulatory, and Bedridden) (client-level data)</b>
	Proportion of PLHIV requiring the same or less need for a caregiver since last visit to HIV care and treatment site (client-level data collection)
	Percentage of PLHIV with same or improved appetite since last visit to HIV care and treatment

#	<b>Indicators (FANTA core indicators are in bold)</b>
	site (client-level data)
	Percentage of PLHIV with same or improved hand-grip strength since last visit to HIV care and treatment site (client-level data)
	Percentage change in average quality of life (CDC, WHO, or country adaptation)
	Percentage improvement in Household Dietary Diversity Scale for HIV/AIDS beneficiary households (client-level data) <sup>xx</sup>
	Percent change in or average MAHFP (client-level data) <sup>xxi</sup>

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### ***Africare Food Security Review***

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<sup>i</sup> Members of the Health, Nutrition, and HIV/AIDS Working Group include Stacey Maslowsky, Sidikiba Sidibe, Alassane Agui, Grace Kamba, Ignatius Kahi, Valentin Badiel, Mahamat Saleh Radjab, and Pascal Payet. A critical need for capacity building in developing an M&E system for assessing progress in Africare's new activities in nutrition education for PLHIV was identified at the 2008 Africare Tools Workshop by the Africare Health, Nutrition, and HIV/AIDS Working Group. After the working group provided an initial list of indicators to include in this CRIB, Leah A.J. Cohen (AFSR managing editor and consultant) incorporated existing literature and background into this CRIB to assist field staff in development of the M&E subsystem. Stacey Maslowsky (former Food for Development manager at Africare/Headquarters), Della E. McMillan (AFSR advisory board member and consultant), and Bonaventure Traoré (AFSR advisory board member and former country representative in Guinea), and Sidikiba Sidibé (project coordinator for Africare's Title II efforts in Rwanda) reviewed and commented on the content.

<sup>ii</sup> Africare's Critical Resource Information Briefs are designed to provide a forum for Africare working groups to identify and efficiently respond to areas of urgent need in capacity building. The short format ensures that staff in the field can download and incorporate the information quickly and effectively. Another focus of the Africare CRIBs has been to provide as many direct website addresses for additional resources as possible to facilitate reference and readership of those materials from the field.

<sup>iii</sup> For information on indicators for food programming in the context of HIV see Africare (2008, AFSR No. 25) and FANTA and WHO (2007).

<sup>iv</sup> Africare ICB Strategic Objective One: Title II field level impact increased by developing better methodologies for enhancing local capacity to identify and reduce food insecurity in vulnerable groups including HIV/AIDS affected households.

<sup>v</sup> For initial lessons learned from the pilot projects in Africare's Rwanda and Burkina Faso country programs see Maslowsky et al. (2008, AFSR No. 11).

<sup>vi</sup> This report is intended to be developed into an AFSR paper that will inform development of an M&E toolkit for nutrition education programming for PLHIV and will assist in the design and implementation of future HIV/AIDS programming.

<sup>vii</sup> This CRIB is one of a series of published and upcoming briefs and papers on lessons learned that are aimed at building capacity for food and nutrition programming in the context of HIV/AIDS (Maslowsky et al. 2008, AFSR No. 11; Sidibé In Press, AFSR No. 13; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 21; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 22; Badiel et al. 2008, AFSR No. 24; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 25).

<sup>viii</sup> For an excellent explanation of the purpose of these categories and examples see Castleman et al. (2008:6-11, <http://www.fantaproject.org/publications/NAEC.shtml>) and Bergeron et al. (2006, [http://www.fantaproject.org/downloads/pdfs/TN10\\_MEFramework.pdf](http://www.fantaproject.org/downloads/pdfs/TN10_MEFramework.pdf)).

<sup>ix</sup> This is an adjustment to the process indicator listed in FANTA guide (Castleman et al. 2008). Even if staff are trained to measure and record weight properly and do execute this activity, without collecting information on date since last

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weight was recorded, stage of illness (which affects weight loss), pregnancy status (which affects weight gain) and other relevant issues for disaggregating data, the utility of the weight change data may be difficult to interpret.

<sup>x</sup> This is an adjustment to the outcome indicator listed in FANTA guide (Castleman et al. 2008). Considering that severe weight loss is sometime inevitable with certain stages of HIV or with certain AIDS-related disease, collecting data on beneficiary behaviors to decrease weight loss (regardless of actual weight loss or gained) seems essential and a good achievement. Furthermore, this outcome indicator will also describe outcome stemming from educating beneficiaries on proper nutrition and food intake levels.

<sup>xi</sup> This table has been taken from FANTA guide on M&E of nutrition education for PLHIV (Castleman et al.2008, <http://www.fantaproject.org/publications/NAEC.shtml>, compilation of the list in the FANTA guide was done with input from Catholic Relief Services (CRS)/Kenya, Christian Children's Fund/Kenya, CRS/Uganda, Kenya Ministry of Health National AIDS and STI Control Program (MOH/NASCOP), MildMay International/Uganda, and The AIDS Service Organization (TASO)/Uganda. Therefore, Africare may need to adjust the indicators for other areas.

<sup>xii</sup> Example of HIV/AIDS nutrition guidelines and resources available on FANTA website are Recommendation for the Nutrient Requirements for People Living with HIV/AIDS available at [http://www.fantaproject.org/downloads/pdfs/Nutrient\\_Requirements\\_HIV\\_Feb07.pdf](http://www.fantaproject.org/downloads/pdfs/Nutrient_Requirements_HIV_Feb07.pdf); National Guidelines and Protocol for Food and Nutritional Support and Care for People Living with HIV/AIDS in Rwanda available at [http://www.fantaproject.org/publications/rwandan\\_guidelines2006.shtml](http://www.fantaproject.org/publications/rwandan_guidelines2006.shtml); Kenya Trainer's Manual and Trainee Toolkit for Nutrition in Comprehensive Care Centers available at [http://www.fantaproject.org/publications/kenya\\_2007.shtml](http://www.fantaproject.org/publications/kenya_2007.shtml)). See FANTA HIV resources at [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml) for complete list of downloadable documents.

<sup>xiii</sup> The USAID memorandum on reporting requirements (Hammink 2007: 4) stipulates the indicator, “% of PLHIV eating the recommended # of times per day.”

<sup>xiv</sup> The USAID memorandum on reporting requirements (Hammink 2007: 4) stipulates the indicator, “% of caregivers using diet appropriately to help manage symptoms or the side effects of medication.”

<sup>xv</sup> The USAID memorandum on reporting requirements (Hammink 2007: 4) stipulates the indicator, “% of caregivers using diet appropriately to help manage symptoms or the side effects of medication.”

<sup>xvi</sup> The USAID memorandum on reporting requirements (Hammink 2007: 4) stipulates the indicator, % of caregivers demonstrating proper water hygiene behaviors,” but states that specific behaviors that comprise these indicators are to be defined by the CS in their M&E plan and included as a footnote in the IPTT.

<sup>xvii</sup> The USAID memorandum on reporting requirements (Hammink 2007: 4) stipulates the indicator, “% of caregivers demonstrating proper personal hygiene behaviors,” but states that specific behaviors that comprise these indicators are to be defined by the CS in their M&E plan and included as a footnote in the IPTT.

<sup>xviii</sup> The USAID memorandum on reporting requirements (Hammink 2007: 4) stipulates the indicator, “% of PLHIV eating the recommended number of food groups.”

<sup>xix</sup> The USAID memorandum on reporting requirements (Hammink 2007: 4) stipulates the indicator, “% of caregivers demonstrating proper personal hygiene behaviors,” but states that specific behaviors that comprise these indicators are to be defined by the CS in their M&E plan and included as a footnote in the IPTT.

<sup>xx</sup> This indicator is not in FANTA annex (Castleman et al. 2008) list of indicators, but FANTA does recommend use of dietary diversity indicators as well.

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