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PROJECT YEAR TEN**

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Food and Nutrition Technical Assistance Project (FANTA)

Academy for Educational Development 1825 Connecticut Ave., NW Washington, DC 20009-5721
Tel: 202-884-8000 Fax: 202-884-8432 E-mail: fanta@aed.org Website: www.fantaproject.org

Submitted to:

Eunyong Chung, *Cognizant Technical Officer*
GH/HIDN
Ronald Reagan Building 3.07-055
Washington, DC 20523-3700
Tel: 202-712-4786

Bruce Baltas, *Agreement Officer*
M/OAA/GH
Ronald Reagan Building 7.09-140A
Washington, DC 20523-7900
Tel: 202-712-5279

AED Contacts:

Anne Swindale, *Project Director*
Food and Nutrition Technical Assistance Project
E-mail: aswindal@aed.org
Tel: 202-884-8926

and

Margaret Parlato, *Senior Vice President*
Population and Nutrition Programs
E-mail: pparlato@aed.org
Tel: 202-884-8780

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ACRONYMS AND ABBREVIATIONS

ACDI/VOCA	Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance
ACF	Action Contre la Faim
ADRA	Adventist Development and Relief Agency
AED	Academy for Educational Development
AH2010	Africa's Health in 2010
AIDS	Acquired immune deficiency syndrome
AIEPI AINM-C	Integrated Care of Prevalent Childhood Illnesses and Integrated Health Care for Children and Women at the Community Level, Guatemala
AIN-C	Community-Based Integrated Child Care, Honduras
AINM-C	Integrated Health Care for Children and Women at the Community Level, Guatemala
AMPATH	Academic Model Providing Access to Healthcare
APHIA II	AIDS, Population, and Health Integrated Assistance Program
ARC	American Red Cross
ART	Antiretroviral therapy
ARV	Antiretroviral
AWG	IASC Nutrition Cluster Assessment Working Group
BCC	Behavior change and communication
BIA	Bioelectric impedance analysis
BMI	Body mass index
CA	Cooperating agency
CAP	Capable Partners Program at AED
CARE	Cooperative for Assistance and Relief Everywhere
CBC	Community-based care
CBGP	Community-based growth promotion
CBO	Community-based organization
CCC	Comprehensive care centers
CD	Compact disc
CD4	Cluster of differentiation 4
CDC	United States Centers for Disease Control
CDWG	IASC Nutrition Cluster Capacity Development Working Group
CENER	Center for Nutrition Education and Research
CHAI	Clinton Foundation HIV/AIDS Initiative
CHAMP	Community HIV/AIDS Mobilization Program
CHPS	Community-based Health Planning and Services, Ghana
CHS-ECSA	Commonwealth Health Secretariat for East, Central and Southern Africa
CHW	Community health worker
CIDRZ	Centre for Infectious Disease Research in Zambia
CIENSA	Centro de Investigaciones en Nutrición y Salud
CMAM	Community-based management of acute malnutrition
CMV	Combined mineral-vitamin mix
CNCS	Mozambique National AIDS Council
CNE	Continuous Nutrition Education
COP	Country operation plan
CORE	Child Survival Collaboration and Resources Group
CPA	Comprehensive Peace Agreement
CRED	Centre for Research on the Epidemiology of Disasters
CRS	Catholic Relief Services
CS	Cooperating sponsor
CSB	Corn-soy blend
CSHGP	USAID Child Survival and Health Grant Program
CSTS	USAID's Child Survival Technical Support Project

CTC	Community-based therapeutic care
DAP	Development action plan
DCHA	USAID Bureau for Democracy, Conflict and Humanitarian Assistance
DHS	Demographic and Health Surveys
DIP	Detailed implementation plans
DQA	Data quality assessment
EBF	Exclusive breastfeeding
EC/FAO FSIAP-II	European Community/FAO Food Security Information for Action Programme, Phase II
ECSA-HC	East, Central, Southern African Health Community
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
EHNRI	Ethiopian Health and Nutrition Research Institute
EHOBO	Empowering Humanity One-by-One
EM	Exhaustive measurement
ENA	Essential Nutrition Actions
ENN	Environmental News Network
ESHE	Essential Services for Health in Ethiopia Project
EWR	Early warning and response
F	U.S. Department of State, Office of the Director of Foreign Assistance
F&N TWG	PEPFAR Food and Nutrition Technical Working Group
FACTS	Foreign Assistance Coordination and Tracking System
FANTA	Food and Nutrition Technical Assistance Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FAS	USDA Foreign Agriculture Service
FAO	Food and Agriculture Organization of the United Nations
FAO/NCPD	Food and Agriculture Organization of the United Nations' Nutrition and Consumer Protection Division
FAQ	Frequently asked questions
FBF	Fortified-blended foods
FBP	Food by Prescription
FEWS NET	USAID Famine Early Warning System Network
FFE	Food for Education
FFP	USAID Office of Food for Peace
FFP/W	USAID Office of Food for Peace Washington, D.C., Office
FFT	Food for Training
FFW	Food for Work
FH	Food for the Hungry
FHAPCO	Federal HIV/AIDS Prevention and Control Office, Ethiopia
FHI	Family Health International
FIVIMS	FAO's Food Insecurity and Vulnerability Information and Mapping System
FMOH	Federal Ministry of Health, Ethiopia
FSHA	Food Security and Humanitarian Assistance
FSPS	Food security programming strategy
FY	Fiscal year
G-CAP	USAID/Guatemala - Central American Regional Program
GAM	Global acute malnutrition
GDA	USAID Global Development Alliance
GFDRE	Government of the Federal Democratic Republic of Ethiopia
GH	USAID Bureau for Global Health
GHS	Ghana Health Service
GHS/SAM FP	Ghana Health Service Severe Acute Malnutrition Focal Point Person
GMP	Growth monitoring and promotion
GOCI	Government of Côte d'Ivoire
GOI	Government of India
GRN	Government of the Republic of Namibia
GRZ	Government of the Republic of Zambia

HBC	Home-based Care
HDDS	Household Dietary Diversity Score
HEW	Health extension worker
HFIAS	Household Food Insecurity Access Scale
HIDN	USAID Office of Health, Infectious Disease and Nutrition
HIV	Human Immunodeficiency Virus
HKI	Helen Keller International
HPN	USAID's Health, Population and Nutrition Office
I-LIFE	Improving Livelihoods through Increasing Food Security, Malawi
I-TECH	International Training and Education Center on HIV/AIDS
IASC	United Nations Inter-Agency Standing Committee
ICB	Institutional Capacity Building
ICC	Intra-cluster correlation
ICDS	Integrated Child Development Services, India
ICH	Institute of Child Health
IDP	Internally displaced person
IEC	Information, Education and Communications
IEHA	U.S. President's Initiative to End Hunger in Africa
IFPRI	International Food Policy Research Institute
IMC	International Medical Corps
INCAP	Instituto de Nutrición de Centro América y Panamá, Guatemala
INHP	Integrated Nutrition and Health Program, India
INHSAC	Institut Haitien de Santé Communautaire, Haiti
IP	Implementing partner
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRC	International Rescue Committee
IRD	l'Institut de Recherche pour le Developpement
IT	Information technology
IYCF	Infant and young child feeding
IYCN	Infant and Young Child Nutrition Project
JHPIEGO	Johns Hopkins University Program for International Education in Gynecology and Obstetrics
kcal	Kilocalories
KEMRI	Kenya Medical Research Institute
kg/m ²	Kilograms per square meter
KPC	Knowledge, Practice and Coverage (Survey)
LQAS	Lot Quality Assurance Sampling
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and evaluation
MAM	Moderate acute malnutrition
MAMI	Management of Acute Malnutrition in Infants Project
MCC	Millennium Challenge Corporation
MCH	Maternal and child health
MCHN	Maternal and child health and nutrition
MFK	Meds & Food for Kids
MOH	Ministry/Ministries of Health
MOHSS	Ministry of Health and Social Services, Namibia
MSF	Médecins Sans Frontières
MSPP	Ministry of Public Health and Population, Haiti
MSPSS	Ministry of Public Health and Social Assistance, Guatemala
MUAC	Mid-upper arm circumference
MWCD	Ministry of Women and Child Development, India
MYAP	Multi-year assistance program
NAC	National AIDS Council, Mozambique
NACC	National AIDS Control Council, Kenya

NAP	National Advisory Panel, India
NASCOP	National AIDS and STD Control Program, Kenya
NFNC	National Food and Nutrition Commission, Zambia
NGO	Nongovernmental organization
NHP	USAID Nutrition and HIV Program at AED
NIDM	National Institute for Disaster Management
NiE	Nutrition in emergencies
NiE SWG	United Nations Nutrition in Emergencies Sub-Working Group
NPI	New Partners Initiative at AED
NRC	Nutrition rehabilitation center
NWG	CORE Nutrition Working Group
OFDA	USAID Office of U.S. Foreign Disaster Assistance
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	USAID Office of HIV/AIDS
OICI	Opportunities Industrialization Centers International
OM	Outcome Monitoring
OMB	U.S. Office of Management and Budget
ORC Macro	Opinion Research Corporation Macro International, Inc.
OSU	The Ohio State University
OVC	Orphans and vulnerable children
PAHO	Pan American Health Organization
PART	Program Assessment Rating Tool
PD	Positive Deviance
PEPFAR	U.S. President's Emergency Plan for HIV/AIDS Relief
PLHIV	People living with HIV
PIP	Project implementation plan
PMA	Program Management Area
PMI	U.S. Presidential Malaria Initiative
PML	Princess Marie Louise (Hospital), Ghana
PMP	Performance management plan
PMTCT	Prevention of mother-to-child transmission of HIV
PNN	National Nutrition Program, Côte d'Ivoire
PNO	Provincial Nutrition Officer
PPCC	Pocket PC Creations (software)
PRM	U.S. State Department's Bureau of Population, Refugees, and Migration
PROCOSAN	Community-based Growth Promotion, Nicaragua
PVO	Private voluntary organization
QA/QC	Quality assurance, quality control
RCQHC	Regional Centre for Quality of Health Care, Uganda
ReSoMal	Rehydration solution for malnutrition
RFA	Request for Applications
ROADS	FHI Regional Outreach Addressing AIDS through Development Strategies, Kenya and Uganda
RRP+	Rwandan Network of PLHIV
RUTF	Ready-to-use therapeutic foods
SAM	Severe acute malnutrition
SAM TC	Severe Acute Malnutrition Technical Committee
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 System
SCN	United Nations Standing Committee on Nutrition
SCNHIV	United Nations Sub-committee on Nutrition and HIV
SMART	Standardized Monitoring and Assessment of Relief and Transitions (Initiative)
SNNPR	Southern Nations, Nationalities, and Peoples Region

SO	Strategic Objective
SOW	Scope of work
SRS	Simple random sampling
STC	Special Treatment Centre, Kenya
STI	Sexually transmitted infection
SWG	State Working Group
SYAP	Single-year assistance program
TA	Technical assistance
TAG	Technical Advisory Group
TANGO	Technical Assistance to NGOs International
TB	Tuberculosis
TI	Trigger indicator
TOR	Terms of reference
TOT	Training of trainers
TRAC Plus	Treatment and Research AIDS Center, Rwanda
TRM	Technical Reference Material
TWG	Technical Working Group
U.K.	United Kingdom
U.S.	United States
UN	United Nations
UNICEF	United Nations Children's Fund
URC	University Research Corporation
USAID	United States Agency for International Development
USAID/EA	USAID East Africa
USDA	United States Department of Agriculture
USG	United States Government
WAGGGS	World Association of Girl Guides and Girl Scouts
WDDP	FANTA's Women's Dietary Diversity Project
WFH	Weight-for-height
WFP	World Food Program
WHO	World Health Organization
WISHH	World Initiative for Soy in Human Health
WU	Washington University at St. Louis
WV	World Vision

INTRODUCTION

The Food and Nutrition Technical Assistance (FANTA) Project, a United States Agency for International Development (USAID) cooperative agreement managed by the Academy for Educational Development (AED), completed its tenth year of operation on November 30, 2008. FANTA provides technical leadership in food security policy and programming with a focus on food consumption and nutrition outcomes. Specifically, FANTA provides technical support in policy development, program design and implementation, and monitoring and evaluation (M&E) to host country governments; implementing partners (IPs), the USAID Bureau for Global Health (GH)/Office of Health, Infectious Disease and Nutrition (HIDN), GH/Office of HIV and AIDS (OHA), USAID's Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA)/Office of Food for Peace (FFP), DCHA/ Office of Foreign Disaster Assistance (OFDA) and other USAID bureaus, offices, and missions; and the United States (U.S.) President's Emergency Plan for HIV/AIDS Relief (PEPFAR) partners. FANTA works in a number of focus countries and regions including: East Africa Region, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Zambia, India, Guatemala, Haiti, Honduras and Nicaragua.

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

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

FANTA uses a consultative process with its stakeholders to provide updates on technical advances and project activities and to solicit suggestions and feedback. Meetings are held with FANTA's Technical Advisory Group (TAG).¹ FANTA also works closely with the Child Survival Collaboration and Resources (CORE) Group and participates at technical venues, which serve as an important source of information on the priority technical assistance (TA) needs of some of FANTA's key private voluntary organization (PVO) stakeholders.

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

This report describes the activities undertaken by FANTA during Project Year Ten (October 1, 2007 – November 30, 2008). FANTA's ongoing activities are grouped by intermediate results (IRs) and are described in a detailed narrative.

STRATEGIC FRAMEWORK

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

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

HIGHLIGHTS OF PROJECT YEAR TEN

Comparing preventive vs. recuperative approaches to reduce child malnutrition

- Age-based preventive targeting of food assistance and behavior change communication is more effective in reducing childhood undernutrition than targeting only underweight children. An article presenting results from FANTA's research in Haiti, *Age-Based Preventive Targeting of Food Assistance and Behavior Change and Communication for Reduction of Childhood Under nutrition in Haiti: a cluster randomized trial*, was published in the Lancet, February 2008 ([www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)60271-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60271-8/fulltext).) Based on the evidence from the Haiti study, FFP has adopted the preventive approach, as their recommended approach for all MCHN programming in multi-year Title II programs. World Vision (WV), the Title II implementing partner that collaborated in the Haiti research, has also adopted the preventive approach for all of their food-assisted MCHN programs. (see 3.6.)

Measuring household food insecurity

- FAO and FANTA co-authored *Report on use of the Household Food Insecurity Access Scale and Household Dietary Diversity Score in Two Survey Rounds in Manica and Sofala Provinces, Mozambique, 2006-2007* (www.foodsec.org/tr/nut/moz_diet.pdf) on the sensitivity of the Household Food Insecurity Access Scale (HFIAS) and Household Dietary Diversity Score (HDDS) to detect change in household food insecurity over time. The paper reported on a study that was conducted in two districts in Mozambique, with one pre-harvest round of data and one post-harvest round. Between rounds, the districts were hit with climatic shocks, with one district more affected than the other. The HFIAS and HDDS indicators captured a significant decrease in food security in the more affected district, demonstrating their utility to assess change in household food access. This might be one of the first instances in which these indicators have been collected across seasons in a practical field setting. (see 3.1.1.)

Validating dietary diversity as a measure of the adequacy of women's diet

- FANTA's Women's Dietary Diversity Project (WDDP) aims to develop a set of indicators for assessing the quality of women's diets, and monitoring and evaluating progress to improve women's dietary intake in resource-poor areas. Five datasets (Bangladesh, Burkina Faso, Mali, Philippines and Mozambique) were analyzed to characterize the relationship between simple indicators of dietary diversity and women's diet quality across a variety of geographic settings, when diet quality is defined as micronutrient adequacy across a range of key micronutrients. Based on the results of the first round of analysis, FANTA, International Food Policy Research Institute (IFPRI) and the collaborating researchers have identified additional analyses that are needed. The additional analyses and synthesis report will be completed under the Food and Nutrition Technical Assistance II Project (FANTA-2). (see 3.2.3.)

Improving food and nutrition responses to HIV

- National guidelines for nutritional care and support for PLHIV were finalized in Ethiopia and drafted in Côte d'Ivoire and Haiti. At the end of FY08, 10 of the 15 PEPFAR focus countries had National Guidelines (Botswana, Ethiopia, Kenya, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia). (see 1.3.2., 1.3.1. and 1.3.13.)
- A randomized control trial in Malawi tested the hypothesis that, among clinically malnourished (BMI < 18.5) non-pregnant adult ART clients, patients who receive food provision with ready-to-use therapeutic food (RUTF) for 3 months will have a greater increase in body mass index (BMI) and fat-free body mass than those receiving corn/soy blend (CSB). The study found that during the 3.5 months of food supplementation, gains in weight, BMI, and lean body mass were higher for the group receiving RUTF than the group receiving CSB. (see 3.3.1.a.)
- A randomized control trial in Kenya investigated the impacts of food supplementation on the nutritional and clinical status of malnourished, adult ART clients and malnourished pre-ART clients. Initial results indicate significant impacts of food supplementation on the nutritional status and immune response of malnourished pre-ART clients. The benefits for ART clients were not significant, though when disaggregated by sex, there were significant benefits on women's nutritional status. (see 3.3.1.a.)

Improving the quality of implementation of Community-Based Growth Promotion (CBGP)

- Using a process that includes the use of LQAS and supervisory checklists, FANTA assessed the quality of implementation of the Nicaraguan government's CBGP program (PROCOSAN) in Title II areas of operation. Activities assessed included measuring child weight and counseling and negotiation. The results of the assessment clearly demonstrated that the area of greatest need for improvement was counseling and negotiation. FANTA also assisted the Nicaraguan MOH in

considering the implications of including the measurement of child length in addition to weight in PROCOSAN. (see 1.3.15.)

Supporting scale up, capacity building and program integration for CMAM

- Over 100 participants representing 50 agencies attended the International Workshop on CMAM Integration in Washington, DC (April 28 - 30, 2008). Workshop themes included lessons from district-level integration; national plans for scale-up of CMAM; integration in humanitarian emergencies; links with HIV and OVC programming; new research into CMAM admission and discharge criteria; and strategies for scaling-up access to CMAM supplies. The workshop was also an opportunity for FANTA to present its Integration Framework and to highlight main outcomes from the recent three-country CMAM Integration Review. Demand for places at the workshop reflected significant changes in the composition of CMAM implementers, with NGOs joined at the workshop by Ministry of Health personnel and UNICEF counterparts from Bangladesh, Ethiopia, Ghana, Indonesia, Niger, Madagascar, Malawi, Sierra Leone, Sri Lanka, Sudan, Pakistan, Zambia and Zimbabwe. A summary of workshop proceedings was published as a supplement to the October 2008 issue of Field Exchange, which reaches over 3,000 emergency nutrition professionals worldwide. (see 2.3.)
- The Joint Regional Training Workshop for CMAM was held in Lilongwe, Malawi from February 11- 22, 2008. Co-sponsored by UNICEF and FANTA, the workshop trained 39 Ministry of Health and NGO practitioners from Botswana, Malawi and Uganda. The first week of the training focused on CMAM theory, explaining the rationale, concepts and organization of CMAM programs. The second week was a practical, field-based training in which participants screened, admitted, treated, referred and discharged children. (see 2.3.)
- CMAM services through Ghana Health Service (GHS) were started in 2 implementation districts in Ghana: Agona District of the Central region and Ashiedu Keteke of the Greater Accra region. These districts will provide the platform to develop district and national capacity for CMAM and to field test CMAM treatment protocols and guidelines in Ghana. Seven Outpatient Care and two Inpatient Care sites were established. As of August 2008, more than 100 children received treatment. Ten senior health managers at the national and regional level, 80 health care providers at the district level and over 150 volunteers received training. Community outreach was established in over 50% of villages of the catchment area of health facilities with CMAM sites, through collaboration with Community-based Health Planning and Services Initiative community health officer and health volunteers. (see 1.3.3.)

Local production of RUTF and development and testing of alternative formulations

- FANTA supported visits by Nutriset to assess the options for and feasibility of national production in Ghana and identify a national producer. Ghana has the potential to start national production of RUTF to meet both national and regional demand. One national firm has been identified and production should commence in mid-2009. (see 1.3.3.)
- The Malawi moderate acute malnutrition (MAM) study found higher recovery rates among children receiving two ready-to-use supplementary foods (RUSF) (79%) than among those receiving corn-soy blend (CSB) (73%). The rate of weight gain was higher among children receiving the milk/peanut RUSF than the soy/peanut RUSF or CSB and duration of supplementation was an average of 3 days shorter among those receiving the milk/peanut RUSF. Recovery rates among children receiving CSB were higher than anticipated, given reported experience with CSB in other supplementary feeding programs. One factor in the high rate of success may be the medical approach taken towards MAM during the trial. (see 2.3.)

Assessing the prevalence of acute malnutrition in emergency settings

- *Precision, Time, and Cost: A Comparison of Three Sampling Designs in an Emergency Setting* was published in *Emerging Themes in Epidemiology* in May 2008 (www.ete-online.com/content/5/1/6). It has been ranked as “Highly accessed”, a designation ETE uses to identify those articles that have been especially highly accessed, relative to the time since publication and the journal in which they were published. The cost- and time-efficient alternative sampling designs developed by FANTA to assess the prevalence of acute malnutrition in emergency settings are being used in Haiti by The Children’s Nutrition Program, in Somalia by FAO and in the nutrition surveillance sentinel site system in Sudan by Action Against Hunger. (see 3.4.1.a.)

Validation of the Exhaustive Measurement (EM) method of estimating mortality

- A validation study of the Exhaustive Measurement (EM) method of estimating mortality was initiated in two districts in Kabul Afghanistan, Chiradzulu district in Malawi, Lugufu refugee camp in the Kigoma district and the Mtabila refugee camp in the Kasulu district of Tanzania, and the Mae La refugee camp in Thailand. A draft report describing the methods and results from the validation work was produced. The report and calculators for sample size requirements and precision estimation will be completed under FANTA-2. (see 3.4.1.b.)

1. ACTIVITIES IN SUPPORT OF IR 1

FANTA works with its partners and other stakeholders in nutrition and food security problem analysis, program design, and performance reporting. FANTA collaborates with GH, FFP, DCHA, USAID Regional Offices and Field Missions, PEPFAR partners, international organizations such as WFP and WHO, and IPs. FANTA provides assistance to strengthen the implementation of and reporting on the \$1.2 billion Title II program, as well as food and nutrition care and support for people living with HIV (PLHIV) under PEPFAR.

1.1. Support to Improve USG Food and Nutrition Programming

1.1.1. Provided technical support to DCHA and GH

1.1.1.a. Improved guidelines on nutrition and food security

Responding to the global food price crisis

The rapid increase in the global price of basic food commodities worldwide generated great concern in Project Year Ten. Working with GH, FANTA assisted in the articulation of the United States Government (USG) position on this situation. In addition to collecting written information and attending seminars on this issue (e.g., the International Food Policy Research Institute [IFPRI] seminar on high food prices on May 28, 2008), FANTA provided comments and language for a letter that GH sent to USAID Missions to help them address the consequences of the high food prices on nutrition and health.

As part of the same effort, FANTA accompanied a high-level FFP delegation to Haiti in order to observe in situ the causes and consequences of the food crisis and to provide response options to FFP. Following this, special resources were provided to USAID/Haiti and the Haitian government to help overcome the worst effects of the crisis.

Promising practices for food-based programming in urban areas

The food price crisis has particularly severe consequences for net food buyers everywhere. Title II programs have traditionally focused on rural areas, but the impact that the crisis has had on urban dwellers led FFP to examine options for urban food transfers in emergency situations. FFP requested that FANTA prepare a document outlining the options available to address such cases. A first draft of the

paper was prepared in May 2008 to open up discussions with USAID staff. After a few revisions, the paper was presented on May 29, 2008, to Title II CSs at the “Urban Title II Programs Workshop.” Several useful comments and suggestions were provided by USAID and cooperating sponsor (CS) staff at the workshop, which led to a second and more definitive version of the paper being prepared and delivered to FFP at the end of June 2008.

In August 2008, FANTA released USAID's Office of Food for Peace Occasional Paper No. 6, *Emergencies in Urban Settings: A Technical Review of Food-Based Program Options*. The Paper examines 11 common food-based programs to highlight advantages, disadvantages, targeting and implementation modalities in the urban context. The programs include targeted household food distribution, food for work (FFW), food for training (FFT), wet feeding programs, CMAM programs, supplementary feeding in MCHN programs, institutional feeding for street children, orphans and vulnerable children (OVC) and other vulnerable groups, school feeding programs, food support to child care facilities, market assistance programs, and support to national strategic food reserves. The paper also presents tools to help determine the most appropriate interventions and approaches for given settings.

The document has been used by the FFP front office to discuss modalities (in the context of the recently approved Farm Bill) for supporting urban food transfer programs with key USG staff, help FFP Officers in-country review proposals that come to them, and clarify the kind of expectations that FFP has for organizations who wish to develop such proposals.

Guidelines and promising practices for early warning and response

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

Central to FFP's FY 2006–2010 Strategy is the development-relief approach. However, the capacity of CSs to take advantage of this policy, specifically their capacity to develop and implement locally appropriate frameworks for crisis EWR, is variable, and FFP has lacked a clear approach to evaluating proposed frameworks. CSs and others have had diverse experiences with early warning indicators. In response, FANTA collaborates with CSs, Missions and FFP to develop appropriate guidelines and identify and promote innovative promising practices for implementing programs using this approach.

To clarify questions on what TIs should be, how they should be used, how the shock and resultant needs should be verified by other parties and systems, and what the administrative procedures should be once a trigger went into effect, the focus of Project Year Ten activities was on developing technical guidance for the design and implementation of EWR systems, including identification of indicators and trigger levels (see **1.1.1.b**). As part of its technical input to provide guidelines for the Title II program, FANTA authored FFP Occasional Paper 5, *Trigger Indicators and Early Warning and Response Systems in Multi-Year Title II Assistance Programs*. The Paper, based on the Project Year Nine technical report of the same name, was published in November 2007. It was subsequently referred to by FFP in the Title II Guidelines to PVOs for development of MYAPs for Fiscal Year (FY) 09 (submitted in January 2008).

In addition, FANTA provided technical inputs to FFP regarding options for establishing global nutrition tracking to accompany the USAID Famine Early Warning System Network (FEWS NET) market price monitoring system. Such tracking could allow the use of existing nutrition data for early warning and resource prioritization in the current food crisis. Discussions with partner Tufts University began on a

research activity to identify options for nutrition surveillance in countries most affected by the food crisis. FANTA also evaluated the use of EWR and TIs in FY 2008 MYAPs to identify support needs and help develop a capacity-strengthening strategy.

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

FANTA assists OHA and the Office of the U.S. Global AIDS Coordinator (OGAC) in refining programming guidance on integration of food and nutrition in HIV programming. In Project Year Ten, FANTA participated in forums on HIV, food and nutrition, (see **3.5**) and supported country efforts to improve HIV and nutrition policies, such as the review of national guidelines and TA to nutrition policy development and preparation of national strategies on nutrition and HIV in Kenya (see **1.3.4**) and Ethiopia (see **1.3.3**). In response to requests from USAID, FANTA also provided specific information on food, nutrition, and HIV to support USAID in responding to requests from OGAC and preparing guidance for programs. (See also **3.3.1**.)

FANTA provided input into the Food and Nutrition Technical Considerations that OGAC provides to PEPFAR country teams to support Country Operational Plan (COP) 09 development. FANTA reviewed and revised the Technical Considerations from COP 08 and drafted additional information and frameworks to update the technical information and include information on issues related to OVC, food and nutrition. PEPFAR country teams use the Technical Considerations document to prepare their COPs.

In response to the request of USAID and following a meeting with USAID on OVC and food and nutrition, FANTA worked with Africa's Health in 2010 (AH2010) to prepare an issues paper on food and nutrition interventions for OVC. FANTA and AH2010 revised the issues paper based on USAID input, and identified issues to be addressed by PEPFAR Technical Working Groups (TWGs) and issues to be incorporated as considerations for programs. The PEPFAR OVC TWG, and possibly the Food and Nutrition TWG (F&N TWG), may use the issues paper to prepare guidance for the COP 09 programming cycle.

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

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

In Project Year Nine, FANTA prepared a comparative analysis of the costs of including adult PLHIV with moderate and mild malnutrition in PEPFAR-supported food programs versus the costs of including only PLHIV with severe malnutrition. The analysis informed OGAC's decision to change its policy and allow PEPFAR resources to support food for moderately and mildly malnourished adults. In Project Year Ten, FANTA prepared a summary rationale for expanding eligibility among adults for PEPFAR-supported food assistance from a body mass index (BMI) of less than 16 to a BMI of less than 18.5. USAID requested the rationale write-up for OGAC to use in issuing the change in guidance.

Development of the PEPFAR Next Generation Indicators

FANTA contributed to the PEPFAR Next Generation Indicators process by participating in the Indicator Working Group on food and nutrition indicators, and by helping identify and define recommended food and nutrition indicators to include as PEPFAR reporting indicators and as recommended program indicators. FANTA prepared detailed descriptions for each of the indicators the Working Group proposed to OGAC, and the new indicators will be used beginning in the COP 10 cycle by all PEPFAR programs.

Improving quality assurance and quality control of PEPFAR food commodities

In Project Year Ten, to help inform planning of procurement and quality assurance, FANTA prepared estimates of the quantities of ready-to-use therapeutic food (RUTF) and fortified blended food (FBF) that Food by Prescription (FBP) programs in PEPFAR focus countries are expected to require.

FANTA also prepared information on quality assurance needs for production, procurement and distribution of specialized food products as part of PEPFAR-supported FBP programs. USAID is using this information to develop a system for quality assurance and improvement of food production for PEPFAR programs. FANTA participated in a series of meetings with the Supply Chain Management Systems (SCMS) Project and USAID to discuss steps for developing guidance in this area and providing TA in countries implementing FBP programs. At the request of the PEPFAR F&N TWG, FANTA prepared an outline of guidance that PEPFAR can provide to its country teams on procurement, quality assurance and logistics for specialized food products in FBP programs, and will work with SCMS to formally prepare the guidance under the Food and Nutrition Technical Assistance II Project (FANTA-2). In addition, FANTA drafted a brief on National Procurement of Food for PEPFAR Programming to outline lessons learned on national procurement of food. The brief highlights information needed to ensure quality assurance and quality control (QA/QC), guide the food procurement planning process and strengthen systems, particularly as the process relates to national procurement of specialized food products.

SMART Initiative

The Standardized Monitoring and Assessment of Relief and Transitions (SMART) Initiative is improving the reporting and M&E of humanitarian assistance. SMART contains modules to collect, analyze and disseminate information on nutrition, mortality and household food security. The modules are at different stages of development, testing and wide-spread use. In Project Year Ten, FANTA sought opportunities to integrate promising practices developed by FANTA into the SMART modules.

1.1.1.b. Improved food and nutrition program design

FANTA provides guidance and conducts training sessions on problem assessment and program design, monitoring, evaluation, and performance reporting for both Title II and PEPFAR programs. (See **3.5.1.c.**)

Training in M&E

In December 2007, FANTA designed and carried out a workshop on M&E for FFP officers and analysts, built upon a similar workshop that FANTA delivered on August 20-23 and 27-30, 2007 to PVO headquarter staff. The three-day workshop was delivered twice to accommodate 39 participants. The majority of the participants were Washington-based, however there were FFP officers from Haiti and Ethiopia present. The workshop objective was to help FFP increase their comfort level with M&E concepts, reinforce their knowledge of FFP M&E requirements, and prepare them for MYAP proposal reviews. The workshop covered the FFP indicators, environmental impact indicators, sustainable agriculture, TIs, and the elements of good baseline and final evaluations. FANTA provided FFP staff with easy-to-use checklists to help them remember M&E issues when they review proposals or annual reports.

In early 2008, FANTA began preparations for M&E workshops focusing on indicator harmonization and aimed at newly awarded MYAPs. Two one-week regional workshops were planned, one in Mali in October 2008 for French speaking participants and a second one in Mozambique in November 2008 for English speaking participants. A third workshop will be delivered in Ethiopia for Ethiopia CSs. The workshops were originally scheduled for Project Year Ten, however, delays related to the signing of a new Farm Bill required postponing these workshops until Project Year One of FANTA-2.

FFP Ration Assessment

FANTA led a “Food for Peace Ration Assessment Workshop” on July 24, 2008, for FFP officers on how to assess the adequacy and appropriateness of rations proposed by CSs in MYAPs. The objectives of the workshop were to state what different anthropometric indicators reflect about a population’s nutritional status and to recognize when undernutrition prevalence levels indicate a public health problem, to determine if a program objective corresponds with the purpose and target group of the food aid, to outline factors to be considered when choosing commodities for a ration package and describe target groups with special needs, to determine the adequacy of a ration composition and size given the purpose and target group of the food aid, and to understand the main features of the NutVal software.

Guidance on FBP Programs

In Project Year Ten, FANTA worked with Missions in Ethiopia, Namibia and Zambia to provide technical input, recommendations and ongoing guidance for the design and monitoring of food and nutrition programs targeting clinically malnourished PLHIV.

FANTA carried out an assessment of the feasibility of a food assistance program for PLHIV in Namibia and developed *Operational Guidelines for a National Nutrition Programme for People Living with HIV in Namibia*. The Guidelines were disseminated by the Namibian Ministry of Health and Social Services (MOHSS). (See **1.3.9.**)

In Zambia, FANTA provided recommendations to USAID and IPs in implementing FBP, drafted detailed FBP guidelines, made revisions to incorporate comments from the Zambian government and NGO stakeholders there, and then held a meeting for PEPFAR, IPs and the government to review and refine the revised version of the guidance based on the country’s programming needs (see **1.3.10.**)

In Ethiopia, FANTA provided comments and made refinements to the USAID/Ethiopia Statement of Work (SOW) for a FBP program, then provided a food protocol and quantifications for the specialized food products needed for the program (see **1.3.3.**). FANTA developed micronutrient specifications for FBP when used in combination with RUTF in an FBP program. The specifications balance the need to optimize micronutrient consumption with the need to avoid unhealthy oversupplementation when

individuals consume both RUTF and the blended food. FANTA also provided recommendations for safety and packaging of the FBF products. The information provided here was specific to the Ethiopia program (and a variation of the Haiti program), but can be adapted for food protocols used in other FBP programs.

Promising Practices in Food, Nutrition, and HIV Programming

In partnership with RCQHC, FANTA prepared a compendium of promising practices in nutrition, food security and HIV programming. *Nutrition, Food Security and HIV: A Compendium of Promising Practices* is based on five country reports that country teams prepared from program reviews in Kenya, Malawi, Tanzania, Uganda, and Zambia, and on regional workshops held with the country teams (see 2.5.)

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

FANTA provides written technical reviews for all FY 2008 Title II MYAP proposals and reviews and provides comments on the issue letter responses provided by the CSs. The reviews focus on food security problem analysis, program implementation strategy, and relevance of the design and M&E plan to address issues identified in the problem analysis and program design context. See **Table 1** for a list of reviews.

Table 1: Title II Reviews by Type and Country

Program Reviewed	Country	PVOs
MYAP		
	Afghanistan	WV, IRD
	Burundi	ACDI-VOCA, CRS, WFP, Africare, WV
	Chad	Africare/ADRA, IRD
	DRC	Mercy Corps, EHOBBO, IRD, ADRA, CRS, FHI
	Ethiopia	CRS, CARE, Samaritan's Purse, WV, SCF UK, FHI, REST
	Malawi	CRS, WFP
	Mali	CRS, IRD, Africare
	Mozambique	WV, SCF, FHI, ADRA
	Niger	Counterpart Int'l, CRS, OICI, IRD, Africare
	Uganda	CRS, Land of Lakes, Mercy Corps, FHI, WFP

1.1.1.d. Assistance in annual results reporting and implementation of FFP's FY 2006–2010 PMP Framework

FANTA supported FFP in development of the Performance Management Plan (PMP) for FFP's new FY 2006-2010 Strategic Plan. The PMP explains the reasoning behind the selection of each indicator, and provides detailed information on indicator description, data collection methods, baselines and targets, and data quality assessment plans. FANTA also developed a draft Standardized Annual Performance Questionnaire (SAPQ) to help insure consistent and comparable reporting of data for the PMP indicators.

Support to development and revisions of the SAPQ

FANTA finalized the SAPQ and translated it into Spanish and French for inclusion in the annual results reporting guidelines that FFP sent to IPs for FY 2007 reporting. During early 2008, FANTA reviewed many of the FY 2007 SAPQs that were submitted and compiled a list of corrections that needed to be made to the SAPQ form to facilitate better reporting. The SAPQ form was then revised for inclusion in the FY 2008 Results Reports guidance.

FANTA also helped AMEX enter data from the SAPQs into the results report database by writing data entry “rules,” providing training to AMEX staff and verifying the quality of data entry.

Support to Annual DQAs

Preparations for the FY 2008 Data Quality Assessment (DQA) exercise began in early 2008. FANTA analyzed the MYAP cycles in priority countries, identified the MYAPs that are closing out and compiled a list of single-year assistance program (SYAP) countries to develop a schedule for conducting field DQAs over the next three years. FANTA also identified the indicators that need to be assessed using a DQA, all of which was presented to FFP for feedback. FANTA also finalized the 2007 DQA report and submitted it to FFP. FANTA then wrote “M&E Issues Letters” on behalf of FFP to ten MYAPs awarded in FY 2007, advising them of problems in their SAPQs and Indicator Performance Tracking Tables (IPTTs) and asking them for revised FY 2007 data. These letters served as the DQA for FY 2008.

Support to FACTS and PART

FANTA took the lead in drafting the Foreign Assistance Coordination and Tracking System (FACTS) annual performance report for FFP and submitting it to the DCHA. Information was collected from a wide variety of FFP staff and IPs, and a narrative was drafted for the FFP program areas and program elements. FANTA also compiled preliminary indicator data for the fall FACTS submission, and represented FFP at Program Assessment Rating Tool (PART) meetings conducted by the Department of State and the OMB. In early 2008, FANTA provided input and feedback to FFP in response to the U.S. Office of Management and Budget (OMB) PART information requests to justify why FFP should not undergo a PART assessment in FY 2008 and in completing a PART quality check form.

1.1.1.e. TA to ICB Agreements

Since 2003, FFP has provided Institutional Capacity Building (ICB) grants to fourteen CSs that also receive PL-480 Title II funds. The main focus of the ICB grant is to build CSs' institutional capacity, focusing on improving the efficiency of programming tools, systems, processes and structures; their organizational capacity, focusing on improving partnerships, joint programming and networking or consortium mechanisms in Title II programs, including activities that enable mentoring and partnering with other CSs and/or sub-recipients; and their human capacity, focusing on staff skills and knowledge in Title II program policies, strategies, monitoring and reporting requirements. Capacity building activities may include training, TA and attendance at workshops and conferences, as well as the preparation of capacity building tools and materials.

FANTA assists ICB Agreement recipients and USAID to report on the results of their investments in institutional capacity in food security. In Project Year Nine, FANTA provided guidance to several ICB recipients on conducting final evaluations. FANTA also provided guidance to FFP on the evaluation process, including suggestions to improve FFP's ability to use the final evaluation findings to inform and strengthen the future design and use of ICB resources to improve the performance of Title II programs.

During Project Year Ten, FANTA assisted USAID with a meta-analysis of the ICB Final Evaluations, definition of program priorities for the next round of ICB grants and review of ICB grant proposals. A first version of the ICB "Meta Analysis" was provided to FFP in February 2008. Comments were received from USAID in March 2008 and included requests for more evidence on how the grants were used; descriptions of the linkages between the ICB and Title II activities; more information on challenges regarding collaboration among Title II CSs; and, recommendations on how to improve collaboration, learning and knowledge sharing. The final version was delivered to USAID on April 4, 2008. Findings included the need to structure ICB units within each CS to ensure proper use of the resource; give priority to field needs and focus on the "how" rather than the "what;" strengthen communications between HQ and field programs and develop better tools for needs assessment; strengthen the transfer of capacity through mentoring, guidance and direct practice at the field level; improve the tracking of ICB activities themselves; and strengthen inter-organizational partnerships. The report was shared by FFP with the ICB CSs in mid-April 2008. In addition, FFP has been soliciting input from PVOs which will be used in their design of a new ICB grant cycle.

1.1.2. Providing technical support to CSs, PEPFAR IPs and USAID Field Missions

1.1.2.a. Problem assessments for and Baseline/Mid-Term/Final Evaluations of Title II food aid programs

Upon request, FANTA provides TA to DCHA offices, Field Missions and CSs in planning and conducting problem assessments for and evaluations of Title II food aid programs, including desk reviews of evaluation SOWs, identifying consultants, arranging field visits, and completing reports. It also includes support to FFP in assessing the need for redesign of on-going MYAPs in priority countries to ensure consonance with FFP's new strategy.

1.1.2.b. Strengthened design and integration of Title II and HIV programs

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

In Project Year Nine, FANTA completed and printed the guide, in collaboration with WFP and TANGO. The Guide was disseminated in Project Year Ten, with more than 22,000 copies sent by mail or downloaded from the FANTA website.

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

FANTA discussed the application of the guide with Title II PVOs and HIV Service Providers at a meeting organized by World Vision (WV) to address nutrition and nutrition counseling in the context of HIV. As part of this meeting, at WV's request, FANTA solicited discussion with participants regarding their experiences in applying the guide to their various programs. Indications from a survey sent to Title II CSs showed that some CSs did not understand how to use the guide and that some additional training may be needed. (See **1.1.1.b.**)

1.1.2.c. Assessments of needs for and gaps in food and nutritional support for PLHIV

Upon request, FANTA provides TA to USAID Missions and PEPFAR IPs to strengthen food and nutrition care and support for PLHIV, including the food and nutrition needs of PLHIV and the types of support providers require to provide quality nutrition care. FANTA also works to identify potential partners and stakeholders, the need for national coordination mechanisms or guidelines, existing nutrition and HIV materials, gaps in national nutrition care and support capacity, and needs and opportunities for FBP programming. In Project Year Ten, FANTA conducted food and nutrition support needs assessments, working with USAID Missions in Côte d'Ivoire, Mozambique, Namibia and Haiti (see **1.3.1, 1.3.7, 1.3.8, 1.3.13.a** respectively).

1.2. Technical support to the CSHGP

1.2.1. Providing TA to PVOs and GH

FANTA engages in activities to improve the design, implementation, and M&E of maternal and child survival and health programs, with a focus on nutrition.

The USAID CSHGP's Technical Development Meeting

FANTA continued to participate in the Child Survival Health Grants Program (CSHGP)'s Technical Development Meeting (formerly known as the Child Survival Mini-University), providing technical presentations and strengthening the broader PVO community through synthesis and wider dissemination of FANTA's technical input. Two FANTA staff members also attended the session on "Best Practices in Infant and Young Child Nutrition," and provided information on the IYCF practices indicator.

Review of DIPs

FANTA reviewed the Detailed Implementation Plan (DIP) for Relief International (RI)'s Niger Child Survival program, providing detailed comments on their nutrition program activities and suggestions for strengthening the program. FANTA also participated in the USAID-run DIP review session in which RI presented the program and answered questions and concerns raised by the reviewers.

1.2.1.a. Support to the CORE Group

FANTA actively supports the work of CORE and its members through participation in the CORE Annual Meetings, and the CORE Nutrition and M&E Working Groups. In Project Year Ten, FANTA participated in and provided funding for the development of a decision-making tool for nutrition programmers. FANTA also coordinated a one-day TAG meeting during which PVOs shared best practices in IYCF, and participated in a workshop on CMAM integration.

CORE nutrition decision-making tool

In early 2007, several CORE Nutrition Working Group (NWG) members familiar with Child Survival and Title II nutrition programming noticed that many PVOs were implementing or proposing to implement Positive Deviance (PD)/Hearth or an adaptation of PD/Hearth, even when the approach was inappropriate for the context. FANTA and the NWG decided to develop a nutrition decision-making tool that will help nutrition programmers to select appropriate nutrition approaches and interventions when designing their MYAPs, Child Survival proposals and DIPs. A draft of the tool was completed in early August 2008, reviewed externally and field-tested in mid-August 2008. Results from the review and field test were discussed at an all-day NWG sub-group meeting, hosted by FANTA at AED on September 9, 2008. The general consensus is that the tool incorporates a great deal of very rich technical information, provides excellent mechanisms for a situation analysis and organizing data, and offers useful guidance for decision-making, as it ensures that program designers consider a host of factors in making decisions and provides support for decisions made. The next step is to reorganize and format the tool to make it more user-friendly, followed by another technical review and revision. The tool is expected to be introduced at the CORE Spring Meeting in April 2009.

CORE Group LQAS TAG Meeting

In August 2008, the CORE Group held a Lot Quality Assurance Sampling (LQAS) TAG meeting to discuss the fact that LQAS is increasingly being used in child survival programs but is often not implemented or analyzed properly, particularly in relation to parallel sampling. FANTA presented on its use of LQAS with parallel sampling for outcome monitoring (OM) in Guatemala, describing the methods, including sample groups, types of questionnaires used for each sampling group and selection of sample groups. Working groups at the meeting were tasked with developing an outline for guidance on parallel sampling in the Rapid Catch survey, for which FANTA provided feedback and comments, and refining a list of frequently asked questions (FAQs) about LQAS. The final TAG report is expected to be available early in the first year of FANTA-2.

1.3. Country-specific activities

During Project Year Ten, FANTA continued ongoing long-term technical support programs in the following countries and regions: East Africa, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Zambia, India, Guatemala-Central American Programs, Haiti, Honduras and Nicaragua. FANTA also initiated additional support programs in Cote d'Ivoire, Ghana and Namibia. FANTA staff and consultants helped ensure continuity and complementarity between in-country activities and activities under FANTA's other IRs.

1.3.1. Côte d'Ivoire (PEPFAR)

Côte d'Ivoire has the highest prevalence of HIV in West Africa, with an overall prevalence rate of 7.0 percent and an urban prevalence rate of 9.5 percent. The USG is the largest donor in the HIV sector in Côte d'Ivoire and plays an important role in ensuring that national prevention, treatment, and care and support goals are achieved. To achieve these goals, the Côte d'Ivoire PEPFAR team requested that FANTA conduct a needs assessment on strengthening nutrition care and support for PLHIV, including ART clients and HIV-infected pregnant and lactating women.

During Project Year Ten, FANTA provided the following in-country TA:

To gather information needed for integrating nutrition into HIV care and support, FANTA met with representatives of the Government of Côte d'Ivoire (GOCI), USAID/Côte d'Ivoire, PEPFAR/Côte d'Ivoire, PEPFAR IPs, the World Health Organization (WHO), WFP and other stakeholders.

Development of National Guidelines on nutrition care and support

FANTA helped the country's national nutrition and HIV TWG develop national guidelines on nutrition care and support for PLHIV. FANTA provided the Ministry of Health (MOH)'s National Nutrition Program (PNN) with a proposed draft of the guidelines. PNN and FANTA revised the draft, and the guidelines are expected to be completed in the first quarter of FANTA-2.

Support to food provision programs

In January of 2008, PEPFAR/Côte d'Ivoire requested TA to help determine the feasibility and desirability of a FBP program in-country, particularly with respect to the potential cost of an FBP program. In response, FANTA provided cost estimates based on experiences in other countries.

Developing nutrition and HIV workplan

In September 2008, FANTA participated in the PEPFAR/Côte d'Ivoire technical partners' meeting on COP 2009. FANTA submitted a COP 09 proposal, which serves as a detailed workplan for nutrition care and support activities for implementation in FY 2009. FANTA also submitted a concept note to PEPFAR/Côte d'Ivoire for additional funding of activities to strengthen postnatal infant nutrition among infants and young children age between the ages of 0-23 months born to HIV-infected women.

Coordination with other IPs on HIV and Nutrition

FANTA worked with PEPFAR/Côte d'Ivoire, the PNN, the Infant and Young Child Nutrition Project (IYCN) and WFP to develop a consolidated work plan to coordinate efforts on nutrition and HIV. Toward this end, FANTA took part in an initial nutrition and HIV strategy meeting with PEPFAR/Côte d'Ivoire, the PNN, IYCN and WFP, as well as a follow-up meeting with PNN, IYCN and WFP. Further meetings are planned under FANTA-2 to finalize the consolidated workplan.

1.3.2. Ethiopia (PEPFAR)

Ethiopia is a PEPFAR focus country that faces high rates of malnutrition and food insecurity. Building on Ethiopia's recently published National Guidelines on HIV/AIDS and Nutrition, FANTA worked with the Government of the Federal Democratic Republic of Ethiopia (GOFDRE), and USAID/Ethiopia and its IPs to facilitate coordination and strategic planning on nutrition and HIV at the national level, strengthen service provider capacity to provide nutrition care and support to PLHIV, and support the design of a food program targeting clinically malnourished PLHIV.

During Project Year Ten, FANTA provided the following in-country TA:

Establishment of a TWG

FANTA assisted in the development and finalization of the TOR that guided the establishment of a TWG at the national level. The TWG, created as a result of a FANTA-facilitated national consultation meeting held in November 2007, was mandated and launched in order to take a lead role in the coordination, planning and advocacy for nutrition and HIV. Led by the Federal Ministry of Health (FMOH) HIV/AIDS Prevention and Control Office (FHAPCO), the group includes PEPFAR partners (including CDC, USAID, the Department of State, the Department of Defense and the Peace Corps), IPs and research institutes. The TWG began work on priority issues identified at the November 2007 meeting, including coordination, advocacy, dissemination of the nutrition and HIV/AIDS guideline, standards of nutrition services, and accompanying behavior change communication (BCC) tools. The TWG has been meeting regularly and has expressed commitment to influencing and coordinating the initiation and scaling up of the food and nutrition components of the national HIV response.

Development of a national nutrition and HIV implementation manual

FANTA supported the development of a national strategy on nutrition and HIV that lays out objectives, approaches, steps and stakeholders in the application and expansion of food and nutrition interventions in HIV programs in Ethiopia. FANTA provided extensive TA for the development of a draft operational strategy focused on priority areas of implementation, and specific targets and financial requirements for implementing food and nutrition intervention along with other care and support programs. FANTA drafted the strategy in consultation with FHAPCO and members of the TWG. Review comments by stakeholders were incorporated, after which the strategy was refined and edited. The final version of the *National Nutrition and HIV/AIDS Implementation Reference Manual*, reviewed and endorsed by the TWG and approved and endorsed by FHAPCO and the FMOH, outlines the objectives, targets, and major components and activities for nutrition care of PLHIV as part of the national response to HIV in Ethiopia.

Development of training materials for clinical nutrition care and treatment

To build capacity in clinical nutrition care and in therapeutic and supplementary feeding of malnourished PLHIV, FANTA prepared draft training materials based on current Ethiopia protocols and draft WHO guidance, and shared them with the TWG for review. The training materials contain specific guidelines for service providers, include a protocol for clinical nutrition care of PLHIV, and focus on nutrition assessment and classification and identification of an appropriate treatment plan based on an algorithm chart. A consultation meeting was held with stakeholders and experts to review and refine the protocol and training materials, and a revised version of the training materials was drafted. FANTA then carried out a pilot training with 40 trainers, service providers and other stakeholders to strengthen local capacity and to provide a model for subsequent trainings. Feedback from the pilot training was incorporated into the training materials and, following review by the TWG, FHAPCO and the MOH, the training materials were finalized.

The *Clinical Nutrition Care for Children and Adults with HIV: Trainer Manual and Trainee Manual* equips health care providers with skills and knowledge to provide clinical nutrition care to PLHIV. The manuals consist of tools, methodologies, exercises, references and technical resource materials for training health care providers in nutrition care for PLHIV, including assessment, education, counseling and provision of specialized food products to manage malnutrition.

Five zonal trainings were held in Awassa, Adama, Diredawa, Baherdar and Mekelle reaching a total of 184 trainers and service providers from hospitals and health centers providing HIV care and treatment. Continued roll-out of the training using the materials will be carried out under FANTA-2, and many of the trainers who were trained this year will participate in training of other service providers.

Supporting nutrition assessment and counseling of PLHIV

To support service providers in providing nutrition care to PLHIV at HIV care and treatment facilities and at community-based care (CBC) and home-based care (HBC) services, FANTA collected, reviewed and refined the existing tools and program implementation materials developed by FHAPCO in collaboration with the LINKAGES Project to support nutrition assessment and counseling of PLHIV. FANTA facilitated a review of these materials by the TWG, developed additional materials such as an algorithm for the management of malnutrition, and adapted some materials from other countries. The *Nutrition and HIV Behavior Change Communication (BCC) Tools* include posters, counseling cards, an algorithm for management of malnutrition among PLHIV, a BMI chart, and reference materials on drug-food interactions and managing symptoms.

FANTA also provided technical support to PEPFAR IPs for the introduction, strengthening and monitoring of nutrition assessment and counseling at HIV care and treatment sites. FANTA carried out site visits and worked with FHAPCO to plan additional capacity building activities in conjunction with the service provider training FANTA provided. FANTA also worked with USAID and FHAPCO to identify participants for a regional workshop on the M&E of nutrition and HIV, and supported participation by key government stakeholders in the workshop. FANTA participated in meetings and provided training to PEPFAR IPs on nutrition care for PLHIV. Through periodic site visits, FANTA supported service providers in incorporating nutrition into patient care systems.

Updating of national guidelines on nutrition and HIV

FANTA updated the 2006 Ethiopia national guidelines on nutrition and HIV/AIDS to include the latest recommendations on nutrition and HIV and the national protocol for clinical nutrition care of PLHIV. The updated version provides guidance to service providers in Ethiopia about how to effectively incorporate nutrition into a range of community and facility-based HIV services. The guidelines define nutrition actions for service providers to take in providing quality care and support to PLHIV as part of counseling and testing, prevention of mother-to-child transmission of HIV (PMTCT) and maternal child and health (MCH) services, ART, OVC services and HBC.

Support to development of a FBP program

In response to requests from USAID, FANTA provided comments and revisions to the draft SOW issued by USAID for an FBP program. As part of its participation in the TWG, FANTA advises Mission, PEPFAR IPs, SCMS and other partners on key issues related to targeting clinically malnourished PLHIV for nutrition services.

FANTA provided a protocol for specialized food product provision in the FBP program and estimated quantities of the food products required in the first year of the project. FANTA also provided information on food procurement, the timing of the use of food, FBF safety and packaging, and other information for planning the food components of the program, and developed micronutrient specifications for FBF when used in combination with RUTF in an FBP program. The specifications balance the need to optimize micronutrient consumption and the need to avoid unhealthy oversupplementation when individuals consume both RUTF and the blended food.

FANTA also included the protocol in the algorithm for the management of malnutrition developed with the TWG, and facilitated its approval by the FMOH and FHAPCO and its inclusion in the updated national guidelines.

Launch of national nutrition and HIV materials

FANTA disseminated nutrition and HIV materials to national stakeholders at a launch meeting held in Addis Ababa in October 2008. Materials printed and disseminated include the *Ethiopia National Operational Strategy on Nutrition and HIV/AIDS: 2008-2011*; the *Clinical Nutrition Care for Children and Adults with HIV: Trainer Manual and Trainee Manual*; and *Ethiopian Nutrition and HIV Behavior Change Communication (BCC) Tools*, which support nutrition assessment and counseling of PLHIV.

Recruitment of nutrition specialist

FANTA worked in collaboration with FHAPCO to recruit a nutrition specialist, hired him as a consultant, and seconded the specialist to FHAPCO, where he is serving as the focal person for HIV and nutrition activities to strengthen FHAPCO's coordination, technical and advocacy functions related to nutrition and HIV. Among other responsibilities, the focal person is currently chairing the TWG and documenting activities of the TWG accordingly. FANTA provides financial support for and technical guidance to the position.

1.3.3. Ghana (CMAM)

Despite advances in meeting economic targets and reducing poverty, food insecurity persists in Ghana, particularly in the north during the lean season from March to September. The 2003 Demographic and Health Survey (DHS) shows that 22 percent of children under 5 years of age are underweight and 29 percent are stunted, and that these figures reach as high as 33 percent for underweight and 48 percent for stunting in the north. Acute malnutrition affects 7 percent of children under 5, which is 3.5 times the level expected in a healthy population; the prevalence of acute malnutrition is nearly double in the north.

Interested in strengthening activities to address the magnitude of acute malnutrition in children in Ghana, the Mission requested support from FANTA for the introduction and scale-up of services for CMAM. Nutrition is a priority of the Ghanaian MOH and currently a number of preventive nutrition activities are in place, emphasizing ENA, community-based growth promotion (CBGP), micronutrient supplementation and fortification, supplementary and school feeding programs, and obesity prevention. Programs for treating severe acute malnutrition (SAM) exist in a few sites, in hospitals and in the 42 nutrition rehabilitation centers (NRC) of the Ghana Health Service (GHS).

In Project Year Ten, FANTA provided the following in-country TA:

Working with UNICEF, FANTA continued to support USAID/Ghana to strengthen the management of SAM in Ghana and provide technical support to the GHS to introduce, strengthen and scale up community- and facility-based services for the management of SAM. FANTA's support helped to improve access to CMAM services, to facilitate access to CMAM supplies, and to strengthen the enabling environment for CMAM, the quality of CMAM services and the competencies of health service providers for CMAM.

Strengthening the enabling environment

FANTA re-established the SAM Technical Committee (SAM TC) and, through its meetings and multiple orientations at the national and district levels, built a national base of support for CMAM. In collaboration with the SAM TC, FANTA drafted CMAM guidelines for Agona and Ashiedu Keteke, the two districts in which CMAM services are currently functioning, which serve as the basis for the interim national guidelines on CMAM.

To establish a TA and support system, FANTA identified a GHS/SAM Focal Point Person (GHS/SAM FP) and recruited a national FANTA/SAM Coordinator who will work together with the FANTA CMAM coordinator for Ghana (FANTA/Ghana Coordinator).

FANTA also advocated for CMAM services to be provided for free, and for the integration of CMAM into the MOH and GHS budget.

Improving access to services

FANTA implemented CMAM in two pilot districts: the Agona District in the Central Region and Ashiedu Keteke in the Greater Accra Region. These districts provide the platform for developing district and national capacity for CMAM and to field test CMAM treatment protocols and guidelines in Ghana. Seven outpatient care and two inpatient care sites were established within these two districts, and through collaboration with the Community-based Health Planning and Services (CHPS) community health officer and health volunteers, community outreach was established in over 50 percent of villages within the catchment area of the health facilities with CMAM sites. In addition, 10 senior health managers at the national and regional levels, 80 health care providers at the district level, and over 150 volunteers received training. As of August 2008, more than 100 children have received treatment through CMAM.

Improving access to supplies

Through liaising with UNICEF, FANTA facilitated the provision of CMAM supplies to Agona and Ashiedu Keteke through UNICEF. To date, the districts have received 144 cartons of RUTF and rehydration solution for malnourished children (ReSoMal) for use in inpatient care. In April 2008, F75/100 was requested from UNICEF for use in inpatient care, however this was not delivered. Princess Marie Louise (PML) Hospital did receive combined mineral and vitamin mix (CMV), though, for the local preparation of therapeutic milk. The districts also received other medical supplies, equipment and scales from the GHS.

FANTA supported two visits by Nutriset (August 2007 and April 2008) to assess the options for and feasibility of national production of RUTF and to identify a national producer, and also facilitated a third visit by Steve Jarrett of UNICEF/NY in August 2008. Mr. Jarrett concluded that Ghana has good potential to commence national production of RUTF and has the ability to meet both national and regional demand. In response, FANTA advocated for national RUTF production and facilitated a dialogue with senior GHS and MOH officials to establish national support for RUTF production and use in CMAM services in Ghana. Athena Foods has been identified as a potential national firm to produce RUTF depending on availability of start-up capital.

Enhancing quality of services

FANTA strengthened supervision and performance in CMAM sites by installing a supervision system to support health care providers in the inpatient care and outpatient care sites, and volunteers and/or health extension workers (HEWs). The supervision system includes linking volunteers by having them meet monthly with their outreach team to help with screening and active case finding and to provide information no follow-up. It also includes regular district health management team supervisory visits and monitoring. To compliment the supervision system, a monitoring system including an electronic database was also put in place, standardizing monitoring tools for individual treatment and service performance, and for tracking and ordering supplies.

Building competencies

FANTA conducted multiple formal and informal orientation meetings and discussions at the national, regional, district, and community levels with various stakeholders. The meetings and discussions contributed to increasing knowledge and building competencies at all levels. FANTA also conducted in-service training in Agona and Ashiedu Keteke districts for health managers and health care providers (e.g., community health nurses, community health officers, medical officers, HEWs, community health volunteers). In-service training consisted of a two-day classroom training on-site as well as on the job

mentoring for health care providers in outpatient care and inpatient care. Training for volunteers was conducted separately in several sites spread over the two districts. For Phase I of implementation and to establish the first outpatient care sites, Valid International was contracted for technical expertise and was responsible for training HEWs and volunteers and to oversee the start of CMAM services.

FANTA also developed the capacity of the GHS/SAM FP. He participated in a week-and-a-half long CMAM training in Malawi and attended the numerous meetings, trainings and discussions on CMAM held in Ghana. The GHS/SAM FP, FANTA/SAM Coordinator and the director of the GHS Family and Child Health Unit participated in the CMAM integration workshop held in Washington, D.C., in April 2008 (see 2.3).

1.3.4. Kenya (PEPFAR)

Kenya is a PEPFAR focus country and has scaled up its HIV prevention, treatment, and care and support interventions. Recognizing the important role nutrition plays in effective HIV treatment, care and support, USAID/Kenya requested that FANTA strengthen the integration of nutrition into HIV strategies and programs. During Project Year Nine, FANTA continued a Targeted Evaluation to assess the impacts of food supplementation on malnourished adult PLHIV, worked with the National AIDS and STD Control Program (NAS COP) to finalize national training materials on nutrition and HIV used to provide training to service providers at Comprehensive Care Clinics (CCCs), and began a review of the PEPFAR FBP program.

To continue this work, FANTA provided the following in-country TA during Project Year Ten:

Targeted evaluation of impacts of food supplementation

FANTA continued to work in partnership with the Kenya Medical Research Institute (KEMRI) to complete the Targeted Evaluation of the impacts of food supplementation on the clinical, nutritional, and drug adherence outcomes of malnourished adult PLHIV. The randomized trial compared the outcomes of clients who received nutrition counseling alone with those who received nutrition counseling and supplementation with an FBF product developed by Insta. The initial results and report provided by KEMRI indicate that food had a greater effect on nutritional status and cluster of differentiation 4 (CD4) counts among pre-ART clients than among ART clients. Further analysis of the data will be conducted to provide more in-depth results and insights about the impacts of food supplementation on malnourished, HIV-infected clients. This work will continue into FANTA-2 (see 3.3.1).

Developing multi-year strategy for integrating food and nutrition into HIV care and treatment

In consultation with NAS COP, UNICEF, and other stakeholders, FANTA supported and worked with NAS COP in preparing, drafting, printing and disseminating a multi-year strategy for the integration of food and nutrition into HIV care and treatment services, and on advocacy meetings on behalf of the strategy. The strategy lays out objectives, approaches, steps and stakeholders in the application and expansion of food and nutrition interventions in HIV programs in Kenya.

Following an initial review by stakeholders and subsequent revision, FANTA facilitated a stakeholder meeting in November 2007 to review the revised strategy and then worked with a small task force of ten members to incorporate the recommendations from the review into a final draft, which was then formally presented to NAS COP in March 2008. NAS COP approved the strategy, which was printed in August 2008 in collaboration with UNICEF.

The Strategy was launched on August 15, 2008, during the National Nutrition Day organized by NAS COP and the MOH. FANTA supported this event, whose theme was "Nutrition is essential in the management of HIV/AIDS." The event was widely attended, including by Government of Kenya officials, USAID officials, and the U.S. Ambassador to Kenya.

Training CCC service providers

FANTA worked in consultation with NASCOP to expand the training of CCC service providers in nutrition and HIV. FANTA provided training of trainers (TOT) using the national training materials developed by FANTA and NASCOP in Project Year Nine.

FANTA met with each APHIA II project director to plan joint training of provincial CCC health staff. FANTA helped NASCOP hold a one-day partners forum in December 2007 to bring together the NASCOP nutrition team, the MOH/Division of Nutrition, eight provincial Nutrition Officers, and several partners, including the AIDS, Population, and Health Integrated Assistance Program (APHIA II; Coast, Rift Valley, North Eastern, Nairobi, Central and Nyanza), the CDC, the National AIDS Control Council (NACC), Cooperative Assistance for Relief Everywhere (CARE), FANTA and WFP. The Provincial team shared their nutrition workplans with partners to mobilize support and funding for nutrition activities. Following the forum, CARE supported a nutrition and HIV TOT for 24 health service providers, which was held in Government Guest House, Garissa, in March 2008.

Service provider training was provided to more than 200 service providers at nearly 100 additional CCCs, including all CCCs where the PEPFAR-funded FBP program is operating. Service providers in Coast, Eastern, Western, Nairobi, Central, South Rift and Nyanza provinces received the nutrition and HIV training. In areas where the PEPFAR-supported AIDS, APHIA II programs were being implemented, FANTA coordinated with the IPs to integrate the training into ongoing programs.

Strengthening counseling, food assistance and service provision

FANTA provided technical support to CCCs to strengthen counseling, food assistance, patient flow and information systems, and coordinated with PEPFAR IPs. This technical support involved: a combination of rapid assessments of current strengths, gaps and needs for nutrition services; TA visits to selected CCCs; refresher training on specific topics; inputs to improve the quality of nutrition counseling; and guidance to increase integration of nutrition with other CCC services (e.g., flows of information), improve the efficiency of nutrition services (e.g., patient flow, coverage), and establish linkages to related support services (e.g., livelihood support, food assistance). FANTA supported NASCOP through supervisory visits to CCCs in three district hospitals in Central Province and five CCCs in Nairobi province.

Following the Nairobi CCC visits, NASCOP requested that FANTA support a one-day Continuous Nutrition Education (CNE) targeting nutritionists within three districts: Nairobi East, West and North. The forum, which took place at Special Treatment Centre (STC) Casino Health Centre in February 2008, was aimed at sensitizing and updating the nutritionists on key messages in the nutrition management of HIV as highlighted in the NASCOP training and IEC materials. Thirty-three nutritionists representing 23 health facilities participated in the CNE during this period.

Later in Project Year Ten, FANTA supported the NASCOP provincial nutrition teams (Provincial Nutrition Officer [PNO] and Provincial Clinical Officer) to undertake monthly supervisory visits to CCCs within each of the 10 NASCOP regions.

Strengthening national M&E for food and nutrition responses to HIV

FANTA assisted in the strengthening of M&E systems for food and nutrition components of Kenya's national HIV response by supporting NASCOP. FANTA identified indicators that measure progress and outcomes of food and nutrition interventions in HIV services, developed and produced tools to collect data from CCCs, integrated data collection and analysis approaches into the existing monitoring systems used at CCCs, and established data flow systems to enable effective use and sharing of information about clients' nutritional and clinical status among CCC service providers.

FANTA worked with a task force of 13 partners including NASCOP, MOH/Division of Nutrition, KEMRI, Insta Products, the Academic Model Providing Access to Healthcare (AMPATH) and the Johns Hopkins University Program for International Education in Gynecology and Obstetrics (JHPIEGO) to review the nutrition indicators proposed by NASCOP for inclusion in a new MOH summary form. The team also

reviewed the NASCOP nutrition register that FANTA developed with NASCOP for service providers to collect nutrition information from clients. FANTA edited the indicators and the register according to recommendations made by the task force, and presented the final draft of the register to the NASCOP M&E team in March 2008. FANTA printed 150 copies of the nutrition register in May 2008.

NASCOP shared the printed register with all provincial nutrition officers (PNOs) and key partners, including UNICEF, APHIA II, Care International and the USAID Nutrition and HIV Program (NHP)/AED. NASCOP, the PNOs and key partners decided to pilot the register in Central and Nyanza provinces, with the PNOs being trained on how to use it and, in turn, orienting CCC service providers at the pilot sites on the register. Data from the piloting exercise has been collected; those results and the summary indicators form will be reviewed under FANTA-2.

FANTA also supported two NASCOP and MOH/Division of Nutrition staff and two staff of the Nutrition and Health Project to attend the M&E regional meeting held in Entebbe on July 14-16, 2008. Two FANTA staff based in Kenya also attended the workshop, which provided a forum for countries to share their experiences in developing and integrating nutrition indicators, tools, and/or processes into national HIV/AIDS M&E systems.

Nutrition and HIV materials

FANTA supported the printing and dissemination of additional copies of materials on nutrition and HIV that FANTA produced with NASCOP. FANTA worked with NASCOP and service providers to identify nutrition and HIV materials that need to be reprinted and initiated the process of printing a number of materials such as counseling cards, a CCC training toolkit, wall charts and community posters for PLHIV. FANTA also developed and printed handbills on nutrition management of symptoms and on critical nutrition practices for PLHIV.

The nutrition materials, including the NASCOP Nutrition & HIV Policy Documents (Strategy and National Guidelines) and Learning Materials (Toolkit, Trainer's Manual, Wall Charts and Brochure), were featured on National Nutrition Day, August 15, 2008. The day was led by the Minister of Medical Service, Professor Anyang' Nyongo, and the U.S. Ambassador Michael Ranneberger. FANTA provided support for the nutrition day, including for the venue, refreshments, a print media supplement in a local newspaper, local transportation and communication.

Integrating nutrition into HBC

FANTA helped integrate food and nutrition components into community-based programs and services for OVC and PLHIV. Activities included mapping programs; identifying and planning integration and linkages among programs; supporting NASCOP in the adaptation of nutrition education, counseling and M&E materials for community programs; and supporting nutrition and HIV training for NASCOP's and PEPFAR's community-based IPs, including APHIA II partners.

FANTA held a planning meeting with NASCOP's Nutrition Manager and HBC Manager to discuss the integration of food/nutrition into community-based HIV programs. The main activities planned at the meeting included community mapping of food/nutrition interventions; the adaptation/development of community-based information, education and communication (IEC) materials, specifically two community posters and a handout for PLHIV; the adaptation of training materials and of the training of community health workers (CHWs) and HBC providers on the management of HIV. FANTA carried out the community mapping activity and supported NASCOP in developing an implementation plan. The final draft of the community mapping exercise was produced near the end of Project Year Ten.

Information sharing and training

FANTA organized a three-and-a-half day workshop on nutrition management of HIV, entitled Community Perspective, on July 28-31, 2008. Thirty-seven participants were drawn from about 20 organizations which represented all APHIA II programs, New Partners Initiative (NPI)/AED and the Capable Partners Program (CAP)/AED partners. Facilitators for the training included FANTA, the Center for Nutrition Education and Research (CENER), NHP/AED and NASCOP/MOH. The workshop provided a forum to adapt *Nutrition Care for People Living with HIV and AIDS: Training Manual for Community and Home-Based Care Providers Facilitators Guide and Participant Handouts*, developed by FANTA and RCQHC, for the Kenyan context. Also, on October 14-17, 2008, with the support of a consulting firm (CENER) and co-funded by CAP-Kenya, FANTA provided training to 35 CHWs, HBC providers and health program officers working in 20 CAP sub-grantee organizations.

The New Partner's Initiative (NPI/AED) Program requested that FANTA provide a one-day training on nutrition and HIV to country teams from partner organizations from five countries during a three-day Regional NPI Technical workshop on HIV/AIDS, held May 6-9, 2008.

Capable Partners Program (CAP/Kenya) requested that FANTA provide TA during a partners modification workshop held June 4-6, 2008. FANTA presented a two-hour-long presentation on nutrition and HIV/AIDS, with special emphasis on PEPFAR allowable uses of funds on food and nutrition interventions, and on food security.

1.3.5. Madagascar (Title II and HPN)

The Title II program in Madagascar, which cost approximately \$16 million in FY 2005, is implemented by ADRA, CARE, and CRS. The activities of the three CSs cover interventions in agriculture, MCHN, water and sanitation, food for education, and other child feeding/humanitarian assistance. The program also includes disaster mitigation and urban development activity in the capital city and in some secondary cities such as Fort Dauphin and Tamatave. FANTA particularly supports the program's SO 5, "Increased use of selected health services and products and improved practices." In Project Year Ten, FANTA continued its technical support to USAID/Madagascar and provided TA to the Title II Cooperating Sponsors.

Implementation of the Layers approach

FANTA support to the Mission FFP Office in Madagascar focused mainly on the implementation of the Layers approach (see **3.5.2.a**). In addition to the standard modules on agriculture, nutrition, health and education, the Madagascar version of Layers allowed the Mission to assess the quality of infrastructure built with FFW. The first Layers round, completed in September 2005, was analyzed in Project Year Eight, offering important recommendations for the adjustment of CS programs in the field. In Project Year Nine, FANTA helped the Mission transfer the Layers data collection responsibility to a local contractor. In Project Year Ten, FANTA provided continued TA to the local contractor to ensure that it had the capacity to carry out the next Layers Survey.

After FANTA trained the enumerators, data was collected for Title II Layers in October and November 2007. Surveys were conducted at 226 Title II sites to determine if activities were being implemented normally in terms of warehouse management, MCHN, agricultural extension, and infrastructure rehabilitation. Data were submitted to FANTA for analysis in December 2007. In early 2008, FANTA tabulated the data for the Madagascar Layers exercise, generated reports on the performance of three CSs in 11 program areas (warehouse management, safety net commodity management, MCHN, agriculture activities and seven types of FFW infrastructure) and submitted to USAID/Madagascar for their next steps.

Developing an FSPS

The food security programming strategy (FSPS), which included an updated assessment of the food security situation in Madagascar, is a part of the Agriculture and Environment Office's stocktaking exercise in preparation for a new Office strategy and new MYAPs that would begin in FY 2009. It provides USAID/Madagascar and its development partners and customers with a strategic framework within which interventions designed to enhance food security will be formulated.

The FSPS's SOW was developed at the beginning of Project Year Ten: it was drafted by the Mission following consultations between FANTA and USAID/Madagascar in September 2007, and then revised by FANTA. Later in Project Year Ten, FANTA reviewed background documents and conducted numerous interviews with USAID and CS staff as well as government officials in Madagascar to aid in its TA with the FSPS. FANTA also facilitated a workshop with CS and government partners to identify Title II priorities in Madagascar. The final FSPS report was submitted towards the end of Project Year Ten. USAID/Madagascar used the FSPS to develop country-specific guidelines for FY 2009 MYAP proposals for Madagascar.

Implementing OM surveys

Following the implementation of Layers for Title II programs (see **3.5.2.a**) with the Mission FFP Office, the USAID Health, Population and Nutrition (HPN) Office expressed interest in adopting a similar approach to monitor their programs. HPN has oversight responsibilities over a large number of partners implementing HPN interventions in several regions of the country and is in need of a system to monitor the implementation of these activities in Madagascar to track performance on USAID SO5, including its four IRs, on an annual basis. After examining the feasibility of such a system and developing a template for data collection and analysis, the full system was piloted and the first HPN Layers survey was implemented in May-June 2006. The GH team in Washington, D.C., became aware of the Madagascar HPN Layers activity and requested that FANTA incorporate the OM indicators selected by the GH team in the second Madagascar HPN Layers survey as one of two pilot countries. This survey was implemented in May-July 2007.

During Project Year Ten, FANTA completed data analysis and reporting for the 2007 survey, now referred to as an OM survey. In January 2008, the final report of the OM survey was submitted to the USAID Mission in Madagascar and subsequently translated into French.

On April 1-7, 2008, FANTA trained personnel from the local firm PENSER in data analysis in preparation for the 2008 OM Survey. Training included analysis using SPSS statistical software and presentation of results in the OM Survey report. PENSER will implement the third OM survey. Activities will take place under FANTA-2.

1.3.6. Malawi (Title II)

Following the release of the FFP 2006-2010 Strategic Plan, a number of USAID Missions began collaborating with FFP/W to develop strategies intended to maximize the impact of USAID resources by providing guidance to existing and future Title II programs on country-specific food security programming priorities. For these reasons, and because of anticipated changes in Title II resource availability in FY 2008, USAID/Malawi requested FANTA's assistance with the development of a Malawi FSPS to establish programming priorities for the Improving Livelihoods through Increasing Food Security (I-LIFE) consortium and other potential Title II CSs to achieve Mission food security objectives. In order to develop the Malawi FSPS, FANTA carried out a literature review and two field visits to Malawi in Project Year Nine to see Title II and non-Title II food security program sites and to meet with Mission staff and food security stakeholders. A first draft of the strategy was presented at a workshop in Lilongwe on September 18-20, 2007. During Project Year Ten, FANTA revised the Malawi FSPS based on feedback received during the September 2007 workshop, and the final document was posted on the USAID/Malawi website in October 2007.

1.3.7. Mozambique (PEPFAR and Title II)

1.3.7.a. Support to PEPFAR

Food and nutrition interventions improve HIV treatment and care outcomes and are an important component of comprehensive care and support for PLHIV. At the request of USAID/Mozambique, FANTA works with Mozambique's National AIDS Council (NAC), the MOH, the Ministry of Women and Coordination of Social Action, and PEPFAR IPs.

In Project Year Ten, FANTA carried out the following TA activities:

Needs assessment for integrating nutrition into HIV services

FANTA conducted an assessment to identify needs related to integrating food and nutrition care into HIV services. FANTA reviewed national guidelines, strategies and program documents, conducted site visits and met with the MOH, PEPFAR IPs, the CDC, UN Agencies, Helen Keller International (HKI), the Elisabeth Glaser Pediatric AIDS Foundation (EGPAF), the International Training and Education Center on HIV/AIDS (I-TECH) and SCMS. The assessment addressed the policy and operating environment, capacity strengthening needs, and the availability and utility of training materials and job aids.

Based on the assessment, FANTA made several recommendations, including developing national guidelines on nutrition care and support for PLHIV; establishing mechanisms for coordination among stakeholders at the provincial level focused on nutrition, food and HIV; updating national training materials on nutrition and HIV; training service providers; implementing M&E, quality assurance, quality improvement and supervision of nutrition care and support activities; and identifying the best mechanism for collecting data on rates of severe and moderate malnutrition among HIV care and treatment clients to inform FBP programming.

Development of nutrition and HIV workplan

FANTA then drafted a work plan for activities to meet the needs and shared it with USAID/Mozambique. The revised work plan will be completed in the first quarter of FANTA-2.

1.3.7.b. Support to Title II

USAID/Mozambique requested FANTA's support in developing a strategy that can be used as a tool for establishing Title II program priorities and for supporting the integration of Title II and other USG resources in support of those priorities, including PEPFAR, the Presidential Malaria Initiative (PMI), the Millennium Challenge Corporation (MCC), the USAID Global Development Alliance (GDA) activities and the Presidential Initiative to End Hunger in Africa (IEHA). Specifically, USAID/Mozambique asked FANTA to help develop supplemental guidance for the development of food security programs in Mozambique, including the Title II program, in advance of the new MYAP cycle for FY 2008-2012.

Development of food security programming framework

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

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

FANTA shared the draft framework with the Mission and FFP/Washington, D.C., (FFP/W) in Project Year Nine, and in Project Year Ten, FANTA carried out a number of Mission-requested revisions. The food security programming framework was approved by the Mission later in the project year.

Draft RFA to support Title II programming

As a follow-up to the food security programming framework activity, USAID/Mozambique also asked FANTA to help develop a draft request for applications (RFA) that included health, nutrition, water, sanitation, irrigation, microenterprise development and PEPFAR HIV/AIDS activities to support Title II programs in Zambezia and Nampula Provinces. The draft RFA was shared with various Mission staff from the health, rural incomes and HIV/AIDS SOs. USAID/Mozambique plans to release the RFA in the first quarter of Project Year One of FANTA-2. The Mission was very grateful for the TA provided by FANTA, reflected in the following email message from the USAID/Mozambique FFP Officer: "Thanks again for coming out to help with the MYAPs and the RFA; we wouldn't be where we are without all your help!!!"

1.3.8. Namibia (PEPFAR)

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

During Project Year Ten, FANTA provided the following in-country TA:

Food and nutrition needs assessment

FANTA supported an assessment of the food and nutrition needs of PLHIV in Namibia, the types of support that service providers require to provide quality nutrition care, and gaps and opportunities in health facilities and community systems for integrating nutrition into HIV treatment and support. In Project Year Nine, the MOHSS and USAID/Namibia requested FANTA's TA to conduct such an assessment as the first step toward improving nutrition care and support. The assessment was conducted by FANTA and the MOHSS in April-May 2008 using interviews and focus group discussions, as well as anthropometric measurement of 319 ART clients located at ART clinics in five hospitals in five regions, and selected to represent higher and lower HIV prevalence, urban and rural settings, and different cultural groups. Of the clients measured, 64.6 percent had a BMI within the normal range, 20.1 percent were undernourished (2.5 percent of them severely malnourished and 17.6 percent moderately malnourished), 11.9 percent were overweight and 3.4 percent were obese.

The assessment found that training in nutrition and HIV is urgently needed for all cadres of staff. Most clinics had equipment to measure height and weight and regularly measured ART clients' weight, but rarely measured height and did not calculate BMI to diagnose and monitor malnutrition. Both staff and clients perceived nutrition as a food security rather than a clinical issue, and almost all clients reported poor food security and poor access to healthy food. Reported diets lacked diversity, particularly fruit and vegetables. Men were under-represented at the ART clinics, reportedly because of the stigma associated with HIV. High alcohol consumption found in all sites may affect adherence to ART, HIV transmission, dietary intake and household food expenditure.

Based on the findings, the assessment team recommended nutrition education with IEC materials in local languages on healthy eating, maintaining healthy weight, and reducing alcohol consumption; admission of severely malnourished ART clients to a hospital for therapeutic feeding; piloting of take-home supplementary food rations through the clinics; training of all staff in nutrition and HIV; provision of weight, height, BMI and weight-for-height (WFH) equipment and charts to all clinics providing HIV services; designating one person responsible for nutrition programming in each health facility providing HIV services; and incorporating nutrition indicators into the national HIV M&E system.

The assessment report was finalized and submitted to USAID/Namibia and to the MOHSS. Findings were presented and discussed during a series of meetings with MOHSS held in September 2008.

Nutrition and HIV strategy and operational plan

Based on findings from the assessment, FANTA helped the MOHSS to prepare a strategy and operational plan on nutrition and HIV that describes the intervention package for PLHIV, as well as targets, key steps, partnerships, expected outcomes, an M&E plan and resource needs. The strategy will serve as the framework for planning, resource mobilization and monitoring of nutrition care and support implementation. *Operational Guidelines for a National Nutrition Programme for People Living with HIV in Namibia* was submitted to the MOHSS in June 2008 and later disseminated to stakeholders.

Food assistance for malnourished PLHIV and OVC

FANTA provided TA to MOHSS and PEPFAR partners in the design of a PEPFAR-funded food assistance program for malnourished PLHIV and OVC. Support involved determining short- and long-term resource and programmatic needs, identifying entry and exit criteria, helping develop monitoring, record-keeping and reporting systems, as well as site visits and technical input to support the incorporation of nutrition assessment and counseling into patient flow at HIV care and treatment facilities.

The MOHSS in Namibia does not currently support or implement supplemental feeding for PLHIV. The National Tuberculosis Programme distributes fortified maize meal, but uses no anthropometric criteria for admission or discharge. ART clinics refer patients to NGOs, including the Namibian Red Cross, for food assistance. In 2008, the Clinton HIV/AIDS Initiative (CHAI) donated Plumpy'Nut[®] for severely malnourished HIV-positive children. PEPFAR IPs may pilot food distribution at sites linked to HIV testing and ART with funding from the CDC. The Food and Nutrition Sub-division would be responsible for this programming, but it lacks experience in this area. In response, and at the request of the MOHSS and USAID/Namibia, FANTA supported the design of an operational plan for food assistance programming for PLHIV.

FANTA worked with the Food and Nutrition Sub-division from February through May 2008 to determine the most effective way to address the nutritional needs of PLHIV in Namibia and the feasibility of a food supplementation program within the current health system. FANTA visited adult and pediatric ART clinics, met with MOHSS staff at national and regional levels to gather information, then prepared a report on the feasibility of a program providing specialized food products to PLHIV in Namibia based on the findings.

The draft *Operational Guidelines for a National Nutrition Programme for People Living with HIV in Namibia* were disseminated at a September 2008 stakeholders meeting. Participants included the MOHSS, UNICEF and CHAI, held to define the process of implementing a FBP program for malnourished PLHIV. FANTA, CHAI and UNICEF synchronized food protocols for children and adults between FBP programs and programs for the management of SAM in children. CHAI RUTF will be used for the management of SAM and in sites not providing HIV services (lower-level health facilities and community-based programs), while PEPFAR FBP supplies will be used to manage moderate malnutrition in children and moderate and severe malnutrition in adults, including PMTCT clients. FANTA also estimated the quantity and types of FBP to be procured for the first year, developed an implementation schedule and budgeted the components. Seven clinic sites were identified to roll out both the CHAI and PEPFAR food provision using the same systems (e.g., storage space, monitoring forms). The FBP program using PEPFAR resources will begin in March 2009 and reach approximately 4,000 beneficiaries the first year, though FANTA recommended that the MOHSS identify a cheaper source of enriched FBF than the current choice, Intaka Nutri-pap.

Counseling materials and job aids

FANTA worked with Namibia government partners to develop counseling materials and job aids to support the provision of nutrition care and support to PLHIV after the MOHSS expressed the need for a number of materials to support nutrition assessment and counseling as well as nutrition management of HIV-related symptoms by PLHIV. The MOHSS identified the following: 1) a nutrition job aid for nurses and physicians with an algorithm for managing nutrition-related issues faced by PLHIV; 2) a

patient form or clinic register that captures clients' medical history, nutritional status and food security assessment for supportive follow-up counseling; 3) nutrition and HIV counseling cards; 4) a monitoring checklist for supervisory checks of trained health care providers; 5) a pamphlet and clinic poster on nutrition management of HIV-related symptoms; and 6) a pamphlet and poster on food, water and personal hygiene for PLHIV.

FANTA drafted all the materials, where possible adapting materials produced by FANTA for other countries in the region, and incorporated feedback from the MOHSS Food and Nutrition Sub-division. The print materials, which were laid out in Kenya, were shared with stakeholders in Namibia in September 2008 and revised based on participants' feedback. FANTA and the MOHSS then pre-tested the materials in October 2008. The MOHSS will print the final drafts in FY 2009 and the materials will be disseminated to HIV care and treatment sites to support nutrition counseling, education and care services.

HIV and nutrition assessment and counseling

The MOHSS/I-TECH manual *Nutrition Management with HIV and AIDS: Practical Tools for Health Workers* has been used to train over 50 Namibian health care providers and 19 trainers. This course covers critical nutrition and HIV topics, however, it is more knowledge-based than oriented toward practical skills in nutrition assessment and counseling. In response to a request for TA to improve the on-the-job skills learned in the training, FANTA drafted a follow-up module focused on demonstrations of and practice in anthropometric measurement, assessing diet and food intake, interpreting biochemical results, categorizing nutritional status, and counseling PLHIV on symptom management and dietary adequacy. With I-TECH, FANTA outlined a course to convene for a series of one-to-two-day meetings in regions every three-to-four months to review the application of the skills in the workplace under the mentorship of the trainers. FANTA also drafted guidelines for pre-testing this module.

1.3.9. Rwanda (PEPFAR)

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

FANTA has carried out a number of activities in Rwanda to strengthen nutrition care and support for PLHIV, and to improve general nutrition capacity in the country. Some of the activities that have been implemented to date include the organization of a NWG, development of National Guidelines and a National Protocol on Nutritional Care and Support for PLHIV, development of Nutrition and HIV counseling materials, two PROFILES workshops, and capacity strengthening for the Lead Nutritionist at the Rwandan Treatment and Research AIDS Center (TRAC Plus).

During Project Year Ten, FANTA provided the following in-country TA:

Qualitative assessment of use and availability of National Guidelines

Site visits conducted by the TRAC Plus Lead Nutritionist and information obtained from health service providers point to the likelihood that access to and use of the National Guidelines on Nutritional Care and Support for PLHIV and the Nutrition and HIV counseling cards is not consistent across the country or across the various levels of the health system (e.g., national, regional, district). Information from Rwanda and other countries suggests that copies of the National Guidelines are frequently not available at health facilities, and that when their distribution is not accompanied by follow-up training, the purpose of guides or counseling materials are not well understood or used by service providers.

In June and July 2008, FANTA partnered with TRAC Plus to carry out a qualitative assessment of the availability and use of the National Guidelines and the counseling cards in Rwanda. The assessment team conducted key informant interviews with representatives of four NGOs, and semi-structured interviews with health care workers from eight health facilities and volunteer counselors from 19 PLHIV associations. Information from the assessment had immediate use in improving the design of a TOT conducted by FANTA in August 2008 on the use of the counseling cards for staff of Rwandan NGOs responsible for the training and supervision of counselors. The assessment results will also inform future revisions of the National Guidelines, counseling cards, training strategies, and plans for further production and dissemination of these materials.

TOT on use of counseling cards

In August 2008, FANTA offered two TOT in Kigali, Rwanda, for NGOs on the use of the Nutrition and HIV counseling cards. The purpose of the TOT were to help individuals responsible for the training and supervision of counselors to strengthen their trainees' counseling skills and counseling messages on HIV and nutrition by helping them to make the best use of the counseling cards. The specific objectives of the TOT were to ensure that at the end of the TOT participants would be able to explain clearly the relationship between nutrition and HIV, identify key nutrition behaviors for PLHIV, explain the role that counseling plays in the improvement of dietary practices of PLHIV, effectively use the counseling cards during counseling sessions, and elaborate a plan for training community counselors and health workers in the effective use of the counseling cards. Twenty-nine participants were trained from 10 NGOs working with PLHIV: World Relief, Rwandan Network of PLHIV (RRP+), Community HIV/AIDS Mobilization Program (CHAMP), IntraHealth, Caritas, Food for the Hungry (FH) Rwanda, Adventist Development and Relief Association (ADRA), Africare, WV and Catholic Relief Services (CRS).

The final workshop evaluations showed a high degree of satisfaction among workshop participants. Responses regarding participants' opinions about the clarity, achievement and usefulness of the objectives, the usefulness of the materials and the efficacy of the facilitators were consistently rated at 5 or 4 (5 being highest and 1 being lowest). A comparison of pre- and post-test scores showed an average gain in knowledge of 34 percent. The major success of the workshop was providing Rwanda with a pool

of trainers familiar with the content and format of the counseling cards, their strengths and limitations, and methods for training, supervising and supporting counselors in the use of the cards to improve the quality of nutrition counseling for PLHIV.

1.3.10. Zambia (PEPFAR)

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

During Project Year Ten, FANTA provided the following in-country TA:

Strengthening the Nutrition and HIV Sub-Committee

FANTA supported the MOH, the National Food and Nutrition Commission (NFNC), and National HIV/AIDS/STI/TB Council to strengthen the United Nations (UN) Sub-Committee on Nutrition and HIV (SCNHIV) as a forum for coordination and guidance of nutrition and HIV activities. FANTA supported these stakeholders to define TOR for the forum, finalize the operational plan for nutrition and HIV components of the National Food and Nutrition Policy and Implementation Plan, and develop an inventory of nutrition and HIV programs.

By mid-Project Year Ten, the SCNHIV had convened under the NAC Treatment, Care and Support Theme Group and had developed and adopted an operational framework for its activities. The areas the subcommittee wished to undertake under this framework included training and educational-material development and production; human resource capacity strengthening; development of policies and guidelines on nutrition and HIV; coordination, collaboration and advocacy for nutrition and HIV issues; food and dietary supplement guidance development; M&E of nutrition and HIV activities; and research and dissemination of nutrition and HIV related issues. Stakeholders involved in nutrition and HIV were requested to support the SCNHIV and the government under these activity categories, though implementation would be through appropriate organizations and government agencies.

Training for facility-based health care providers

In 2005, in order to provide TOT to provincial managers, the MOH and the NFNC, with assistance from UNICEF, drafted a four-day nutrition and HIV course and an accompanying training manual for facility-based health care providers. The course includes anthropometric assessment, nutrition counseling and education, entry and exit criteria for food supplementation, and guidance on referrals to services for PLHIV. Both were based on FANTA's 2003 *Nutrition and HIV/AIDS: A Training Manual* developed by RCQHC, and on the FAO/WHO *Nutrition, Counseling, Care, and Support for People Living with HIV/AIDS* manual for Ministry of Agriculture extension workers and HBC workers at the community level.

FANTA was asked to assist the NFNC in finalizing this draft manual, and UNICEF was approached for assistance with printing. FANTA reviewed the draft nutrition and HIV training manual and undertook extensive revision to improve its technical content and ensure that it was skills-based and practical. The revised version of the *Nutrition Care and Support for People Living with HIV Training Manual*, with a facilitators guide and participant handouts was reviewed at a technical consultation workshop in which the MOH, the NFNC, the Lusaka District Health Office, the National AIDS Council, University Teaching Hospital, WFP, UNICEF, IYCN, Valid Nutrition and CRS provided comment and drafted a plan for piloting the training. The MOH and the NFNC made a commitment to support a pilot training in September 2008 using MOH resources allocated for this activity. In the same month, FANTA supported a meeting with the MOH, the NFNC and UNICEF in which the NFNC shared its plan to roll out the training and UNICEF agreed to print the final version of the manual in October 2008. FANTA contributed to the pilot training in September 2008, which was attended by 30 health care providers from Lusaka District and three

surrounding districts (Chongwe, Luangwa and Kafue). Suggested revisions arising from the training were incorporated in the final manual draft.

Incorporating nutrition assessment and counseling into HIV care and treatment

While nutrition assessment and counseling are increasingly addressed in trainings, few service providers in HIV care and treatment sites do routine nutrition assessment. Reasons for this include the limited time health care providers have to spend with clients, that use of such data is not required or defined, that the HIV monitoring framework does not include nutrition indicators, and not all sites have the needed equipment and materials. Effective nutrition counseling requires training, time, job aids, follow up and human resources to collect and monitor data.

To address these practical constraints, FANTA was asked to work with the MOH and the NFNC to develop a two-day, skills-based training module covering anthropometry, symptom management, and dietary adequacy for health care providers in facilities and in HBC and OVC programs who have already been trained in nutrition and HIV. The on-site training would be piloted under FANTA-2 in districts where PEPFAR IPs provide HIV treatment and care services.

Developing guidelines for an FBP program

PEPFAR IPs in Zambia anecdotally report food insecurity and malnutrition among PLHIV and communities surrounding treatment facilities. According to data from the Centre for Infectious Disease Research in Zambia (CIDRZ), approximately 14 percent of adult clients on HIV care and treatment would qualify for food support using PEPFAR criteria. Many programs use food supplements in the care and support of PLHIV, and some programs are introducing RUTF into HIV services, but the use of such products is fragmented and largely ad hoc. Most food supplementation has focused on improving adherence to ART. USAID/Zambia requested FANTA guidance on a food package for PLHIV that includes nutrition assessment, counseling and education; therapeutic and supplementary food; and links to household food and livelihood support for families affected by HIV. At the end of Project Year Nine, FANTA provided USAID/Zambia with a report on current HIV food programming opportunities, options for an FBP program, suggested eligibility criteria, costs, roles of partners and M&E considerations.

At the beginning of Project Year Ten, FANTA drafted Guidelines for an FBP program for PLHIV in Zambia for submission to USAID/Zambia. A few months later, the Food and Nutrition and HIV/AIDS Sub-committee convened a meeting to plan the further development of national FBP guidelines. Participants (CDC, CRS, Valid Nutrition and FANTA) reached an agreement on FBP entry points (i.e. growth monitoring and promotion [GMP] sites, OVC and ART sites), nutrition assessment procedures (i.e. weight, height/length, mid-upper arm circumference [MUAC], edema, visible wasting, appetite, activity score), and the need to involve other stakeholders, including the Zambia Bureau of Standards and University Teaching Hospital, in FBP planning.

FANTA revised the draft Guidelines with recommendations from the stakeholder meeting. The guidelines cover entry and exit criteria, roles of IPs, site selection, and data collection and reporting. FANTA worked with the MOH and the NFNC to organize and facilitate another partners' meeting to review and refine the draft Guidelines. Towards the end of Project Year Ten, FANTA presented the final draft of the Guidelines to USG partners, UN agencies, the MOH, the NFNC and PEPFAR IPs.

Drafting multi-year PEPFAR action plan on food and nutrition

In response to a request from USAID, FANTA worked with the IYCN and USAID/Zambia to draft a multi-year action plan on food and nutrition for PEPFAR/Zambia that identifies approaches and activities for integrating food and nutrition into HIV services and proposes roles for USG agencies and partners. FANTA and IYCN facilitated a meeting with PEPFAR partners and a three-day meeting with the PEPFAR/Zambia partners with nutrition components to review the draft Action Plan and identify steps to translate it into programming actions.

1.3.11. India (Title II)

The Title II program in India has faced a changing and challenging environment due to reduced non-emergency Title II resources, an accelerated phase-out of the Title II program and phase-over of key activities to Government of India (GOI) programs. The Title II program is implemented by CARE and has developed a number of innovative approaches and practices as part of its support to the GOI Integrated Child Development Services (ICDS) program. FANTA worked with CARE and USAID to support the GOI in replicating these approaches and practices in the larger ICDS program in two states beyond the direct Title II program-assisted areas. To support this process and strengthen the quality of ICDS implementation, FANTA supported the development of quality standards for each of the practices, training of ICDS functionaries in their implementation, and production of support materials.

During Project Year Ten, FANTA provided the following in-country TA:

Developing and supporting the process for replication of approaches and practices and applying quality standards

FANTA finalized and disseminated *Replication of Integrated Nutrition and Health Project Approaches in Non-CARE Assisted ICDS Areas: Operational Guidelines*, which provides a framework and guidance for State Working Groups (SWGs) and other stakeholders in the content and process of replication.

Drawing from the operational guidelines, FANTA, USAID and CARE developed a detailed process and timeline for developing quality standards for each of the approaches and practices to be replicated, for capacity building of ICDS functionaries to apply the standards, for piloting the process of replicating the practices and applying the quality standards, for refining this process, and for wide roll-out in non-Integrated Nutrition and Health Program (INHP) areas. The targeted approaches and practices to be replicated are Nutrition and Health Days, home visits, supportive supervision (using checklists), structured sector review and commodity management.

FANTA worked with CARE to complete the initial identification and documentation of the key components of each of the practices. This documentation served as the core of the quality standards that were developed, contextualized, validated, translated and then piloted between May and August 2008 in two districts each in Andhra Pradesh and Chhattisgarh states. FANTA also worked closely with CARE on capacity building in the key technical areas needed to support replication of the targeted practices.

As part of the replication process, FANTA and CARE introduced effective commodity management procedures. As an initial step, software and procedures developed as part of CARE's Title II program in Andhra Pradesh were shared at a September 2008 meeting with the Program Management Teams of INHP from eight states where the program is operating. State representatives expressed strong interest in using the software developed for the remaining period of the project and promoting its use within the ICDS system in their states.

FANTA also worked with CARE to review existing INHP documents such as IEC material, manuals, guidebooks, posters and other training material prepared during the earlier phases of the project. Materials with relevance to the replication activity were identified, updated and translated for reprinting and duplication for use during the scale up of replication.

Support to implementation of World Bank-supported ICDS-IV

FANTA supported CARE in the planning and initial facilitation of a process for developing Project Implementation Plans (PIPs) in five states – Andhra Pradesh, Chhattisgarh, Jharkhand, Rajasthan and Uttar Pradesh – as part of the next phase of ICDS-IV, supported by the World Bank. FANTA supported state and sub-state workshops and consultants to support the Ministry of Women and Child Development (MWCD) in planning ICDS-IV activities. In particular, FANTA and CARE are supporting the integration of promising practices and approaches from INHP into ICDS-IV activities, with particular focus on the five practices targeted for broader replication. With FANTA support through CARE, the PIPs were developed in these five states and include many of the approaches pioneered through the Title II program.

Planning a National Resource Center for ICDS practices

FANTA liaised with central- and state-level policy makers through multiple meetings to discuss establishing a National Resource Center on ICDS practices. FANTA held discussions with GOI officials to brief them on the standardization and replication process, and to solicit input and feedback to ensure the process matches GOI expectations and direction. To facilitate the establishment of the National Resource Center on ICDS practices, FANTA shared a concept note prepared by CARE.

1.3.12. Guatemala (Title II and HPN)

Guatemala's MYAPs for the period of FY 2007-2011 began in October 2006 and are being implemented by CRS, SHARE and SC. These CSs work in MCHN, water and sanitation, agricultural production, marketing, credit and natural resource management. They also work to strengthen the capacity of local governments to deliver services in those sectors in highly food-insecure areas of the Departments of Baja Verapaz, Chimaltenango, Huehuetenango, Quiché and San Marcos.

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

During Project Year Ten, FANTA provided the following in-country TA:

Formative research on behavior change interventions

FANTA built on support provided to the Title II CSs in Guatemala to conduct formative research for improving behavior change interventions, and, in particular, to improve the strategy of Integrated Health Care for Children and Women at the Community Level (AINM-C). AINM-C is currently implemented by the Guatemalan Ministry of Public Health and Social Assistance (MSPSS) with the TA of Calidad en Salud. FANTA also supported the CSs in the analysis of information collected through their formative research and assisted them in developing a work plan to use the results of that research to strengthen behavior change interventions that are implemented in the MCHN and agriculture components of the Title II MYAPs in Guatemala. To achieve this and to specifically strengthen AINM-C, FANTA facilitated the workshop, "Analysis and Application of Qualitative Information for the Development of Behavior Change Interventions," which took place November 26-28, 2007.

The workshop had two main successes. First, the CSs learned a systematic process for analyzing the qualitative information resulting from the focus group discussions. Second, the CSs developed detailed plans for using the results of the formative research to design behavior change interventions.

Training CSs in LQAS for monitoring and reporting

As a follow-on to training FANTA previously provided to the CSs in the current reporting requirements of the Guatemala/Mission and FFP Office, FANTA prepared a workshop to train the CSs in LQAS as an efficient sampling methodology for use in monitoring indicators that need to be reported annually to USAID/Guatemala and to FFP/W, as well as to guide implementation of their interventions.

Based on dialogue and input from the CSs, FANTA focused the LQAS workshop on annual monitoring for outcomes and on particular behavior change indicators, such as the prevalence of exclusive breastfeeding (EBF) and adoption of new agricultural practices. Potential challenges were identified with regard to using LQAS for annual monitoring, and were subsequently addressed during the workshop. They included:

1. Resources needed to complete annual monitoring surveys, namely how to incorporate the collection of data into routine activities
2. The use of beneficiary lists to identify mothers/caregivers with children under 6 months of age for the indicator of EBF, specifically that children may be older than 6 months or the sample may be biased toward older children if there is a lag time between creation of the list and data collection
3. The need for parallel sampling with indicators that have different sampling universes (e.g., mothers with children 0-5 months of age, mothers with children 6-23 months of age)

The workshop, entitled *The Use of Lot Quality Assurance Sampling for Annual Monitoring of P.L. 480 Title II Programs in Guatemala*, was held January 13-18, 2008. A total of 30 participants attended representing three Title II CSs in Guatemala (CRS, SC and SHARE) and Calidad en Salud. The participants included M&E specialists, technical sector specialists in MCHN and agriculture, and field supervisors.

OM surveys

Guatemala was selected as one of the GH OM pilot countries (see also **3.5.2.b**). In Project Year Nine, FANTA worked with the Mission to adapt the approach, and field work for the 2007 OM survey covered five of the eight Mission focus regions in health (Quiche, Totonicapan, San Marcos, Quetzaltenango and Chimaltenango). In Project Year Ten, FANTA completed the analysis of the data collected during the 2007 OM survey, and in January 2008 the Final Report of the 2007 OM survey was submitted to the USAID Mission in Guatemala.

FANTA presented the results of the 2007 OM Guatemala Survey to the USAID Mission in February 2008 to government officials and to representatives of international development agencies. At this time, FANTA began planning for the second round of the OM survey (2008 OM Survey), and discussed with USAID/Guatemala other activities that may be taken at the national level to improve the response to the grave nutrition situation Guatemala continues to confront.

On April 17-25, 2008, FANTA trained personnel of Calidad en Salud and the private firm Centro de Investigaciones en Nutricion y Salud (CIENSA) in the implementation of the 2008 OM Survey. The goal of the trip was to provide the capacity to Calidad en Salud and CIENSA to administrate all aspects of the OM Survey. Training included programming the Pocket PC Creations (PPCC) software program used to administer the survey using handheld computers, and data analysis using SPSS statistical software. As a result, CIENSA independently implemented the 2008 OM Survey in May-August 2008, with the final report delivered to the Mission towards the end of Project Year Ten.

With this second implementation, full capacity to do the OM survey was successfully passed on to CIENSA, FANTA's local partner in-country. The full activity, including the writing of the final report, was completed in less time and at lower cost than originally anticipated, though the 2008 OM used the more expensive simple random sampling (SRS) approach instead of a cluster sampling approach (see **3.5.2.b**). The USAID Mission now funds the OM survey on a regular basis. It is expected to be funded again in FY 2009, through FANTA-2.

1.3.13. Haiti (PEPFAR and Title II)

1.3.13. a. Support to PEPFAR

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

During Project Year Ten, FANTA provided the following in-country TA:

Assessment of food, nutrition and HIV programming

FANTA began work in Haiti in Project Year Ten by conducting a two week assessment of the current situation and gaps in food, nutrition and HIV programming in Haiti, to identify existing food, nutrition and HIV materials, potential partners and stakeholders for nutrition care and support of PLHIV and food programming, and gaps that need to be addressed to strengthen implementation of nutrition and HIV interventions in Haiti. The assessment involved interviews with key stakeholders, review of existing policies, guidance and materials (e.g., HIV Strategic Plan, PMTCT materials), and field visits to services

and programs, including to existing food production sites, particularly for RUTF.

Coordination with PEPFAR partners

During the assessment visit, FANTA met with USAID/Haiti staff and partners, including PEPFAR IPs, NGOs and Ministry of Public Health and Population (MSPP) staff. Several opportunities for collaboration were identified, including working with UNICEF/Haiti on the initiation of a Nutrition and HIV TWG; collaborating with IYCN/Haiti, I-TECH/Haiti and the *Institut Haitien de Santé Communautaire* (INHSAC) on the development of nutrition and HIV training materials; assisting the MSPP with the development of National Guidelines on Nutritional Care and Support of PLHIV; and assisting CRS/Haiti with identification of key considerations for PEPFAR food provision logistics.

Development of National Guidelines for the Nutritional Care and Support of PLHIV

FANTA provided USAID/Haiti and the MSPP with a first draft of National Guidelines for the Nutritional Care and Support of PLHIV. FANTA discussed the need for MSPP to organize a workshop with USAID/Haiti, in order to discuss and reach consensus on changes and revision to the draft National Guidelines. Because of the hurricane-related disaster in Haiti, the MSPP was not able to commit to a workshop and it was postponed until FY 2009.

IYCF in the HIV context

USAID/Haiti requested FANTA's presence at the national workshop on *Nutrition for Infants and Young Children Born to HIV-positive Mothers*, which provided an opportunity to meet with a wider range of nutrition and HIV partners and stakeholders, especially nursing school and clinical staff. The workshop was noteworthy because it demonstrated national interest in IYCF in the HIV context and, based on participant questions and small group work, indicated that even at higher levels in the health system there is still confusion about interpreting and applying WHO's recommendation on IYCF in the HIV context.

Localized production of specialized food products

FANTA also met with partners, including UNICEF, CRS and Meds & Food for Kids (MFK), in Haiti to discuss local production of specialized food products and a draft protocol for a targeted evaluation on the impact of the RUTF Medika Mamba on the quality of life and anthropometric status of PLHIV, specifically pre-ART and ART clients. This study will be carried out by the University of Maryland Institute for Human Virology in partnership with CRS. UNICEF has agreed to provide up to US\$100,000 in funding to support the purchase of equipment to improve production of Medika Mamba, and has pledged to purchase anthropometric equipment for CRS sites in South Department.

Integration of specialized food products into HIV programming

USAID/Haiti requested FANTA TA on the integration of specialized food products into HIV programming. FANTA provided a number of estimates and recommendations related to PEPFAR food provision that included numbers of each priority target beneficiary group, specialized food product combinations and amounts for each group, total metric tonnage of specialized food products needed and other program costs.

1.3.13.b. Support to Title II

FANTA provides technical support to USAID/Haiti's Title II program in areas related to nutrition and food security, to the CSs to strengthen implementation of their MYAPs, and to USAID/Haiti in support of the Layers approach for program monitoring. FANTA facilitated two workshops during Project Year Nine to prepare the next round of MYAPs. These workshops helped develop a consensus between the Mission and PVOs potentially submitting MYAP proposals on the role of the Title II program in the Mission's food security strategy. Three five-year MYAPs were awarded, to CRS to work in the Southern Peninsula, toWV to work in the Central Plateau and La Gonave island, and to Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance (ACDI-VOCA) to work in the South East Department. All three programs emphasize MCHN and Agriculture, with CRS also having activities in General Relief and Food for Education (FFE).

During Project Year Ten, FANTA provided the following in-country TA:

Indicator harmonization workshop

FANTA provided technical support to the three approved MYAPs, particularly in M&E and in the implementation of the nutrition component of their MYAPs. To do this, FANTA organized a workshop in May 2008 to standardize M&E indicators across all new MYAPs. After extensive consultations and reviews of all required and PVO indicators by email, FANTA held plenary work sessions with all CSs in Haiti and individual work sessions with each. The indicator harmonization was completed in the final plenary work session, leading to the selection of the set of indicators to be collected through the baseline survey (see below). "F" indicators, Mission PMP indicators, FFP/W required indicators, and the CSs' own sets of variables to be tracked were also incorporated. The meetings involved four to five staff from each CS, including the MYAP coordinator, M&E specialists and team leaders from each key sector of intervention, as well as key USAID/Haiti staff from the Food Security and Humanitarian Assistance (FSHA) Office.

Implementing a joint baseline survey

USAID/Haiti asked FANTA to assist the three new MYAPs to conduct a joint baseline survey. FANTA began survey preparations by designing the survey sampling approach, writing the questionnaire, programming the questionnaire into PPCC software to collect the data with handheld computers, designing training and survey materials for supervisors and enumerators, and managing CS preparations. FANTA traveled to Haiti to deliver the training that kicked off the baseline survey. Haiti CSs carried out the survey in August 2008 and were in regular contact with FANTA with technical questions. The CSs sent

the final data to FANTA for analysis toward the end of FY 2008, and FANTA conducted the data analysis in October 2008, during FANTA's no-cost extension.

Implementing the Layers approach

FANTA initially developed Layers at a request from USAID/Haiti in 2002. Although the unstable situation in-country has affected the implementation of this activity, field work for a second round of Layers for Title II in Haiti was completed in Project Year Nine. The third round will get underway under FANTA-2 after the new MYAPs begin activities. In Project Year Ten, FANTA planned scaling up the use of Layers for monitoring compliance of CSs with environmental standards. This work is expected to begin in Haiti under FANTA-2. FANTA-2 will continue to assist the Mission and the Food Monitors in implementing and analyzing the results. (See **3.5.2.a.**)

1.3.14. Honduras (Title II)

FANTA provides technical support to the USAID/Honduras Title II program in areas related to nutrition and food security and to the CSs to strengthen implementation of their MYAPs. USAID/Honduras currently has three CSs implementing DAPs in the country for the period October 2004 to September 2009: ADRA, SC and WV.

FANTA has been working to strengthen the MCHN component and CBGP activities of Title II DAPs in Honduras. As a result, FANTA works with USAID/Honduras, the Honduran Secretariat of Health, and the Community-based Integrated Child Care (Atención Integral a la Niñez - AIN-C) Interagency Committee, which includes the CSs.

During Project Year Ten, FANTA assisted USAID/Honduras and the Title II CSs with developing effective plans for phase down, phase over and phase out of their Title II program in preparation for the final year of Title II in Honduras.

During Project Year Ten, FANTA provided the following in-country TA:

Workshop on Title II exit strategies

FANTA conducted a Title II workshop with the objectives of reviewing steps in exit strategies and plans for phase over or phase out. The workshop, which took place May 13-15, 2008, at the ADRA Training Center in Tegucigalpa, was funded by USAID/Honduras, G-CAP and FFP. Workshop participants included 35 Title II managerial, technical and field staff from the three CSs in Honduras: ADRA, SC and WV. During the workshop, the CSs presented their current exit strategies; FANTA provided an overview of key elements of an exit strategy; CARE Honduras gave an in-depth look at its exit strategy and the process used to develop it, including effective and less effective aspects and recommended changes; and CS teams developed and refined their exit strategies according to the key elements. The final workshop evaluation showed that the vast majority of participants were satisfied with the workshop process and outcome.

Late in Project Year Ten, FANTA completed the report for the workshop, entitled *Design and Implementation of Exit Strategies for P.L. 480 Title II Development Assistance Programs in Honduras*, translated the report into Spanish, and shared the workshop report and key workshop presentations with participants. FANTA also reviewed and provided extensive comments and recommendations to the CSs in Honduras on their final exit strategies.

Revised TOR for Title II final evaluation

FANTA also revised the terms of reference (TOR) for the final evaluation of the Title II program in Honduras, working very closely with the CSs and USAID/Honduras to ensure their needs and expectations were reflected in the final revised TOR. This was FANTA's final TA activity for Title II in Honduras. The response from USAID/Honduras and CSs alike was extremely appreciative. The USAID/Honduras FFP Officer shared "Un millón de gracias por tu apoyo en esta tarea" ("A million thanks for your assistance on this task"). The CS response can be summed up by the following: "I would like to take this opportunity to thank you very much for your efforts, advice and cariño we received from you for [Title II] activities in Honduras, all along these years and including your most recent advice for the Final Evaluation. We feel your commitment is way above expectations and would like to express our gratitude" (DAP Manager, SC/Honduras).

1.3.15. Nicaragua (Title II)

FANTA has been working with USAID/Nicaragua, the Nicaraguan MOH, the NicaSalud network of health NGOs, Title II CSs and other stakeholders to support implementation of the MOH's community health and nutrition program, Programa Comunitario de Salud y Nutrición (PROCOSAN).

During Project Year Ten, FANTA provided the following in-country TA:

Evaluating quality of implementation of PROCOSAN

Early in Project Year Ten, FANTA completed the data analysis for an evaluation of the quality of implementation of PROCOSAN. The evaluation, conducted by FANTA in Project Year Nine, covered four sets of PROCOSAN activities that had been prioritized by the Title II CSs and the MOH. The four sets of activities involved materials needed for the PROCOSAN session, measurement of child weight, management of the list of children under 2 years old, and counseling and negotiation. The evaluation found that the program's greatest need for improvement was in the counseling and negotiation done by health volunteers. FANTA presented a draft report of the findings and explored next steps with stakeholders in Nicaragua at a workshop and a forum, which were conducted or facilitated by FANTA. Work on quality of implementation was then taken over by NicaSalud under an agreement with USAID/Nicaragua. A final report on the evaluation's findings is expected to be completed early in the first year of FANTA-2.

Determining implications of including LFA in CBGP program

USAID/Nicaragua, responding to a request from the MOH, asked FANTA for a report on the implications of including the measure of a child's length in PROCOSAN. A June 2008 experts' consultation on GMP recommended that CBGP programs measure a child's length-for-age (LFA) annually or semi-annually to help assess the nutrition situation of the community or population as a whole. FANTA and a team from the MOH and NicaSalud drafted a report that found that including LFA would require harmonizing program growth curves with the newer WHO 2006 Child Growth Standards, training all health workers working with CBGP on the new standards, updating manuals and training materials, and providing health centers with the equipment needed to measure child length, among other actions. The FANTA-MOH-NicaSalud team is incorporating comments on the report, which is expected to be completed early in FANTA-2's Project Year One.

Close-out of NicaSalud sub-agreement

At the beginning of Project Year Ten, FANTA completed revisions to the final deliverables under the FANTA NicaSalud sub-agreement. FANTA sent a CD of the deliverables and a formal letter to USAID/Nicaragua and NicaSalud. Later in the Project Year, final payment was made to NicaSalud, and the sub-agreement was formally closed.

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

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

2. ACTIVITIES IN SUPPORT OF IR 2

2.1. Implementing strategies for improving women's nutrition

FANTA takes a lead role in coordinating efforts to improve women's nutrition among USAID and its PVO partners by facilitating collaboration and by disseminating better practices and program options to the wider development community. During Project Year Ten, FANTA continued to identify opportunities to implement women's and adolescent girls' nutrition activities in collaboration and coordination with USAID, other cooperating agencies (CAs), PVOs and donors.

Strengthening regional capacity to address maternal malnutrition

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

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

From March 31 to April 11, 2008, FANTA, RCQHC and the Uganda Girl Guides Association conducted a qualitative assessment of the Girl Guides Anemia Prevention Badge Program in Uganda. The assessment team visited five schools in the rural Kumi District and four schools in the urban Wakiso District of Uganda to monitor and document the progress of the Program, which is being implemented in 10 schools in each district. The assessment report, finalized in October 2008, discussed Girl Guides' experiences in the program, including knowledge gained, community outreach and practical exercises performed to earn the badge, and what anemia prevention behaviors they currently practice. It found that the Anemia Prevention Badge Program had been successfully implemented in the districts, with over 1,400 Girl Guides participating, 450 of whom have earned the badge. The Girl Guides in the program have reached approximately 7,500 peers, parents and community members with anemia prevention messages through presentations, performances, dramas, and dances. The program was popular and reached both adolescents and adults with anemia prevention messages.

Program expansion trainings were held in Uganda on August 25-29, 2008, training 30 Girl Guide Leaders from Amuria, Kaberamaido, Nakpiripirit, and additional Girl Guide Leaders from Kumi District in North and Eastern Uganda.

WAGGGS, with support from FANTA and RCQHC conducted monitoring visits to Swaziland (July 2008), Uganda (August 2008) and Rwanda (September 2008) to follow up on the implementation of the Anemia Prevention Badge Program in each of these countries. The program is operating in four districts in Swaziland and Rwanda and two districts in Uganda, and is expanding to three more districts in Uganda. The monitoring visits provided the following information:

- *Rwanda:* 1,120 Brownies, Guides and Rangers are enrolled in the Anemia Prevention Badge Program in Rwanda, with expectations of awarding the first badges in October 2008. They have sensitized 1,200 people, including 97 expectant mothers, mostly through health center outreach.
- *Swaziland:* 1,428 Girl Guides from 66 schools enrolled in the Anemia Prevention Badge Program. As of the assessment, 525 had earned the badge and 903 were still working towards earning the badge. Community outreach was conducted in schools, churches, and within families. Swaziland plans to continue with the program and seek funding to print more materials so that all Girl Guides in Swaziland can work toward the Anemia Prevention Badge.
- *Uganda:* 1569 Girl Guides enrolled in the program. As of the assessment, 450 girls had earned the badge, 950 were still working toward the badge and 169 dropped out of the program. Community outreach had been conducted in schools, churches, health centers, the market and the home. Future plans included developing health center cards for women and adolescent girls, and expanding the program into three more districts in the north and east. Guide Leaders were trained in August 2008, and should begin implementation in their schools in October or November 2008 when materials arrive.

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

To validate dietary diversity as a measure of the adequacy of women's diets, FANTA completed a study protocol and selected reliable data sets to test whether dietary diversity indicators that can be constructed from the set of food groups in the Demographic and Health Surveys (DHS) questionnaire can serve as a proxy for the adequacy of micro-nutrients in a woman's diet (see **3.2.3**).

2.2. Providing technical support to GH and USAID initiatives

FANTA provides technical support to GH and other USAID Bureaus in the area of food, nutrition, food security, and HIV policy and programs to improve and strengthen the integration of nutrition into USAID programming. FANTA advocates for and facilitates the incorporation of promising practices, and food security and nutrition program approaches aimed at food insecure and vulnerable populations into the implementation of the U.S. Foreign Assistance Framework and initiatives such as PEPFAR.

FANTA continued to assist the USAID Office of HIV/AIDS and OGAC in refining operational guidance on the integration of nutrition and food interventions in HIV programming. (See **1.1.1.a.**)

As requested by USAID, FANTA assisted WHO, UNICEF and USAID partners to strengthen capacity and provide TA on policies and programs for nutrition and HIV. To do this, FANTA participated in a joint WHO/UNICEF meeting on nutrition and HIV in Bangkok. The meeting focused on nutrition care for PLHIV in Asia, and on the latest program and research experience on nutrition and HIV. FANTA gave presentations on the M&E of nutrition care interventions for PLHIV and on costs involved in integration of nutrition into HIV services.

2.3. Improving the management of acute malnutrition in emergency and development contexts

FANTA has been working with its partners since 2002 to promote innovative approaches to the treatment of SAM. With support from GH, OFDA and field Missions, it has partnered with Valid International, a United Kingdom (U.K.)-based agency, to develop and disseminate lessons learned regarding the scaling-up and expansion of CMAM, also formerly known as Community-Based Therapeutic Care (CTC). CMAM is an innovative and widely accepted approach to the management of acute malnutrition that links relief and development concepts and empowers communities.¹ CMAM has proven to be very effective and the MOH of Malawi, Niger and Ethiopia, and PVO partners, such as CARE, the International Medical Corps (IMC), MSF, WV and SC US, have already begun to adopt and adapt this approach.

In Project Year Ten, FANTA continued to be engaged in major capacity development initiatives supporting global advocacy on the importance of addressing acute malnutrition in emergency as well as in development contexts.

CMAM program reviews

In Project Year Nine, FANTA worked closely with OFDA in Washington, D.C., and in the field to conduct reviews of CMAM program implementation in Sub-Saharan Africa (Ethiopia, Malawi and Niger) to identify lessons learned and contextual factors that facilitate and or constrain integration of CMAM post-emergency. FANTA continued to support this work in Project Year Ten.

FANTA produced three country reports with key lessons learned in Project Year Nine and disseminated them to partners in each respective country. FANTA then synthesized the findings from the three countries into a CMAM review synthesis report highlighting lessons learned from the integration of CMAM programs. *Review Of Community-Based Management of Acute Malnutrition (CMAM) in the Post-Emergency Context: Synthesis of Lessons on Integration of CMAM into National Health Systems* discusses recommendations for successful and sustainable integration of CMAM, outlining specific steps donors, MOH, the UN and NGOs can take to facilitate the process and next steps needed to expand the knowledge and evidence base for CMAM integration. The report is available on the FANTA website at: http://www.fantaproject.org/publications/CMAM_April08.shtml

International workshop on integration of CMAM

On April 28-30, 2008, FANTA convened an international workshop to provide guidance on the integration and scale-up of CMAM. Over 100 participants representing 50 agencies joined FANTA staff at AED's Academy Hall. Presentations and discussions dealt with a variety of themes, including lessons from district-level integration, national plans for scale-up of CMAM, integration in humanitarian emergencies, links with HIV and OVC programming, new research into CMAM admission and discharge criteria, and strategies for scaling-up access to CMAM supplies. The workshop also provided an opportunity for FANTA to present its CMAM Integration Framework and to highlight main outcomes from the three-country CMAM implementation review. Demand for places at the workshop reflected the significant changes in the composition of CMAM implementers, with NGOs joined at the workshop by academics, MOH personnel and UNICEF counterparts from Bangladesh, Ethiopia, Ghana, Indonesia, Niger, Madagascar, Malawi, Sierra Leone, Sri Lanka, Sudan, Pakistan, Zambia and Zimbabwe. The *International Workshop on the Integration of Community-Based Management of Acute Malnutrition Workshop Report* was produced by the Environmental News Network (ENN) and is available on FANTA's website at: <http://www.fantaproject.org/events/cmam08.shtml>

Integration of CMAM into Health Systems in Ghana

FANTA provided TA to the Ghana Mission and support to the GHS in introducing CMAM into Ghana. TA and support covered aspects of program design, strategic planning, drafting a national guideline, and providing expertise for capacity development in implementation and M&E through pre-and in-service training, active learning sites and information and documentation sharing. (See 1.3.3.)

CMAM Cost Analysis and Capacity Assessment Tools

In Project Year Nine, FANTA began the development of a CMAM Cost Analysis Tool. The first phase of activities included reviewing background documents, a field visit to Malawi and proposing options for the cost tool. The findings were presented at a July 2007 meeting with representatives from USAID, UNICEF, WHO, Concern Worldwide, Basics, Valid International and other partners. Building on the essential elements agreed to at the meeting, FANTA presented a concept for the cost tool in the report,

In the second phase of the Cost Analysis Tool development, which was carried-out in Project Year Ten, FANTA field-tested the tool in Ghana in the process of introducing CMAM services into the GHS. Field-

testing concluded in September 2008. A spreadsheet and user's guide was developed and reviewed by the partners who were present at the July 2007 meeting. The tool will be further field-tested in Project Year One of FANTA-2, along with a Capacity Assessment Tool to be developed.

CMAM Training

In collaboration with UNICEF, Valid International and Concern Worldwide, FANTA developed draft training modules for CMAM, based on the 2006 *Community-based Therapeutic Care (CTC): A Field Manual*. The modules address program design and planning, outpatient care, inpatient care, community outreach, the management of moderate acute malnutrition (MAM) through supplementary feeding, and M&E. The training modules were developed and reviewed by representatives from WHO, UNICEF and Concern Worldwide in Project Year Nine, and were further refined in Project Year Ten.

The draft training materials were field tested on February 11-22, 2008, when FANTA held the Joint Regional Training Workshop for CMAM in Lilongwe, Malawi. Co-sponsored by UNICEF, USAID and FANTA, the workshop trained 39 MOH and NGO practitioners from Botswana, Uganda and Malawi. The first week of training focused on CMAM theory, explaining the rationale, concepts and organization of CMAM programs. The second week was a practical, field-based training in which participants screened, admitted, treated, referred and discharged children. The modules underwent external review in June and July 2008 and incorporated lessons learned from the February 2008 training workshop. The *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)* were released in November 2008 and are available on FANTA's website (<http://www.fantaproject.org/cmam/training.shtml>).

Review of Darfur selective feeding programs

FANTA collaborated with OFDA/Washington and OFDA/Sudan to assess the Darfur CMAM programs. An inter-agency review team, comprised of UNICEF, WFP, USAID, FANTA and the Sudan MOH, conducted a review of selective feeding programs in South, North and West Darfur States between March 12 and April 1, 2008. The overall objective was to review the quality, efficacy and effectiveness of selective feeding programs. The review team visited a variety of selective feeding programs; met with representatives of all relevant stakeholders, including the national and state governments, the UN, NGOs, community leaders, community members, and selective feeding beneficiaries and non-beneficiaries; and reviewed secondary documentation.

The inter-agency review team concluded that, despite the evident difficulties of working in Darfur, some IPs have managed to implement high-quality selective feeding programs. Overall, it appeared that programs had a greater likelihood of success when they had adequate numbers of qualified CMAM experts who were able to build and strengthen the capacities of national staff on a continuous basis. Another positive development is that the federal and state MOH are increasingly involved in building staff capacity and are making staff available for secondment and involvement in program activities. The Darfur state MOH has served as the lead agency for the management of SAM in inpatient care, and the nutrition surveillance system already in place effectively involves a broad base of surveyors in the Darfur States. Through intensive exposure to the nutrition program activities and involving a broad base of local staff, temporary surveyors and volunteers, a vast number of communities have been sensitized to and have exposure experiences with CMAM services.

A concept note for a training workshop was submitted to UNICEF and the Sudan federal MOH. The purpose of the workshop, to occur under FANTA-2, would be to strengthen the capacity of NGO and MOH IPs for CMAM, and it would be tailored to specific needs, including the involvement of a local training institution (e.g., Ahfad University for Women, Nutrition Centre for Training and Research) and the federal and state MOH.

Networking and dissemination in emergency nutrition

FANTA participated in the IASC Global Nutrition Cluster working group activities, and actively contributed to the emergency assessment and capacity development for emergency nutrition sub-working groups'

activities. FANTA also was an active participant in international meetings on the management of MAM sponsored by WHO, ENN and others. (See 3.7.)

RUTF and other specialized supplementary food products

FANTA has worked in partnership with Washington University at St. Louis (WU) to carry out a randomized clinical effectiveness trial of three locally produced food products for the treatment of children with MAM in Malawi. The trial compares the recovery rates of children with MAM given RUTF made with a milk-peanut blend, RUTF made with a soy-peanut blend, or corn-soy blend (CSB) as a supplement. Outcomes measured included recovery from malnutrition, rates of improvement in nutritional status, adverse outcomes and duration of infections.

The trial was completed in Project Year Ten as planned with over 1,200 subjects. All data were collected, recorded, and analyzed, and a final report with results was prepared. Results indicated that recovery rates were higher among children receiving the two RUTFs (79 percent) than among those receiving CSB (73 percent). The rate of weight gain was higher among children receiving the milk/peanut RUTF than the soy/peanut RUTF or CSB, and that the duration of supplementation was an average of three days shorter among those receiving the milk/peanut RUTF. Recovery rates among children receiving CSB were higher than anticipated, given reported experience with CSB in other SFPs. The study team speculated that one factor in the high rate of success may have been the medical approach taken towards MAM during the trial. Towards the end of Project Year Ten, a paper with study results was submitted for publication to a peer-reviewed journal.

2.3. Supporting food security strategy development

FFP identified 18 priority countries for focusing of MYAP resources in FY 2006 and FY 2007, an important step in implementing FFP's 2006-2010 Strategic Plan. Development of Title II food security program strategies is the next necessary step in these countries to ensure effective use of the Title II resource to reduce food insecurity. FANTA supports USAID Missions (in FFP priority countries) and FFP/W in the implementation of a collaborative and participatory process to develop food security strategies to better address country-specific risks and vulnerabilities related to poverty, food insecurity and malnutrition, and improve the strategic integration of USAID resources in support of food security objectives. The strategies then often serve as guides for CSs developing new or expanded MYAP proposals. In Project Year Ten, this activity was a priority in the FFP priority countries where a significant proportion of existing Title II MYAPs ended in FY 2008 and/or where a significant number of new FY 2008 and FY 2009 proposals were expected. Countries where FANTA worked with the Mission to develop food security programming strategies in Project Year Ten included Madagascar, Malawi and Mozambique (see 1.3.5, 1.3.6 and 1.3.7 respectively for country-specific activities).

2.4. Sudan food transition study

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

FFP/W has supported emergency food aid programming throughout Southern Sudan's long years of conflict-induced displacement and malnutrition. USAID/Sudan has now developed a new Strategy Statement to respond to the significant challenges and opportunities in supporting the southern Sudanese transition from war to peace. To support this effort, FANTA undertook the *Sudan Food Assistance Transition Study* in partnership with Technical Assistance to NGOs International (TANGO) to assist USAID to assess the impact of stability on those groups considered to be the most food insecure and nutritionally vulnerable in Southern Sudan. The report, published in December 2007 and available on FANTA's website at http://www.fantaproject.org/publications/sudan_2007.shtml, provides an analysis of

the key issues related to food insecurity and the high rates of malnutrition in Southern Sudan and the Three Areas (Abyei, the Nuba Mountains and Blue Nile). It examines current Title II activities and recommends how their resources should be used as an appropriate component in addressing the prevailing food security issues.

2.5. Providing support to USAID/EA

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

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

During Project Year Nine, FANTA worked with partners to implement a range of TA activities, develop training materials and providing training on nutrition and HIV for CBC and HBC providers, develop a guide for food assistance programming in the context of HIV, and supporting WAGGGS to promote anemia prevention.

During Project Year Ten, FANTA provided the following TA with USAID/EA support:

Supporting the (ROADS) project

FANTA worked with the Family Health International (FHI) Regional Outreach Addressing AIDS through Development Strategies (ROADS) project in the border town of Busia, Kenya and Uganda, to review and document agriculture-based livelihood strategies that HIV-affected households and communities are adopting. (See 3.3.2.)

Monitoring and evaluating nutrition assessment, education and counseling for PLHIV

As an increasing number of government and private programs offer nutrition education and counseling for PLHIV, there is growing demand for support to monitor and evaluate these interventions. In Project Year Eight, FANTA developed a draft guide to monitoring and evaluating nutrition education and counseling for PLHIV, one of the first guides to provide this technical support.

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

FANTA incorporated reviewer comments and completed *A Guide to Monitoring and Evaluation of Nutrition Assessment, Education and Counseling for PLHIV* in June 2008. The Guide provides guidance and tools to support programs in monitoring and evaluating nutrition interventions for PLHIV. It was designed for use by program managers, M&E officers, and other program and government health system staff who are responsible for designing and implementing M&E systems. It can be used to select indicators, set targets, plan data collection and tabulation processes, and interpret and use the information obtained. The guide was printed and disseminated in July 2008. Following requests for copies in French, FANTA-2 is considering translating the Guide in FY 2009.

In July 2008, FANTA and RCQHC held a regional workshop in Entebbe, Uganda, to support country teams in M&E for nutrition and HIV. Thirty-two program managers and M&E officers from seven countries

in east, central and southern Africa participated. The workshop included technical updates on key aspects of M&E for nutrition and HIV, introduction to the Guide, presentation by country teams of the status and plans of M&E for nutrition and HIV in their countries, and action planning by each country team.

Promising practices in HIV and nutrition

In partnership with RCQHC, FANTA prepared a compendium of promising practices in nutrition, food security and HIV programming. *Nutrition, Food Security and HIV: A Compendium of Promising Practices* is based on five country reports that country teams prepared from program reviews in Kenya, Malawi, Tanzania, Uganda and Zambia, and on regional workshops held with the country teams. It includes a description of the review methodology and criteria for selection of countries, teams, programs and practices; an overview of the programs reviewed; and a detailed description of selected practices. The compendium is being printed by RCQHC and disseminated to programs and educational institutions throughout the region.

Training materials and workshops

FANTA supported the Commonwealth Health Secretariat for East, Central and Southern Africa (CHS-ECSA) to revise *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives* to reflect the new WHO recommendations for IYCF in the HIV context. Feedback and comments from a workshop with nursing schools were incorporated and the manual was finalized and published in August 2008. The East, Central, and Southern African Health Community (ECSA-HC) is printing the manual and disseminating it to nursing schools in the region, and FANTA produced CD-ROMs with the manual documents for additional dissemination.

FANTA and RCQHC conducted a regional workshop in Ethiopia in October 2007 with trainers of CBC and HBC providers. The draft manual and job aid materials on nutrition and HIV produced by FANTA and RCHQC in Project Year Nine were used in the workshop. Participants provided feedback, according to which the manual and job aid materials were revised and finalized. The materials are being printed by RCQHC and disseminated to community programs and training institutions.

Preventing anemia in adolescent girls

FANTA worked with RCQHC to assist in expanding the Girl Guides Anemia Prevention Program to two additional districts in Uganda, monitor implementation of anemia intervention packages in Uganda, Rwanda, and Swaziland, and conduct a qualitative assessment of the program in Uganda. (See 2.1.1.)

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

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

Through IR3, FANTA supports priority research in programmatic and operational issues, and expands the institutional capacity of key stakeholder groups (e.g., PVOs, PEPFAR IPs, USAID Missions, WFP, FAO, SCN, UNICEF, WHO, other UN agencies) to assess, design, implement, monitor, and evaluate food security and nutrition policies and programs. Examples of priority technical areas include the validation of dietary diversity (DD) as an indicator of the quality of women's diets, refinement of the HFIAS tool for measurement of household food access, strengthening food and nutrition care and support for PLHIV, and development and application of streamlined approaches for cost-effective needs assessment and OM. Results from IR3 were incorporated in FANTA's support to USAID, IPs and host country governments under IRs 1 and 2.

3. ACTIVITIES IN SUPPORT OF IR 3

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

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

3.1.1. Measuring improved household access to food

There is strong demand among food security program managers for a relatively simple, methodologically rigorous measure of household food insecurity – particularly the access component – that can be used to guide, monitor and evaluate programs. In response to this demand, FANTA undertook a set of activities to identify a scientifically validated, simple, and more user-friendly approach for measuring the impacts of food security programs on the access component of household food insecurity. As a result of these activities, FANTA, in collaboration with Cornell and Tufts Universities, and FAO's Nutrition and Consumer Protection Division (FAO/NCPD), developed a *Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide (Version 3, August 2007)*, with a standardized questionnaire and data collection and analysis instructions.

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

Collaboration with FAO/NCPD

During Project Year Nine, FANTA collaborated with FAO/NCPD to learn from field-applications of the HFIAS. In March 2007, FANTA participated in an international workshop planned by the European Community/FAO Food Security Information for Action Programme, Phase II (EC/FAO FSIAP-II) in collaboration with FAO's Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS) to discuss possibilities for integration of these tools into national food security information systems and international food security classification. FANTA has also participated regularly in the FAO/NCPD-led user-network (E-forum), a discussion forum developed to provide HFIAS users a medium for sharing information and lessons learned related to the use and integration of the HFIAS tool. FANTA's collaboration with FAO/NCPD in EC/FAO FSIAP-II has presented an important opportunity to broaden the use of the HFIAS and Household Dietary Diversity Score (HDDS) indicators beyond the Title II community.

During Project Year Ten, FANTA continued to collaborate with FAO/NCPD, under the EC/FAO FSIAP-II. Mid-year 2008, FANTA co-authored a paper with FAO on the sensitivity of the nine HFIAS questions and the HDDS to detect change in household food security over time, *Household Food Insecurity Access Scale and Household Dietary Diversity Score in Two Survey Rounds in Manica and Sofala Provinces, Mozambique, 2006-2007* (www.foodsec.org/tr/nut/moz_diet.pdf). The study was conducted in two districts of central Mozambique, with the first round of data collected in the pre-harvest period and the second in the post-harvest period. Between the data collection rounds, the districts were hit with climatic shocks, including drought, subsequent floods and a cyclone. One district was affected more severely than the other. The study showed a significant decrease in food security in the more-affected district, highlighting the utility of the HDDS and HFIAS tools to assess change in food access. This might be one of the first instances in which these indicators have been collected across seasons in a practical field setting. The paper may be adapted by FAO with input from FANTA for submission to a peer review journal.

Meanwhile, a total of eight data sets were confirmed for inclusion in the HFIAS validation study: FAO Mozambique (two rounds of data), Malawi nutrition and health survey, FAO West Bank Gaza Strip, a data set in an urban setting in Kenya collected as part of a masters student's research requirements, FAO Zimbabwe Risk and Vulnerability Reduction survey, South Africa Health Research Medical Council FIVIMS livelihood survey, and Direction Générale des Prévisions et Statistiques Agricoles Burkina Faso. The HFIAS data were evaluated for internal, external and cross-cultural validity. Preliminary results indicate that a reduced set of questions and a revised tabulation method could achieve the aim of a culturally invariant scale to assess household food insecurity (access) at the population level. Later in Project Year Ten, a draft technical report describing the methods and results of the HFIAS validation study was prepared by FANTA in collaboration with FAO.

WFP/FAO workshop on food consumption measures

On April 9-10, 2008, FANTA participated in a WFP/FAO workshop on food consumption measures convened in Rome. Four indicators were of focus for discussion at the workshop: the Food Consumption Score (as used by WFP), the HDDS (as used by FANTA and FAO), the Individual Dietary Diversity Score (as used by FAO), and direct measures of kilocalories (kcal) intake (as used by Instituto de Nutrición de Centro América y Panamá [INCAP] and others). At the workshop, FANTA provided technical input on measurement issues related to food consumption measures and clarified the objective and relative strengths and limitations of the HDDS as a food consumption indicator. A key research area with particular relevance for FANTA was identified by workshop participants, who suggested that a cut-off value for the HDDS indicator would be useful for programmatic, assessment, and comparative purposes. Participants recommended that FANTA conduct further research to validate the HDDS, to assess if a single cut-off value could be used as a proxy for food secure versus food insecure households across a range of settings.

3.2.2. Measuring IYCF practices

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

With support from GH, FANTA has collaborated with Opinion Research Corporation Macro International, Inc. (ORC Macro; i.e. DHS, USAID's Child Survival Technical Support Project [CSTS]), CORE and PVOs working on child survival and health activities to improve the use and interpretation of IYCF data available from DHS and KPC surveys. During Project Year Nine, FANTA provided TA and training in the use of the ORC Macro IYCF Update (September 2006) and the revised KPC Module 2: Breastfeeding and Infant and Young Child Feeding (June 2006) to Title II and CSHGP partners. The IYCF Update and revised KPC Module 2 address several key IYCF indicators, including a new summary IYCF indicator for children 6-23 months.

TA on use of summary IYCF indicator

During Project Year Ten, FANTA continued to provide TA to PVOs working on child survival and health activities, as well as Title II CSs with new MYAPs, in the use of the summary IYCF indicator. Mid-year 2008, FANTA met with ORC Macro to follow up on action points concerning the IYCF indicator and the reporting of results in the DHS country reports. Nearly all action points had been resolved. Addendums (or errata) documents for six countries are still forthcoming from Macro International: Congo Brazzaville 2005, Lesotho 2004, Haiti 2005-2006, Cambodia 2005, Nepal 2007 and Zimbabwe 2006. At the most recent meeting with ORC Macro, FANTA shared feedback and suggestions for improving the presentation and organization of the DHS country data set files available for public use. FANTA welcomed the opportunity to meet with ORC Macro on a separate occasion to further discuss these issues and possible solutions for facilitating correct use and clear presentation of the DHS data files available for download by the public.

In the second half of Project Year Ten, FANTA also provided TA to CARE, Africa 2010 and the Essential Services for Health in Ethiopia (ESHE) Project regarding the new IYCF indicators and methods for collection and reporting of the data collected.

3.2.2.a. Developing and validating indicators of feeding frequency and nutrient density of complementary foods for the breastfed and non-breastfed child in developing countries

Clear guidance for the international community on optimal IYCF practices has been achieved with the publication of the *Guiding Principles for Complementary Feeding of the Breastfed Child* (Pan American Health Organization [PAHO]/WHO 2003) and *Guiding Principles for the Non-Breastfed Child 6-24 Months of Age* (WHO 2005). Over the past several years, FANTA has implemented a multi-stage initiative to develop a set of indicators to assess IYCF practices and to monitor and evaluate progress on improving IYCF practices worldwide. During Project Year Nine, FANTA worked with IFPRI, University of California at Davis, WHO and collaborating researchers from several developing countries to develop and validate indicators of feeding practices, specifically related to the frequency of feeding and nutrient density of complementary foods, for infants and young children 6 through 23 months of age in developing countries. In August 2006, a report was completed that summarized results across the ten data sets analyzed and included recommendations regarding use of the indicators developed and validated. FANTA participated in an informal meeting held by WHO in October 2006 in Geneva to review the steps and main outcomes of the process that has been followed to identify valid and reliable population-based indicators to assess selected aspects of complementary feeding practices (and feeding non-breastfed children aged 6 - 23 months) and reach a common understanding on key principles and strategic directions to be adopted. Participants at the meeting affirmed the technical quality of the work completed up to that point, but raised additional questions and requested that additional analyses be conducted. A report describing the results of these additional analyses is now available in draft form.

Comparing cutoffs for IYCF indicators

Early in Project Year Ten, FANTA analyzed 12 recently available DHS data sets to tabulate data related to IYCF practices to assess the extent of difference when tabulating the IYCF indicators using DHS cut-offs and food groupings vs. those proposed by the IYCF working group in 2006 and 2007. The datasets were determined after it was established for how many datasets eggs and meat were separated in the 24-hour recall child dietary intake questionnaire. At the beginning of 2008, FANTA explored associations of the IYCF indicator proposed as a result of the PAHO/WHO November 2007 consensus meeting on indicators for IYCF with children's nutritional status (using the WHO 2005 child growth standards). Preliminary results from analysis of three DHS datasets (Guinea 2005, Malawi 2004 and Tanzania 2004) indicate the new IYCF indicator to have a significant association with underweight and wasting prevalence but not stunting prevalence. However, no significant associations were observed in the Guinea data set, which is likely due to the low percentage of children in Guinea (2.7 percent) shown to meet the criteria of the IYCF indicator.

The statistical associations explored between the IYCF indicator and children's nutritional status were for illustrative purposes only. A cross sectional data set such as the DHS is not the ideal method for exploring associations between feeding practices and children's nutritional status. Ideally, a panel data set would instead be used for such analyses.

WHO Consensus Meeting on IYCF Indicators

FANTA participated in the WHO Consensus Meeting on IYCF Indicators on November 6-8, 2007, at the Regional Office for the Americas in Washington, D.C. The objectives of the meeting were to review and agree on a small set of universal indicators for assessing IYCF practices in children 6-23 months of age, for use at the population level; review and agree on updated breastfeeding indicators; review and agree on instruments to collect data on breastfeeding and IYCF practices; and review and reach consensus on the content of a draft document summarizing a limited set of global indicators to assess IYCF practices on a population basis, that will be published by WHO in collaboration with partners. The document mentioned in this last objective is now available on the Child and Adolescent Health and Development website of WHO. FANTA reviewed and provided comments on this document, as well as a Commentary introducing the IYCF indicators, which will be published in the Lancet series on maternal and child undernutrition.

As part of an inter-agency group to develop the above document, FANTA also contributed to the preparation of an operational document to address data collection, sampling, and analysis issues related to the indicators. This process was initiated with a meeting on May 1, 2008, which was attended by representatives from FANTA, IFPRI, ORC Macro and UNICEF. FANTA and IFPRI are coordinating the inputs into the operational document. In addition, FANTA prepared the draft survey instrument around which adaptation, sampling, and tabulation guidance will be developed. A draft version of the document was completed in quarter four of Project Year Ten, and will be reviewed by the broader WHO steering group at the beginning of FY 2009 under FANTA-2.

International collaboration on IYCF indicators

FANTA supported the implementation of potential next steps from the November 2007 meeting by participating in the 35th annual session of the SCN, March 2-7, 2008, in Hanoi, Vietnam, where the new indicators for assessing IYCF practices were introduced in a plenary session and discussed in the breastfeeding and complementary feeding pre-meeting working group session.

3.2.3. Validating DD as a measure of the adequacy of women's diets

The 2005 DHS revised questionnaire includes, for the first time, a 24-hour recall question on food group consumption of the mothers of children under 3 years of age. Inclusion of this question represents a significant opportunity to advocate for an increased emphasis on women's diet quality.

To support the use and interpretation of data collected using the new DHS 2005 questionnaire, FANTA proposed to examine existing data sets with dietary intake data from 24-hour recall to analyze the relationship between simple indicators of DD – such as could be derived from the 2005 DHS questionnaire – and diet quality for women. In preparation for this work, a meeting was held in Copenhagen in conjunction with the Sixth International Conference on Dietary Assessment Methodology in April 2006, to elaborate the research protocol for this study. An expression of interest was solicited from research organizations that have extant, ready-to-analyze women’s food consumption datasets from developing countries, and 11 data sets were identified.

During Project Year Ten, FANTA:

- Finalized the study protocol and selected reliable data sets to test whether DD indicators that can be constructed from the set of food groups in the DHS questionnaire can serve as a proxy for the adequacy of women’s dietary quality
- Organized a meeting in Washington, DC in early 2008 to review analysis progress and discuss any questions regarding the protocol with collaborating researchers
- Produced a report documenting the results from the analyses, with a discussion of the relationship between women’s DD and dietary quality and the potential for simple indicators of women’s dietary quality, using dietary recall data such as that collected by the DHS. The results will be used to recommend the analysis and tabulation plan of women’s food intake in DHS reports

At the beginning of Project Year Ten, a team of research collaborators were identified to participate in FANTA’s Women’s Dietary Diversity Project (WDDP) to validate the use of DD as a measure of the micronutrient adequacy of women’s diets. Research collaborators include IFPRI, the University of North Carolina at Chapel Hill, l’Institut de Recherche pour le Developpement (IRD) and the University of Wageningen. Data sets are being analyzed from five countries: Bangladesh, Burkina Faso, Mali, Mozambique and the Philippines.

FANTA held a meeting for WDDP research collaborators, providing a forum to discuss progress in analysis, challenges and technical issues, results to-date and next steps for the project. The four research groups participating in the WDDP submitted site-specific reports discussing the results of their analyses in July 2008.

Initially, all Project activities were intended to be completed by September 15, 2008. However, upon review of the preliminary results submitted by the research collaborators, it became evident that refinements to the analysis protocol were necessary, and that a new task order needed to be initiated to accommodate carrying out this additional set of activities. The final phase of analysis, revised site-specific reports and the summary WDDP report will be completed at the beginning of FANTA-2.

3.3. Food and nutrition responses to HIV

FANTA provided TA to GH, DCHA, other USAID Bureaus and USAID/EA to integrate food security and nutrition objectives and components into the USG’s HIV strategies and programming.

3.3.1. Strengthening food and nutrition care and support for PLHIV

Since 2000, FANTA has provided TA at multiple levels to strengthen nutrition care and support for PLHIV. FANTA has supported the development of global guidance and assisted regional institutions, country teams and programs in adapting global guidance to develop locally appropriate nutrition care and support guidelines, training materials and service provider materials. FANTA has also supported the design of food, nutrition and HIV programs, and carried out targeted evaluations to help answer key questions of programmatic relevance.

During Project Year Ten, FANTA continued this process through the following activities:

FANTA continued to participate in forums on HIV, and food and nutrition, and support country efforts to improve HIV and nutrition policies, such as review of national guidelines and TA to nutrition policy development (see **Section 1.1.1.a**).

FANTA continued a series of in-country activities to strengthen nutrition care and support in Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Rwanda, Zambia and Haiti (see **Sections 1.3.1, 1.3.2, 1.3.4, 1.3.7, 1.3.8, 1.3.9, 1.3.10 and 1.3.13** respectively).

FANTA continued a number of regional activities supported by USAID/EA to strengthen nutrition care and support in the region (see **2.2.2**), including development of guidance on M&E for HIV and nutrition, and compilation of promising practices in the implementation of nutrition care and support (see **Sections 1.1.1.b and 2.2.2**).

Screening tool for nutrition interventions

FANTA developed the first version of a *Guide to Screening for Nutrition Interventions among Adult PLHIV*, a service provider tool that supports nutrition counseling of PLHIV and that can be used to screen clients for eligibility for nutrition and food security interventions, including food supplementation, micronutrient supplementation, and referral for livelihood and household food support (see **Section 2.1.2**).

FANTA collected information from service provision sites about the nutrition-related information currently monitored, eligibility used for nutrition services and perceived needs of service providers, and then drafted the first version of the Guide to support programs in screening adult PLHIV for nutrition risk factors that may indicate the need for food and nutrition interventions. It was designed to be used by HIV program managers and service providers who are responsible for designing and implementing nutrition screening, assessment and eligibility protocols. The guide can be used to select questions and criteria to determine if a client is susceptible to an adverse outcome due to compromised nutritional status. Actions taken as a result of the screening will depend on the capacity of and services provided by the facility or program.

The guide was first reviewed internally then revised, then reviewed a second time by WHO and participants, specifically program managers and M&E officers, at the Regional Workshop on M&E for Nutrition and HIV/AIDS Programming, July 15, 2008, in Entebbe, Uganda. Further field testing and refinements of the guide will continue and be finalized in FY 2009.

Collaboration with WHO on nutrition and HIV policies and programs

As requested by USAID, FANTA assisted WHO, UNICEF and USAID partners to strengthen capacity and provide TA on policies and programs for nutrition and HIV. (See **2.2**.)

3.3.1.a. Targeted evaluations on the impacts of food supplementation

In order to strengthen the evidence base on the impacts of food supplementation on the nutritional and clinical status of HIV-infected individuals, FANTA joined with local partners to conduct two targeted evaluations with PEPFAR funding from OHA and USAID/Kenya.

Measuring the differential impacts of two food products on adult ART clients

In Malawi, FANTA worked with WU and the University of Malawi to investigate the differential impacts of two food products on the nutritional and clinical status of malnourished, adult ART clients. During the initial 3.5 months of antiretroviral (ARV) treatment at Queen Elizabeth Central Hospital in Blantyre, Malawi, HIV-infected adults with BMI < 18.5 received either CSB or an RUTF consisting of micronutrient-fortified nutrient-dense paste (PlumpyNut®). Nutrition counseling was provided to all clients. The CSB and

RUTF both provide 1360 kcal per day, but the two products differ in form, composition, nutrient density, and protein and micronutrient content. Data on subjects' nutritional status (e.g., BMI, bioelectric impedance analysis [BIA], serum albumin), clinical status (e.g., viral load, CD4 count, clinical events), quality of life and adherence to ARV drugs was collected for the 3.5 months of supplementation and for nine months of follow-up.

The Malawi study was completed and a final report of results was submitted to FANTA in January 2008. A journal article was also submitted to a number of peer review publications and may be published under FANTA-2 pending their approval. The study found that during the 3.5 months of food supplementation gains in weight, BMI and lean body mass were higher for the group receiving RUTF than the group receiving CSB. These differences were statistically significant, but the magnitude was relatively modest (difference of 0.5 kg/m²). Differences in other outcomes, including mortality, adherence, quality of life, CD4 counts and clinical events were not statistically significant. At three, six and nine months after food supplementation stopped there were no longer any differences in nutritional status between the two groups. Interpretation of the results should consider that subjects included severely and moderately/mildly malnourished ART clients, and RUTF may be most effective for severely malnourished individuals.

Measuring the impacts of food supplementation on adult ART clients and malnourished pre-ART clients

In Kenya, FANTA worked with KEMRI to investigate the impacts of food supplementation on the nutritional and clinical status of malnourished, adult ART clients and malnourished pre-ART clients. HIV-infected adults with BMI < 18.5 at six sites in Kenya received either a micronutrient-fortified blended food product and nutrition counseling, or nutrition counseling alone during their initial six months of ARV treatment (for ART clients) or during six months of cotrimoxazole treatment (for pre-ART clients). The specialized food product, locally manufactured by Insta, is composed of corn, soy, oil, sugar, whey protein, and micronutrient premix and provides 1320 kcal per day. Data collected was on subjects' nutritional status (e.g., BMI, MUAC, BIA, serum albumin), clinical status (e.g., CD4 count, clinical events), quality of life, and drug adherence

The evaluation faced some challenges in Project Year Ten. Disturbances and violence in January, February and March 2008 following Kenyan elections led to a high default rate at some of the study sites as subjects remained in rural areas and did not return to urban areas, moved into camps for displaced individuals, or were killed. In response to the challenge of high drop-out rates KEMRI carried out a sub-study (March 24th to April 30th, 2008) at six sites to compare the study's patient drop-out pattern with the general clinic patient drop-out rate. FANTA provided financial support to data clerks engaged in this sub-study. The data was analyzed by the KEMRI team towards the end of Project Year Ten.

KEMRI produced initial results at three months of supplementation and presented them to USAID/Nairobi on May 8, 2008. These initial results indicated significant benefits of food supplementation on the nutritional status and immune response of malnourished adult pre-ART clients. The benefits of food on nutritional status and immune response of malnourished adult ART clients were not significant, though when disaggregated by sex there were significant benefits on women's nutritional status.

The study includes a qualitative review to better understand specific aspects of the interventions and client perceptions. Following the reporting of the preliminary findings at the three-month mark, additional questions arose that required an in-depth assessment. To address these questions, FANTA and KEMRI carried out a review to address certain qualitative issues, including the food delivery system, how the food provided was used, nutrition counseling, the impact of food supplementation and loss to follow-up. Focus group discussions with study clients from the six sites were also completed, and the preliminary report is currently being consolidated.

Data collection at all sites was completed in June 2008. Data cleaning and validation were completed towards the end of Project Year Ten, as were analysis and initial report writing. The initial results and report provided by KEMRI indicate that food had a greater effect on nutritional status and CD4 counts among pre-ART clients than among ART clients. Further analysis of the data will be conducted to provide

more in-depth results and insights about the impacts of food supplementation on malnourished, HIV-infected clients. This work will continue into FANTA-2.

3.3.2. Developing food security and food aid interventions to mitigate the impact of HIV

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

Food Assistance Programming in the Context of HIV

For the past three years, FANTA has expanded its activities focused on mitigating the impact of HIV on food security. In Project Year Nine, FANTA completed and printed the guide titled *Food Assistance Programming in the Context of HIV*, in collaboration with WFP and TANGO. The Guide was disseminated in Project Year Ten, with more than 22,000 copies sent by mail or downloaded from the FANTA website (see 1.1.2.b).

Mitigating HIV through agriculture-based livelihood activities

FANTA also worked with the FHI ROADS project to conduct a participatory review of agriculture-based livelihood activities, strategies and technologies used by households and communities affected by HIV in the border town of Busia, Kenya and Uganda. FANTA documented results and lessons from the process, including approaches that were effective at strengthening livelihoods in the report *Strengthening Agricultural Technologies Among People Living with HIV: Lessons Learned in the Border Towns of Busia, Kenya and Uganda*. FANTA's TA strengthened PLHIV cluster livelihood activities and enhanced their access to new opportunities including expanding successful livelihood practices to other PLHIV clusters along the ROADS project.

Based on review findings, FANTA proposed a training to share these approaches with other communities and households, to strengthen PLHIV network mechanisms and learning and knowledge sharing among networks, and to accelerate the application and adoption of innovative agriculture livelihood systems of PLHIV in the network and at the household level. RCQHC was contracted to provide administrative support for the training.

FANTA completed preparations for the trainings to be held in Kenya and Uganda. Preparations included identifying agriculture field extension staff to train PLHIV on specific technologies demanded by PLHIV clusters, preparing training materials, and procuring materials for use on communal and household gardens. The first training of PLHIV clusters was held in May 2008 in Uganda. Due to political instability, the training in Kenya was delayed and held in June 2008.

Later in the year, FANTA facilitated a workshop among participating community groups and documented results and lessons from the process, including approaches that were effective at strengthening livelihoods.

3.4. Innovations to improve assessment and M&E of food security programming

To meet expressed needs of USAID and PVO partners, FANTA supports the development of innovative tools for problem assessment and program and commodity monitoring. Based on its previous work, FANTA continued to focus its efforts on a number of promising applications in Project Year Ten: the use of alternative sampling designs in emergency situations for assessing the prevalence of SAM as well as estimating mortality; and of the Layers for Title II programs and GH OM Pilots.

3.4.1. Improving assessments, M&E and reporting in emergency settings

3.4.1.a. Field validation of alternative sampling designs in emergency settings

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

LQAS is a sampling methodology that permits statistically valid conclusions about particular outcomes (e.g., program coverage, service quality) using the smallest sample possible. FANTA, in collaboration with CRS, SC US and The Ohio State University (OSU), applied LQAS methods to develop and test three new sampling designs to respond to the data collection priorities of emergency settings: 1) a 33x6 design (33 clusters, 6 observations in each); 2) a 67x3 design (67 clusters, 3 observations in each) and; 3) a "Sequential" design (a multi-stage sampling plan based on the 67x3 design). These alternative sampling designs have been field tested in Ethiopia and Sudan, where they were shown to provide rapid and statistically reliable methods for assessing the prevalence of global acute malnutrition (GAM), in addition to a number of other child- and household-level indicators.

In Project Year Nine, a journal article summarizing the results from the Ethiopia field test, *A Field Test of Three LQAS Designs to Assess the Prevalence of Acute Malnutrition*, was published in the International Journal of Epidemiology in 2007. An article reporting on the Sudan field test, *Precision, Time, and Cost: A Comparison of Three Sampling Designs in an Emergency Setting*, was submitted to Emerging Themes in Epidemiology.

In Project Year Ten, FANTA continued its work in alternative sampling designs with the following activities:

- FANTA submitted the article entitled, *Cluster Designs to Assess the Prevalence of Acute Malnutrition by LQAS: A Validation Study by Computer Simulation*, to the Journal of the Royal Statistical Society Series A at the beginning of the project year. A few months later, FANTA received comments from peer reviewers on the article. The article was accepted for publication upon resubmission. It is anticipated that the article will be published in FY 2009, under FANTA-2.
- In spring 2008, the article reporting on the Sudan field test, *Precision, Time, and Cost: A Comparison of Three Sampling Designs in an Emergency Setting* was published in the peer-reviewed journal, Emerging Themes in Epidemiology.

The field manual, *Using Alternative Sampling Designs to Assess the Prevalence of Acute Malnutrition in Emergency Settings: An Implementation Guide for Practitioners*, was developed and review comments were incorporated. A final version of the guide will be published and disseminated under FANTA-2.

3.4.1.b. Validation of alternative method for estimation of mortality in emergency settings

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

The approach uses respondent-driven sampling, as opposed to a cluster sample, and aims to identify every case of mortality that has occurred over a defined reference period (usually seven or 14 days) across a geographic area. In contrast to a 30x30 cluster survey, which provides a three month retrospective estimation of mortality, this alternative approach allows for mortality to be estimated in real-time by seeking all cases of mortality in the assessment area. The method is likely to provide a useful

complement to the alternative sampling designs FANTA has developed for rapid assessment of emergency situations.

In Project Year Ten, FANTA collaborated with LSHTM to conduct a multi-country field validation study of mortality estimation. Mid-year 2008, study sites were selected specifically for validation of the EM method. Diverse sites were selected so that the EM method could be tested in a low-income urban area, a low-income rural area and a refugee camp setting. The sites selected for the study included two districts in Kabul, Afghanistan; Mae La refugee camp in Thailand; Chiradzulu district in Malawi; Lugufu refugee camp in the Kigoma district of Tanzania; and the Mtabila refugee camp in the Kasulu district of Tanzania. Towards the end of Project Year Ten, a draft report describing the methods and results from the validation work was submitted. The final version of the report, and calculators for sample size requirements and precision estimation will be finalized under FANTA-2.

3.4.1.c. SMART Initiative

The SMART Initiative is improving the reporting and M&E of humanitarian assistance. SMART contains modules to collect, analyze and disseminate information on nutrition, mortality and household food security. The modules are at different stages of development, testing and wide-spread use. In Project Year Ten, FANTA sought opportunities to integrate promising practices developed by FANTA into the SMART modules. These included alternative sampling designs for the rapid assessment of nutritional status in the nutrition module (see **Section 3.5.1.a**), respondent-driven sampling method for collecting data on mortality in emergency situations in the mortality module (see **Section 3.5.1.b**), and the HFIAS indicator in the household food security module (see **Section 3.2.1.a**).

On April 7-9, 2008, in Rome, Italy, FANTA coordinated an international workshop for the Global Nutrition Cluster Assessments Working Group, entitled “Meeting on Standardized Monitoring and Assessment in Relief and Transition (SMART)”. The meeting aimed to resolve outstanding technical issues or identify a process to resolve these issues in the SMART methodology, clarify sections of the manual identified by users as unclear or incomplete, determine revisions needed to the ENA software that accompanies the manual, and identify a way forward in developing a consolidated and standardized set of training materials. The 37 participants represented USG institutions (OFDA, PRM, CDC), NGOs (MSF, SCF, ACF, Merlin, IRC, Concern), UN agencies (FAO, UNICEF, WFP), and research and academic institutions (Johns Hopkins University, Institute of Child Health (ICH), Epicentre, Centre for Research on the Epidemiology of Disasters [CRED]). Through this coordination role, FANTA oversaw the development of all meeting materials including agenda and issues papers, facilitated workshop sessions, and produced the final meeting report (submitted later in the spring). Towards the end of Project Year Ten, the Global IASC Nutrition Cluster released the final meeting notes from the meeting, which were authored by FANTA.

3.4.2. Applying the Layers approach to program monitoring and reporting

Missions have oversight responsibilities for the management of their programs, from the management of commodities by Title II CSs to the stewardship of other USG resources used in promoting development in host countries. Yet, in most cases, Missions depend on the reports produced by their in-country partners to judge the quality of program implementation and appropriate use of resources. There is an urgent need for Missions to carry out their oversight duties and to monitor and report the implementation of their programs.

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

FANTA responded with Layers, a “hardware/software” approach that combines LQAS methodology, data collection using handheld computers and an automated analysis and report production model. The LQAS methodology allows for small sample sizes without sacrificing statistical validity and simple questionnaire using dichotomous statement (e.g., yes/no, pass/fail), while the use of handheld computers eliminates the

need for post coding and data entry. The automated report production permits frequent, objective and detailed feedback from the Mission to the CSs. Layers allows the Mission to make program-wide evaluations rapidly and in a cost-effective way.

3.4.2.a. Layers application for monitoring Title II programs

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

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

In Project Year Ten, FANTA continued to support the adoption and implementation of Layers for Title II program management in countries where it was already being implemented, and supported efforts to introduce it in other countries, as requested. This includes training a local firm in Madagascar to implement the Layers survey (see 1.3.5) and planning the scale up of Layers for monitoring compliance of CSs with environmental standards (see 1.3.13.b). At the request of USAID/EA, FANTA also explored the possibility of implementing Layers for Title II programs operating in southern Sudan and northern Uganda. However, no concrete decisions were reached by the end of Project Year Ten.

Documentation of the Layers approach

FANTA continued to document the Layers approach including the preparation of a user's manual for the core application as well as detailed instructions on the current modules for Layers for Title II. The Layers manual will allow adopters of the Layers methodology to understand what Layers is, implement the approach on a routine basis, and troubleshoot problems that may emerge during the implementation of Layers. The manual will be completed under FANTA-2.

3.4.2.b. GH OM Pilots

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

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

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

In Project Year Seven, USAID/Madagascar requested that Layers be further adopted to monitor HPN services offered in health posts and remote health stations of the country. HPN Layers was tested in 2007, and adopted by the Mission for annual monitoring of performance and progress of all Mission HPN program implementation.

In Project Year Nine, the 2006 Madagascar pilot was identified by GH as a candidate methodology for the collection of a standardized set of outcome indicators to be collected annually or bi-annually to document progress made in key areas of GH focus: malaria, maternal and child health, and family planning. As a result, HPN Layers in Madagascar was further adapted to incorporate a set of the GH indicators and renamed as GH OM Pilots. The GH team, in consultation with Mission HPN Offices, selected Madagascar and Guatemala as pilot countries. OM surveys were carried out in Project Year Nine.

In Project Year Ten, FANTA undertook the following activities:

OM Surveys

FANTA completed analyses of the 2007 OM surveys in Madagascar and Guatemala, and final reports were submitted to USAID/GH and to Missions in-country. The Madagascar report was translated to French. This was followed by the preparation, realization and completion of the 2008 OM exercises in both countries and it appears, encouragingly, that both Madagascar and Guatemala Missions will continue to fund this approach in the future. (See 1.3.5 and 1.3.12 for country-specific information on Madagascar and Guatemala.)

Training of local partners

FANTA also took important steps to document the entire process in Project Year Ten. Extensive user guidance was prepared, and workshops were held with in-country partners in both Guatemala and Madagascar to transfer the methodology and ensure their ability to conduct the process on their own. This capacity was demonstrated, as partners in both countries successfully conducted the OM exercise without additional FANTA support beyond the training workshops. Those important steps ensure the sustainability of the approach in the future for both countries.

Assessment of GH OM Survey Pilots

GH carried out an assessment of GH OM Survey Pilots to assess the feasibility of conducting OM Surveys at the Mission level on an annual or biannual basis, the usefulness of the data for program decision-making, local capacity issues related to medium-term transfer of the approach to government and in-country partners, and USAID Mission interest in using the methodology. The GH Tech Assessment of the OM Survey Pilots *Assessment of The Global Health Outcome Monitoring Demonstration in Two Countries: Madagascar and Guatemala* was completed in January 2008. Several positive comments were made. On usefulness, "Missions and implementing partners find OM useful and want it repeated. Missions in both Guatemala and Madagascar will use the information for management decisions and for reporting. They will make funding allocation decisions based on this information." As for the capacity to carry out the survey locally, it found that "OM can be implemented by local partner organizations. Both Guatemala and Madagascar have in-country data collection capability, as evidenced by the work of FANTA subcontractors in each country who did the fieldwork. Analysis could also be performed in-country with streamlined processes, training, and limited [TA] support from a central level." Overall, the main finding from this assessment was that "all who were interviewed value OM and want it repeated."

Supporting this, the OM approach was introduced by staff in state-of-the-art meetings in South Africa, disseminating the existence of this option to provide Missions with a means to track their program in a streamlined manner, on a yearly basis and at a reasonable cost.

Validating the cluster sampling approach

The availability of "real-life" data from Madagascar and Guatemala OM pilots allowed FANTA to examine the behavior of the various OM indicators when collected using a cluster sampling approach. Using data from the 2006 and 2007 surveys in Madagascar and 2007 survey in Guatemala, FANTA collaborated with the Department of Biostatistics at Harvard University to validate the cluster sampling approach used in

OM. The theory was that, while LQAS traditionally uses SRS, cluster sampling could offer greater speed and efficiency with lower costs for data collection. In February 2008, FANTA completed an analysis to estimate the intra-cluster correlation (ICC) in each of the Program Management Areas (PMAs) and for each of the 16 GH indicators of the two OM surveys, Madagascar and Guatemala. The estimations resulting from the analysis of ICCs are inconsistent. The preliminary findings of this study indicate ICC levels to be too high in some clusters, which should discourage *prima facie* the use of cluster sampling in LQAS-based OM surveys. However, FANTA-2 will continue to examine the issue of ICCs as the initial findings of the study revealed inconsistencies which may relate more to the methodology used to report ICCs than to an actual problem with the data. Therefore, until the issue can be more fully resolved, the recommendation at this juncture is to use SRS for OM surveys.

3.5. Comparing preventive vs. recuperative approaches

FANTA, in close collaboration with the Mission, IFPRI, Cornell University, and World Vision/Haiti, finalized the study of preventive vs. recuperative approaches in targeting food rations for children, and organized the presentation of the study's main findings to USAID and the Haiti stakeholders operating Food Security/Nutrition programs. During Project Year Ten, FANTA continued to provide TA to the CSs who wished to adopt this intervention strategy for reducing malnutrition.

A paper summarizing the results of the operations research, *Age-based preventive targeting of food assistance and behavior change communication is more effective in reducing childhood undernutrition than targeting underweight children: Evidence from a cluster randomized trial in Haiti*, was published by the Lancet in its January 2008 issue, along with the Lancet Series on Malnutrition.

In addition, FANTA and its partners continued to promote the findings of the preventive vs. recuperative study in various contexts. A panel moderated by FANTA, with IFPRI's Marie Ruel, WV's Lesly Michaud and FFP's Judy Canahuati as panelists, was made at the InterAction Conference in May 2008. The approach was also presented on June 5, 2008, by FANTA at a symposium on promising MCHN and Agriculture interventions organized by FH and Land o' Lakes with funding from the Institutional Capacity Building (ICB) grants. A one-on-one meeting was also held between FANTA and FFP on June 3, 2008, to clarify the modalities and potential of the preventive approach for Title II programs, and to answer any questions that FFP had about implementing this approach using P.L. 480 resources.

This was followed by extensive discussions with FFP on the possibility of scaling up the preventive approach in all new MYAPs, which led in turn to a revision of FFP's P.L. 480 Title II Guidelines requesting that new MYAPs, beginning with the 2009 MYAP cycle, use the preventive approach for their MCHN interventions. FANTA and IFPRI also initiated work on development of Technical Reference Materials (TRMs) meant to support the scaling up of the preventive approach. Work on the TRMs will be completed under FANTA-2.

3.7. Information sharing and coordination

Food and nutrition in HIV care and support

FANTA gave a presentation on FBP programming and served on a panel on HIV and FBP at the annual World Initiative for Soy in Human Health (WISHH) Conference in March 2008. FANTA also gave a presentation and served on a panel at the International Food Aid Conference and delivered a brownbag seminar at IFPRI, both of which focused on three randomized trials of using different specialized food products for malnourished HIV-infected adults and for moderately malnourished children.

Global Nutrition Cluster Working Group

FANTA participated in one of the bi-yearly UN IASC Global Nutrition Cluster Working Group meetings, which took place in Geneva on November 13-15, 2007. Highlights of the achievements of the assessment and capacity development working groups were shared and the workplan was updated. A Joint Nutrition, Health and Water and Sanitation Cluster meeting was also held and included reporting on progress and way forward.

FANTA participated in two meetings for the IASC Nutrition Cluster Capacity Development Working Group (CDWG). At the Capacity Development Strategy meeting in Rome in October 2007, the CDWG met to draft a strategy for capacity development for nutrition in emergencies (NiE). At the Capacity Development meeting in Washington, D.C., on May 1-2, 2008, the CDWG discussed and agreed on the finalization and piloting of the Harmonized Training Package (21 modules) and identified new areas for developing capacities for NiE. A strategic meeting to create a network of universities in the Southern Hemisphere for training in NiE was planned for November 2008, entitled "Improving Training for Nutrition in Emergencies."

FANTA participated in two meetings for the IASC Nutrition Cluster Assessment Working Group (AWG). An ASW meeting was conveyed in Geneva on June 25-27, 2008, for experts to discuss the transition to the WHO standards in emergency nutrition. The purpose of the meeting was to examine the consequences of the use of the WHO child growth standards on estimating the prevalence of acute malnutrition, to provide an estimation of the changes in the assessment of the nutrition situation and in the number of malnourished children potentially eligible for therapeutic and supplementary feeding once the WHO child growth standards are implemented, to formulate recommendations for the use of the WFH z-score indicator in the management of acute malnutrition in children ages 6-59 months, and to identify knowledge gaps that should be addressed. Recommendations were provided on admission and discharge criteria to and from therapeutic and supplementary feeding programs, the estimation of the prevalence of acute malnutrition in surveys, ensuring a smooth transition which included resource implications, and research gaps.

FANTA also participated in the only IASC Global Nutrition Cluster Working Group meeting of 2008, held in Nairobi, Kenya, on September 16-18, 2008. Highlights of achievements of the assessment and capacity development of the working groups were shared. Workplans were also updated. Respective working groups met separately on the first day and discussed assessment and capacity development.

UN SCN

FANTA participated in the 35th session on Accelerating the Reduction of Maternal and Child Undernutrition. This took place at the Nutrition in Emergencies Sub-Working Group (NiE SWG) of the SCN Annual Session in Hanoi, Vietnam, on March 2-6, 2008. The NiE SWG included a presentation on alternative sampling for NiE surveys.

MAMI

FANTA participated in the Management of Acute Malnutrition in Infants (MAMI) Project meeting, which is managed by ENN, ICH and ACF. The meeting took place in London on May 28, 2008, and reviewed how moderate and severe malnutrition are managed in infants less than six months of age in emergency programs. Participants made recommendations for the development of best practice interim guidelines and for areas to research to strengthen best practices.

WHO consultation on dietary management of moderate malnutrition

FANTA participated in a technical expert consultation meeting on the Dietary Management of Moderate Malnutrition in children, organized by WHO in Geneva, from September 30 to October 3, 2008. The objectives of the meeting were to address what diet should be recommended to feed moderately malnourished children. The meeting discussed nutrition requirements of moderately malnourished children; reviewed diets that are currently recommended in dietary counseling; examined whether the diets and supplements given provide all nutrients needed for recovery; made recommendations on how the currently recommended diets and food supplements may be reformulated to improve their efficacy to promote growth; discussed blanket or targeted approaches; and identified knowledge gaps and research priorities to improve the management of moderate malnutrition, including questions of how to deliver the recommended diets and food supplements through effective programming.

3.8. Knowledge management, publication and training

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

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

Trainings, workshops and presentations

FANTA disseminates project technical knowledge through trainings in response to specific needs, workshops at the international, national and local levels, and targeted technical presentations. During Project Year Ten, FANTA workshops, trainings and presentations reached more than 3,450 participants in 17 countries, as detailed in **Table 2**.

Dissemination of FANTA publications

The FANTA website is the cornerstone of dissemination activities. As a resource center, the site connects visitors not only to FANTA's work and publications but also to other websites, reports and publications that can help to expand the knowledge base, foster dialogue, inform policy and create linkages within the nutrition and food security community. FANTA also disseminates publications through response to global requests for material. In Project Year Ten, FANTA distributed nearly 772,000 copies of more than 200 different publications and information products developed over the life of the project. While it is difficult to track the final destination of web downloads, hard copies of FANTA publications were requested by recipients at academic institutions, health facilities and NGOs in more 20 developing countries, including many where FANTA does not provide technical assistance: Bangladesh, Botswana, Burkina Faso, Cameroon, Ethiopia, Ghana, India, Kenya, Malawi, Myanmar, Nepal, Niger, Nigeria, South Africa, Sudan, Swaziland, Uganda, Vietnam, Zambia and Zimbabwe. (See **Tables 3** and **5**.)

Table 2: Trainings, Presentations and Workshops in Project Year Ten

Title	Location	Date	Duration	Number Participants	Audience
NASCOP Training of trainers in nutrition and HIV	Nairobi, Kenya	September 27-October 4, 2007	8 days	30	Trainers of HIV service providers
Regional pre-test training of nutrition and HIV for community-based and home-based service providers	Addis Ababa, Ethiopia	October 8-12, 2007	4 days	40	Trainers and program managers in community-based HIV service providers from countries in east and southern Africa
Progress, achievements and gaps after the Durban Nutrition and HIV consultative meeting of 2005 Presentation at WHO/UNICEF consultation	Bangkok, Thailand	October 9, 2007	45 minutes	Over 100	WHO, UNICEF, US Government, host country government, and PVOs
Monitoring nutrition and HIV programs: Use of data	Bangkok, Thailand	October 10, 2007	45 minutes	Over 100	WHO, UNICEF, USG, host country government, and PVOs
Considerations when costing integration of nutrition into HIV interventions	Bangkok, Thailand	October 11, 2007	30 minutes	Over 100	WHO, UNICEF, USG, host country government, and PVOs
M&E Training for newly awarded MYAPs	Mali	October 20-24, 2008	1 week	30	CSs and some USAID mission staff
Update on indicators to assess feeding frequency, DD, and IYCF practices in the KPC	Washington, DC	November 6-8, 2007	20 minutes	20	USAID, WHO, PAHO, IFPRI, UC Davis, IYCN, Macro International, UNICEF
M&E Training for newly awarded MYAPs	Mozambique	November 10-14, 2007	1 week	40	CSs and some USAID mission staff
Training in technologies to support home gardening among PLHIV	Busia, Kenya	November 12-16 2007	5 days	67	PLHIV, NGO/CBO staff, government personnel, agricultural schools and institutions.
National Consultation meeting on Nutrition and HIV/AIDS	Addis Ababa, Ethiopia	November 21-22, 2007	2 days	41	Program managers of ART and Nutrition programs represented from the government and non government institutions (MOH, FHAPCO, USAID, CDC, PEPFAR partners, PVOs, Academia)

Analysis and Application of Qualitative Information for the Development of Behavior Change Interventions	Antigua, Guatemala	November 26-28, 2007	3 days	30	Title II CSs
M&E Workshop for FFP and AMEX	Washington, DC	December 10-12, 2007 December 17-19, 2007	1 week	40	USAID/FFP staff and staff from FFP contractor, AMEX
Workshop on standardization of CARE Title II program practices	Hyderabad, India	December 17-21, 2008	5 days	20	USAID, CARE, MOH, Program Staff, Policymakers
Workshop on standardization of formats and tools	Hyderabad, India	January 8-12, 2008	4 days	20	USAID, CARE, MOH, Program Staff, Policymakers
Workshop on standardization of the replication process	Raipur, India	January 14-16, 2008	3 days	21	USAID, CARE, MOH, Program Staff, Policymakers
The Use of Lot Quality Assurance Sampling for Annual Monitoring of P.L. 480 Title II Programs in Guatemala	Antigua, Guatemala	January 16-18, 2008	3 days	30	Title II CSs
Stakeholder meeting to review the outline of the FBP guidelines	Lusaka, Zambia	February 27, 2008	1 day	9	MOH, NAC nutrition managers, USG agency heads and food and nutrition implementing partner heads (meeting to discuss FBP guideline outline)
Joint Regional CMAM Training Workshop	Lilongwe, Malawi	February 11-22, 2008	11 days	39	Health managers and health care providers from MOH, UNICEF, WHO and NGOs
Monitoreo de Efectos en Guatemala. Resultados de la Encuesta 2007	Guatemala City	February 11-12, 2008	2 x 3 hours	42	USAID Mission, MOH staff, local NGOs, program staff
Results of the Assessment of Quality of Implementation of PROCOSAN in Title II Areas of Operation in Nicaragua (workshop)	Managua, Nicaragua	February 13, 2008	1 day	20	Ministry of Health of Nicaragua, USAID/Nicaragua, Title II Cooperating Sponsors, local-level Ministry of Health staff, investigators from the World Bank evaluation of PROCOSAN, UNICEF and NicaSalud
Continuing Nutrition Education	Nairobi, Kenya	February 13, 2008	1 day	33	Nutritionists
Nutrition and HIV (Presentation)	Windhoek, Namibia	February 21, 2008	20 minutes	30	USG agency heads, COPS of food and nutrition implementing partner organizations and GRN nutrition and TB program managers

Integrating Nutrition into HIV/AIDS Services & FANTA's role in Namibia	Windhoek, Namibia	February 21, 2008	20 minutes	30	USG agency heads, COPs of food and nutrition implementing partner organizations and GRN nutrition and TB program managers
Nutrition and HIV for service providers in Comprehensive Care Centres	Coast Province, Kenya	February 25-29, 2008	5 days	27	Nurses, nutritionists, and doctors
Food-by-Prescription and Other Approaches (Presentation)	Lusaka, Zambia	February 28, 2008	30 minutes	9	MOH, NAC Nutrition Managers, USG agency heads and food and nutrition implementing Partner heads (meeting to discuss FBP guideline outline)
Nutrition and HIV for service providers in Comprehensive Care Centres	Eastern Province, Kenya	March 3-7, 2008	5 days	36	Nurses, nutritionists, and doctors
Food and Nutrition Technical Assistance Project (USG PEPFAR In-brief)	Maputo, Mozambique	March 10, 2008	10 minutes	8	USG Agency and SO heads
Nutrition and HIV for service providers in Comprehensive Care Centres	Western Province, Kenya	March 10-14, 2008	5 days	29	Nurses, nutritionists, and doctors
Food-by-Prescription: An Overview of the Current Approach	Washington, DC	March 13, 2008	25 minutes	65	PVOs, USAID, food manufacturers
Assessing the Need to Integrate Food and Nutritional Care into HIV Services in Mozambique (Presentation)	Maputo, Mozambique	March 21, 2008	30 minutes	20	USG Agency heads and COPs of food and nutrition implementing partners
PROCOSAN Forum organized and facilitated by FANTA. Presented results of assessment of quality of implementation of PROCOSAN in Nicaragua.	Managua, Nicaragua	April 9, 2008	1 day	44	Ministry of Health of Nicaragua, USAID/Nicaragua, Title II CSs, local-level MOH staff, investigators from the World Bank evaluation of PROCOSAN, UNICEF and NicaSalud
Urban Food Aid programs	Washington, DC	April 14, 2008	2 hours	6	USAID FFP Team Leaders
Impacts of Specialized Food Products on HIV-Infected Adults and Malnourished Children: Emerging Evidence from Randomized Trials presented at International Food Aid Conference	Kansas City, MO	April 15, 2008	25 minutes	70	PVOs, USAID, food manufacturers

Capacity building module workshop	Raipur, India	April 21-23, 2008	3 days	14	Government and CARE program staff
Analysis and Reporting of Outcome Monitoring Survey Data	Guatemala City, Guatemala	April 22-25, 2008	5 days	4	URC/Calidad en Salud, CIENSA
International workshop on the Integration of Community-Based Management of Acute Malnutrition (CMAM) into national health systems	Washington, DC	April 28-30, 2008	3 days	120	Global health and nutrition policy makers, managers and researchers with a special interest and/or involvement in acute malnutrition
Nutrition in HIV Care Services: A Needs Assessment	Windhoek, Namibia	May 8, 2008	1 hour	6	USG agency heads
Feasibility of food assistance programming for PLHIV in Namibia	Windhoek, Namibia	May 8, 2008	1 hour	6	USG agency heads
National Nutrition Program for PLHIV, Operational plan	Windhoek, Namibia	May 8, 2008	30 minutes	6	USG agency heads
New Partner Initiative Training: Technical workshop in HIV/AIDS	Mombasa, Kenya	May 9, 2008	1 day	48	Program managers of HIV programs from countries in east and central Africa
New Perspectives on Food Aid	Arlington, VA	May 9, 2008	2 hours	40	Moderated session at InterAction Forum 2008, "New Visions to End Poverty"
Supervisor's training workshop	Raipur, India	May 11-15, 2008	5 days	25	USAID, CARE, MOH, Program Staff, Policymakers
Design and Implementation of Exit Strategies for P.L. 480 Title II Development Assistance Programs in Honduras workshop	Tegucigalpa, Honduras	May 13-15, 2008	3 days	35	USAID Mission, FFP/W, Title II CSs
Training and orientation of for Angandwadi Workers on standardized process	Hyderabad, India	May 17-19, 2008	3 days	50	CARE program staff, Angandwadi Workers (service providers in government program)
Impacts of Specialized Food Products on HIV-Infected Adults and Malnourished Children: Evidence from Randomized Trials presented at IFPRI seminar	Washington DC	May 19, 2008	1.5 hours	12	IFPRI researchers
Training and orientation of for Angandwadi Workers on standardized process	Mahasamund, India	May 27-28, 2008	2 days	57	CARE program staff, Angandwadi Workers

Urban Food-Based Program Options	Washington, DC	May 29, 2008	3 hours	45	Workshop to discuss the Mathys/Bergeron paper
Malnutrition in the land of plenty: looking for solutions	Kampala, Uganda	June 2, 2008	40 minutes	Over 100	USAID, local and international NGOs, government staff, students, academicians/researchers, health workers
Training and orientation of for Angandwadi Workers on standardized process	Aarang, India	June 4-5, 2008	2 days	60	CARE program staff, Angandwadi Workers
“Prevent is Better than Cure: Food Assisted MCHN Programming in Haiti” presented at ICB-organized workshop, Food Security Capacity Building and Beyond: Excellence in Nutrition and Agriculture	Washington, DC	June 5, 2008	3 hours	50	UMCOR, USAID-FFP, USAID-FFP/AMEX International, USDA/FAS, FANTA, international NGOs
Scaling up food and nutrition care and support interventions to the national level presented at PEPFAR Implementers Meeting	Kampala, Uganda	June 6, 2008	20 minutes	100	USAID, CDC, other USG agencies, IPs, government staff
A Review of Kenya’s Food by Prescription Program presented at PEPFAR Implementers Meeting	Kampala, Uganda	June 6, 2008	20 minutes	100	USAID, CDC, other USG agencies, IPs, government staff
Capable Partners NGO partners training in nutrition and HIV	Nairobi, Kenya	June 6, 2008	1 day	54	NGO program managers of community-based HIV programs
Nutrition and HIV for service providers in Comprehensive Care Centres	Nairobi, Kenya	June 9-13, 2008	5 days	30	Nurses, nutritionists, and doctors
Nutrition and HIV for service providers in Comprehensive Care Centres	Nyanza, Kenya	June 9-13, 2008	5 days	30	Nurses, nutritionists, and doctors
Nutrition and HIV for service providers in Comprehensive Care Centres	Rift Valley, Kenya	June 9-13, 2008	5 days	30	Nurses, nutritionists, and doctors
Nutrition and HIV for service providers in Comprehensive Care Centres	Central Province, Kenya	June 9-13, 2008	5 days	30	Nurses, nutritionists, and doctors
Initial findings of the Kenya Food Supplementation Study for PLHIV	Nairobi, Kenya	June 10, 2008	40 minutes	Over 120	USAID, Local & International NGOs, Government staff, CDC, CAs, Health workers

Quality of Counseling and Negotiation in Community-based Growth Monitoring and Promotion in an NGO context in Nicaragua (presentation)	New York, NY	June 16-17, 2008	2 days	15	UNICEF, WHO, PATH, USAID/FANTA, USAID/BASICS, Manoff Group
MSF, UNICEF, FMOH, Presented in absentia (prepared presentation delivered by UNICEF representative)	Khartoum, Sudan	June 18-19, 2008	2 days	40	FMOH, UNICEF, WFP, ACF, Concern Worldwide, MSF, Ahfad University
Stakeholder meeting to review the first draft of the Guidelines for the Food by Prescription Program in Zambia	Lusaka, Zambia	June 19, 2008	1 day	28	MOH, NAC Nutrition Managers, USG Agency Heads and food and nutrition implementing partner heads (meeting to discuss draft FBP guideline document)
Training in M&E of nutrition care for PLHIV	Entebbe, Uganda	July 14-17, 2008	4 days	32	M&E officers and program managers in HIV programs in east and southern Africa
Haiti Joint Baseline Survey Training	Port-au-Prince, Haiti	July 14-25, 2008	2 weeks	85	Survey supervisors, enumerators, and IT personnel hired by the three CSs in Haiti
Complementary feeding in Uganda: Analysis of the role of industry	Kampala, Uganda	July 16, 2008	30 minutes	Over 100 participants	USAID, local and international NGOs, government staff, students, academicians/ researchers, health workers, industry, media
Capacity building workshop for INHP good practices	Hyderabad, India	July 17-19, 2008	3 days	30	Government staff, District support members
National Pre-test training on clinical nutritional care for PLHIV	Addis Ababa, Ethiopia	July 21-23, 2008	3 days	40	MOH, EHNRI, UN, INGO, Academia, USAID, private hospitals, CDC, CHAI, and PEPFAR partners
Stakeholder meeting to review the draft Manual on Nutrition Care for PLHA	Lusaka, Zambia	July 23-26, 2008	3 days	30	Heads of GRZ institutions, PEPFAR food and nutrition IPs
Briefing on Nutrition and HIV Globally and in Ethiopia	Addis Ababa, Ethiopia	July 24, 2008	1 hour	12	USAID/Ethiopia staff
Ration Calculations for Title II	Washington, DC	July 24, 2008	1 day	15	FFP officers
Nutrition for community-based HIV programs	Nairobi, Kenya	July 28-31, 2008	4 days	36	Program managers and service providers in CBC and HBC programs

Workshop: Participatory review of the implementation of technologies to support home gardening among PLHIV	Busia, Kenya	August 7, 2008	1 day	170	PLHIV, government personnel from the health and agricultural sectors, social services, local administrative and political leaders, local and international NGOs, USAID projects
Training of on the use of nutrition and HIV counseling cards.	Kigali, Rwanda	August 11-15 and 18-22, 2008	2 x 5 days	29	Staff from PEPFAR IPs and local NGOs
Training on clinical nutritional care for PLHIV	Awassa, Ethiopia	August 19-21, 2008	3 days	44	ART clinical care providers from regional hospitals from SNNPR
O Programa de Alimentos por Prescrição em Kenya (The Food by Prescription Program in Kenya)	Maputo, Mozambique	August 21, 2008	1.5 hr	30	CNCS members, PEPFAR/Mozambique
Training on clinical nutritional care for PLHIV	Adama, Ethiopia	August 23-25, 2008	3 days	43	ART clinical care providers from regional hospitals from Oromya Region
Girl Guide Anemia Prevention Badge, Expansion Training	Uganda	August 24-30, 2008	1 week	29	Girl Guide Leaders from Nakapiripirit, Kaberamaido, and Amuria Districts (NE Uganda)
Training on clinical nutritional care for PLHIV	Diredawa, Ethiopia	August 27-29, 2008	3 days	28	ART clinical care providers from regional hospitals from Diredawa, Harar and Somali Regions
Training on clinical nutritional care for PLHIV	Baherdar, Ethiopia	August 31-September 2, 2008	3 days	31	ART clinical care providers from regional hospitals from Amhara, Gambella and Beneshangul Regions
Integrating Nutrition into HIV Services in Namibia (Presentation)	Windhoek, Namibia	September 1, 2008	30 minutes	10	USG agency heads, COPs of food and nutrition IP organizations
Training on clinical nutritional care for PLHIV	Mekelle, Ethiopia	September 6-8, 2008	3 days	38	ART clinical care providers from regional hospitals from Tigray and Afar Regions.
Stakeholder meeting to review Nutrition and HIV training and IEC materials	Windhoek, Namibia	September 17-18, 2008	2 days	20	GRN health workers, USG program heads and food and nutrition IP technical officers
Food & Nutrition approaches to support PLHIV: What are the options?	Lusaka, Zambia	September 24, 2008	20 minutes	37	USG agency heads, food and nutrition implementing agency heads, MOH nutrition heads

Partner workshop to discuss the Draft PEPFAR/Zambia Food and Nutrition Action Plan and discuss Food and Nutrition approaches to support PLHA	Lusaka, Zambia	September 24-25, 2008	2 days	32	USG agencies and COPs of USG supported food and nutrition implementing organizations
Analysis and Reporting of Outcome Monitoring Survey Data	Washington, DC	October 1-7, 2008	5 days	2	PENSER
Nutrition for community-based HIV programs	Nairobi, Kenya	October 14-17, 2008	4 days	35	Program officers and service providers in CBC and HBC programs
Dissemination workshop	Addis Ababa, Ethiopia	October 31, 2008	0.5 days	75	Program managers from PEPFAR IPs, FMOH, FHAPCO, NGOs, faith-based organizations, academia, EHNRI

Table 3: FANTA Publications and Dissemination in Project Year Ten

Title	Author/Publisher	Release Date	FANTA Dissemination
Publications			
A Guide to Monitoring and Evaluation of Nutrition Assessment, Education and Counseling of PLHIV	Castleman, Deitchler and Tumilowicz	June 2008	5,190
Assessment of CARE India's Integrated Nutrition and Health Project Tools and Change Agents	Bongiovanni, Acharya, Kumar and Tripathy	October 2007	2,718
Assessment of Decentralized Food Models in India's ICDS Program	Huff-Rousselle, Purushothaman, Tirupathiah and Fiedler	October 2007	1,918
Counseling Cards for India Anganwadi Workers (Hindi)	Ministry of Women and Child Development, CARE/India, FANTA	November 2008	-n/a-*
Dietary Diversity as a Measure of Women's Diet Quality in Resource-Poor Areas: Results from Rural Bangladesh Site (revised)	Arimond, Torheim, Wiesmann, Joseph and Carriquiry	March and December 2008	2,932
Ethiopian Nutrition and HIV Behavior Change Communication Tools	FMOH, HAPCO, FANTA	October 2008	-n/a-*
Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV: Trainer and Trainees Manuals	FMOH, HAPCO, FANTA	October 2008	-n/a-*
Ethiopian National Guidelines for HIV/AIDS and Nutrition, Revised September 2008	FMOH, HAPCO, FANTA	October 2008	-n/a-*
Ethiopian National Nutrition and HIV/AIDS Implementation Reference Manual	FMOH, HAPCO, FANTA	October 2008	-n/a-*
FFP Occasional Paper 5: Trigger Indicators and Early Warning and Response Systems in Multi-Year Title II Assistance Program	USAID/FFP	December 2007	902
FFP Occasional Paper 6: Emergencies in Urban and Peri-urban Settings, A Technical Review of Food-Based Program Options	USAID/FFP	August 2008	-n/a-*
Flip-chart on Maternal and Child Health and Nutrition for Andhra Pradesh (Telugu)	Ministry of Women and Child Development, CARE/India, FANTA	November 2008	-n/a-*
Flip-chart on Maternal and Child Health and Nutrition for Chhattisgarh (Hindi)	Ministry of Women and Child Development, CARE/India, FANTA	November 2008	-n/a-*
Food Assistance Programming in the Context of HIV	FANTA and World Food Programme	September 2007	22,054**

Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide, Version 3 (French)	Coates, Swindale and Bilinsky	November 2007	288
Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide, Version 3 (Spanish)	Coates, Swindale and Bilinsky	November 2007	344
India Safe Motherhood Brochure and Posters (Hindi)	Ministry of Women and Child Development, CARE/India, FANTA	November 2008	-n/a-*
International Workshop on the Integration of Community-Based Management of Acute Malnutrition, Workshop Report	Emergency Nutrition Network	October 2008	-n/a-*
Kenya National Strategy on Nutrition and HIV/AIDS	NASCOP and FANTA	November 2008	-n/a-*
Kenya Pamphlets on Nutrition for PLWHA	NASCOP and FANTA	November 2008	-n/a-*
Months of Adequate Household Food Provisioning (MAHFP) for Measurement of Household Food Access: Indicator Guide (French)	Bilinsky and Swindale	November 2007	347
Months of Adequate Household Food Provisioning (MAHFP) for Measurement of Household Food Access: Indicator Guide (Spanish)	Bilinsky and Swindale	November 2007	481
Nutrition and HIV/AIDS: A Toolkit for Service Providers in the Comprehensive Care Centres	National AIDS and STI Control Programme (NASCOP) with FANTA input	May 2007	8,475
Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives	Castleman, Jagers, Lwanga, Martin, Remancus, Shomari	August 2008	-n/a-*
Nutrition Care for People Living with HIV and AIDS (PLWHA): Training Manual for Community and Home-Based Providers and Participants Handouts	RCQHC	November 2008	-n/a-*
Nutrition, Food Security and HIV: A Compendium of Promising Practices	Castleman	November 2008	-n/a-*
Nutrition Management in Comprehensive Care Centres in Kenya: A Trainer's Manual	NASCOP with FANTA input	August 2007	4,371
Registers and Job Aids for Anganwadi Workers	Ministry of Women and Child Development, CARE/India, FANTA	November 2008	-n/a-*
Replication of Integrated Nutrition and Health Project Approaches in Non-CARE Assisted ICDS Areas: Operational Guidelines	Sharma	September 2007	2,962

Review of Community-Based Management of Acute Malnutrition (CMAM) in the Post-Emergency Context: Synthesis of Lessons on Integration of CMAM into National Health Systems	Deconinck, Swindale, Grant and Navarro-Colorado	April 2008	5,792
Review of Incorporation of Essential Nutrition Actions into Public Health Programs in Ethiopia	Jennings, Beyero Hirbaye	January 2008	2,766
Strengthening Agricultural Technologies among People Living with HIV: Lessons Learned in the Border Towns of Busia, Kenya and Busia, Uganda	Mwadime	November 2008	-n/a-*
Sudan Food Assistance Transition Study	Frankenberger, Downen, Meyer, Canahuati, Rinck and Anei	December 2007	4,226
Tools for Anganwadi Worker Home Visits and Supervisor Visits	Ministry of Women and Child Development, CARE/India, FANTA	November 2008	-n/a-*
Training Guide for Community-Based Management of Acute Malnutrition (CMAM)	FANTA	December 2008	-n/a-*
Periodicals			
Age-based preventive targeting of food assistance and behaviour change and communication for reduction of childhood undernutrition in Haiti: a cluster randomised trial	Ruel, Menon, Habicht, Loechl, Bergeron, Pelto, Arimond, Maluccio, Michaud and Hankebo	February 2008	1,219
Precision, time, and cost: A comparison of three sampling designs in an emergency setting	Deitchler, Deconinck and Bergeron	May 2008	260

* Although completed in Project Year Ten, the dissemination of this publication occurred solely in Project Year One of FANTA-2.

**Although completed in Project Year Nine, the dissemination of this publication occurred primarily in Project Year Ten.

Table 4: FANTA Internal Technical Reports and Materials in Project Year Ten

Title	Author
2007 Outcome Monitoring Survey: USAID/Guatemala Programs	FANTA
2007 Outcome Monitoring Survey: USAID/Guatemala Programs (Spanish)	FANTA
2007 Outcome Monitoring Survey: USAID/Madagascar Programs	FANTA
2007 Outcome Monitoring Survey: USAID/Madagascar Programs (French)	FANTA
A Randomized, Investigator-Blinded, Clinical Effectiveness Trial Comparing Three Locally Produced Supplementary Foods in the Treatment of Moderate Acute Malnutrition in Rural Malawian Children	Matilsky, Manary and Maleta
A Randomized, Investigator-Blinded, Controlled Trial Comparing Supplementation with Either Ready-to-Use Fortified Spread or Corn-Soy	Manary

Blend in Malnourished Adults Beginning Anti-Retroviral Therapy (ART) in Malawi	
Consolidated Report on the Integration of Community-Based Management of Severe Acute Malnutrition into the Ghana Health Services: Phase 1 June 2007-September 2008	FANTA
Design and Implementation of Exit Strategies for P.L. 480 Title II Development Assistance Programs in Honduras	Lorge Rogers and Woldt
Developing and Validating Simple Indicators of Dietary Quality of Infants and Young Children in Developing Countries: Additional Analysis of 10 Data Sets	Working Group on Infant and Young Child Feeding Indicators
Ethiopia: Review of Integration of Community-Based Management of Acute Malnutrition Services	Deconinck, Remancus, Grant and Navarro-Colorado
Girl Guides: Effective Change Agents in the Prevention and Control of Anaemia (Brochure)	WAGGGs with partners
Institutional Capacity Building Grants (2004-2008) Review	FANTA
Malawi Food Security Programming Strategy FY 2008–2014	USAID/Malawi
Malawi: Review of Integration of Community-Based Management of Acute Malnutrition Services	Deconinck and Navarro-Colorado
Niger: Review of Integration of Community-Based Management of Acute Malnutrition Services	Deconinck, Grant and Navarro-Colorado
Nutritional Care and Support for People Living with HIV in East and Southern Africa: Progress, Experience and Lessons	Mwadime
Nutritional Status and Change in Nutritional Status Among HIV-Infected Adults Initiating Antiretroviral Therapy at Selected Health Facilities in Uganda	Ekoru
Prevention Is Better Than Cure. Final Report of the Evaluation: Prevention or Cure? Comparing Preventive and Recuperative Approaches to Targeting Maternal and Child Health and Nutrition Programs in Rural Haiti, DRAFT	Menon, Ruel, Arimond, Habicht, Hankebo, Loechle, Maluccio, Mbuya, Michaud, Pelto
Qualitative Assessment of the Girl Guides Anemia Prevention Badge Program	Cashin, Mwadime, and Shenute Namugumya
Quality of Counseling and Negotiation in Community-based Growth Monitoring and Promotion in an NGO Context in Nicaragua	Woldt, Seireg Ohman, Reyes Cardoza, and Montes Molina
Regional Exchange to Strengthen the Implementation and Expansion of Community-Based Growth Promotion in Central America	Seireg Ohman
The Feasibility of Nutrition Supplementation Programming for People Living with HIV/AIDS in Namibia	Walford
USAID/Madagascar Food Security Programming Framework	FANTA
Workshop: The Use of Lot Quality Assurance Sampling for Annual Monitoring of P.L. 480 Title II Programs in Guatemala	Tumilowicz and Woldt
Workshop: The Use of Lot Quality Assurance Sampling for Annual Monitoring of P.L. 480 Title II Programs in Guatemala (Spanish)	Tumilowicz and Woldt

Table 5. Web Site Activity for Project Year Ten

General Information for PY10	
Visits to web site	93,786

Number of web pages viewed by visitors	1,229,161
Number of hits	3,606,897
Average number of visitors per day	257
Average number of pages viewed per day	3367
Most active day of PY10	June 23, 2008
Top Ten Web Pages for PY10 (excludes home page)	Page Views
1. Anthropometric Indicators Measurement Guide	10,177
2. Focus Area: Monitoring and Evaluation	9,312
3. Focus Area: Food Security	8,425
4. Focus Area: HIV	8,228
5. Focus Area: Infant and Children	7,418
6. Publications main page	6,178
7. Focus Area: Emergency	5,617
8. About Us	4,798
9. Focus Area: Household Food Consumption	4,624
10. Nutrition and HIV/AIDS: A Training Manual	4,383
Top Ten PDF Downloads for PY10	PDF Views
1. Anthropometric Indicators Measurement Guide (English version)	51,587
2. Sampling Guide (English Version)	37,776
3. HIV/AIDS: A Guide to Nutritional, Care and Support	33,613
4. Nutrition and HIV/AIDS: A Training Manual	26,981
5. Food Assistance Programming in the Context of HIV	21,905
6. Anthropometric Indicators Measurement Guide (French version)	21,560
7. Nutritional Care and Support for People Living with HIV/AIDS in Uganda: Guidelines for Service Providers	15,617
8. Community-based Therapeutic Care (CTC): A Field Manual	15,233
9. Measuring Household Food Consumption: A Technical Guide	14,260
10. Measuring Food Insecurity: Going Beyond Indicators of Income and Anthropometry	12,604