

Annual Program Performance Report

October 31, 2007



IYCN USAID's Infant
& Young Child
Nutrition Project

This document was produced through support provided by the U.S. Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

IYCN is implemented by PATH in collaboration with CARE,
the Manoff Group, and University Research Co., LLC.

1800 K Street NW, Suite 800
Washington, DC 20006 USA
Tel.: (202) 822-0033
Fax: (202) 457-1466

TABLE OF CONTENTS

I. BACKGROUND	1
II. GOALS AND OBJECTIVES	2
III. ACCOMPLISHMENTS TOWARD GOALS AND OBJECTIVES	4
3.1 IR1: SUPPORT GLOBAL TECHNICAL LEADERSHIP IN INFANT AND YOUNG CHILD NUTRITION	4
3.1.1 <i>Provide Acknowledged Input in Global Infant and Young Child Nutrition Documents and Produce Documents Adopted by International Organizations</i>	4
3.1.2 <i>Contribute to International Efforts to Expand the BFI, Particularly at the Community Level</i>	5
3.1.3 <i>Assist WHO to Roll-Out New Growth Standards/Charts (in PMTCT Clinics and/or in General)</i>	7
3.1.4 <i>Provide Technical Support for Implementation of the New IYCF Indicators</i>	9
3.1.5 <i>Develop Maternal Nutrition Strategy</i>	11
3.1.6 <i>Work with the Global Alliance for Improved Nutrition (GAIN) to Develop and Market Fortified Complementary Foods and Products</i>	12
3.1.7 <i>Assist in Implementing Country Models of Integrated Infant and Young Child Nutrition Assessment, Counseling, and Support for HIV/AIDS Patients and Their Families in 1-3 Countries</i>	15
3.2 IR2: STRENGTHEN AND EXPAND IMPLEMENTATION OF INFANT AND YOUNG CHILD NUTRITION PROGRAMS ...	17
3.2.1 <i>Africa Bureau</i>	18
3.2.2 <i>Haiti</i>	19
3.2.3 <i>Lesotho</i>	21
3.2.4 <i>Rwanda</i>	24
3.2.5 <i>Malawi</i>	25
3.2.6 <i>Zambia</i>	26
3.3: CROSS-CUTTING AGENDA	27
3.3.1 <i>Country Outreach for IYCN</i>	27
Sub-Activity 1: <i>Develop a Country Situation Analysis Tool for Infant and Young Child Nutrition</i>	27
Sub-Activity 2: <i>Identify Potential Countries for Country Outreach</i>	28
Sub-Activity 3: <i>Implement Country Outreach Efforts</i>	29
3.3.2 <i>Knowledge Building and Information Dissemination</i>	33
Sub-Activity 1: <i>Develop and Launch a Web-Based Knowledge Portal</i>	33
Sub-Activity 2: <i>Develop and Disseminate Information Through Technical Materials, Technical Sessions, and Conferences</i>	34
3.3.3 <i>Project Start-Up, Project Management, and Project Reporting</i>	37
Sub-Activity 1: <i>Start Up IYCN Project</i>	37
Sub-Activity 2: <i>Manage IYCN Project</i>	38
Sub-Activity 3: <i>Monitor and Evaluate IYCN Project</i>	38

I. BACKGROUND

The Infant & Young Child Nutrition (IYCN) Project is a Cooperative Agreement awarded by the U.S. Agency for International Development (USAID)'s Global Health Bureau, Office of Health, Infectious Diseases, and Nutrition, Nutrition Division (GH/HIDN/NUT) for the period of September 22, 2006 through September 21, 2011. The total value of the award to Program for Appropriate Technology in Health (PATH) (the "recipient") and its team is \$45,966,032. The PATH team includes CARE, The Manoff Group, and University Research Corporation, LLC, as partners; collaborating institutions include private voluntary organizations (Elizabeth Glaser Pediatric AIDS Foundation); local non-governmental organizations (Breastfeeding Promotion Network of India, the Emergency Nutrition Network); faith-based organizations (Christian Connections for International Health, Christian Children's Fund); universities (University of the Western Cape, South Africa, Uppsala University, the Center for International Child Health at University College, London, the University of Toronto); professional organizations (International Pediatric Association); South-to-South partnerships (South Africa's Health System Trust, University of the Western Cape, Institute of Nutrition of Central America and Panama [INCAP], Instituto de Investigacion Nutricional [IIN], International Center for Diarrheal Disease Research, Bangladesh [ICDDR,B] as well as the Global Alliance for Improved Nutrition [GAIN], and Macro International [ORC Macro]).

As required under the Cooperative Agreement, the Recipient shall submit to the USAID CTO semi-annual program performance reports briefly describing actual accomplishments toward program goals and objectives, progress toward the targets of performance indicators (to be determined jointly by the Recipient and the USAID CTO); reasons why established goals were not met, if applicable; and other pertinent information concerning the Agreement activity.

This, the project's first Semi-Annual Program Performance Report, follows the project's Year One Annual Work Plan.

II. GOALS AND OBJECTIVES

The IYCN Project has three major goals:

- To improve infant and young child nutritional status.
- To improve HIV-free survival of infants and young children.
- To improve maternal nutritional status.

IYCN achieves these goals through five objectives:

- Identify, scale-up, and institutionalize cost-effective interventions to improve infant and young child nutritional status: continue to increase the coverage of optimal breastfeeding, increase coverage of optimal complementary feeding practices, and increase coverage of key caring practices.
- Promote, scale-up, and institutionalize good infant and young child feeding and caring practices in the context of HIV/AIDS.
- Identify, scale-up, and institutionalize cost-effective interventions to improve maternal nutritional status.
- Develop and implement public/private sector partnerships, strategies, and interventions to increase the availability of high quality foods for infants and young children.
- Increase national and donor commitment to improve infant and young child nutrition.

Attaining the objective of going to scale to improve infant and young child nutrition and caring practices in the context of HIV and elsewhere is the major challenge for the IYCN Project. IYCN will continue to generate demand for and support delivery of known, cost-effective interventions to improve the nutritional status of infants and young children under two years of age and pregnant and lactating women in order to meet this objective.

Much of the initial demand for IYCN technical assistance in the first year of the project focused on improving infant and young child nutrition in the context of HIV. In these countries, IYCN worked, with some success, to additionally develop strategies to address the larger group of children who are at risk for malnutrition, but whose mothers are not HIV-positive or do not know their status. Some initial interest was also generated in Year One for complementary feeding outside of the HIV/AIDS context, primarily in Asia and parts of Africa. IYCN will focus efforts to capture and build on that attention in Year Two. The year two work plan includes country activities in eight countries in Africa (Côte d'Ivoire, Kenya, Lesotho, Malawi, Madagascar, South Africa, Swaziland, Zambia), two countries in Asia (Cambodia and India), and two in the Latin America/Caribbean Region (Haiti and Peru). Additional support for technical assistance in HIV/AIDS (supported by O/GAC and AFR/SD) and other areas of strategic interest to the Africa Bureau is expected to reach additional six to nine African countries in FY08.

Through global leadership activities, IYCN has initiated collaborative activities with the Global Alliance for Improved Nutrition (GAIN) as a key partner to improve the availability and use of fortified complementary foods and feeding practices, provided leadership in HIV/AIDS with other international agencies, provided key technical support for implementation of the new IYCF

indicators, assisted WHO to roll out new growth standards for infants, assisted in the expansion of the Baby Friendly Initiative into the community, and held initial discussions with key USAID-supported projects and countries to develop a maternal nutrition strategy.

III. ACCOMPLISHMENTS TOWARD GOALS AND OBJECTIVES

3.1 IR1: Support Global Technical Leadership in Infant and Young Child Nutrition

3.1.1 Provide Acknowledged Input in Global Infant and Young Child Nutrition Documents and Produce Documents Adopted by International Organizations

Sub-Activity	Budget
Complete technical review of the World Bank document on HIV and nutrition.	\$3,000

Description: The World Bank is developing technical guidelines on HIV and Nutrition to inform World Bank Task Team Leaders working on World Bank-funded Multi-Sectoral AIDS Projects (MAPs). To assist with its development, the World Bank has requested IYCN to be a peer reviewer for the document, giving input on the technical recommendations of the document.

Expected Results: Acknowledged IYCN input in a technical review of the World Bank document on HIV and nutrition.

Actual Results: With IYCN technical input, the World Bank document, entitled “*A Synthesis of International Guidance for HIV/AIDS, Nutrition, and Food Security*” was finalized in April 2007, and is currently being formatted for publication. The document will include IYCN’s logo and a joint press release with the World Bank and other participating agencies is planned for late 2007.

James Garrett of the World Bank states that: “We are thrilled at your support, and would like to let you know that the Guidance is now co-sponsored and endorsed by AED/FANTA, PATH/IYCN, UNAIDS, USAID, WFP and WHO.”

3.1.2 Contribute to International Efforts to Expand the BFI, Particularly at the Community Level

Sub-Activities	Budget
1. Participate in global organizations (IBFAN, WABA) and forums supporting the BFI.	\$15,000
2. Support 5-6 countries to implement the BFI, particularly at the community level.	\$23,000 included in field support budget for Lesotho \$TBD to be funded by AFR/SD field support in 4-5 additional countries

Description: Improved breastfeeding practices is a success story for nutrition interventions in developing countries. Much of the success has been achieved through the Baby Friendly Initiative (BFI), with support from the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), USAID, International Baby Food Action Network (IBFAN), and other organizations, which has trained health workers on optimal breastfeeding practices and assisted in making health institutions where mothers deliver “baby friendly”—e.g., policies and practices that facilitate early breastfeeding. Under IR1, IYCN will support the BFI by engaging with global infant and young child feeding groups such as World Alliance for Breastfeeding Action (WABA) and IBFAN; under IR2, IYCN will provide support to reinvigorating previous work on the BFI at the country level (through Child Survival and Health Grants [CSHG] partners, Title II programs, emergency nutrition programs, prevention of mother-to-child transmission of HIV [PMTCT] programs, and other nutrition related activities). Even more importantly, the project will expand support for the tenth step, which focuses on community support for breastfeeding. Adding complementary feeding to the agenda of the BFI will be a major objective of IYCN at both the global and country levels.

In the first year IYCN will:

- Participate in global organizations and forums supporting the BFI.
- Analyze experience of the BFI, with particular emphasis on community-based activities through: a review of the literature, discussions with program managers and researchers, and information on several large-scale community-based breastfeeding promotion efforts.
- Assist 5-6 countries in implementing the BFI: reinvigorate previous work, and expand support for work at the community level and on complementary feeding.

Expected Results: Initial planning for IYCN global support to breastfeeding; support for breastfeeding in the context of HIV, infant and young child feeding and other nutrition, child survival, and other programs in 5-6 countries.

Actual Results: IYCN participated in the Breastfeeding and Complementary Feeding Working Group at the United Nations Standing Committee on Nutrition (SCN) Meeting and, with other partners, identified ways to increase attention to optimal breastfeeding and complementary feeding, internationally and at the country level. One proposal is to hold an international forum, like the Micronutrient Forum, that would focus on programmatic approaches, policy and funding

issues, and research related to improving infant and young child feeding and nutrition. Discussions are on-going on how to make this Forum as cost-effective and useful as possible.

Analysis of current breastfeeding programs has focused on country level activities during country visits and assessments in Cambodia, Haiti, Lesotho, and Zambia. These analyses have included reviews of country efforts to expand the Baby Friendly Initiative, including increasing the number of “baby friendly” health institutions and expanding support to mothers on breastfeeding (and all infant feeding) in communities. In all countries, IYCN has identified gaps in programming related to infant and young child feeding. In countries where IYCN’s technical assistance is related to infant and young child feeding in the context of HIV, IYCN has identified gaps in the support for early breastfeeding, exclusive breastfeeding (0-6 months) and continued breastfeeding and complementary feeding (6-24 months) and is including efforts to strengthen support to these behaviors through facility and community-based programs in Haiti, Lesotho, and Zambia. In Cambodia where early breastfeeding support is the major nutrition program, IYCN identified activities that would support optimal feeding during the 6-24 month period.

3.1.3 Assist WHO to Roll-Out New Growth Standards/Charts (in PMTCT Clinics and/or in General)

Sub-Activity	Budget
Assist 1-2 countries to adopt the new WHO growth standards (in PMTCT clinics and/or in general) as well as attendant new counseling messages and skills.	\$70,500

Description: WHO conducted a multi-center site study from 1997 to 2003 on the growth of healthy young children receiving adequate nutrition. The information from the study, which was conducted in both developing (Brazil, Ghana, India) and developed (Norway, Oman, US) countries, has been used to create new international growth standards. WHO is currently assisting countries to adopt the new WHO growth standards through country orientation workshops and trainings to use the standards and charts in programs. The process of adoption is expected to be slow and could be assisted by IYCN as it accepts work in countries. It is anticipated that assisting WHO with roll-out of new WHO growth standards and charts will be part of the integrated package promoted in countries where IYCN works—either in PMTCT clinics to identify growth faltering in children at risk for HIV, or in all clinics and community-based programs in countries where IYCN works.

The process of introduction and adoption of the growth charts provides an opportunity to train health personnel and program implementers working at the community level to utilize the new growth charts in monitoring the growth and nutritional status of children, and **even more importantly, give high-quality training to improve counseling messages and skills of health facility and community health workers.** Health workers at all levels would be trained on not only the content of optimal feeding practices for infants and young children, based on the WHO Guiding Principles on Complementary Feeding and formative research to tailor messages to the country setting, but also interpersonal communication skills including how to negotiate with the mother to improve practices (based on her child’s growth and needs), and how to identify and solve barriers to adequate practices.

In the first year, IYCN will:

- Hold discussions with WHO on country involvement.
- Conduct national orientation workshops on the new growth standards and charts and counseling messages and methods in 2-3 countries.
- Conduct training workshops on the new growth standards and charts and counseling messages and methods in 1-2 countries to assist with adoption of new standards and charts.
- Document the process of adopting the new growth standards and charts and uptake of good counseling messages and methods.

Expected Results: Increased number of countries adopting new WHO growth standards and charts, improved counseling messages and skills on infant and young child feeding practices, and the documentation of the process of introduction and implementation of new growth standards, charts and counseling skills.

Actual Results: As planned, IYCN held discussions about WHO's plans to disseminate the new child growth charts. In Cambodia, Haiti, and Zambia, inquiries were made about country plans to adopt the new growth standards which, if used, will increase the prevalence of stunting in most countries. Zambia has already adopted the new growth standards and is revising its Children's Clinic Card to reflect the new growth standards, with one growth chart for girls and a separate one for boys. Of interest is that WHO will be developing "velocity growth tables," which give indicative weight and length gain for children at different ages. These tables will make it easier for health and community workers to detect early growth faltering accurately because it will not require plotting weights on existing growth charts. IYCN has held discussions with WHO to test these velocity growth tables in Zambia, where nutrition assessment under food and nutrition programs is planned at both community and health facility levels. Subsequent training using the velocity growth tables would be conducted if testing proves the tables are feasible for use, particularly by community volunteers.

IYCN participated in a UNICEF-hosted Growth Monitoring and Promotion (GMP) meeting with participants from WHO, USAID, International Food Policy Research Institute (IFPRI), Emory University, Academy for Educational Development (AED), the Manoff Group, Cornell University, and others. The WHO growth charts were discussed during this meeting and their use, particularly that of the velocity growth tables, in growth monitoring and promotion programs.

3.1.4 Provide Technical Support for Implementation of the New IYCF Indicators

Sub-Activity	Budget
Support the dissemination and implementation of the new IYCF indicators to monitor and evaluate infant and young child nutrition programs.	\$48,000

Description: Much work has been done to define indicators to assess breastfeeding practices. Recently, considerable effort has been made to assess optimal infant and young child feeding practices that also include complementary feeding practices, by defining a composite indicator, as presented in the USAID-funded document *Infant and Young Child Feeding Update*. The IYCN Project will provide technical support for ongoing efforts to implement these new indicators in the field, by helping to disseminate the *IYCF Update*, providing technical support for PVO/NGO data collection and analysis efforts, and by bringing feedback from the field to inform ongoing global discussions on these indicators. Through increased dissemination of the new *IYCF Update*, the IYCN Project will also advocate for the importance of collecting such indicators to inform child survival programs at country level.

Currently, there is considerable ongoing discussion about how to measure the quality and effectiveness of infant and young child feeding counseling HIV-positive pregnant women receive in PMTCT programs. The IYCN Project will participate, with other partners, in these ongoing discussions. There is also an increasing recognition that PMTCT+ programs and Orphans and Other Vulnerable Children (OVC) programs need to integrate IYCF interventions to address the increased vulnerability of children in HIV-affected households and to increase HIV-free survival of infants and young children born from HIV-positive mothers. The IYCN Project will also contribute to the ongoing discussions with other USAID-funded projects and partners aimed at strengthening the list of PMTCT and OVC program indicators to reflect the importance of monitoring IYCF counseling and practices in such programs.

In the first year, IYCN will:

- Provide technical assistance in monitoring and evaluation of infant and young child feeding practices in several forums: CORE Group, Mini University, and others.
- Participate in the on-going Complementary Feeding Indicators Working Group that groups many partners, including USAID, UNICEF, WHO, and other institutions.
- With other partners (ORC Macro, Food and Nutrition Technical Assistance [FANTA] Project), develop presentations to facilitate the implementation and use of IYCF indicators.
- As part of the IYCN website, develop and maintain an online forum for sharing experiences with implementation and use of the new composite IYCF indicator.
- Develop country specific presentations (power points, pamphlets) synthesizing the information about the *IYCF Update* and advocating for renewed focus on complementary foods.

- Participate in ongoing meetings to define indicators for IYCF in the context of HIV/AIDS (new draft President's Emergency Plan for AIDS Relief [PEPFAR] indicators). Develop technical briefs to be posted on the IYCN website.
- Participate in ongoing discussions regarding the identification of feasible indicators to evaluate counseling regarding IYCF in PMTCT programs.

Expected Results: Wide dissemination of the *IYCF Update* and continued advocacy with USAID missions for the inclusion of IYCF indicators in efforts to monitor and assess child survival programs. Increased NGO/PVO capacity and skills to collect IYCF indicators in the field.

Actual Results: IYCN staff made a special effort to establish contact and develop good working relationships with the major cooperative agreements already assisting USAID in the area of monitoring and evaluation: MEASURE DHS, FANTA, and CSHSP. Additionally, IYCN became involved in ongoing UNICEF/WHO/USAID efforts to revise and update IYCF indicators, participating in meetings and conference calls on breastfeeding indicators and on indicators on growth monitoring and promotion.

IYCN contributed to the CORE Group's Monitoring and Evaluation Working Group's Knowledge, Practice, Coverage (KPC) enhancement, as well as to the Group's conceptualization of a "Decision Tree Tool" for nutrition programming. IYCN was scheduled to provide technical assistance in monitoring and evaluation at the CORE Group's June Mini-University; with the unexpected resignation of the project's M&E Specialist in April 2007, this technical assistance was not provided, however. With a new M&E Specialist on board as of late August 2007, increased momentum for IYCN involvement in ongoing monitoring and evaluation efforts is expected. For example, the IYCN M&E Specialist, as well as its Technical Director, will participate in the Global Consensus Meeting on Indicators for Assessing Infant and Young Child Feeding, to be held in Washington, D.C., on November 6 through 8, 2007.

IYCN staff attended the 2007 spring and fall meetings of the CORE Group, where they made presentations on the new WHO Consensus Meeting recommendations and on the measurement of the combined IYCF indicator.

IYCN worked with staff at MEASURE DHS to synthesize Demographic and Health Survey (DHS) data on feeding children during episodes of diarrhea. An abstract for this analysis was submitted to the National Council for International Health Meeting in June 2007. A technical brief will be prepared in FY2008 on feeding during and after diarrhea as a strategy to reduce malnutrition and disseminated to program and policy makers and USAID Mission staff in developing countries.

IYCN Project staff introduced the IYCF composite indicator in three countries (Cambodia, Haiti, Zambia) during assessments trips by disseminating the *IYCF Update* on indicators related to infant and young child feeding and including country-specific information about the IYCF composite indicator in trip reports. In Haiti, there is an opportunity to include the IYCF composite indicator in a pilot medical chart activity which is implemented by the International Training & Education Center on HIV (I-TECH) and discussions continue with that organization to determine the feasibility of including that indicator in the chart.

3.1.5 Develop Maternal Nutrition Strategy

Sub-Activity	Budget
1. Conduct a review of current experience in implementing programs to improve maternal nutritional status by reviewing literature and interviewing stakeholders working on maternal health and nutrition programs.	\$30,000
2. Develop IYCN maternal nutrition strategy.	
3. Participate in ongoing discussions regarding the identification of indicators on maternal nutrition.	

Description: Malnutrition in young children occurs in two periods of life—during fetal development, when the fetus is dependent on its mother’s nutritional status, and during the first two years of life, when the child is dependent on what its caregivers feed him or her. It is during these two periods, when nutritional requirements are highest, that children are most at risk of poor weight gain and stunting, the latter which is not reversible if it occurs during these periods. To ensure children are born with optimal birth weight (>2.5 kg) and stores of some micronutrients, it is imperative to address inadequate dietary intake and poor weight gain in women during pregnancy. While the nutritional status of women does not normally affect breastfeeding practices, it is important to ensure that women have adequate nutrition so they have the energy to adequately care for their infants in other ways. A number of reviews have justified why it is important to address maternal malnutrition. These reviews have done little to increase program implementation in this area. In the early stages of the IYCN Project, a strategy will be developed to address maternal malnutrition. This strategy will be developed based on an analysis of current programming in the area of maternal nutrition and through interviews with stakeholders working in this area. This strategy will map the best way to put intervention and implementation successes into wider practice worldwide.

In the first year, IYCN will:

- Conduct a review of existing cost-effective programs to improve maternal nutritional status.
- Develop IYCN strategy to improve maternal nutritional status.
- Participate in ongoing discussions regarding the identification of indicators of maternal nutrition.

Expected Results: Better understanding of existing cost-effective programs to improve maternal nutritional status and a strategy to map IYCN activities to improve maternal nutrition.

Actual Results: Discussions have taken place with staff from ACCESS, ACCESS-Family Planning, BASICS, and POPPHI about programmatic opportunities to promote optimal maternal nutrition. During country assessments in Cambodia, Haiti, and Zambia the prevalence of maternal underweight was reviewed from existing information and included in trip reports.

3.1.6 Work with the Global Alliance for Improved Nutrition (GAIN) to Develop and Market Fortified Complementary Foods and Products

Sub-Activity	Budget
1. Develop a strategy and Memorandum of Understanding (MOU) for work with GAIN and begin implementation.	\$21,000

Description: Childhood malnutrition is due to inadequate intake of breast milk in the first six months and complementary foods with continued breastfeeding during the 6-24 month period. Complementary foods need to be diverse and of high quality, providing an adequate balance of protein, carbohydrates, fat, and micronutrients. In developing countries, the food base to provide this balance is not often available and/or caregivers have beliefs that certain high quality foods are inappropriate for infants and young children. If infants under six months of age are exclusively breastfed, they receive the optimal mix of nutrients to ensure adequate growth during this period. Starting at six months and continuing to two years of age, children need to receive foods that complement breast milk during that period—i.e., foods that will make up the gap in energy, protein, fat, and micronutrients no longer provided by breast milk.

Increasing the availability of high quality foods is essential to improving the nutritional status of children 6-24 months of age. GAIN has received a grant from the Bill & Melinda Gates Foundation to work through public-private partnerships to develop and market fortified complementary foods and micronutrient products to poor families in developing countries. IYCN will assist GAIN with promoting and implementing this approach in several countries where IYCN is working.

In the first year, IYCN will:

- Hold discussions with GAIN.
- Develop a strategy and MOU for work with GAIN.
- Begin implementation of the strategy.

Expected Results: Identification of countries where complementary foods or micronutrient-rich products can be developed and marketed, and GAIN-IYCN strategies for advancing complementary food fortification in these countries.

Actual Results: IYCN held a series of discussions with GAIN staff, including with Marc Van Ameringen in Washington, D.C., in February 2007, Barbara McDonald at the Micronutrient Forum in Istanbul in April 2007, Pradeep Kakkar in June 2007, and Sandra Huffman in August 2007, leading to determination of likely areas of collaboration (advocacy, country-level implementation, monitoring and evaluation) on the new GAIN fortified complementary food initiative (termed by GAIN its “IYCN Program”). With GAIN’s Interim IYCN Program Senior Manager, Pradeep Kakkar, IYCN identified two GAIN focus countries (India and South Africa) in which near-term collaboration on the development, marketing, and appropriate use of fortified complementary foods will be jointly pursued. IYCN identified three additional non-focus countries for GAIN (Cambodia, Côte d’Ivoire, and Zambia) in which it would take the lead in

exploring the potential for fortified complementary food initiatives. IYCN developed a “Business Plan” for work with GAIN, containing two parts:

- Part 1: In countries where GAIN-financed fortified staple food programs exist (Côte d’Ivoire, South Africa, and Zambia), promote and enhance the use of these staple food products as complementary food products
- Part 2: In selected states in India and Cambodia, develop and market fortified complementary food products.

This IYCN/GAIN Business Plan describes activities over the next 1-2 years to develop and market fortified complementary foods in the context of the overall infant and young child nutrition strategy in the five identified countries. While only India and South Africa are on GAIN’s list of priority countries, GAIN is discussing expanding its list of countries to look for more opportunities for this initiative.

As part of its IYCN Program, GAIN had developed a “Market Snapshot Tool,” which it suggested that IYCN use when conducting assessments to determine the feasibility of developing fortified complementary foods. IYCN added additional information to the Tool, to enhance its effectiveness in assessing demand for such foods.

IYCN made country outreach visits to Cambodia and South Africa, with the visit to South Africa being a joint visit with GAIN.

In Cambodia, IYCN staff used the Market Snapshot Tool to assess the potential of the private sector in Cambodia to produce fortified complementary foods and the demand from consumers for these products. Demand is high for special foods for young children in Cambodia. *Bobor*, a rice porridge, is often fed to children and purchased from small shops in many villages. *Bobor* could be fortified and packaged for commercial sale and marketed as a new and enriched food to make children healthy and strong. The food industry in the country exists with snack foods of low nutritional quality being sold in many small shops in rural areas. A recent study on infant and young child feeding practices found that 15-30% of children were consuming these foods and crackers as snacks. An NGO called Hagar, which helps displaced and battered women by providing them with jobs, has set up a private sector manufacturing company and is producing soy milk for the commercial market and other fortified food products to donors for their food assistance programs. These products are high-end products, but Hagar has thought about producing a packaged *bobor*. This product would be reconstituted with hot water. It might be possible to fortify such a product not only with iron and zinc but also with calcium, which would help meet calcium requirements in children. If packaging is kept simple, it is likely that this product could be relatively low cost. IYCN will be sharing these results with GAIN, and propose that it follow up on the information collected for the Market Snapshot to determine the feasibility of developing and producing a fortified complementary food, such as *bobor*, that can be marketed in rural areas of Cambodia. A main limiting factor could be the cost of electricity in the country, although there does exist a vibrant garment industry; the cost-effectiveness of producing fortified complementary foods needs to be determined.

In its Business Plan for work with GAIN, IYCN proposed South Africa as one country in which to explore whether the existing fortified product, maize meal, can be used to improve the nutritional status of children. The project outlined several ways in which this product, which captures a large share of the market for maize meal (70% in 2006; 85% by 2009), could be enhanced for use as a complementary food: 1) special directions and recipes can be included on the existing packaging for using the product to feed children of different ages; 2) the product can be repackaged as a product specifically for children with directions and recipes on how to use the product; 3) fortified maize meal can be enhanced to better meet the nutritional requirements of children of different ages with directions and recipes on how to use the product. Directions on packages also could provide other child feeding tips and recommendations including other types of food for a nutritious diet and information about responsive feeding. While the Department of Health seemed receptive to this approach, it appeared at the time that the focus of GAIN's fortified complementary food initiative was on the development and marketing of new complementary fortified food products rather than on promoting and enhancing the use of staple foods already being fortified with GAIN support under its staple food fortification program. However, GAIN is interested in developing fortified complementary foods using existing staples and this approach is part of their overall strategy. Further discussions are needed with GAIN to agree on the joint work plan. In South Africa, it might be possible for IYCN to work with the private sector to develop a low-cost fortified complementary food using existing fortified maize meal while GAIN helps with the development of new products.

IYCN is contributing actively to the development of GAIN's strategy for its IYCN Program. The project participated in GAIN's *Informal Discussion on Barriers to Market-Based Interventions for Increasing Availability of Fortified Complementary Foods in Developing Countries* in July 2007, and has been invited to become a member of GAIN's Infant and Young Child Nutrition (IYCN) Working Group and to chair the sub-committee on identifying strategies for the delivery of fortified complementary foods. IYCN will hold virtual meetings with participants of this group and assist with writing of a situational analysis on delivery issues for commercial complementary food products to low income groups.

3.1.7 Assist in Implementing Country Models of Integrated Infant and Young Child Nutrition Assessment, Counseling, and Support for HIV/AIDS Patients and Their Families in 1-3 Countries

Sub-Activities	Budget
1. Provide support for infant and young child feeding, in accordance with WHO and national PMTCT guidelines to implementers of USAID’s PEPFAR Food and Nutrition Strategy globally and in 1-4 countries TBD (possible countries are Ethiopia, Haiti, Nigeria, Tanzania, Uganda, Zambia).	\$250,000: SO4

Description: The Office of the US Global AIDS Coordinator (O/GAC) is working to establish country food and nutrition models for people living with HIV/AIDS and their families, based on the Kenya Food by Prescription Program, in six priority PEPFAR countries – Ethiopia, Haiti, Nigeria, Tanzania, Uganda, and Zambia. These models are linked to and funded by palliative care, PMTCT, and OVC components of O/GAC funding. IYCN will support PVOs/NGOs and other implementers of these models by providing technical assistance to help define specific set(s) of interventions and programs, develop policies and guidelines, develop training curricula, and develop tools and quality assurance (QA) approaches in infant and young child feeding. Priority areas for IYCN support at both the facility and community levels may include: 1) affordable, feasible, acceptable, sustainable and safe (AFASS) assessment and counseling; 2) promotion of and support for exclusive breastfeeding for the first six months if replacement feeding is not AFASS; 3) provision of the services and programs that would make replacement feeding (before six months) and breast milk substitutes (6-24 months) AFASS (e.g., safe water, hygiene, sanitation, basic child survival package and nutritional adequate diets); 4) provision of multi-micronutrients and routine vitamin A supplementation; 5) provision of oral rehydration therapy and zinc supplementation; 6) implementation of growth monitoring and promotion, and therapeutic and supplementary feeding.

In the first year, IYCN will:

- Select global activities and countries with GH/OHA.
- Make visits to selected countries.
- Participate with other partners in designing Food and Nutrition programs for people living with HIV/AIDS and their families.

Expected Results: Food and Nutrition strategies for people living with HIV/AIDS and their families, with robust infant and young child feeding components, implemented at scale in 1-4 countries.

Actual Results: With considerable demand from Missions for technical assistance in the area of infant feeding in the context of HIV/AIDS, this IYCN work plan activity was particularly active in 2007, both at the global and country levels.

The project participated in and contributed to the recommendations of the joint WHO and UNICEF Eastern and Southern Africa Regional Meeting on Nutrition and HIV/AIDS, held in Nairobi in May 2007. One important outcome of its participation in that meeting was a request by WHO for IYCN to develop or update and disseminate materials reflecting the consensus statement of the October 2006 *WHO HIV and Infant Feeding Technical Consultation*. With agreement by GH/OHA, follow-up discussions on materials to be developed or updates and how these should be disseminated have been held with WHO.

IYCN also held technical discussions with WHO and UNICEF related to infant and young child nutrition in the context of HIV. UNICEF requested that IYCN look for joint programming opportunities in countries where IYCN is working. Periodic conference calls and meetings are planned for the coming fiscal year.

At Missions' requests, IYCN developed country concept papers for Food and Nutrition strategies with robust infant and young child feeding components for Côte d'Ivoire, Kenya, Haiti, and Zambia. In Zambia, IYCN developed a country work plan for a Food and Nutrition program with field support funds. This is described in more detail in Section 3.2.6.

3.2 IR2: Strengthen and Expand Implementation of Infant and Young Child Nutrition Programs

Countries	Field Support Budget	Core Budget
Africa Bureau	\$325,000	\$0
Haiti	\$175,000	\$2,000 – M&E: SO3
Lesotho	\$150,000: RHAP \$50,000 – Policy and Guideline Development and BFI support: AFR/SD	\$2,000 – M&E: SO3 \$TBD - Process Documentation of Policy and Advocacy activities: SO3
Rwanda	\$0	\$3,000 included in budget for 3.3.1.1

3.2.1 Africa Bureau

Sub-Activities	Budget
1. Assist four African countries TBD to adopt the new WHO guidelines on infant and young child feeding and HIV. Potential countries include: Lesotho, Mozambique, Swaziland, Tanzania, and Zambia.	\$30,000 – Policy and Guideline Development in Lesotho \$TBD – Policy and Guideline Development in three additional countries
2. Assist five African countries TBD to implement and expand infant and young child nutrition, with a focus on community efforts such as mother-to-mother support groups. Potential countries are: Botswana, Cote d’Ivoire, Ethiopia, Kenya, Malawi Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.	\$20,000 – Community-Level IYCN Support in Lesotho \$TBD – BFI support in four additional countries

Actual Results: When the first year work plan was prepared, only \$50,000 of IYCN’s Africa Bureau field support, for Lesotho, had been programmed. As of this writing, use of field support for two additional activities—an exploratory visit to Swaziland (requested by USAID/RHAP) and half-time support for an Africa Regional Infant Feeding and HIV/AIDS Advisor—has been approved. Both of these additional activities are not scheduled to begin until after October 1, 2007.

The Project, though not an official participant in Lesotho’s IYCN policy development process, spearheaded by AED under FANTA, was asked in July 2007 by the Ministry of Health and Social Welfare (MOHSW) of Lesotho to comment on the zero draft policy document. Detailed comments were provided to the Ministry, for inclusion in the final policy document, presented at a stakeholders’ meeting on September 24 to 28, 2007, held prior to its signature by the Cabinet.

As detailed in Section 3.2.3 below, IYCN’s work plan for Lesotho is highly focused on introducing and strengthening community efforts, such as mother-to-mother support groups, to improve infant and young child nutrition in the context of HIV/AIDS. In the second year of the project, IYCN will provide strong support to the Ministry and to key USAID partners, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), International Center for AIDS Care and Treatment Programs (ICAP), and mothers-to-mothers (m2m), as they introduce and expand their efforts to actively engage the community in supporting HIV-positive mothers to appropriately feed their infants and young children.

3.2.2 Haiti

Description: Since mid-2003, USAID has been providing support to the Government of Haiti and its implementing partners to improve breastfeeding and related complementary feeding, and maternal dietary practices in the context of PMTCT. A small set of targeted policy and advocacy, capacity building, information dissemination, and M&E activities were planned. For a variety of reasons, including a difficult and deteriorating security situation in the country, a number of these activities remained at the planning stage. Nevertheless, by the end of fiscal year 2006, 142 PMTCT doctors and nurses had been trained in HIV and infant feeding, and a set of existing behaviour change communication (BCC) materials on HIV and infant feeding had been adapted to the Haitian context, translated into Creole, and printed. With these accomplishments and in light of the renewed commitment of all stakeholders—the Government of Haiti, donor agencies, and implementing partners—to strengthen the infant and young child feeding aspects of national PMTCT and OVC efforts, the stage has been set for the implementation of effective interventions at the facility level to achieve concrete results in improved infant and young child feeding practices. Activities to support people living with HIV/AIDS (PLWHA) at the community level will be implemented by NGOs and should also include further reinforcement of and support for IYCN messages.

In 2007, the IYCN Project in Haiti will contribute to these efforts principally by supporting the Haitian Institute for Community Health (INHSAC) and possibly other partners in training health workers in good infant and young child feeding practices in the context of HIV/AIDS.

In year one, IYCN will:

- Develop work plan, budget, M&E plan, and establish mechanisms for in-country operations, including staffing.
- Review existing Haiti-based training courses on PMTCT and infant and young child feeding: LINKAGES three-day training on PMTCT and infant and young child feeding; INHSAC training modules for PMTCT, infant and young child feeding in the context of HIV/AIDS; and any other nutrition trainings.
- Review international courses on IYCF: the WHO Integrated IYCF course (including in the context of HIV/AIDS) and Designing by Dialogue for counseling modalities and IYCF messages.
- Revise the current INHSAC training based on the reviews in 2 and 3 as the “short term revision” for INHSAC training, with the longer term revision part of the work plan in year two.
- Conduct an assessment on a sample of participants from the LINKAGES three-day training on PMTCT and IYCF to understand the uptake and use of the training, and how this information has been transferred to women/mothers (where appropriate through observations, interviews with health workers, exit interviews with women).
- Review existing qualitative research/studies on IYCF practices and/or foods available in communities (through interviews with government, NGOs to identify studies, and a desktop review of existing studies).

Expected Results: Improved INHSAC training curriculum for counselors in PMTCT clinics.

Actual Results: In Haiti, despite numerous delays due to the continued insecurity, IYCN established an office within the CARE country offices, recruited and engaged a Country Coordinator, and developed and negotiated a work plan, M&E plan, and budget with the USAID/Mission. Once on board, the IYCN Country Coordinator recovered the remaining, undistributed exclusive breastfeeding and infant and young child feeding Creole-language materials from the former LINKAGES Project's in-country representative, and reviewed them for appropriateness for dissemination given the new WHO 2006 Consensus Statement recommendations. She also developed a questionnaire to be used in a survey of infant and young child feeding counseling by health care providers (some of whom had been previously trained by LINKAGES in the then-recommended practices and indicators) in six CARE supported sites. Later in the year and based on the actual budget available for FY2007 and FY2008, the IYCN Technical Director and M&E Specialist worked together to revise the Haiti M&E Plan to make it more realistic in scope and cost, given the existing field support budget. IYCN still proposes observing the practices of a sample of health providers and CHWs who will be trained with a revised PMTCT curriculum at INSHAC, and assisting in training supervisors and CSOs in collecting data on the IYCF composite indicator as part of monitoring and evaluation activities.

Based on the fact that the existing policy environment was not sufficiently in support of some of the state of the art advice that was being recommended by IYCN, IYCN and the USAID/Haiti agreed that it would be more effective to have a stakeholders' workshop before revising curricula. Therefore, negotiation and organization of a stakeholder's workshop was added as a new activity for IYCN. In FY2007, IYCN negotiated, planned, and scheduled (in December 2007) a national-level stakeholders' workshop to review, discuss and debate the evidence base for the WHO 2006 Consensus Recommendations for infant and young child feeding in the context of HIV/AIDS. This workshop is designed to assist the Ministry of Public Health and Population (MSPP) in the revision of and dissemination of policies and/or guidelines on optimal EBF and IYCF for HIV-positive and HIV-free women and their infants. This stakeholder workshop and policy or guideline revisions will then feed into IYCN technical assistance to improve in-service and pre-service training curricula; improved INHSAC supportive supervision systems, and improved and more accessible counseling at health facilities and at the community level on EBF and complementary feeding, supported by new, updated materials for counselors and for clients and community groups in Creole.

3.2.3 Lesotho

Description: Since 2001, USAID/RHAP has been providing technical support to the Government of Lesotho MOHSW Family Health Division National PMTCT Program to strengthen community capacity to respond to the challenges of PMTCT. Through IYCN, USAID will continue to provide support to the MOHSW Family Health Division with an emphasis on support to the National PMTCT Program. In fiscal year 2007, IYCN will:

- Develop work plan, budget, M&E plan, and establish mechanisms for in-country operations.
- Assist the MOHSW to organize an IYCF Policy partners meeting.
- Assist the MOHSW to draft an IYCF Policy and update its IYCF Guidelines to reflect the October 2006 WHO Consensus Statement. Develop a plan for disseminating the new IYCF Policy and updated Guidelines. Conduct a process documentation of the IYCF Policy development.
- Add the Baby Friendly Community Initiative (BFCI) content to the draft CHW training manual.
- Provide BFCI in the context of HIV/AIDS training using the final CHW training manual to 242 CHWs in 1-3 Family-Centered HIV Services Program sites. (Note: Final targets and timing to be determined jointly with CHW Programme, in function of January 2007 planning for rolling-out of the CHW Training Manual.)
- Provide BFCI in the context of HIV/AIDS orientation to 50 appropriate community leaders (chiefs, traditional healers, priests, teachers, and others) in 1-3 Family-Centered HIV Services Program sites. (Note: Final targets and timing to be determined jointly with CHW Programme, in function of January 2007 planning for rolling-out of the CHW Training Manual.)
- Provide supportive supervision (through weekly contact for a two-month period) of trained CHWs and oriented community leaders in 1-3 Family-Centered HIV Services Program sites. (Note: Final targets and timing to be determined jointly with CHW Programme, in function of January 2007 planning for rolling-out of the CHW Training Manual.)
- Print and disseminate existing MOHSW IEC materials on IYCF.
- Facilitate three monthly meetings of community coordinators, facility-based supervisors of community activities and CHWs at each Family-Centered HIV Services Program site.
- Prepare a plan for transitioning monitoring of community activities in three Family-Centered HIV Services Program sites to the MOHSW.
- Update four existing community activity monitoring forms to support the MOHSW monitoring of community activities.

Expected Results: Increased coverage of good infant feeding practices in the context of HIV/AIDS in three Family-Centered HIV Program sites based on what is appropriate for the mother and family.

Actual Results: An IYCN team made an initial one-week visit to Lesotho in November 2006 to begin discussions with the MOHSW about activities the project might undertake in FY2007 to add value to the MOHSW's ongoing infant and young child nutrition program. The team had extensive and highly productive meetings with the MOHSW and numerous Ministry partners. The major output of the visit was the first draft of a one-year work plan to support the work of the MOHSW Family Health Division in the area of infant and young child feeding in the context of HIV/AIDS. With further input from the MOHSW, a revised draft was prepared before the end of 2006. In July 2007, the project made a second visit to work with the MOHSW to finalize the project's work plan, develop implementation plans for key activities, and put in place appropriate mechanisms to implement work plan activities.

By IYCN's July visit, the MOHSW had completed a scale up plan for its PMTCT and Paediatric HIV Care and Treatment Programmes based on a Joint Review of these programmes conducted in March and April 2007. Given this development, the MOHSW recommended that IYCN revise its earlier draft work plan to align with the objectives, strategies, and activities detailed in the Ministry's Scale-Up Plan. It was decided that IYCN will focus its activities in the coming year on providing assistance to the MOHSW to increase access to and demand for high quality infant and young child feeding counselling and support, in the context of both the national PMTCT and the national paediatric HIV care and treatment programmes, with a particular emphasis on building the capacity for community involvement in PMTCT.

Assessments of the PMTCT and paediatric HIV care and treatment programs were conducted as part of the Joint Review. Among the major findings of the PMTCT and Paediatric HIV assessments conducted as part of the Joint Review was one which guided the selection of activities to be undertaken by IYCN in the coming year:

There has been significant training of service providers from the health facilities on infant and young child feeding counselling. However, the support given to mothers on infant feeding options was reported to be inadequate, and there was virtually no support for mothers at the community level.¹

In the face of this problem, IYCN decided to focus its attention in the coming year on assisting the MOHSW to translate its success in training health facility providers into success in supporting mothers to optimally feed their infants and young children, particularly at the community level in the districts supported by USAID under its Family-Centered HIV Services Partnership. In these districts, IYCN will not develop stand-alone activities but will rather seek to assist the MOHSW and its partners, particularly EGPAF, ICAP, and m2m, to integrate new infant and young child feeding elements in their existing and planned community outreach, training, and supervision activities or to strengthen the existing infant and young child feeding

¹ Source: Government of Lesotho, Ministry of Health and Social Welfare, *Prevention of Mother to Child Transmission of HIV and Paediatric HIV Care and Treatment, Scale up Plan 2007/08 – 2010/11*.

elements of these activities, as applicable. Specific activities for July 2007 through June 2008 and progress made in implementing them through the end of FY2007 are detailed below:

- Update the IYCF and PMTCT Guidelines and IYCF and CHW training curricula to reflect the new National IYCF Policy.

IYCN was asked by the MOHSW to comment on its draft new National IYCF Policy. The project submitted extensive comments, most of which were on the definitions, which, in the draft, were taken from an older (2003) WHO document and so did not harmonize well with the newer (2006) WHO recommendations.

- Develop IEC materials, particularly job aids on IYCF in the context of HIV/AIDS that reflect the new National IYCF Policy.

IYCN's original intention was not to develop such job aids from scratch, but rather adapt for use in Lesotho one of its partners' existing job aids. In August, the project asked its partner organizations to submit models of existing job aides for consideration for these adaptation efforts. Although a range of materials was submitted, none responds to the need in Lesotho – job aids on infant feeding in the context of HIV/AIDS useable by community health workers. At the end of the fiscal year, the project was determining whether to extensively adapt one of the existing materials or to develop new tailored materials.

- Train CHWs, agriculture assistants, and members of other community groups, such as teachers, as appropriate, as well as district, health centre and community-level staff, as appropriate, of EGPAF, ICAP, and m2m on IYCF in the context of HIV/AIDS. For certain cadres, this training will be provided under the BFHI in the context of HIV/AIDS, as this initiative is being rolled-out to the community.
- Strengthen monitoring and supervision of the IYCF aspects of PMTCT at facility and community levels including by updating the MOHSW integrated tool for PMTCT supervision to reflect the new National IYCF Policy.
- Extend the reach of existing health facility-based community-linked support systems for HIV-infected mothers and their babies, such as those of EGPAF, ICAP, and m2m, by helping establish and/or strengthen linkages with existing Lesotho community-based structures, particularly the MOHSW's CHW Programme and the community-based programme of the Division of Nutrition and Home Economics of the Ministry of Agriculture.

With agreement from USAID and the MOHSW, IYCN is engaging a full-time Country Coordinator and will house the project in the established in-country office of URC, one of IYCN's partners. A job description for the IYCN Lesotho Country Coordinator was developed, approved by USAID and the MOHSW, and the position was posted and initial screening of applicants completed by the end of year one. Agreement was reached with URC regarding its provision of operational support for IYCN's program in Lesotho. Agreement was also reached that, should USAID/RHAP decide to fund infant and young child nutrition support through EGPAF next year and thereafter, all staff seconded by URC to IYCN this year will be released to work for EGPAF and all project "assets" (particularly documents) will be transferred to EGPAF. This unusual up-front agreement was necessary to ensure that the investment USAID will have made this year through IYCN (such as building the capacity of the IYCN Country Coordinator), and the momentum generated by IYCN's activities, will not be lost.

3.2.4 Rwanda

Sub-Activities	Budget
1. Conduct desktop analysis of Rwanda IYCN situation.	\$1,500 included in budget for 3.3.1.1
2. Conduct desktop analysis, including cost-effectiveness analysis, of IYCN program experiences elsewhere.	\$ 1,500 included in budget for 3.3.1.1

Description: USAID/Kigali has requested information to inform Mission discussions on ways to strengthen infant feeding and nutrition education in Rwanda. Of all countries in Africa, Rwanda has the 10th highest rates of stunting, with 43% of all children under five years of age falling below the cut-off for stunting. USAID/Kigali has requested assistance in identifying existing studies and interventions to address childhood malnutrition and inadequate infant and young child nutrition.

While Rwanda is known to have one of the highest rates of exclusive breastfeeding in Africa, with 88% of infants under six months of age exclusively breastfed, based on the progression of malnutrition, with malnutrition occurring mainly after six months of age, good complementary feeding practices and continued breastfeeding during 6-24 months need attention and improving. The barriers to inadequate infant and young child feeding can vary by country and may include poor practices due to lack of information, lack of caregivers' time, lack of food in quantity and quality, frequent and recurring illnesses, and inadequate recuperative feeding after a bout with illness. While lack of information about adequate infant and young child feeding is not always the only cause of malnutrition, it is always one of the causes.

To respond to USAID's request, IYCN will conduct two desktop analyses—the first, of the infant and young child nutrition situation in Rwanda and a second, of cost-effective interventions implemented elsewhere that would be appropriate to Rwanda—and prepare a short report synthesizing the two analyses.

Expected results: USAID/Kigali interest in IYCN technical assistance.

Actual Results: Due to staffing changes in USAID/Rwanda, the above IYCN activity was not undertaken in year one.

3.2.5 Malawi

Actual Results: The World Bank approached IYCN to provide technical assistance to an Infant and Young Child Feeding Study in the World Bank Country Assistance Strategy for the coming year. USAID/HIDN gave IYCN permission to use core funding to give technical assistance to the World Bank and the Government of Malawi for the design and implementation of the study. USAID/Malawi has also given permission to IYCN to provide this technical assistance. During the first project year, IYCN, USAID and the World Bank developed and presented the concept paper for the study to the Permanent Secretary for Nutrition and HIV in the Office of the Vice President and Cabinet in Malawi, who feels this is an important study which will help with the policy process determining nutrition funding in the country and help put more of a focus on preventing malnutrition in the majority of children (50% of children under five years are stunted in the country) rather than on the current focus of rehabilitating a small number of severely malnourished children.

In the second year, IYCN plans to:

- Develop the research design and instruments for the IYCN/World Bank-supported study on infant and young child feeding. Coordinate with the Office of the Vice President and Cabinet/Malawi, USAID/Malawi, the World Bank, and UNICEF in country.
- Implement country level research in Malawi. Activities include training Government of Malawi staff on field research and analysis; data collection on specific information related to responsive feeding; supervision of data collection and quality assurance, making adjustments as needed.
- Conduct data analysis and prepare research report.
- Disseminate results in a National Workshop and summary report in Malawi to use in the policy dialogue on funding with the Ministry of Finance in Malawi and with international donors, such as the World Bank, to affect change on nutrition funding and lending to better reflect support for the IYCN Technical Package. Make recommendations for country actions based on results. Provide specific recommendations to USAID/Malawi for follow-on infant and young child feeding programming through IYCN.
- Disseminate the results globally to promote and support implementation of the IYCN Technical Package.

3.2.6 Zambia

Actual Results: IYCN submitted a concept paper for 2007 Plus-Up funds to USAID/Zambia. One million dollars in funding was awarded late in FY07 for IYCN to provide technical assistance to the Food and Nutrition Program in Zambia. IYCN participated in a joint trip with the FANTA project in September 2007 to design their respective activities and coordinate with each other to support the Food and Nutrition Program. IYCN's role will be to work to integrate nutritional assessment and counseling and targeted food supplementation into clinical support of PMTCT and child health services at selected sites to reduce HIV transmission and increase HIV-free survival. IYCN will also develop and support implementation of an effective community component for this activity that will increase contacts with HIV-positive mothers, their infants and young children, and OVCs and help complement and support facility-based counseling and support on maternal nutrition and infant and young child feeding in the context of HIV. The community component will include training and follow-up support to OVC and home-based care volunteers working in US Government-supported areas of Zambia.

A component of IYCN support will include identifying and supporting the cost-effective use of suitable food supplements and products, production and quality control modalities, based on established nutrition and/or health criteria, to reverse malnutrition and poor health. While the sites and number of beneficiaries for this activity are to be determined with Government of Zambia, USAID/CDC, and PEPFAR implementing partners, IYCN estimates that 200 health workers at 100 PMTCT sites and 500 community-based volunteers will improve their skills in nutritional assessment and counseling through this activity. Approximately 20,000 HIV-positive women and their children and an undetermined number of other OVCs will benefit from IYCN support.

In year two, IYCN will:

- Provide technical support on training for maternal nutrition and infant and young child feeding in the context of HIV to the Zambia MOH, including the development or adaptation of training materials.
- Provide technical support on behavior change communication and social mobilization development to Zambia MOH.
- Provide assistance for the identification, improvements, and quality control of existing food supplements and identification of new food supplements for HIV-positive women, their children 6-24 months and OVCs 6-24 months.
- Develop and implement a supervision, monitoring, and evaluation plan. Develop and support the use of job aids and monitoring forms to assist in the implementation of this plan.

3.3: Cross-Cutting Agenda

3.3.1 Country Outreach for IYCN

Sub-Activities	Budget
1. Develop a Country Situation Analysis Tool for infant and young child nutrition.	\$22,000
2. Identify potential countries for Country Outreach efforts.	\$28,000
3. Implement Country Outreach efforts.	\$604,000

Description: Country outreach efforts in year one will set the stage for IYCN’s IR2 activities in years two to five of the project. Country outreach efforts may take several different forms, including exploratory visits and targeted technical assistance, depending on country-specific situations.

Since IYCN’s primary approach to strengthening and expanding implementation of infant and young child nutrition programs is to support the work of existing implementers, country outreach will serve the multiple purposes of raising awareness of and increasing support for reducing unacceptably high rates of malnutrition in young children, helping implementers identify ways they can operationalize known, cost-effective interventions to improve infant and young child nutrition, and identify areas where they need more information to continue to increase the performance of known interventions. In all cases, country outreach efforts will be designed to build on existing IYCN activities and accomplishments. These efforts will also provide the opportunity to identify new areas of potential synergy with other development partners working in areas such as child survival, women’s health, environmental health and hygiene improvement, micronutrient programs, and the public sector through the GAIN.

Sub-Activity 1: Develop a Country Situation Analysis Tool for Infant and Young Child Nutrition

Description: The international community recognizes the serious problem of malnutrition in early childhood, and its consequences for survival and productivity at all ages, but there has been little investment in known, cost-effective interventions to prevent malnutrition. This inattention given to preventing malnutrition is due to a lack of knowledge about approaches that have been successful in a few countries (e.g., Thailand), and about USAID support in Latin America and several countries in Africa where efforts and investment have been in integrated, community-based activities to prevent malnutrition by addressing its causes. In many countries, donors and governments have supported programs to rehabilitate severely malnourished children and improve breastfeeding practices for women delivering in health facilities. Of these two interventions, only protecting and improving breastfeeding practices prevents malnutrition from occurring, but by itself, particularly when interventions are primarily facility-based, is only part of the solution to preventing malnutrition in early childhood. Promotion of good practices in the continuum of infant and young child feeding and caring practices from birth through two years of age is needed to prevent malnutrition, and much of this promotion will need to take place at

the community-level where contact with caregivers and their families can be frequent. This includes continuing and building upon past work to improve breastfeeding practices, and giving greater attention to improving complementary feeding practices in children and addressing the barriers to adequate practices through frequent contact with caregivers and their families, particularly in children 6-24 months of age—the period of time when children are most vulnerable to disease, when they have higher nutritional requirements than any other time in life, and when most malnutrition occurs.

IYCN proposes to develop a Country Situation Analysis Tool for infant and young child nutrition that collects information on the severity of the problem of malnutrition, the cause of malnutrition, and policies, strategies, programs and investment to address the problem. This tool will be developed using existing tools (e.g., ENA) and new sections that will enrich information collection related to infant and young child nutrition. The Tool will be tested as part of country outreach efforts that will take place in 2007 and finalized based on the visits. During each exploratory visit, an analysis of the information collected using the Tool and recommendations made will assist governments and USAID missions in developing country-specific, cost-effective strategies to address malnutrition that take into account all known interventions to improve infant and young child nutrition. To the extent possible, the Tool will be used during targeted technical assistance visits as well, in these cases as a way of showing governments and USAID missions how the targeted technical assistance might be leveraged to achieve broader infant and young child nutrition improvements.

Expected Results: Identified key areas needed to adequately assess the nutrition situation related to infant and young child nutrition.

Actual Results: A Country Situation Analysis Tool was not formally developed, but key areas for assessment trips were determined and used during an assessment trip to Cambodia. These key areas are intended to be used on first visits to countries to give USAID Missions background information on the nutrition situation in their countries. Key areas include information on the prevalence, causes including infant and young child feeding practices (e.g., IYCF Composite Indicator), and consequences of malnutrition and programs that are currently addressing malnutrition. Trip reports include this information as well as a “gap analysis” of current programs with recommendations on how IYCN can fill those gaps. In addition, IYCN provided suggestions to GAIN on its Market Snapshot Tool for collection of information on the demand for fortified complementary foods. This revised GAIN Market Snapshot Tool was used for the first time by IYCN in Cambodia and contributed to the recommendations made to the Mission on the development and marketing of fortified complementary foods.

Sub-Activity 2: Identify Potential Countries for Country Outreach

Description: As the first step to implementing specific country outreach efforts, a survey of countries will be completed to determine outreach possibilities. Potential countries will be systematically identified based on an analysis of multiple criteria, including: 1) demonstrated infant and young child nutrition problem; 2) USAID prioritization as a Child Survival focus

country, PEPFAR country, Food by Prescription target country, fragile state, and other; 3) mission prioritization of maternal health and child survival with a nutrition emphasis; 4) commitment of national government to nutrition, with an emphasis on infant and young child feeding; 5) existence of an enabling environment (i.e., demonstrated progress in the area of infant and young child feeding, likelihood that IYCN technical assistance will achieve sustainable results); 6) presence of one or more IYCN partners.

A key criterion for country selection will be that the upfront investment in exploratory visits and/or targeted technical assistance and appropriate follow-on has high potential for long-term involvement in implementing IYCN activities.

Expected Results: Identification of potential countries for country outreach efforts and a better understanding of USAID and partner-funded development programs related to infant and young child nutrition.

Actual Results: IYCN identified priority countries for the project's country outreach efforts based on a systematic analysis of a number of factors, most importantly one detailed in the description above.

The results of this analysis were shared and discussed with the IYCN Project Advisory Group at its second meeting in 2007 and with the IYCN CTO team. Consensus was reached on the following countries: Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Kenya, Liberia, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Sudan, Swaziland, Tanzania, Uganda, and Zambia in Africa; Afghanistan, Bangladesh, Cambodia, and India in Asia; and Peru and one additional country, perhaps El Salvador, in Latin America.

Detailed secondary situational information was compiled for each country and organized in a document entitled *Infant & Young Child Nutrition (IYCN) Project: Priority Countries for Country Outreach* in March 2007.

Sub-Activity 3: Implement Country Outreach Efforts

Description: IYCN's country outreach efforts will likely be focused on African and Asian countries where rates of malnutrition are highest. Following both exploratory and targeted technical assistance visits, missions will be briefed on key activities and accomplishments, findings, conclusions, and recommendations. Reports on country situations, presentations on key findings, and concept papers for follow-on activities will be produced following each exploratory or technical assistance visit.

In year one, IYCN will:

- Adapt the Country Situation Analysis Tool for infant and young child nutrition to specific countries.
- Conduct exploratory and targeted technical assistance visits.
- Prepare country situation reports, presentations on findings, and concept papers for follow-on activities.

Expected Results: An increased understanding of the nutrition situation in selected countries, particularly related to infant and young child nutrition, including the severity of the problem, its causes, and existing policies and programs to address the problem. Based on exploratory or targeted technical assistance visits, proposals/concept papers will be submitted to USAID missions to increase investment and/or leverage funds to better address the problem of malnutrition in young children.

Actual Results: Intensive efforts were made by both the Project and IYCN CTO team members to introduce the project to USAID missions in the IYCN priority countries. These efforts were highly successful. By the end of FY2007, the project had made or been invited to make exploratory or targeted technical assistance visits to seven countries, as detailed below.

Cambodia. IYCN conducted an assessment trip to Cambodia and prepared a situational analysis for nutrition for the Mission. The IYCN team identified gaps in infant and young child feeding and nutrition programming in the country and in USAID-supported programs. The Team also used the GAIN Market Snapshot Tool to assess the feasibility of developing and marketing fortified complementary foods and demand for such products in the country. Recommendations to USAID were to assist the Government of Cambodia in improving implementation related to infant and young feeding and nutrition with particular emphasis on improving complementary feeding in children 6-24 months and to pursue the development and marketing of fortified complementary foods that can be sold commercially to low-income groups, which is also a proposed activity with GAIN.

Côte d'Ivoire. IYCN's outreach in Côte d'Ivoire was to respond to the Mission's request for an FY2008 COP submissions to expand support to improving PMTCT and OVC programs in the country. An assessment trip is planned for early FY2008 to develop the work plan and activities for the coming year.

India. At the Micronutrient Forum in Istanbul, IYCN met with USAID/India staff and shared some initial thoughts on how the project might collaborate with GAIN to develop a low-cost fortified complementary food initiative in India. The Mission indicated that such an initiative could fit into a broader strategy to address high rates of malnutrition in young children in India and add value to the ongoing activities in the Mission's Maternal and Child Health and Urban Health portfolio. Subsequently, IYCN proposed to assist GAIN conduct situational assessments, using the GAIN Market Snapshot Tool to provide information for developing a fortified complementary food initiative in several countries, including India. IYCN proposed to visit India to conduct such a situational assessment in early September, while it was in Asia following participation in USAID's *Scaling-Up FP/MNCH Best Practices in Asia and the Near East Technical Meeting*. Although the proposed timing was not suitable, planning is underway for such a visit in early FY2008.

Kenya. IYCN's outreach efforts to USAID/Kenya followed three different tracks, as described below:

(1) In May 2007, following discussions held with the Mission during the UNICEF-WHO ESA Regional Meeting on Nutrition and HIV/AIDS, USAID/Kenya requested a concept paper from IYCN for an infant feeding in PMTCT program, to be funded with approximately \$750,000 in FY2006 PEPFAR funds. IYCN proposed a comprehensive program of skills building and facility, community, and national-level implementation support activities to help USAID/Nairobi's implementing partners to undertake national- and community-level activities to improve nutrition during pregnancy and lactation, improve counseling on good infant and young child feeding practices, and strengthen supportive services/activities as well as a modest set of monitoring and targeted evaluation activities. As of the date of this writing, a decision to fund this proposal is pending.

(2) In early 2006, PATH had proposed to conduct a public health evaluation (PHE) of infant feeding practices in the context of HIV/AIDS in Kenya under its Health Tech Project. This PHE explores and develops in various settings, simple ways in which they HIV-positive mothers can better cope with the increased nutritional, hygiene, and care needs of their infants and young children when breastfeeding stops, and has four main objectives:

- Determine current practices in counseling on infant and young child feeding and care in PMTCT clinics.
- Determine current infant and young child feeding practices.
- Identify facilitating factors and barriers to mothers' use of optimal infant and young child feeding practices.
- Develop a national curriculum specific to the Kenyan context on infant and young child feeding.

After the award of the IYCN Cooperative Agreement to PATH in September 2006, GH/NUT and USAID/Kenya decided that, while the first phase of this PHE would be funded through Health Tech, any subsequent phases would be funded under IYCN. Accordingly, \$200,000 for the second phase of the PHE was obligated to IYCN in September 2007.

(3) In July 2007, at USAID/Kenya's request, IYCN submitted a concept paper for PMTCT program activities to be funded under the FY2008 COP. This set of activities includes:

- Any unfunded activities included in the concept paper described in (1).
- New implementation activities applying the results and recommendations of the PHE described in (2) as well as activities to enhance or extend the activities proposed in (1).
- New implementation activities in the area of maternal nutrition that would improve infant and young child nutrition.
- New formative research that would provide information on the amounts and types of food being fed to HIV-affected children ages 6-24 months and the barriers in households to optimal complementary feeding practices.

This FY2008 COP submission was for \$600,000 if all activities in (1) are funded with FY2006 funds or for \$600,000 plus the unfunded balance in (1) (i.e., up to \$1,350,000). As of this writing, a decision on this submission is pending.

Peru. After a meeting with PATH in Seattle, the First Lady of Peru invited PATH to make an exploratory visit to Peru to meet with her representatives, among other things to discuss potential IYCN assistance in improving the nutritional status of children under two year of age in the population of the severely disadvantaged served by the NGO Instituto Trabajo y Familia through the Sembrando Program. The Sembrando team is very interested in exploring the possibility of technical support assistance in the areas of breastfeeding, complementary feeding, responsive feeding, and maternal nutrition from IYCN and welcomed a visit from the IYCN team to Peru to initiate this collaboration. It was agreed that on receipt of a brief on the situation in Peru from IYCN, the CTO team will follow up with the Mission in Peru regarding its potential interest in receiving IYCN support for this purpose.

Swaziland. During IYCN's July 2007 visit to Lesotho, USAID/RHAP requested IYCN assistance in making an exploratory visit to Swaziland to rapidly assess the very problematic infant and young child nutrition and HIV/AIDS situation in Swaziland and provide some recommendations. The Africa Bureau agreed to fund the visit, which will be added onto IYCN's next visit to Lesotho in FY2008.

Zambia. IYCN outreach included the submission of a concept paper for a Food and Nutrition program in the country. IYCN then responded to a request by the Mission to travel to Zambia to participate in a design team, with FANTA, for the Food and Nutrition program. IYCN prepared a nutrition situational analysis and identified ways IYCN's support to the Food and Nutrition program could help meet needs of the Government of Zambia strategy to reduce malnutrition in the country.

3.3.2 Knowledge Building and Information Dissemination

Sub-Activities	Budget
1. Develop and launch a web-based knowledge portal.	\$48,500
2. Develop and disseminate information on infant and young child nutrition through technical materials, technical sessions, and conferences.	\$100,000

Sub-Activity 1: Develop and Launch a Web-Based Knowledge Portal

Description: The primary purpose of this activity is to develop and launch a robust and user-friendly web-based knowledge portal, focused on the wide dissemination of all public information gained through implementation of the project’s activities under IR1 and IR2. This knowledge portal will be developed through survey of good practices in website formatting and technology, support IYCN project objectives through global leadership and information dissemination, and serve as a global hub of infant and young child nutrition knowledge, tools, good practices, lessons learned, and other information. To facilitate problem solving, particularly in program implementation, the portal will link and interact with other important sources of information and program managers through other websites and chat-site mechanisms. The majority of this cost is a one-time investment to develop the project’s website’s architecture so that the content can grow in breadth and depth easily and cost effectively in the future. However, there will be some cost involved in subsequent years to refresh the web site and monitor and evaluate its impact.

In year one, IYCN will:

- Determine website content and structure, design a website, develop and launch website.
- Update website on an ongoing basis.
- Monitor and evaluate use of the website.

Expected Results: The web site will be a key mechanism of the project to provide global leadership in infant and young child nutrition. While it will support all of the project’s objectives, by serving as a key channel to reach and influence the commitment of governments, international organizations, and other concerned parties to optimal infant and young child feeding practices, it will be a principal means of achieving the project’s objective to increase national and donor commitment to improve infant and young child nutrition.

Actual Results: In June, IYCN presented to the CTO team three options for project website configuration:

- *Option 1: Minimal Project Identification Information*
This option would contain: Statements of project vision, project goals, project objectives; descriptions of project IRs, project approach with links to technical write-ups prepared for the GH/NUT; project organizational team, project resources available, including staff; and information on how to access the project.
- *Option 2: Project Identification and Project Information*
This option would contain all aspects of Option 1, as well as: Updates on country programs and success stories, password-protected partners' corner, password-protected CTO corner.
- *Option 3: Project Identification, Project Information, and Infant and Young Child Nutrition Information*
This option would contain all aspects of Option 1 and Option 2, as well as: Project educational materials (e.g., publications, tools, presentations, IYCN "Alerts," IYCN "Briefs") and infant and young child nutrition educational materials (e.g., publications, tools, presentations, infant and young child nutrition FAQs, interactive "Ask IYCN," IYCN "You Tube")

It was decided to focus the project's efforts on developing a very basic web site requiring little investment in its maintenance.

In June 2007, the project engaged a senior knowledge management consultant to help project staff design and launch the project web site and selected technical materials, particularly the IYCN Brochure and the IYCN Standard Presentation. By the end of September 2007 the consultant had prepared a project information/communication approach and strategy as well as draft designs for four products to be used to reach IYCN's key stakeholders, particularly USAID (global and missions), PEPFAR staff, and potential implementing project partners. These four products are: basic website; project brochure, postcard, or folder; a 1-4 page Word template for project "updates" (highlights, alerts, one-page information briefs, etc); and PowerPoint template and slides for an IYCN Standard Presentation.

Sub-Activity 2: Develop and Disseminate Information Through Technical Materials, Technical Sessions, and Conferences

Description: The primary purpose of this activity is to track and transmit information on good practices in infant and young child nutrition, including that derived from both international and IYCN project experience. A variety of cost-effective techniques will be used to share this information with host country partners and counterparts, USAID, and other interested parties.

Technical materials to be developed and disseminated, principally through the project's website, or via email and list serves include:

- *IYCN brochure:* The brochure will present the vision, goals, and objectives of the IYCN project as well as project services, and provide contact information.

- *Infant and Young Child Nutrition Alerts*: The alerts will present new technical information and good practices in program implementation related to infant and young child nutrition in a concise format.
- *IYCN Highlights*: A two-page document on IYCN Project activities published six times per year, focusing on achievements and lessons learned in program implementation. These and/or Infant and Young Child Nutrition Alerts will be submitted for inclusion in GH/NUT's monthly newsletter to the field.
- *IYCN Country Profiles*: Initial versions of Country Profiles will be prepared in Year 1 at the end of Country Assessments to briefly present assessment results. These will be regularly updated in subsequent years of the project, to highlight the specific infant and young child nutrition issues being addressed by IYCN, and progress made in countries in implementing programs related to infant and young child nutrition.
- *IYCN Standard Presentation*: The presentation will focus on providing the evidence that there exist known, cost-effective approaches and interventions to prevent malnutrition.
- *IYCN Informational Pieces*: These pieces will be short (one-page) sources of information on breastfeeding, complementary feeding practices, infant feeding during illness, infant feeding and HIV, maternal nutrition, growth standards, and infant feeding in emergencies for inclusion on the GH/NUT web site.

Transfer of knowledge will take place principally through technical sessions, forums, information sharing, and, to a lesser extent, through conferences.

- IYCN will host monthly discussion forums on important topics related to infant and young child nutrition at project headquarters in Washington, DC. The initial forum, to be held in March or April, will address field experience with existing infant and young child indicators.
- IYCN will organize a two-day infant and young child nutrition and HIV/AIDS information sharing and strategic planning retreat for project staff, relevant partner staff, and relevant USAID staff at project headquarters in Washington, DC.
- IYCN will organize a two-day strategic retreat on all infant and young child nutrition program experience for project staff, relevant partner staff, and relevant USAID staff at project headquarters in Washington, D.C.
- IYCN will participate in the February 2007 SCN Conference and the April 2007 Micronutrient Forum.

The process and impact of the dissemination of these different channels of information will be monitored, and the project's Semi-Annual Reports will document these results, identify useful practices, and make recommendations for improvements in information dissemination.

Expected Results: Better sharing and dissemination of information related to infant and young child nutrition programs, and identification of good information sharing and dissemination practices.

Actual Results: As mentioned above, draft designs for three of the materials detailed above—project brochure, postcard, or folder; template for project “updates” (highlights, alerts, one-page information briefs, etc); and template and slides for an IYCN Standard Presentation have been prepared and are being reviewed as of this writing. Three tailored project briefs were prepared and distributed widely during country visits and meetings and conferences attended during FY2007.

Additionally, as anticipated in the year one work plan, IYCN held a highly successful information sharing and strategic planning retreat. Attended by over 15 project staff, relevant partner staff, and relevant USAID staff, this three-day retreat featured 13 state-of-the art presentations and lively discussions on general infant and young child nutrition programming approaches and approaches to infant and young child programming in the context of HIV/AIDS, as well as two working group sessions in which participants developed ideas for IYCN work in Cambodia and Kenya.

Finally, IYCN assisted in organizing, presented at, and participated in a number of key meetings and conferences as follows:

October 2006:	Global Health Mini-University
February 2007:	SCN Conference
March 2007:	WISHH Conference
April 2007:	Micronutrient Forum
May 2007:	ESA Regional Meeting on Nutrition and HIV/AIDS
June 2007:	Mini-University
July 2007:	Gates Foundation Diarrheal Disease Control Consultative Meeting
July 2007:	September 2007: ANE Scaling-Up FP/MNCH Best Practices Technical Meeting
September 2007:	UNICEF Experts’ Meeting on Growth Monitoring and Promotion
September 2007:	CORE Group Fall Meeting, Washington, D.C.

3.3.3 Project Start-Up, Project Management, and Project Reporting

Sub-Activities	Budget
1. Start up IYCN project.	\$215,000
2. Manage IYCN project on an ongoing basis.	\$693,000
3. Monitor and evaluate IYCN project activities.	\$33,500
4. Prepare and submit required IYCN project progress and financial reports.	\$28,000

Sub-Activity 1: Start Up IYCN Project

Description: The Cooperative Agreement was awarded September 22, 2006, with the same start date. Most project start-up activities, as detailed below, have been completed as of the date of this writing (see Box 1).

Box 1: Project Start-Up Activity Achievements	
<u>Activity</u>	<u>Date Completed</u>
Project Director assumes position	September 29
Interim Project Administrator assumes position	September 29
Project workspace made operational	September 29
Project management meeting held with CTO Team	October 4
Pre-award agreements executed with partners	October 6
Project kick-off meeting held with CTO team	October 11
Client discussions held with USAID/RHAP	October 18
Client discussions held with USAID/Haiti	October 23
Cambodia Country Assessment visit planned	October 23-November 8
IYCN Mini-University session held	October 27
Client discussions held with AFR/SD	October 31
PAG meeting held	November 3
IYCN Project brief developed	November 5
Zambia Country Assessment Visit made	November 7-11
Lesotho Country Assessment/Work Planning Visit made	November 11-20
F&A Director assumes position	November 27
Country Program Specialist assumes position	November 27
Technical Director assumes position	December 29
Project Assistant assumes position	January 2
M&E Advisor assumes position	January 3
Semi-monthly management meetings held with CTO Team	January 11, February 2, 15
Client and CA discussions held with GH/NUT, AFR/SD, Title II Food Programs, ACCESS, BASICS, MEASURE, FANTA, AED/LINKAGES	January 8, 9, 16, 17, 19; February 6
Haiti Country Assessment/work planning visit made	January 22-26
PAG meeting held	February 7
Year one work plan submitted	February 15

Sub-Activity 2: Manage IYCN Project

Description: A Project Management team, composed of the Project Director, Technical Director, and Finance & Administration Director will manage the project on an ongoing basis. Administrative support will be provided by a Project Assistant.

Sub-Activity 3: Monitor and Evaluate IYCN Project

Description: An overall M&E plan is required for the project. This plan will document the project's activities, and outputs and outcomes related to these activities. In addition to the overall project M&E plan, country-specific M&E plans, aligned with country work plans, will be developed for each country. At this time, the IYCN Project envisions measuring one or more of the outcome indicators below in each country in which it operates. For selected countries in which IYCN efforts are likely to be at scale on a sustained basis, assessment of the nutritional status and/or HIV-free survival of children will be considered as part of the monitoring and evaluation plan.

- Exclusive breastfeeding rate up to six months.
- Timely initiation of breastfeeding within one hour of birth.
- The quality of IYCN counseling.
- Percentage of children 6-23 months fed according to three IYCF practices (continued breastfeeding, frequency, and diversity).
- Number of countries with an IYCF policy updated to reflect the most current WHO recommendations regarding optimal feeding in the context of HIV.

In addition, IYCN's M&E efforts will document and assess the process of how IYCN operates to achieve these results. There will be three areas of focus for the overall M&E plan: i) under Global Leadership (IR1), described (and budgeted) in that section of the work plan; ii) under Strengthen and Expand Implementation of Infant and Young Child Nutrition Programs (IR2), described (and budgeted) in that section for each country; iii) Knowledge Building and Information Dissemination, described (and budgeted) previously in this section. These three areas are not discrete from one another and will interact and inform each other in order to develop better implementation strategies and practices.

Actual Results (All Three Sub-Activities):

Project Start-Up and Management. Following are the project's completed start-up and ongoing project management accomplishments in Y1:

- Project Director assumes position September
- Interim Project Administrator assumes position September
- Project workspace made operational September
- Semi-monthly management meetings held with CTO Team October, November, December, January, February, March, April, May, June, July, August, September
- Pre-award agreements executed with partners October
- Project kick-off meeting held with CTO team October
- SOW template developed April
- Monthly pipeline reports submitted October, November, December, January, February, March, April, May, June, July, August, September
- PAG meetings held November, February
- F&A Director assumes position November
- Country Program Specialist assumes position November
- Country work plan template developed November
- Project Expenditure Codes/Expense Tracking Systems Developed November
- International Travel Notification Template Developed November
- Trip Report template developed December
- Technical Director assumes position December
- Project logo approved December
- Project Assistant assumes position January
- M&E Specialist assumes position January
- IYCN Project calendar set-up January

- Quarterly travel plans submitted January, April, July
- Year 1 work plan submitted February
- Project logo submitted and approved December
- Sub-agreements and sub-contracts executed with partners May
- M&E Specialist resigns position May
- STTA Request Notification Template developed June
- M&E Specialist assumes position August
- Country Program Specialist resigns position September
- Country Program Specialist recruitment started September
- Project M&E Plan Draft Completed September

Project Monitoring and Evaluation. The Project’s first M&E Specialist worked extensively with other cooperative agreements and other staff among the IYCN Project partners to develop an understanding of the best ways in which the Project could promote the composite IYCF indicator, promote and assist in the amendment of the WHO Consensus Recommendations and their broad dissemination within key countries, participate through the CORE Group and other inter-agency fora in the development of new measurement tools, such as the CORE Group Nutrition Working Group’s “Decision-Tree,” thus meeting the Global Leadership IRs, as well as working at the country level. She worked with other project staff and partners to develop the IYCN Vision Framework and its objectives, implementation strategies, outputs, outcomes and results; she further developed a comprehensive IYCN M&E Plan in draft, and also drafted a detailed M&E Plan based on her participation in initial planning visits to Haiti. The second M&E Specialist, who arrived in August 2007, was asked to re-draft the project’s overall M&E Plan, taking then-current realities into account. The draft was completed by the end of FY2007, and distributed to project staff, and in an abridged form to partners at the early October 2007 PAG Meeting. This draft will be reviewed and revised, and submitted along with the finalized version of the FY2008 IYCN Work Plan.