

FANTA · 2

FOOD AND NUTRITION
TECHNICAL ASSISTANCE



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FANTA-2 Workplan

Project Year Three

October 1, 2010–September 30, 2011

**Cooperative Agreement Number
GHN-A-00-08-00001-00**

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Food and Nutrition Technical Assistance II Project (FANTA-2)
AED 1825 Connecticut Avenue, NW Washington, DC 20009-5721
Tel: 202-884-8000 Fax: 202-884-8432 E-mail: fanta2@aed.org Website: www.fanta-2.org

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Contact information:

Food and Nutrition Technical Assistance
II Project (FANTA-2)
AED
1825 Connecticut Avenue, NW
Washington, D.C. 20009-5721
Tel: 202-884-8000
Fax: 202-884-8432
Email: fanta2@aed.org
Website: www.fanta-2.org

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Acronyms and Abbreviations

ABC	activity-based costing
ACF	Action contre la Faim
AFR	USAID Bureau for Africa
AIDS	acquired immune deficiency virus
ANEMO	Associação Nacional dos Enfermeiros de Moçambique (Mozambique National Association of Nurses)
APS	Annual Program Statement
ART	antiretroviral therapy
ATOMM	AIDS/Tuberculosis/Opportunistic Infections/Malaria/Malnutrition
AUW	Ahfad University for Women (Sudan)
AWG	Assessment Working Group (IASC GNC)
AWW	Anganwadi worker
BEST	Best Practices at Scale in the Home, Community, and Facilities
BMI	body mass index
BPHNS	Basic Package of Health and Nutrition Services
BRAC	Bangladesh Rural Advancement Committee
C-Change	Communication for Change Project (AED)
CBC	community-based care
CD4	cluster of differentiation 4
CDC	Centers for Disease Control and Prevention
CDM/EH	Camp Dresser and McKee/Environmental Health Project
CDWG	Capacity Development Working Group (IASC GNC)
CIENSA	Centro de Investigaciones en Nutrición y Salud (Guatemala)
CMAM	Community-Based Management of Acute Malnutrition
COP	Country Operation Plan
COUNSENUTH	Centre for Counseling, Nutrition, and Healthcare (Tanzania)
CRG	<i>Commodity Reference Guide</i> (USAID)
CRS	Catholic Relief Services
CSB	corn-soy blend
CSHGP	Child Survival and Health Grants Program (USAID)
DCHA	USAID Bureau for Democracy, Conflict, and Humanitarian Assistance
DCHA/FFP	USAID Bureau for Democracy, Conflict, and Humanitarian Assistance Office of Food for Peace
DCHA/OFDA	USAID Bureau for Democracy, Conflict, and Humanitarian Assistance Office of U.S. Foreign Disaster Assistance
DDS	Direcção Distrital de Saúde (District Health Directorate) (Mozambique)
DHS	Demographic and Health Surveys
DIALOGO	Dialogue Project for Social Investment in Guatemala
DIP	Detailed Implementation Plan
DN	Directorate of Nutrition (Southern Sudan)
DOD	United States Department of Defense
DPS	Direcção Provincial de Saúde (Provincial Health Directorate) (Mozambique)
DQA	data quality assessment
DRC	Democratic Republic of Congo
EBF	exclusive breastfeeding
ECSA-HC	East, Central, and Southern African Health Community
EFP	emergency food product
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EGAT	USAID Bureau for Economic Growth, Agriculture, and Trade
ENA	Essential Nutrition Actions
ENN	Emergency Nutrition Network
ER&S	emergency, reconstruction, and stabilization
ERG	Expert Reference Group (HNST)

EWR	early warning and response
F	United States Department of State, Office of the Director of U.S. Foreign Assistance
F&N TWG	Food and Nutrition Technical Working Group (PEPFAR)
FAFSA	Food Aid and Food Security Assessment
FANTA	Food and Nutrition Technical Assistance Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FAO	Food and Agriculture Organization of the United Nations
FBF	fortified-blended food
FBP	Food by Prescription
FEWS NET	Famine and Early Warning Systems Network Project (USAID)
FFPIB	Food for Peace Information Bulletin
FFPO	Food for Peace Officer
FFW	Food for Work
FHAPCO	Federal HIV/AIDS Prevention and Control Program (Ethiopia)
FMOH	Federal Ministry of Health (Ethiopia and Sudan)
FP	focal point
FSNAU	Food Security and Nutrition Analysis Unit – Somalia
FSCF	Food Security Country Framework
FTF	Feed the Future – USG Global Food Security and Hunger Initiative
FY	fiscal year(s)
GAM	global acute malnutrition
GAO	United States Government Accountability Office
GH	USAID Bureau for Global Health
GH/HIDN	USAID Bureau for Global Health Office of Health, Infectious Diseases, and Nutrition
GH/OHA	USAID Bureau for Global Health Office of HIV/AIDS
GHI	Global Health Initiative
GHS	Ghana Health Service
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GNC	Global Nutrition Cluster (IASC)
GOSS	Government of Southern Sudan
GRM	Government of the Republic of Mozambique
HBC	home-based care
HCSP	HIV & AIDS Care and Support Program (Ethiopia)
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
HIP	Hygiene Improvement Project (AED)
HIV	human immunodeficiency virus
HIVF-S	HIV-free survival
HKI	Helen Keller International
HNTS	Health and Nutrition Tracking Service
HPDPGD	Health Promotion and Disease Prevention General Directorate (Ethiopia)
HPN	Health, Population, and Nutrition program (USAID/Guatemala and USAID/Madagascar)
HMIS	health management information system
HTP	Harmonized Training Package
I-TECH	International Training and Education Center on HIV
IASC	Inter-Agency Standing Committee
ICAP	International Center for AIDS Care and Treatment Programs (Columbia University Mailman School of Public Health)
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICDS	Integrated Child Development Services (India)
IEC	information, education, and communication
IFPRI	International Food Policy Research Institute
IM-SAM	Integrated Management of Severe Acute Malnutrition (Southern Sudan)

IMAM	Integrated Management of Acute Malnutrition (Namibia and Vietnam)
IOM	Institute of Medicine of the National Academies
IP	implementing partner
IPC	Integrated Phase Classification
IR	Intermediate Result
IRA	initial rapid assessment
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition Project (USAID)
JATRI	Journalism Training & Research Initiative at the Institute of Governance Studies at the BRAC
kg/m ²	kilogram(s) per square meter
LAMB	Lutheran Aid to Medicine in Bangladesh
LIFT	Livelihood and Food Security Technical Assistance
LNS	lipid-based nutrient supplement
LNSRN	LNS Research Network
LSHTM	London School of Hygiene and Tropical Medicine
LQAS	Lot Quality Assurance Sampling
M&E	monitoring and evaluation
M&R	monitoring and reporting
MAAIF	Ministry of Agriculture, Animal Industry, and Fisheries (Uganda)
MAM	moderate acute malnutrition
MCH	maternal and child health
MCHIP	Maternal and Child Health Integrated Program (USAID)
MCHN	maternal and child health and nutrition
MERG	Monitoring and Evaluation Reference Group (UNAIDS)
MICS	Multiple Indicator Cluster Survey
MISAU	Ministério da Saúde (Ministry of Health) (Mozambique)
mm	millimeter(s)
MMAS	Ministério da Mulher e da Acção Social (Ministry of Women and Social Welfare) (Mozambique)
MNP	micronutrient powder
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services (Namibia)
MSH	Management Sciences for Health
MSM	men who have sex with men
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population) (Haiti)
MTE	mid-term evaluation
MUAC	mid-upper arm circumference
n.d.	no date
NAADS	National Agricultural Advisory Services (Uganda)
NAC	National Advisory Committee (Sudan)
NACP	National AIDS Control Programme (Tanzania)
NACS	nutrition assessment, counseling, and support
NASCOP	National AIDS and STI Control Program (Kenya)
NCHS	National Center for Health Statistics
ND	Nutrition Directorate (Sudan)
NDPA	<i>Nutrition Program Design Assistant: A Tool for Program Planners</i> (CORE Group)
NFNC	National Food and Nutrition Commission (Zambia)
NGO	nongovernmental organization
NHTC	National Health Training Centre (Namibia)
NIE	nutrition in emergencies
NIETN	Nutrition in Emergencies Training Network
NIH	National Institutes of Health
NIN	National Institute of Nutrition (Vietnam)
NTWG	Nutrition Technical Working Group (Southern Sudan)

NUGAG	Nutrition Guidance Expert Advisory Group (WHO)
NWG	CORE Nutrition Working Group
OM	Outcome Monitoring
OMB	United States Office of Management and Budget
OVC	orphans and vulnerable children
PAHO	Pan-American Health Organization
PENSER	Population and Environment Services (Madagascar)
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHN	Population, Health, and Nutrition (USAID/Uganda)
PLHIV	people living with HIV
PLW	pregnant and lactating women
PM2A	Title II Preventing Malnutrition in Children under 2 Approach
PMP	Performance Management Plan
PMTCT	prevention of mother-to-child transmission of HIV
PNN	Programme National de Nutrition (National Nutrition Program) (Côte d'Ivoire)
PNPEC	Programme National de Prise en Charge (National Program to Support PLHIV) (Côte d'Ivoire)
PRN	Programa de Reabilitação da Nutrição (Nutrition Rehabilitation Program) (Mozambique)
<i>ProPAN</i>	Process for the Promotion of Child Feeding
QI	quality improvement
R&D	research and development
R&DG	Research and Development Group (IASC GNC)
RCQHC	Regional Centre for Quality Health Care (Uganda)
RFA	Request for Application
RUF	ready-to-use food
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SAM SU	Severe Acute Malnutrition Support Unit (Ghana)
SBCC	social and behavior change communication
SC	Save the Children
SCF	Save the Children Federation
SC/UK	Save the Children United Kingdom
SC/US	Save the Children United States
SCIP	Strengthening Communities through Integrated Programming initiative (USAID)
SCMS	Supply Chain Management Systems
SD	standard deviation
SFP	supplementary feeding program
SMART	Standardized Monitoring and Assessment of Relief and Transition
SO	Strategic Objective
SOPA	State of the Program Area
SQUEAC	semi-quantitative evaluation of access and coverage
SSC	United States Army Natick Soldier Systems Center
SSDS	Social Sectors Development Strategies
ST	support team
STI	sexually transmitted infection
TA	technical assistance
TACAIDS	Tanzania Commission for AIDS
TANGO	Technical Assistance to NGOs International
TB	tuberculosis
TFNC	Tanzania Food and Nutrition Centre
THG	thematic group
TI	trigger indicator
TM	técnico de medicina (physician's assistant) (Mozambique)
TOPS	Title II Technical and Operational Performance Support program
TOT	training of trainers

TRM	technical reference material
TSS	Technical Support Services
TWG	technical working group
UDA	Uganda Dietetics Association
UGAN	Uganda Action for Nutrition Society
UHCA	Uganda Health Communication Alliance
U.N.	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United National General Assembly Special Session on HIV/AIDS
URC	University Research Corporation
U.S.	United States
USAID	United States Agency for International Development
USG	United States Government
VAAC	Vietnam Administration of HIV/AIDS Control
WDDP	Women's Dietary Diversity Project (FANTA)
WHO	World Health Organization
WFP	World Food Programme
WUSTL	Washington University in St. Louis
WVI	World Vision International

Food and Nutrition Technical Assistance II Project

The Food and Nutrition Technical Assistance II Project (FANTA-2) works to improve nutrition and food security policies, strategies, and programs through technical support to the United States Agency for International Development (USAID) and its partners, including host-country governments, international organizations, and nongovernmental organization (NGO) implementing partners (IPs). FANTA-2's technical assistance (TA) focuses on maternal and child health and nutrition (MCHN); food and nutrition in the care and treatment of HIV and other infectious diseases; food security and livelihood strengthening; and emergency, reconstruction, and stabilization (ER&S). FANTA-2 develops and adapts approaches to support the design and quality of field programs while building on field experience and research activities to improve and expand the evidence base, methods, and global standards for nutrition and food security programming. The project is a 5-year cooperative agreement (June 2, 2008–June 1, 2013) with a worldwide geographic scope.

FANTA-2 is implemented by AED. Subrecipients include Ahfad University for Women (AUW), Sudan; Centro de Investigaciones en Nutrición y Salud (CIENSA), Guatemala; Centre for Counseling, Nutrition, and Healthcare (COUNSENUH), Tanzania; International Food Policy Research Institute (IFPRI), United States; Nutriset, France; National Institute of Nutrition (NIN), Vietnam; Population and Environment Services (PENSER), Madagascar; Regional Centre for Quality Health Care (RCQHC), Uganda; Save the Children Federation (SCF), United States; Social Sectors Development Strategies (SSDS), United States; Technical Assistance to NGOs International (TANGO), United States; Tanzania Food and Nutrition Centre (TFNC), Tanzania; Tufts University, United States; University of California, Davis, United States; Valid International, United Kingdom; Washington University in St. Louis (WUSTL), United States; and University Research Corporation (URC), United States.

FANTA-2 Strategic Objective and Intermediate Results

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

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

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

To achieve these results, FANTA-2:

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

FANTA-2 Priority Technical Activities

Priority field support (IR 1) activities include:

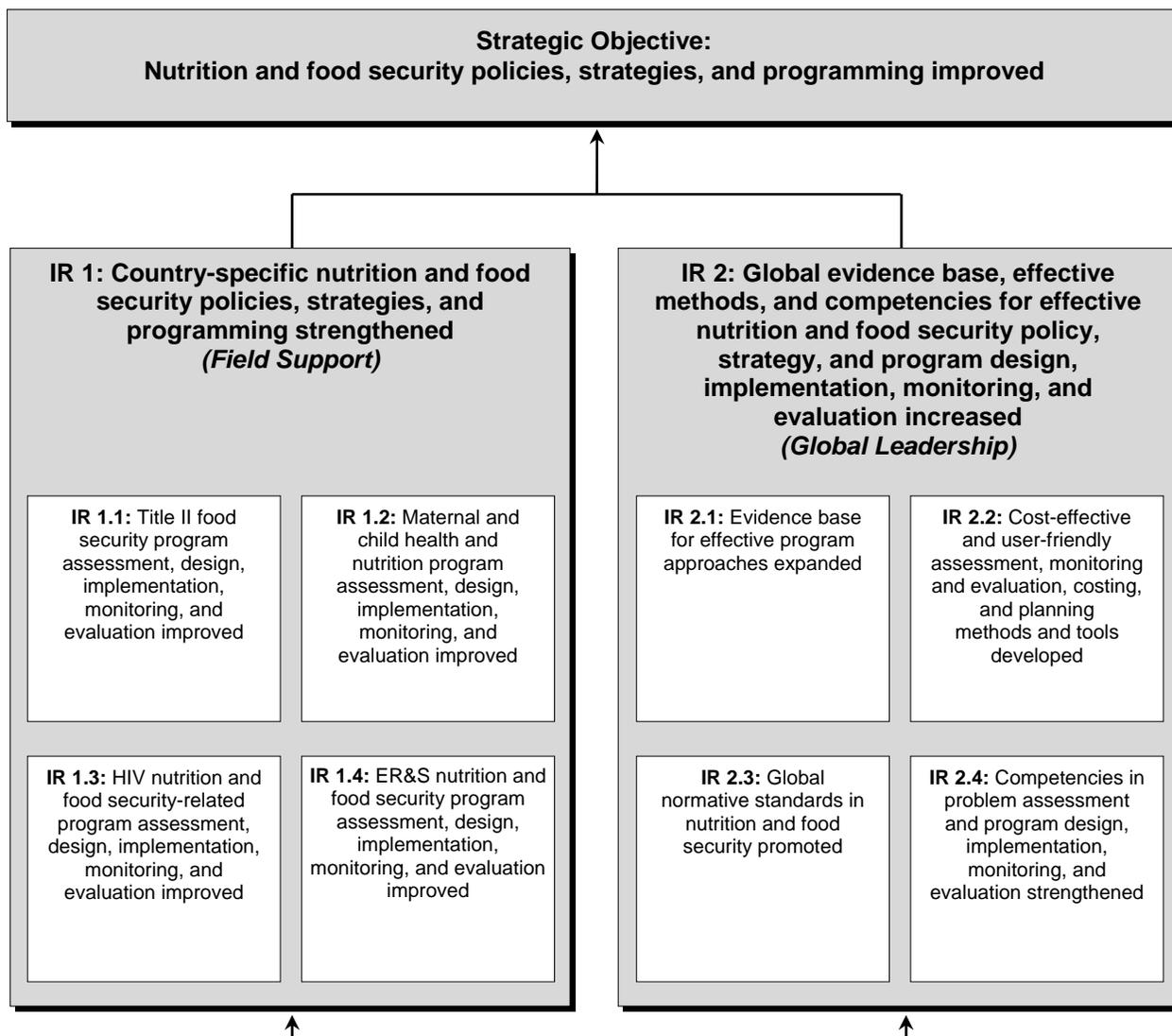
- Providing targeted, specialized TA and training activities to support nutrition and food security programming strategies, early warning and response (EWR) systems, and M&E for Title II and other United States Government (USG) programs
- Integrating Community-Based Management of Acute Malnutrition (CMAM) into national health systems
- Integrating CMAM and nutrition care and support for people living with HIV (PLHIV) programs
- Improving CMAM programming in ER&S contexts
- Supporting national nutrition and HIV policies and guidelines; integrating food and nutrition into United States President's Emergency Plan for AIDS Relief (PEPFAR) HIV services; and strengthening nutrition assessment, counseling, and support (NACS) programming
- Supporting quality improvement (QI) of CMAM, social and behavior change communication (SBCC), and nutrition and HIV programs
- Supporting the development of national nutrition policies and strategies, and strengthening the design of nutrition programs, in part by strengthening the link between agriculture and nutrition interventions
- Supporting improved nutrition and food security programs in other priority areas as needed

Priority global leadership (IR 2) activities include:

- Increasing the evidence base on cost-effective program approaches to improve nutrition and food security, with focus research areas including:
 - Title II Preventing Malnutrition in Children under 2 Approach (PM2A)
 - Use of lipid-based nutrient supplements (LNSs) for prevention of 1) chronic malnutrition; 2) seasonal increases in acute malnutrition; and 3) acute malnutrition in vulnerable, disaster-affected populations
 - Formulations of specialized food products for different target groups, including emergency-affected populations, children under 5 years with moderate acute malnutrition (MAM), and PLHIV
 - Effectiveness of CMAM integration into health systems
 - Use of mid-upper arm circumference (MUAC) in CMAM programs and in screening for referral to HIV testing, counseling, and assessment for antiretroviral therapy (ART) eligibility
 - Exit strategies and community-based EWR systems for Title II multi-year non-emergency programs
- Supporting advances in methods and tools that promote program planning and quality of service delivery
- Developing and refining tools to support design and implementation of preventive approaches in nutrition programming

- Developing and refining indicators used to measure household and individual food security and diet quality
- Promoting the global adoption of proven models and strategies in nutrition and food security through publications in refereed journals; participation in international conferences; and official endorsement of innovative, evidence-based approaches by donor organizations and multilateral agencies
- Facilitating the creation and capacity strengthening of communities of practice around proven approaches in nutrition and food security, for example, through working groups, electronic roundtables, and collaborative research networks

Figure 1. FANTA-2 Strategic Framework



FANTA-2 Key Operating Approaches

Determining Priority Needs

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

Coordinating and Maximizing the Effectiveness of Activities across IRs

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

Coordinating and Maximizing the Effectiveness of Activities across Program Areas

When appropriate, FANTA-2 uses the evidence base and field experience in one area to inform development of policy and guidelines in new areas, where a more limited evidence base and less field experience might exist. This takes maximum advantage of existing evidence and more quickly enables USAID to begin program implementation in the new area, while further strengthening the evidence base to inform policy and guidelines on an ongoing basis.

IR 1: Country-Specific Nutrition and Food Security Policies, Strategies, and Programming Strengthened

FANTA-2's field support activities are designed to strengthen nutrition and food security programs and to integrate food and nutrition components into a range of Title II, MCHN, HIV, and emergency response programs. Activities will be carried out in collaboration with USG central offices (GH/HIDN, GH/OHA, DCHA/FFP, DCHA/OFDA), AFR, USAID Missions, national governments, and IPs in up to 25 countries: Bangladesh, Burkina Faso, Chad, Côte d'Ivoire, Democratic Republic of Congo (DRC), Ethiopia, Ghana, Guatemala, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Sierra Leone, Southern Sudan,¹ Sudan, Tanzania, Uganda, Vietnam, and Zambia.

FANTA-2 focuses on strengthening the capacity of government and local institutions, ensuring that these institutions sustain and expand the improved nutrition and food security activities that FANTA-2 supports.

IR 1 PRINCIPAL ACTIVITIES

IR 1.1 Title II Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

As one of the largest USG investments in improving nutrition and food security, USAID's Title II program represents an important opportunity to achieve significant and sustainable impacts in reducing household food insecurity and malnutrition. DCHA/FFP's identification of 19 priority countries for Title II multi-year non-emergency programs provides a clear focus for DCHA/FFP development activities and a priority target for TA. FANTA-2 staff, consultants, and partners provide in-country TA to DCHA/FFP, USAID Missions, and Title II Awardees in DCHA/FFP priority countries to strengthen approaches throughout the program cycle of assessment, strategy, design, implementation, and M&E.

1.1.1 Food Security Assessments and Country Frameworks

A solid understanding of national food security conditions is a crucial prerequisite to sound programming. In response to demand, FANTA-2 supports DCHA/FFP, USAID Missions, and governments to plan and implement in-depth food security assessments. FANTA-2 uses existing information to identify the location, nature, and level of food insecurity in targeted countries. Working with DCHA/FFP, USAID Missions, governments, and other stakeholders, FANTA-2 applies the results from these assessments to prepare Food Security Country Frameworks (FSCFs) with the overarching objective of providing programmatic guidance to applicants to the Title II program. Each country-specific FSCF is intended for use by applicants in preparing their submissions for Title II-funded food security activities in the specific country. The FSCF provides applicants with the recommended objectives, approaches, and institutional partnerships for effective use of DCHA/FFP Title II resources to reduce food insecurity in that country and clarifies the objectives, scope, and targeting that should be reflected in applicant submissions. The FSCFs also seek to align closely with Feed the Future – USG Global Food Security and Hunger Initiative (FTF) and Global Health Initiative (GHI) implementation plans in countries where this is relevant.

As part of the FSCF process, FANTA-2 undertakes an initial desk review for the selected countries and conducts consultations with DCHA/FFP; GH; the USAID Bureau for Economic Growth, Agriculture, and Trade (EGAT); and regional Bureaus, as appropriate. FANTA-2 then conducts country visits to obtain current information on the food security situation, trends, and underlying factors, which involves meeting with a wide range of stakeholders, including USAID Missions, governments, NGOs, and other stakeholders. The FSCFs are available in report form, and each presents country-specific findings and recommendations for food security programming.

¹ FANTA-2 recognizes that Southern Sudan is not a country, but rather a semi-autonomous region. However, for expediency, Southern Sudan is referred to as a country throughout this document.

In Project Year One, FANTA-2 completed assessments and developed FSCFs for Bangladesh, Burkina Faso, Liberia, and Sierra Leone; in Project Year Two, FSCFs were completed for DRC, Ethiopia, and Zambia. In Project Year Three, FANTA-2 will develop FSCFs for a number of DCHA/FFP priority countries, yet to be determined.

1.1.2 Early Warning and Response Systems

Development relief—an approach that simultaneously addresses both chronic and transitory food insecurity—is central to DCHA/FFP’s FY 2006–2010 Strategy. A critical component of this approach is integrating EWR systems into Title II multi-year non-emergency programs targeting food-insecure populations subject to recurrent shocks. FANTA-2 works closely with DCHA/FFP, USAID Missions, Title II Awardees, and existing in-country EWR systems to assist in multi-year non-emergency EWR system design (e.g., trigger indicator [TI] selection), implementation (e.g., data collection and management, decision making for changing use of food resources), and institutional coordination (e.g., communicating and sharing of information with USAID Missions, the USAID Famine and Early Warning Systems Network [FEWS NET], and national food security and early warning stakeholders). In Project Years One and Two, one of the countries in which this activity took place was Haiti, but the process was put on hold following the January 2010 earthquake. It was revived in September 2010 and will continue in Project Year Three. Also in Project Year Three, FANTA-2 will provide technical support on TIs to USAID Missions and Awardees that request such support.

1.1.3 Monitoring and Evaluation

FANTA-2 focuses significant attention on the establishment of high-quality M&E systems in DCHA/FFP priority countries to strengthen USAID’s and Title II Awardees’ ability to document progress, demonstrate results, and improve program implementation. FANTA-2 also continues to support and refine the methods and tools developed in previous years, such as the use of Lot Quality Assurance Sampling (LQAS) and alternative sampling designs.

In Project Year Three, FANTA-2 will carry out the following activities.

- FANTA-2 will support the development of M&E plans for new Title II multi-year non-emergency programs through regional and country workshops and will ensure that Awardees report on indicators required by USAID Missions, the United States Department of State Office of the Director of U.S. Foreign Assistance (F), and DCHA/FFP by providing TA to USAID Missions and the Awardees. M&E workshops are expected to be held for new programs in Burkina Faso, DRC, Ethiopia, and Southern Sudan. FANTA-2 will also strengthen our support to new programs in those countries by providing TA for the design and implementation of high-quality baseline surveys.
- FANTA-2 will continue work to improve USAID Mission oversight and assessment of the quality of Title II programs in the field through training in the Layers approach, a computerized food aid program monitoring system that allows Food for Peace Officers (FFPOs) to assess the performance of Title II activities at a representative number of sites using standard questionnaires and personal digital assistants. In Project Year Three, Layers is scheduled to be introduced in Bangladesh, Burkina Faso, Liberia, Malawi, Sierra Leone, and Southern Sudan. The roll-out of Layers will continue in Project Year Three in Chad, Guatemala, Mali, and Uganda. FANTA-2 will also revise and update the Layers implementation manual with new procedures and guidelines based on lessons learned in Project Years One and Two.

IR 1.2 MCHN Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

The 2008 *Lancet* Series on Maternal and Child Undernutrition highlights and deepens the evidence base for what program implementers and public health professionals have long known: Malnutrition is the

single largest contributor to child mortality. USAID has made significant strides over the past decade in addressing malnutrition, not only through Title II programs but also through integrating nutrition into broader health programs. FANTA-2 works with subrecipients to integrate proven approaches into national health systems, while continuing to innovate and adapt approaches to maximize impacts in various contexts. FANTA-2 provides specialized TA in new areas, such as nutrition and tuberculosis (TB), supported by **IR 2** activities to strengthen the evidence base for intervention design and development of global guidelines.

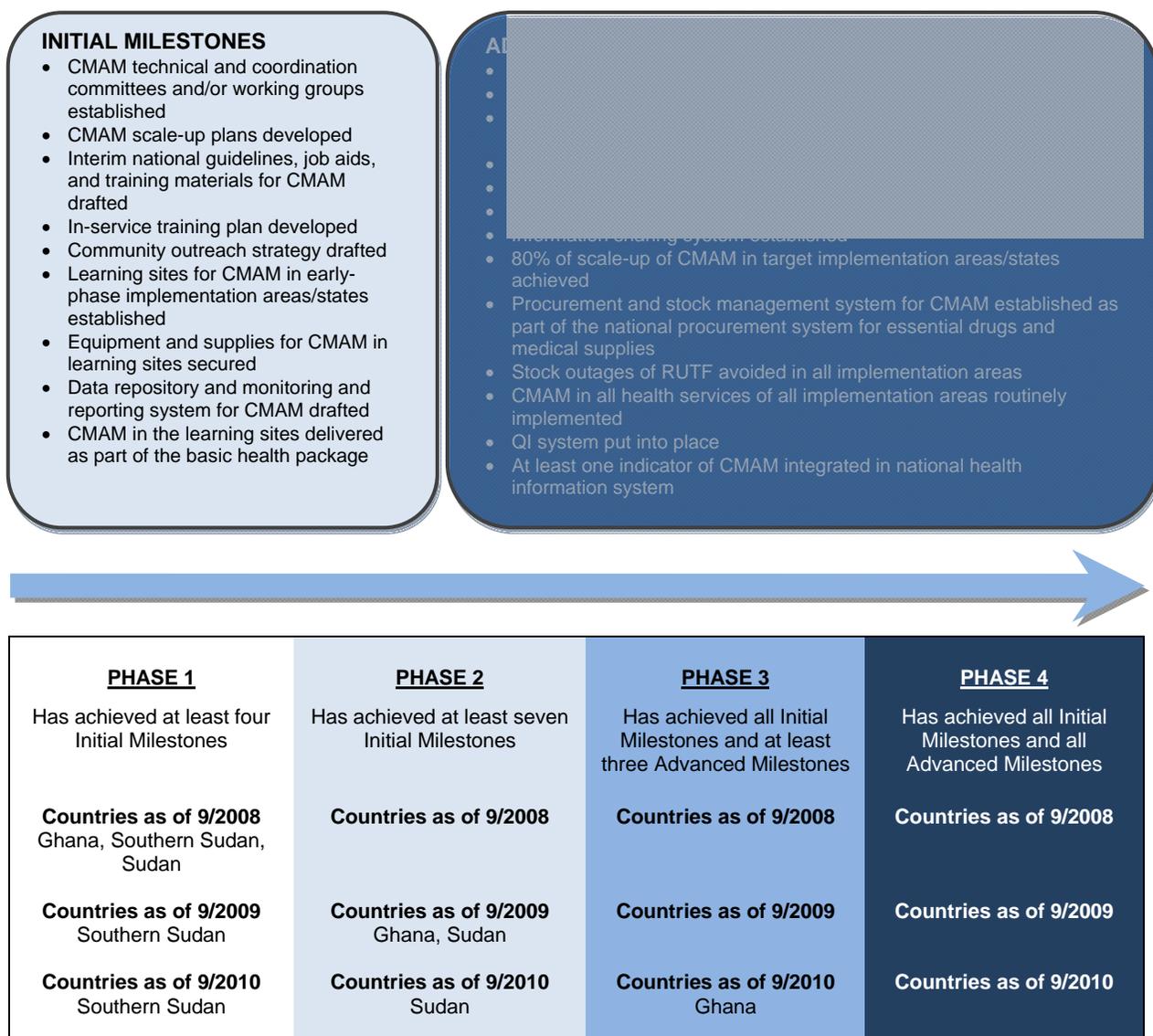
1.2.1 Integrate CMAM into National Health Systems

Severe acute malnutrition (SAM) affects about 20 million children under 5 years worldwide, contributing to more than 1 million child deaths each year. Both research and program experience attest to the success of CMAM as a highly effective approach in managing SAM. CMAM is frequently implemented as a separate, parallel program, but to be effective and reach a national scale it must be integrated into national health systems, a process that is occurring with varying degrees of success in multiple countries, including Burkina Faso, Ethiopia, Ghana, Malawi, Mali, Mauritania, Niger, Sudan, Southern Sudan, and Zambia. To strengthen the capacity of countries to manage acute malnutrition in children, FANTA-2 works with USAID Missions and national governments to introduce, integrate, and scale up CMAM services. Support includes program design, strategic planning, drafting national guidelines, training, and mentoring to build implementation and M&E skills. FANTA-2 further refines and adapts existing planning, training, and monitoring and reporting (M&R) tools to the country-specific context to enhance QI. FANTA-2 also provides support in coordination with UNICEF and private sector subrecipients to facilitate national production of ready-to-use therapeutic food (RUTF).

As the integration and scale-up of CMAM interventions expand, establishing systems that ensure high-quality service delivery becomes critical. FANTA-2 assists countries to strengthen systems for M&R, QI, and information sharing on CMAM. To complement program M&E, FANTA-2 also conducts specialized assessments of community outreach, capacity, costing and coverage, and health facility-community linkages for CMAM (see **Bangladesh, Ghana, and Southern Sudan**).

Figure 2 shows the four phases that identify the necessary steps and that categorize the progress of FANTA-2's integration of CMAM into the national health systems of Ghana, Southern Sudan, and Sudan.

Figure 2. Phases of Integration² of CMAM into the National Health System



1.2.2 Outcome Monitoring

Outcome Monitoring (OM) is a data collection approach that allows the USG to annually monitor the key health activities it supports and to facilitate the management of those activities in-country. Upon request, FANTA-2 introduces OM to USAID Missions and provides consultation, training, and direct technical support. In Project Year Three, FANTA-2 will provide ongoing support to the Guatemala and Madagascar Missions, where OM was initiated, to strengthen local implementation capacity (see **Guatemala** and **Madagascar**).

² According to the phased integration, CMAM is first scaled up and integrated into the health system in early-phase implementation states. Based on lessons learned in early-phase implementation states, scale-up and integration subsequently take place in later-phase implementation states.

1.2.3 Community-Based Nutrition Program Approaches

The Essential Nutrition Actions (ENA) is a set of seven interventions that promote nutrition and child survival. Countries face challenges in operationalizing ENA because of poor quality health services and because of limitations in training, supervision, supplies, and community linkages. FANTA-2 works with partners to develop community-based nutrition program approaches based on the ENA by conducting formative assessments; facilitating dialogue among a range of stakeholders, from the government level to the community level; and developing guidance for the design of community-based approaches. This includes guidance on advocacy, community-level strategies, training and supervision plans, and SBCC strategies and tools, and on prioritizing interventions and implementation approaches (see **Bangladesh, Ghana, Guatemala, and Uganda**).

1.2.4 National Nutrition Policies

FANTA-2 provides technical input and facilitation to governments in preparing nutrition policies and implementation strategies. Policy dialogues often revolve around resource allocation, and policy makers often require concrete data to justify investments in nutrition. FANTA-2 updates and applies data-based tools for advocacy, such as PROFILES³; conducts nutrition situation assessments; and provides TA to support policies and action planning.

Another challenge with government structures is the lack of human resource capacity in nutrition. FANTA-2 helps address this through establishment of nutrition focal points (FPs), pre-service and in-service training, and TA (see **Bangladesh, Ghana, Guatemala, Southern Sudan, and Uganda**).

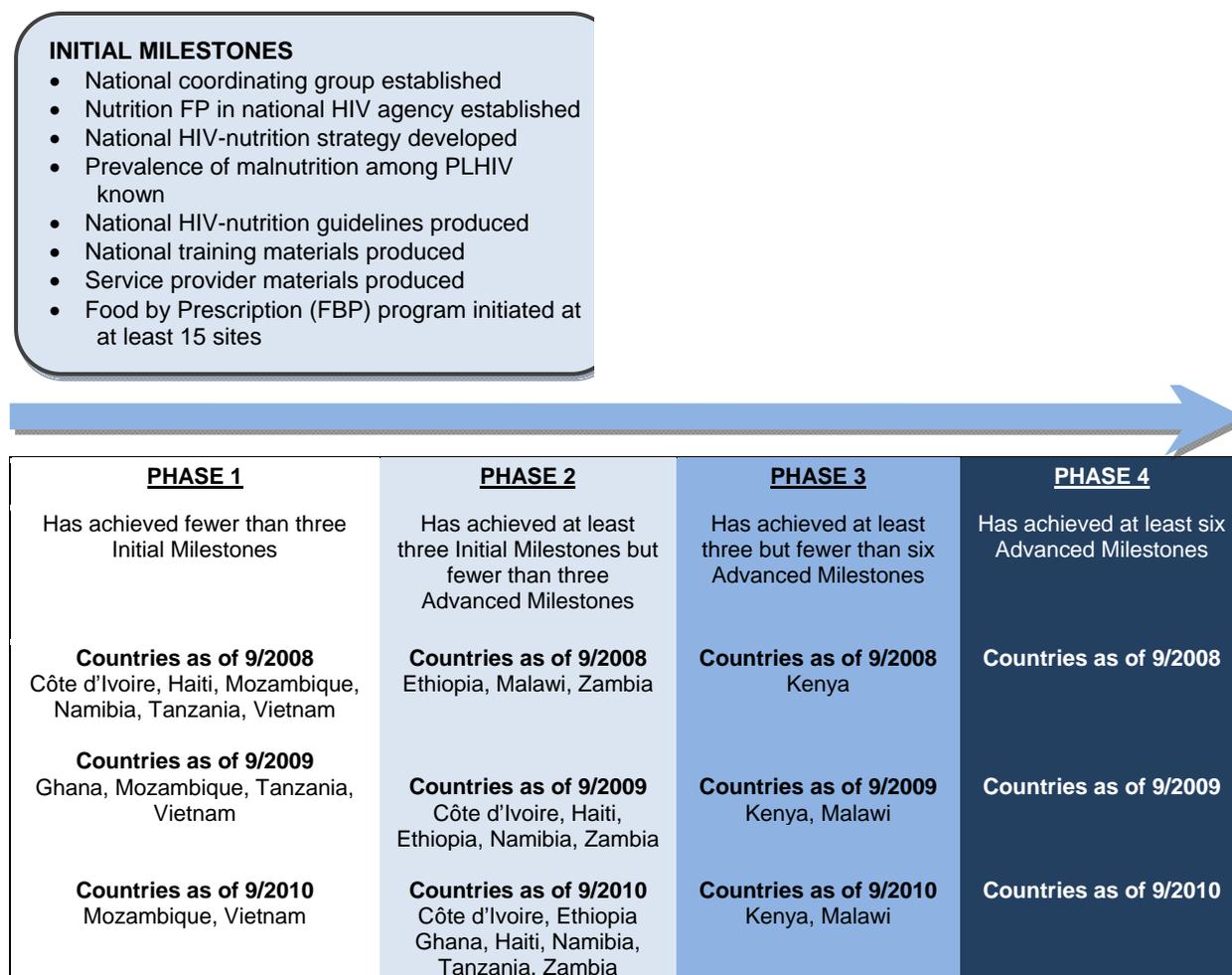
IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

The 2008 PEPFAR reauthorization supports a transition from addressing HIV as an emergency response to establishing sustainable systems and services. A growing number of PEPFAR-supported countries recognize that food and nutrition interventions are critical components of an efficacious and sustainable response to the disease. A major focus for FANTA-2 is supporting USG implementing agencies, national AIDS control programs, and USG PEPFAR Partners in translating this recognition into actual programming by integrating food and nutrition into HIV responses at the national, program, clinic, household, and individual levels.

A number of countries, including a majority of PEPFAR focus countries, have begun integrating food and nutrition into HIV responses, but they are at different stages and have varying human and institutional capacity. **Figure 3** depicts the 11 countries in which FANTA-2 is working on nutrition and HIV in Project Year Three (Côte d'Ivoire, Ethiopia, Ghana, Haiti, Kenya, Malawi, Mozambique, Namibia, Tanzania, Vietnam, and Zambia) in four phases that identify steps needed and that categorize progress.

³ PROFILES is a process, developed by AED with USAID funding, for nutrition policy analysis and advocacy that uses spreadsheet models to estimate the functional consequences of malnutrition in terms that policy makers understand and care about.

Figure 3. Phases of Integration of Nutrition into the National HIV Response



1.3.1 National Nutrition and HIV Policies and Strategies

An enabling policy environment is critical for effective nutrition and HIV services. In many countries, however, the influx of considerable HIV resources and the pressure to rapidly roll out treatment services have made it difficult for governments to engage in the systematic, long-term, and multi-pronged approach needed to integrate nutrition into HIV policies and services. To integrate nutrition into a more coordinated and cohesive national HIV response, FANTA-2 works closely with partners to help organize technical working groups (TWGs), establish nutrition FPs at the national level, and prepare national nutrition and HIV strategies and guidelines (see **Ethiopia, Ghana, Kenya, Mozambique, Namibia, Vietnam, and Zambia**).

1.3.2 Nutrition and HIV Capacity

As recognition of the critical role that food and nutrition play in HIV care and treatment has grown, a clear need has emerged to strengthen ministries of health and IP capacity in nutrition assessment, counseling, and the provision of specialized food products. To strengthen these competencies and support nutrition assessment and counseling, FANTA-2 uses existing resources to adapt and roll out national nutrition and HIV training materials. FANTA-2 also works closely with USG PEPFAR Partners and government facilities to provide on-site TA in the integration of nutrition assessment and counseling into appropriate client flow systems, information systems, and protocols at HIV treatment and care facilities and in community programs (see **Ethiopia, Ghana, Haiti, Kenya, Malawi, Mozambique, Namibia, Tanzania, and Zambia**).

1.3.3 Nutrition Assessment, Counseling, and Support

NACS was initiated in a PEPFAR/Kenya program and has become an effective and replicable approach for meeting the nutritional needs of malnourished PLHIV in clinical settings, significantly enhancing the care and treatment provided. With PEPFAR support, the NACS approach is being adapted and replicated in several countries.⁴ FANTA-2 provides support for the design of and guidelines for NACS programming; for assessing progress, challenges, results, and gaps in ongoing programs; and for supporting scale-up where appropriate (see **Côte d'Ivoire, Ethiopia, Ghana, Namibia, Tanzania, Vietnam, and Zambia**).

In Project Year Two, FANTA-2, in collaboration with the URC/Nulife project, the Uganda Ministry of Health (MOH), and RCQHC, organized a 4-day meeting in Jinja, Uganda, to share experiences and lessons across countries, discuss innovative approaches, share tools and materials, and develop country action plans for improving the quality and scale of NACS interventions at country level. Ninety participants from PEPFAR Implementing Agencies, governments, and USG PEPFAR Partners from 14 countries attended.

1.3.4 Ensure the Quality of Nutrition Care Services

As nutrition interventions for PLHIV expand, establishing systems that ensure high-quality service delivery becomes critical. To strengthen systems for monitoring, QI, impact assessment, and information sharing, FANTA-2 assists countries to integrate nutrition indicators into national M&E systems; incorporate data collection processes into existing information systems; and adapt, test, and apply QI tools. To complement program M&E, FANTA-2 also conducts specialized assessments of specific program approaches, such as the use of lay counselors, food delivery mechanisms, and facility-community linkages for client follow-up (see **Cote d'Ivoire, Haiti, Mozambique, Namibia, and Vietnam**).

1.3.5 Harmonize and Coordinate CMAM and HIV Programs

CMAM programs and nutrition and HIV programs share some common objectives and approaches and differ in others. Harmonization and coordination of the two programs are needed at the country and global levels. FANTA-2 works with UNICEF, the World Health Organization (WHO), and other partners to support the harmonization of protocols and identification of opportunities for synergies and linkages between CMAM and nutrition and HIV services. In Project Year Three, FANTA-2 will continue to provide in-country TA in initiating integrated CMAM and nutrition support for PLHIV program. Support might include the completion of the protocol, developing the training, and documenting the implementation process and lessons learned (see **Ghana, Malawi, Mozambique, and Vietnam**).

IR 1.4 ER&S Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

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

1.4.1 Strengthen CMAM and Infant and Young Child Feeding in Emergency Contexts

SAM is an urgent problem in many ER&S settings, and CMAM has proven to be a highly effective approach for managing an increased caseload of SAM during and after emergencies. To strengthen capacity in inpatient care, outpatient care, and community outreach for CMAM, FANTA-2 assesses existing CMAM programs, strengthens the capacity of national governments, and conducts tailored training workshops for ministries of health and IP health managers and health care providers. This training is augmented by in-service training and mentoring and other TA, in conjunction with national training and research institutions. FANTA-2 also assists countries with developing national CMAM

⁴ Food by Prescription (FBP) is a component of NACS. Specifically, FBP refers to the provision of specialized food product based on the established eligibility and exit criteria.

guidelines, job aids, training materials, and M&R tools, and further refines and adapts existing planning, training, and M&R tools to the country-specific context to enhance QI (see **Niger** and **Sudan**).

FANTA-2 also strengthens capacity and prepares for contingencies through nutrition assessments, CMAM quality scale-up, and infant and young child feeding (IYCF) in emergencies. Additional learning opportunities for IPs in emergency nutrition emerge through participation in global discussion meetings and international and national workshops that strengthen knowledge and skills, enhance information sharing, and review performance and lessons learned (see also **IR 2.1.4** and **IR 2.4.4**).

Upon request, FANTA-2 can also support and strengthen technical capacity for improving the quality of CMAM programs/services implemented by national and state partners through the following activities.

- FANTA-2 will strengthen the technical capacity of ministry of health nutrition division or department CMAM FPs, including their capacity to scale up CMAM activities during nutrition crises.
- We will strengthen the technical capacity of CMAM IPs during nutrition crises.
- We will strengthen the capacity of national training and research institutes for CMAM training and research and facilitating the development of training curricula and country-specific CMAM training materials.

Countries where FANTA-2 might provide TA in these areas in Project Year Three include Burkina Faso, Mali, and Mauritania.

1.4.2 Provide Targeted TA during Nutrition Emergencies

As part of our TA to countries in nutrition emergencies, FANTA-2 will identify and strengthen the capacity of a pool of CMAM and emergency nutrition specialists who can be called on to provide short- and medium-term technical support in countries with anticipated or active nutrition crises. In addition to FANTA-2 staff, this pool will include staff from FANTA-2 partner institutions, consultants, and national resource persons, such as pediatricians, nutritionists, and CMAM managers in countries where FANTA-2 provides technical support. Identification of such a pool will enable FANTA-2 to provide strategic and flexible technical support to DCHA/OFDA to strengthen the planning and management of responses to emerging nutrition crises, as was done in Haiti during the crisis following the January 2010 earthquake and in Niger during a nutrition emergency. As part of this activity in Project Year Three, FANTA-2 will provide the following support.

- FANTA-2 will participate in emerging nutrition crises as requested by providing TA on the assessment of public health and nutritional status and response needs, IYCF, and CMAM (specifically on inpatient care, outpatient care, community outreach, and operational management).
- FANTA-2 will develop a strategic plan for identifying experts in CMAM and IYCF in emergencies and classifying their skills. FANTA-2 will then develop a system for rapid deployment. Procedures will be put in place to facilitate these specialists' availability for rapid deployment for 3–12 weeks to provide TA in newly emerging nutrition crises and to orient the identified specialists in expected DCHA/OFDA needs, the types of TA to provide, and the role of FANTA-2 TA.
- In response to DCHA/OFDA requests, FANTA-2 will deploy the identified specialists to provide TA in countries with emerging or active crises. Depending on needs, FANTA-2 technical support is expected to take two possible forms: 1) short-term (2–3 weeks) in-country visits by senior technical specialists to support needs and capacity assessments and strategic planning of response activities; and 2) contingent on the availability of appropriate resource persons and on the time frame and logistics for the needed response, longer-term (up to 3-month) in-country visits by CMAM experts to support the management of CMAM in the response activities.

- We will review FANTA-2's rapid TA response and will identify options for improving the approach. If the response and approaches are successful, FANTA-2 will promote the institutionalization of such support by DCHA/OFDA and the incorporation of components of the rapid-response approach into existing mechanisms.
- FANTA-2 will collaborate with ACF/Canada to contribute to the global Standardized Monitoring and Assessment of Relief and Transition (SMART) capacity development initiative, a standardized method for assessments in emergencies, and bring SMART training and implementation skills to vulnerable countries.

Table 1. Matrix of Planned Country Activities in Project Year Three by Sub-IR

COUNTRY	1.1.1 Food Security Assessments and Country Frameworks	1.1.2 EWR Systems	1.1.3 M&E Regional Workshops	1.1.3 High-Quality Baseline Surveys	1.1.3 Mid-Term Evaluations	1.1.3 Final Evaluations/Documentation of Lessons Learned	1.1.3 Layers	1.2.1 Integrating CMAM into National Health Systems	1.2.2 Outcome Monitoring	1.2.3 Community-Based Nutrition Program Approaches	1.2.4 National Nutrition Policies and Human Resource Capacity Building	1.3.1 National Nutrition and HIV Policies, Strategies, and Human Resource Capacity Development	1.3.2 Nutrition and HIV Capacity	1.3.2 Nutrition and HIV Training and Counseling Materials	1.3.3 Nutrition Assessment, Counseling, and Support Programming	1.3.4 Ensuring the Quality of Nutrition Care Services	1.3.5 Harmonizing and Coordinating CMAM and HIV Programs	1.4.1 Strengthening CMAM and IYCF in Emergency Contexts
Bangladesh							X	X		X	X							
Burkina Faso			X	X			X											
Chad							X											
Côte d'Ivoire															X	X		
DRC			X	X														
Ethiopia			X	X								X	X	X	X			
Ghana								X		X	X	X		X	X		X	
Guatemala					X	X	X		X	X	X							
Haiti		X			X								X	X		X		
India						X												
Kenya												X		X				
Liberia							X											
Madagascar									X									
Malawi							X						X				X	
Mali							X											
Mozambique												X	X	X		X	X	
Namibia												X		X	X	X		
Niger																		X
Sierra Leone							X											
Southern Sudan			X	X			X	X			X							
Sudan																		X
Tanzania													X		X			
Uganda							X			X	X							
Vietnam												X			X	X	X	
Zambia												X	X		X			
To Be Determined	X																	X

IR 1 COUNTRY-SPECIFIC ACTIVITIES

Bangladesh

IR 1.2 MCHN Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

USAID/Bangladesh has requested TA from FANTA-2 to advocate for nutrition programs in Bangladesh, identify opportunities to integrate nutrition into existing programs and services that currently do not address nutrition, and strengthen collaboration in nutrition across partners toward a shared vision of reducing malnutrition in Bangladesh. Partners and stakeholders include the Government of Bangladesh and its Ministry of Health and Family Welfare and the National Nutrition Program; the Smiling Sun Franchise (a group of local NGOs); Helen Keller International (HKI); SC/US; Title II Awardees; the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B); LAMB; the Alive & Thrive project (a Gates Foundation-funded initiative); the Bangladesh Rural Advancement Committee (BRAC) and BRAC University; The Asia Foundation; and others. In Project Year Two, FANTA-2 initiated activities in Bangladesh and placed an MCHN specialist in-country to coordinate FANTA-2 activities.

In Project Year Three, in consultation with USAID/Bangladesh, FANTA-2 will carry out the following activities.

- We will complete a PROFILES analysis that was begun in Project Year Two and will generate PROFILES estimates to measure potential nutrition program impacts, complete the development of a national nutrition costing model, and obtain cost estimates from this model. The PROFILES and national costing estimates will be disseminated at key venues in Project Year Three.
- In partnership with the Journalism Training & Research Initiative (JATRI) at the Institute of Governance Studies at the BRAC, we will develop a media training curriculum and accompanying materials on nutrition, focusing on malnutrition during its life cycle and on key nutrition issues, to improve media understanding and to support accurate reporting on nutrition issues. FANTA-2 will also begin media workshops and trainings on nutrition issues for media professionals.
- FANTA-2 will identify an advocacy approach to raise the visibility of and commitment to addressing CMAM in Bangladesh.
- In partnership with HKI, FANTA-2 will hold a stakeholder's meeting on mainstreaming nutrition into policies, strategies, and programs in Bangladesh; carry out an assessment of how to integrate nutrition into the existing USAID-funded health programs, specifically, the MaMoni project implemented by SC/US and the Smiling Sun Franchise Program implemented by Chemonics; based on an analysis of the assessment, develop an approach using the ENA as a foundation to integrate nutrition into health services; and develop tailored training materials for the programs and begin training and capacity strengthening to integrate nutrition into the health services of these health programs.
- FANTA-2 will partner with the BRAC to initiate a peer-to-peer approach to support exclusive breastfeeding (EBF); plan the approach, trainings, and M&E; and assist BRAC to begin implementing the program.
- In partnership with the Leaders of Influence program at The Asia Foundation, FANTA-2 will develop a nutrition training curriculum for imams and begin trainings for them.
- FANTA-2 will identify an approach to address adolescent nutrition, develop a scope of work, and begin to implement the proposed activities.

- FANTA-2 will identify an approach to strengthen the capacity of the Ministry of Health and Family Welfare to integrate nutrition into health services and support the national nutrition policy revision process.

Côte d'Ivoire

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Côte d'Ivoire, currently a Phase 2 country on the integration of nutrition into the national HIV response scale (see **Figure 3**), had approximately 480,000 PLHIV and a national HIV prevalence among adults 15–49 years estimated at 3.9 percent in 2008.⁵ As of September 30, 2009, 49,700 PLHIV were receiving ART with PEPFAR/Côte d'Ivoire support.⁶ According to Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates, 420,000 children ages 0–17 years were orphaned by AIDS in 2008.⁷ Côte d'Ivoire also suffers from high rates of malnutrition: For the period 2003–2008, 40.0 percent of children under 5 were stunted, 20.0 percent were underweight, and 8.0 percent were wasted.⁸

In Project Year Two, FANTA-2 printed the *National Guidelines on Nutrition Care of PLHIV* (2010), completed the counseling materials, developed an implementation plan to introduce NACS, supported MOH efforts to secure donor funding for NACS, completed the protocol for an acceptability study of RUTF among adult PLHIV, developed a training of trainers (TOT) module on NACS for service providers, and provided TA to PEPFAR Partners to introduce NACS in the health facilities that they support.

In Project Year Three, FANTA-2 will carry out the following activities.

- To support the planning and roll-out of Phase 1 of NACS at eight health facilities, FANTA-2 will conduct five regional-level workshops to orient key personnel from each of the sites on NACS and to harmonize implementation efforts and the M&E system for NACS. Participants will develop a plan for the first year of implementation and establish a network for the exchange of information. FANTA-2 will also expand TA for the implementation of NACS to other sites supported by PEPFAR Partners.
- In collaboration with the Programme National de Prise en Charge (PNPEC) (National Program to Support PLHIV), FANTA-2 will support the Programme National de Nutrition (PNN) (National Nutrition Program) to provide NACS TA at the eight Phase 1 sites by conducting TOT on nutrition care and support of PLHIV and on the management of specialized food products. The training will be targeted to MOH national and/or regional trainers. FANTA-2 will also accompany and provide coaching to MOH trainers in the delivery of on-site training in NACS at each site and will provide coaching to service providers at each site. These activities will further the sustainability of nutrition care and support for PLHIV and orphans and vulnerable children (OVC) by enhancing the capacity of the MOH to train service providers in NACS.
- At the request of PEPFAR/Côte d'Ivoire, four of the initial NACS sites will offer the entire NACS package of services (including the provision of specialized food products to malnourished clients), and four of the sites will offer a partial package of NACS services (without provision of specialized food products). FANTA-2 will monitor outcomes in the eight sites and report any differences in outcomes observed in NACS sites with and without food provision.

⁵ Data are from the UNAIDS country page for Côte d'Ivoire, available at http://www.unaids.org/en/CountryResponses/Countries/ivory_coast.asp.

⁶ Technical Note on PEPFAR's Reporting Methodology (n.d.). Available at <http://www.pepfar.gov/2009results/>.

⁷ Data are from the UNAIDS country page for Côte d'Ivoire, available at http://www.unaids.org/en/CountryResponses/Countries/ivory_coast.asp.

⁸ Data are from the UNICEF Statistics page for Côte d'Ivoire, available at http://www.unicef.org/infobycountry/cotedivoire_statistics.html#64.

- FANTA-2 will support the MOH to conduct a program review to identify lessons learned to inform the scale-up and ensure the quality implementation of NACS; develop a model approach to establish, reinforce, and maintain linkages between NACS sites and community-based income generation and food security activities; and conduct a study of and provide actionable recommendations for the feasibility of RUTF production in Côte d'Ivoire.
- Building on activities begun in Project Year Two, FANTA-2, in collaboration with URC, will carry out plans to improve the quality of nutrition and HIV services using existing and/or new QI approaches, including integrating a QI approach into NACS Phase 1 activities.
- FANTA-2 will conduct TOT on the use of the counseling materials for partners that support community-based counseling.
- FANTA-2 will increase gender equity in HIV activities and services by designing a simple tool for gender analysis that will identify how activities might need to be modified to promote greater gender equity in the areas of nutrition care and support for PLHIV.

Ethiopia

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Ethiopia, currently a Phase 2 country on the integration of nutrition into national HIV response scale (see **Figure 3**), has an estimated 1 million PLHIV⁹ and had a predicted HIV prevalence among adults 15–49 years of age of 2.0 percent in 2008.¹⁰ The HIV epidemic in-country is generalized, with high prevalence in urban and peri-urban areas. Ethiopia is among the countries with the highest malnutrition rates, with 50.8 percent stunting and 32.9 percent underweight in children under 5 in 2005.¹¹ The prevalence of malnutrition in PLHIV is also expected to be high. Given the high rates of malnutrition in Ethiopia and the demonstrated links between HIV and nutrition, USAID/Ethiopia supports the integration of food and nutrition interventions into HIV care and support programs.

In Project Years One and Two, FANTA-2 provided TA to the Federal HIV/AIDS Prevention and Control Program (FHAPCO) and the Federal Ministry of Health (FMOH) to strengthen human resource capacity, establish nutrition and HIV services, and begin scaling up these services. FANTA-2 supported USAID's HIV & AIDS Care and Support Program (HCSP) (implemented by Management Sciences for Health [MSH]) to initiate integrated clinical nutrition care services through TA and training to more than 1,000 HIV service providers and clinical mentors throughout the country. FANTA-2 also provided technical support to SC/US and the Supply Chain Management Systems (SCMS) project in initiating the PEPFAR-funded Food by Prescription (FBP) program.

In Project Year Three, pending further discussion and agreement with USAID and Government of Ethiopia partners, FANTA-2 will carry out the following activities.

- We will continue to work with the FMOH Health Promotion and Disease Prevention General Directorate (HPDPGD), FHAPCO, and USG PEPFAR Partners to further scale up and strengthen integrated clinical nutrition care services for PLHIV in Ethiopia. FANTA-2 will support the National Nutrition and HIV Sub-Committee under the Palliative Care TWG through technical input to sub-committee meetings and activities and through provision of updated materials as needed.

⁹ FHAPCO. March 2010. *Report on progress towards implementation of the UN Declaration of Commitment on HIV/AIDS*. Government of the Federal Democratic Republic of Ethiopia.

¹⁰ Data are from the UNAIDS country page for Ethiopia, available at <http://www.unaids.org/en/CountryResponses/Countries/ethiopia.asp>.

¹¹ Data are from "Table 1: Nutritional status of children" in Kothari and Abderrahim. September 2010. *Nutrition Update 2010*. ICF Macro and USAID.

- Continuing work initiated in Project Years One and Two, FANTA-2, in collaboration with URC, will work with the FMOH and PEPFAR Partners to introduce QI methods into the nutrition care components of HIV services. FANTA-2 will share the QI assessment report and implementation plan that FANTA-2 and URC developed in Project Year Two with the National Nutrition and HIV Sub-Committee. Based on feedback from the sub-committee, the FMOH, and USAID, FANTA-2 and URC will refine the implementation plan and initiate implementation of planned activities. Building on the QI approaches being used, such as those URC introduced in HIV and other health care settings in Rwanda and Uganda, FANTA-2 and URC will help partners include nutrition standards and quality indicators into existing QI approaches and introduce enhanced QI approaches to improve the quality of nutrition services for PLHIV.
- We will work with the FMOH, SC/US, and Tufts University to support pre-service training in nutrition and HIV for medical and nursing schools. This activity will entail adapting existing in-service training materials in Ethiopia and the FANTA publication *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives*,¹² then developing a standard curriculum for pre-service training in nutrition and HIV in Ethiopia. As part of the FBP program, Tufts University is supporting pre-service training at Hawassa University. Tufts is planning on providing pre-service training support to Jimma University in Project Year Three. Based on discussion with stakeholders, FANTA-2 might also support pre-service training at other Ethiopian universities.
- We will work with the FMOH and partners to update the *Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV: A Three day Training Course for Clinical Care Providers* (2008)¹³ to incorporate recent developments in nutrition and HIV in Ethiopia and globally and to structure the training in modular form to allow greater adaptability. Based on need, FANTA-2 will support additional trainings in nutrition and HIV for trainers of hospital and health center service providers and mentors. FANTA-2 training will focus on national-level training, TOT, and initiation of new approaches and materials. This approach will support other partners in providing training at service delivery levels.
- FANTA-2 will work with the FMOH, the National Nutrition and HIV Sub-Committee, and partners to update the *Ethiopian National Guidelines for HIV/AIDS and Nutrition* (2008)¹⁴ to incorporate recent developments in global knowledge about nutrition and HIV and recent developments in HIV service delivery in Ethiopia.
- We will continue to provide TA to SC/US and SCMS to implement and monitor the FBP program. TA will depend on USAID and partner needs and priorities, but might include strengthening SBCC approaches used in nutrition counseling (for which FANTA-2 provided some initial support in Project Year Two), technical input to therapeutic and supplementary food specifications and regimens, support to TOT at the national level, sharing promising approaches from other countries, and possibly support to program evaluation.
- FANTA-2 will work with the FMOH and PEPFAR Partners to complete and produce tools for site-level assessment of the integration of food and nutrition programs into HIV clinical services, the evaluation of service providers' knowledge and skills in the assessment and classification of nutritional status, and the management of nutrition-related issues of PLHIV. FANTA-2 will also conduct joint supportive supervisions with regional health bureaus and partners at selected sites and will provide feedback on promising practices and gaps in program implementation.
- FANTA-2 will work with the FMOH and PEPFAR Partners to integrate nutrition into community-based HIV care and support services. This support might include adapting existing regional

¹² East, Central, and Southern African Health Community (ECSA-HC), Food and Nutrition Technical Assistance Project (FANTA), and LINKAGES Project (2008). *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives*. Arusha, Tanzania: ECSA-HC.

¹³ Both trainer and trainee manuals are available at <http://www.fantaproject.org/publications/ethiopia2008.shtml>.

¹⁴ The *Guidelines* are available at <http://www.fantaproject.org/publications/ethiopia2008.shtml>.

training materials for community-based care (CBC) and home-based care (HBC) providers, developing simple tools that target CBC providers, and making field visits to help identify and refine systems for including nutrition in the community-based services.

- We will work with the FMOH and FHAPCO to explore options for integrating nutrition and HIV indicators into the national health management information system (HMIS). Depending on opportunities and demand, support might include helping define indicators, supporting advocacy efforts to incorporate them into the national system, and integrating the indicators into data collection systems.

Ghana

IR 1.2 MCHN Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

In Ghana, currently a Phase 3 country in the integration of CMAM into the national health system scale (see **Figure 2**), in 2008, 13.9 percent of children under 5 were underweight, 8.5 percent were wasted, and 28.0 percent were stunted.¹⁵ However, the management of SAM and the CMAM approach are relatively new to Ghana. Since 2007, at the request of USAID/Ghana, FANTA and then FANTA-2 have been providing technical support to the Ghana Health Service (GHS) to integrate CMAM into the Ghanaian health system. Ghana is also a focus country for FTF, and USAID/Ghana is planning to significantly increase its investment in nutrition beginning in FY 2011. The Mission has expressed the need for TA to support the coordination of nutrition activities, advocacy efforts, and M&E of nutrition interventions.

In Project Year Two, FANTA-2 supported the GHS through the establishment of the Severe Acute Malnutrition Support Unit (SAM SU), which includes representatives from FANTA-2, the GHS, and, as of 2010, UNICEF/Ghana and WHO/Ghana. All FANTA-2 CMAM-related activities in Ghana are implemented through the SAM SU to underscore the partnership of FANTA-2 and the GHS and the aim of strengthening GHS capacity in every step of the process. FANTA-2 also initiated gradual integration and scale-up of CMAM in learning sites in Upper West, Upper East, Northern, Central, and Greater Accra (known as Group One) regions and established Regional SAM support teams (STs) to coordinate integration and scale-up at the regional level. A review of CMAM integration and performance at the learning sites in Group One regions was conducted, and lessons learned are being used to inform and improve the further roll-out of CMAM in the country.

In Project Year Three, FANTA-2, in partnership with the GHS and IPs, will carry out the following activities in support of CMAM integration and scale-up.

- To strengthen the enabling environment for CMAM, we will provide support to reinforce the government's commitment to nutrition. Support might include updating nutrition policies, strategies, and operational plans at the national, regional, and district levels, and ensuring that CMAM priorities are addressed within the policy documents and plans.
- FANTA-2 will continue to provide TA to the GHS to scale up CMAM in Group One regions. In addition, we will conduct a capacity assessment to identify and prioritize needs to initiate CMAM activities in Group Two (Western, Eastern, Volta, Ashanti, and Brong Ahafo) regions.
- To strengthen competencies for CMAM and to ensure the quality and sustainability of CMAM services, FANTA-2 will consolidate knowledge and skills for health managers and health care providers in the initial CMAM sites in Group One regions; ensure the wide dissemination of lessons learned on the integration of CMAM into the health system, including holding a national

¹⁵ Data are from "Table 1: Nutritional status of children" in Kothari and Abderrahim. September 2010. *Nutrition Update 2010*. ICF Macro and USAID.

workshop; and strengthen information sharing on CMAM by exploring the use of various systems, including technical meetings, workshops, peer mentoring, and listservs.

- We will work with academic and training institutions to facilitate the development of pre-service training curricula for CMAM for different levels of health professions (e.g., physicians, clinicians, nurses, midwives, nutritionists, and dieticians).
- We will refine strategies to strengthen community outreach in rural, urban, and peri-urban settings, including involving the informal health system.
- We will strengthen health and nutrition education counseling for CMAM and link it with IYCF education and counseling, building on SBCC strategies and materials to strengthen access, coverage, and adherence to the SAM treatment protocol. This will improve the integration of IYCF practices and linkages at the community and health facility levels. FANTA-2 will also partner with URC to review and adapt existing QI tools and to test a QI system with a specific focus on community outreach. FANTA-2 will also further strengthen M&R tools and systems to explore the potential for integrating CMAM indicators into the national HMIS.
- FANTA-2 will advocate for and support the appropriate use of RUTF in-country and explore additional opportunities for ready-to-use food (RUF) for MAM and other new LNSs that might easily lend themselves to a social marketing approach for the prevention of malnutrition. FANTA-2 will also continue to facilitate and support the Plumpyfield Network/Nutriset to initiate national production of RUTF in partnership with Healthilife Beverages Ltd., a Ghanaian company.
- FANTA-2 will work with the GHS, UNICEF/Ghana, and USAID/Ghana to review the progress of integrating the CMAM supply system into the existing GHS procurement and supply system and will advocate for the inclusion of supplies for the treatment of SAM in the essential drug/equipment list.

Also in Project Year Three, pending further discussion with USAID/Ghana, FANTA-2 will carry out the following activities in support of advocacy and community-based nutrition program approaches.

- We will work with the Government of Ghana to help coordinate nutrition activities among national stakeholders, including different ministries and USG IPs. Coordination support might entail contributions to national working groups, assistance with planning meetings and workshops, and help with integrating nutrition program approaches in multiple sectors.
- FANTA-2 will support advocacy efforts to raise awareness of, increase commitment to, and mobilize resources for investment in nutrition. Advocacy activities might include updating PROFILES, which would be used to build consensus and set priorities for nutrition advocacy briefs; working with media to communicate messages about key nutrition issues in Ghana; and providing technical input to the design and planning of government programs with nutrition components.
- FANTA-2 will work with the MOH and the GHS to explore options for integrating nutrition indicators into the national HMIS.
- FANTA-2 will work with UNICEF/Ghana and the GHS to incorporate additional nutrition indicators, such as women's dietary diversity and IYCF indicators, into the Multiple Indicator Cluster Survey (MICS) to be carried out in Ghana.

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

In 2008, Ghana, currently a Phase 2 country on the integration of nutrition into the national HIV response scale (see **Figure 3**), had 260,000 PLHIV and a national HIV prevalence among adults 15–49 years of age of 1.9 percent.¹⁶ Recognizing the critical role of food and nutrition in effective responses to HIV, the Ghana MOH launched the *National Guidelines on Nutrition Care and Support for People Living with HIV* (2006). In addition, USAID/Ghana has requested FANTA-2 support for the integration of nutrition into HIV care and treatment services.

In Project Year Two, FANTA-2 worked with the MOH and the GHS to carry out an assessment of needs and opportunities for integrating nutrition interventions into HIV care and treatment services. In response to the identified needs, FANTA-2 assisted the GHS in setting up a Nutrition and HIV TWG, holding a consensus building workshop on nutrition and HIV, and selecting the 10 initial sites for NACS implementation.

In Project Year Three, FANTA-2 will carry out the following activities.

- FANTA-2 will continue to support the GHS and the MOH to facilitate the HIV and Nutrition TWG, providing technical input to meetings and assisting with coordination.
- We will collaborate with USG PEPFAR Partners EngenderHealth (through the Quality Health Partners project) and Johns Hopkins Bloomberg School of Public Health (through the Ghana Behavior Change Support project), which support the GHS and MOH to ensure high-quality reproductive and child health services and SBCC, respectively, to incorporate the results and lessons learned from the assessment conducted in Project Year Two into support provided to the GHS and the MOH. Support might include developing a national strategy on nutrition and HIV; refining training materials on nutrition and HIV; training multiple HIV service providers; and developing service provider materials, such as job aids, counseling materials, and nutrition assessment tools.
- Based on the findings of the assessment, FANTA-2 will support the design of a NACS program that offers nutrition services in 40 sites providing assessment and counseling to women living with HIV in prevention of mother-to-child transmission of HIV (PMTCT) programs, OVC under 24 months of age, and adults as part of clinical HIV care and treatment services. FANTA-2 will also provide technical support to link these nutrition and HIV services to the CMAM services that the GHS is implementing with FANTA-2 assistance.

Guatemala

IR 1.1 Title II Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Guatemala's Title II non-emergency programs for the period FY 2007–2011 began in October 2006 and are implemented by Catholic Relief Services (CRS), Asociación SHARE de Guatemala, and Save the Children (SC). These Title II Awardees work in MCHN, water and sanitation, agricultural production, marketing, credit, natural resource management, and strengthening the capacity of local governments to deliver services in those sectors in highly food-insecure areas in the departments of Baja Verapaz, Chimaltenango, Huehuetenango, Quiché, and San Marcos.

In Project Year Three, FANTA-2 will build on mid-term evaluation (MTE) support provided to the Awardees in Project Year Two by reviewing the Awardees' plans of action to improve on their activities

¹⁶ Data are from the UNAIDS country page for Ghana, available at <http://www.unaids.org/en/CountryResponses/Countries/ghana.asp>.

based on their MTE results. FANTA-2 will also provide guidance as requested on their planned exit strategies and TA to plan the final evaluation that is scheduled for August 2011.

IR 1.2 MCHN Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Guatemala continues to have the highest levels of stunting among children under 5 years in Latin America (49.8 percent).¹⁷ In Project Year Two, USAID/Guatemala requested additional technical support in the area of nutrition and food security. In Project Year Three, FANTA-2 will place a nutrition and food security specialist in Guatemala City to coordinate FANTA-2 activities in-country. With in-country presence, FANTA-2 will be able to play a greater role in providing TA for the food security and nutrition activities of USAID/Guatemala and its partners, advocating for increased awareness of nutrition among policy makers and the general population in Guatemala, representing USAID/Guatemala's views on food security and nutrition, identifying opportunities to strengthen nutrition components of existing programs, and strengthening collaboration in nutrition across partners who hold a shared vision of reducing levels of malnutrition in Guatemala.

In Project Year Three, FANTA-2 will work with USAID/Guatemala to identify priority activities, which may include the following.

- We will conduct a needs assessment with USAID/Guatemala and other stakeholders and partners to identify areas of collaboration, opportunities for integration or strengthening of nutrition activities, and relative strengths of USAID/Guatemala in the area of food security and nutrition.
- FANTA-2 will collaborate with USAID/Guatemala; its partners; and USG agencies in Guatemala that work in nutrition, food security, and health on the development of USAID/Guatemala's nutrition and food security strategy, which is being guided by such initiatives as FTF and GHI and which will support of the Government of Guatemala's strategic plan for food security and nutrition (2008–2012). The strategy will emphasize evidence-based nutrition interventions focused on the prevention of chronic undernutrition in children by targeting women during pregnancy and lactation and children under 2 years. Potential partners include Alianzas, Health Care Improvement Project/URC, the Centers for Disease Control and Prevention (CDC)/Regional Office for Central America and Panama, Mesoamerican Famine and Early Warning System, and the Dialogue Project for Social Investment in Guatemala (DIALOGO).
- In the fall of 2009, Guatemala experienced an increase in reported cases of SAM, concentrated in particular regions of the country that experienced significant crop loss. As a result, the Government of Guatemala developed a protocol for community-based treatment of SAM with RUTF. Opportunities for capacity strengthening still exist, however, including clarifying the appropriate use of RUTF and identifying the most practical approaches for Guatemala to respond to seasonal or periodic increases in SAM. FANTA-2 will explore possible opportunities for capacity strengthening in this area, including organizing a technical meeting to address RUTF and other LNSs and their appropriate uses for treatment or prevention of undernutrition and developing a technical brief on RUTF and other LNSs.
- USAID/Guatemala has requested support from FANTA-2 and DIALOGO to update PROFILES and reinvigorate the advocacy and planning processes around nutrition. FANTA-2 will assist USAID/Guatemala in updating PROFILES as part of a broader nutrition advocacy process that includes other awareness-raising activities (such as education of the media in nutrition and development of education materials at the regional and local levels) that also support USAID/Guatemala's strategy to encourage discussion about the need to prioritize nutrition investments in Guatemala during the 2011 elections.

¹⁷ Percentage is for the 2008–2009 period. Data are from "Table 1: Nutritional status of children" in Kothari and Abderrahim. September 2010. *Nutrition Update 2010*. ICF Macro and USAID.

- In FY 2007–2008, FANTA assisted USAID/Guatemala in carrying out an OM survey that collected data on a set of basic health indicators in the geographic areas covered by USAID/Guatemala’s Health, Population and Nutrition (HPN) program. In FY 2008, FANTA trained personnel of the USAID-funded bilateral health program *Calidad en Salud* (implemented by URC) and private firm CIENSA in the implementation of the 2008 OM Survey. In Project Year One, FANTA-2 provided technical consultation to both organizations for the implementation of the 2009 OM Survey. Due to funding mechanism constraints, the 2010 OM Survey was not conducted. Contingent on funding availability, FANTA-2 will provide technical support as required for implementation of the 2011 OM Survey.

Haiti

IR 1.1 Title II Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Three Title II Awardees—ACDI/VOCA, CRS, and World Vision International (WVI)—are implementing multi-year non-emergency programs for the period FY 2008–2012 in Haiti. In Project Year One, FANTA-2 supported USAID/Haiti in strengthening the national EWR system and also assisted Awardees in strengthening their M&E systems and completing the program baseline survey. In Project Year Two, FANTA-2 was expected to continue carrying out those activities, including further support to the EWR of multi-year non-emergency programs, making preparations for the MTE, and continuing the planning of measures to address food price issues in-country. However, the January 2010 earthquake forced all activities to be put on hold until mid-September 2010, when EWR activities could be resumed.

In Project Year Three, FANTA-2 will carry out the following activities.

- To better integrate EWR into multi-year non-emergency programs, FANTA-2 will assist DCHA/FFP, USAID/Haiti, and Awardees to define the TIs and trigger levels recommended for each program; the steps for collecting, validating, sharing, analyzing, and reporting TI data for each program; the steps to request emergency resources to be added to a multi-year non-emergency program on the basis of TI data; and response strategies for implementing appropriate emergency response activities in a program area. In addition, FANTA-2 might support USAID/Haiti in establishing a nutrition surveillance system in-country.
- We will assist Awardees in preparing for the MTE.

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Haiti, currently a Phase 2 country on the integration of nutrition into national HIV response scale (see **Figure 3**), had more than 120,000 PLHIV in 2008 and a prevalence rate among adults 15–49 years of age of 2.2 percent.¹⁸ Current high rates of malnutrition in Haiti, which includes a stunting rate among children under 5 years of 29.4 percent,¹⁹ worsen the impact of HIV and pose significant challenges to care and treatment. To support further progress in integrating nutrition care and support into the national HIV response, USAID/Haiti has asked FANTA-2 to provide assistance to the Ministère de la Santé Publique et de la Population (MSPP) (Ministry of Public Health and Population) and USG PEPFAR Partners to facilitate a coordinated and integrated approach to food, nutrition, and HIV activities and to strengthen the capacity of health providers, PEPFAR Partners, and community-based service providers to implement NACS.

¹⁸ Data are from the UNAIDS country page for Haiti, available at <http://www.unaids.org/en/CountryResponses/Countries/haiti.asp>.

¹⁹ Percentage is for the 2005–2006 period. Data are from “Table 1: Nutritional status of children” in Kothari and Abderrahim. September 2010. *Nutrition Update 2010*. ICF Macro and USAID.

In Project Years One and Two, FANTA-2 provided TA for the design of a NACS program; assisted USAID/Haiti and the MSPP in the development of *National Guidelines on Nutrition Care and Support for PLHIV* (2010) and printed 1,400 copies; developed nutrition counseling materials for PLHIV, translated them into Haitian Creole, and printed 1,400 copies; developed a dissemination plan for the National Guidelines and the counseling materials; with the MSPP, developed a training module for nutrition assessment and counseling for MSPP and private service providers and began the first of 10 departmental trainings of service providers; and translated into French a training manual on food, nutrition, and HIV for the training of service providers in food and nutrition care and support, which will be adapted to the Haitian context. The January 2010 earthquake heavily damaged MSPP facilities, as well as the homes of many key MSPP personnel. Thus, the MSPP's administrative capacity to work with FANTA-2 was greatly reduced. As a result, FANTA-2 revised our workplan with the MSPP and USAID/Haiti to reprogram some of our Project Year Two activities in Project Year Three.

In Project Year Three, FANTA-2 will carry out the following activities.

- FANTA-2 will conduct two skills-based TOT. The first will be on nutrition assessment and counseling of PLHIV for trainers from the MSPP and PEPFAR Partners. The second will be on the use of the nutrition counseling materials for PEPFAR Partners who implement CBC and support.
- FANTA-2 will expand TA for the implementation of nutrition assessment and counseling to networks of health care facilities, HBC providers, and PLHIV associations supported by PEPFAR Partners.
- FANTA-2 will adapt to the Haitian context the French translation of the training manual on food, nutrition, and HIV for the training of service providers in food and nutrition care and support.
- FANTA-2 will strengthen the system of nutrition services by developing nutrition education and counseling materials targeting a range of individuals vulnerable to malnutrition. FANTA-2 will conduct a literature review to identify priority nutrition issues, target groups, and channels to be the focus of a SBCC strategy; conduct a formative investigation to guide the development of nutrition education and counseling materials targeting a range of individuals vulnerable to malnutrition; and develop counseling materials for adults vulnerable to malnutrition.

India

IR 1.1 Title II Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

India recently completed a large Title II program implemented by CARE and CRS. Since Project Year One, FANTA-2 has been supporting CARE in replicating effective program practices into the larger Integrated Child Development Services (ICDS) program areas that are not supported through the CARE program. Practices that were replicated include Nutrition and Health Days to coordinate health services with ICDS services, checklists and tools to strengthen support supervision, the use of sector meetings for ICDS supervisors and Anganwadi workers (AWWs) (community-based workers who provide community-based nutrition services to pregnant and lactating women [PLW], infants, and young children and who provide preschool education to children of preschool age) to monitor and improve service delivery, home-visit planners to improve targeting and content of home visits, and food commodity supply chain management systems that are responsive to context-specific needs. As part of our larger study of Title II exit strategies, FANTA-2 is working with Tufts University to assess the effectiveness of program exit strategies in India.

In Project Year Three, FANTA-2 will carry out the following activities.

- FANTA-2 will complete documentation of the replication process to support ICDS state offices and donors in replicating the identified practices. This documentation will include a description of the process of replication and lessons learned from the process and practical guidance about the steps involved and the enabling and constraining factors to successful replication.
- FANTA-2 will continue to work with Tufts University to document and assess the effectiveness of the exit strategies applied by the India Title II programs implemented by CARE and CRS. FANTA-2 and Tufts will produce a report of results from the initial round of data collection on exit strategies in India (see **IR 2.1.1**).

Kenya

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Kenya, currently a Phase 3 country on the integration of nutrition into the national HIV response scale (see **Figure 3**), had a national HIV prevalence between 7.1 percent and 8.3 percent for adults 15–49 years of age in 2008²⁰ and an estimated 120,000 PLHIV in 2007.²¹ Only 38.0–45.0 percent of those in need of treatment are being reached, with coverage for children much lower (about 15 percent). Approximately 70.0 percent of PLHIV live in rural areas, but services are concentrated in urban and peri-urban areas. HIV care, treatment, and support services are currently being provided through a comprehensive care approach, with nutrition as one of the core services.

In Project Years One and Two, FANTA-2 supported the National AIDS and STI Control Program (NAS COP) and its partners in coordinating, implementing, and monitoring the integration of food and nutrition into HIV services. Significant progress was made in updating policy and guideline documents; rolling out and scaling up nutrition and HIV indicators and record systems as part of the national HIV M&E system; developing training and information, education, and communication (IEC) materials; and strengthening the capacity of service providers. Kenya now has strong capacity and systems for nutrition and HIV services with wide-scale implementation by the government and by USG PEPFAR Partners. In a sense, Kenya has “graduated” from the need for long-term FANTA-2 TA, and, in Project Year Three, FANTA-2 will focus on completing two remaining activities.

- FANTA-2 will complete updating the *Kenyan National Guidelines on Nutrition and HIV* (2006) and submit the final version to NAS COP for approval, printing, and dissemination.
- FANTA-2 will complete the nutrition and HIV training manual for community and HBC providers that it developed with NAS COP in Project Year Two. Following completion of the manual, FANTA-2 will submit it to NAS COP for approval, printing, and dissemination.

Madagascar

IR 1.2 MCHN Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

USAID/Madagascar’s HPN program office is supporting a variety of interventions aimed at improving the health and nutrition of the population of Madagascar. In 2008, USAID/Madagascar began a new round of health activities through the SanteNet 2 project in 800 communes located in 16 regions of Madagascar’s 6 provinces. USAID/Madagascar-funded programs provide health services and products in the technical

²⁰ Data are from the UNAIDS country page for Kenya, available at <http://www.unaids.org/en/CountryResponses/Countries/kenya.asp>.

²¹ Data are from the UNICEF Statistics page for Kenya, available at http://www.unicef.org/infobycountry/haiti_statistics.html.

areas of malaria, child survival, child nutrition, reproductive health, family planning, neonatal/maternal health, sexually transmitted infections (STIs), and HIV.

Since 2006, FANTA and FANTA-2 have been assisting USAID/Madagascar to carry out annual OM surveys. The data from these surveys are used for annual reporting to USAID/Washington and for the management of USAID/Madagascar health activities. FANTA-2 carried out the OM survey for USAID/Madagascar in Project Years One and Two and anticipates doing so again in Project Year Three through our local subrecipient, PENSER.

Malawi

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Malawi, currently a Phase 3 country in integrating nutrition into the national HIV response (see **Figure 3**), had approximately 930,000 PLHIV in 2008 and an estimated national HIV prevalence of 11.9 percent for adults 15–49 years of age.²² Malawi was one of the first countries to implement a nutrition and HIV program at scale. The program, managed by the Government of Malawi and supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and other donors, provides therapeutic and supplementary food support to qualifying ART, PMTCT, and pediatric clients at more than 250 clinical sites.

In Project Years One and Two, FANTA-2 provided modest technical input to USAID/Malawi and partners on options to strengthen existing nutrition and HIV services. USAID/Malawi has requested that FANTA-2 follow up this work with additional technical input. In Project Year Three, FANTA-2 will hold a national workshop for stakeholders working in nutrition and HIV to agree on steps to strengthen nutrition and HIV services in Malawi and will prepare an action plan to operationalize these steps. Depending on stakeholder priorities, areas of focus for FANTA-2 TA might include strengthening nutrition counseling, linking clinical nutrition services with community-based services, and integrating and coordinating between Malawi's large nutrition and HIV program and its large CMAM program.

Mozambique

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Mozambique, currently a Phase 1 country in the integration of nutrition into the national HIV response scale (see **Figure 3**), had more than 1.5 million PLHIV in 2008 and a prevalence rate among adults 15–49 years of age of 12.5 percent.²³ In 2008, PEPFAR/Mozambique requested FANTA-2 assistance to integrate food and nutrition interventions into facility- and community-based HIV care and treatment in Mozambique. FANTA-2's in-country activities are based on consultations with USAID/Mozambique, the Government of the Republic of Mozambique (GRM), and partners.

In Project Year Two, FANTA-2 provided draft language for the nutrition and HIV component of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) report for Mozambique; developed the *Manual for the Treatment and Rehabilitation of Malnutrition*²⁴ for treating acute malnutrition among children/adolescents 5–15 years of age and providing nutrition care of children with HIV through the Programa de Reabilitação da Nutrição (PRN) (Nutrition Rehabilitation Program); developed training materials and job aids for the PRN; initiated activities to strengthen provincial health systems in the

²² Data are from the UNAIDS country page for Malawi, available at <http://www.unaids.org/en/CountryResponses/Countries/malawi.asp>.

²³ Data are from the UNAIDS country page for Mozambique, available at <http://www.unaids.org/en/CountryResponses/Countries/mozambique.asp>.

²⁴ In its original Portuguese, this document is called *Manual de Tratamento e Reabilitação Nutricional*.

provinces of Gaza, Nampula, Sofala, and Zambezia to implement the PRN through a subagreement with SCF; and developed training materials in nutrition and HIV for community-based health workers.

In Project Year Three, FANTA-2 will carry out the following activities.

- We will continue working to strengthen the GRM Ministério da Saúde (MISAU) (Ministry of Health) and provincial health systems to implement the PRN through a subagreement with SCF and TA provided directly to MISAU, Direções Provinciais de Saúde (DPSs) (Provincial Health Directorates), and USG partners. Activities will include reproducing PRN training materials and job aids; training MISAU, DPS, and USG partner staff as trainers in PRN; training DPS, Direção Distrital de Saúde (DDS) (District Health Directorate), and USG partner staff in the provinces of Nampula and Zambezia to implement PRN; training community-based workers, community leaders, and traditional healers in the provinces of Nampula and Zambezia to implement the PRN; supervising and mentoring DPS, DDS, and USG partner staff in the provinces of Nampula and Zambezia during the initial stages of implementation of the PRN; assisting the DPSs of the provinces of Gaza, Nampula, Sofala, and Zambezia to develop a logistics supply system for equipment and supplies necessary to implement the PRN; and assisting the DPSs of the provinces of Gaza, Nampula, Sofala, and Zambezia to develop an M&E system for the PRN.
- FANTA-2 will work with the MISAU Department of Nutrition and partners to develop Volume 2 of the *Manual for the Treatment and Rehabilitation of Malnutrition*, which will provide detailed protocols for treating malnutrition and for nutrition care to treat HIV and TB in adults over 15 years, including PLW. This activity builds on FANTA-2's support for updating Volume 1 of the manual, which contains protocols for treating malnutrition in infants, children, and adolescents up to 15 years of age.
- FANTA-2 will assist the MISAU Department of Nutrition to develop the *Manual for Supervising and Improving the Implementation of Nutrition Activities in Health Centers*. The purpose of the manual is to guide the DPSs and DDSs in assessing the inputs necessary to provide nutrition services, including infrastructure, equipment, supplies, and human resources; assess the quality of nutrition activities being implemented; and provide action steps to improve implementation based on the results of the assessments. As part of this activity, FANTA-2 will assist the MISAU Department of Nutrition to develop a plan for implementing routine supervision and QI of nutrition activities in health centers.
- FANTA-2 will provide technical support to expand the training capacity of the Associação Nacional dos Enfermeiros de Moçambique (ANEMO) (Mozambique National Nursing Association) to include nutrition and HIV. ANEMO is the only MISAU organization authorized to provide training to HBC volunteers. ANEMO trains master trainers who train MISAU, Ministério da Mulher e da Acção Social (MMAS) (Ministry of Women and Social Welfare), and partner staff to be certified trainers. The certified trainers, in turn, train HBC nurses and volunteers. This activity will build on the community-based materials that FANTA-2 developed in Project Year Two and ANEMO's existing training infrastructure to train a cadre of nutrition and HIV trainers. To accomplish this, FANTA-2 will reproduce nutrition and HIV training materials for community-based workers and train ANEMO master trainers in nutrition and HIV training.
- In collaboration with MISAU and ANEMO, FANTA-2 will adapt AED/Communication for Change (C-Change) project tools and templates to develop an SBCC strategy and materials aimed at improving the nutritional status of PLHIV. To accomplish this, FANTA-2 will complete an analysis of the key behavioral determinants of malnutrition in the PLHIV community, local practices that improve nutritional status, barriers to practicing key behaviors that would maintain/improve nutritional status, sources of nutrition information for PLHIV, and organizations/individuals that could be engaged to support nutrition behavior change among PLHIV; develop a communication strategy, implementation plan, and evaluation plan, and assist MISAU and ANEMO to implement the strategy and monitor outcomes; conduct a message analysis to determine four or five key

behaviors that need to be addressed to improve the nutritional status of PLHIV; and create SBCC materials, such as job aids for HBC volunteers and brochures for PLHIV.

- In collaboration with the International Training and Education Center on HIV (I-TECH), FANTA-2 will support the improvement of the pre-service and in-service training of health professionals in nutrition aspects of the care and treatment of PLHIV. I-TECH is the lead partner in developing curricula and training health professionals in HIV care and treatment for MISAU. FANTA-2 will provide TA to I-TECH for the pre-service training of técnicos de medicina (TMs) (physicians' assistants) in the AIDS/Tuberculosis/Opportunistic Infections/Malaria/Malnutrition (ATOMM) curriculum and for the in-service training of TMs in pediatric ART.

Namibia

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Namibia, currently a Phase 2 country on the integration of nutrition into the national HIV response scale (see **Figure 3**), had an estimated adult HIV prevalence rate of 15.3 percent in 2008, one of the highest in the world.²⁵ The high rates of HIV infection are likely to impinge on the nutritional status of a significant proportion of the population, negatively affecting their quality of life, productivity, and longevity. Although more than half of the PLHIV in Namibia are receiving ART, many suffer from undernutrition or overnutrition.

In Project Year Two, FANTA-2 continued to work with the Ministry of Health and Social Services (MOHSS) to develop a NACS program for clinically malnourished PLHIV, which included developing training manuals, co-facilitating trainings, and contributing to nutrition curricula. FANTA-2 also worked with the MOHSS to harmonize the *Nutrition Assessment, Counseling and Support for PLHIV: Operational Guidelines* (pending November 2010) with national Integrated Management of Acute Malnutrition (IMAM)²⁶ guidelines and submitted them for national approval. FANTA-2 also refined and printed nutrition and HIV job aids and SBCC materials. To strengthen linkages among nutrition and HIV, food security, and IYCF programs, FANTA-2 supported *Assessment of Livelihood Strategies to Strengthen Food Security in Namibia* (2010) by the Livelihood and Food Security Technical Assistance (LIFT) Project and co-facilitated training in anthropometric assessment.

In Project Year Three, FANTA-2 will carry out the following activities.

- To strengthen Government of the Republic of Namibia guidance and coordination of NACS activities and to provide access to expert opinion and input, FANTA-2 will continue to provide financial and technical support to the MOHSS Food and Nutrition Sub-Division.
- FANTA-2 will support the initiation of NACS activities in nine initial NACS sites, including conducting follow-up and mentoring visits, and assess progress to inform scale-up to five additional sites.
- FANTA-2 will support the MOHSS in disseminating *Nutrition Assessment, Counseling and Support for PLHIV: Operational Guidelines*.
- FANTA-2 will support the MOHSS in distributing the printed nutrition and HIV job aids to the nine initial NACS sites and translating the SBCC materials into local languages for printing and dissemination. To improve the quality and effectiveness of additional job aids and client materials, FANTA-2 will support formative research to identify nutrition behavior determinants and barriers and the most effective and appropriate format for disseminating nutrition and HIV messages.

²⁵ Data are from the UNAIDS country page for Namibia, available at <http://www.unaids.org/en/CountryResponses/Countries/namibia.asp>.

²⁶ In Namibia, "CMAM" is referred to as "IMAM."

- FANTA-2 will work with the MOHSS and I-TECH/Namibia to integrate NACS training materials into the national nutrition and HIV course, train additional health care providers in NACS, and consolidate nutrition and HIV training under the National Health Training Centre (NHTC).
- To strengthen clinic-community links and referrals, FANTA-2 will provide TA to PEPFAR/Namibia Partners to incorporate nutrition in their training of community health workers and nurses.
- To contribute to improved HIV-free infant survival, FANTA-2 will assist the MOHSS in integrating nutrition into PMTCT and maternal and child health (MCH) services by providing technical and financial assistance to update the national IYCF guidelines to reflect current WHO recommendations, and counseling and training materials. FANTA-2 will also co-facilitate NACS training of health care workers in antenatal care and MCH clinics within the referral areas of district hospitals that provide ART services and will provide TA to develop nutrition and HIV data collection tools to monitor the nutrition of mother-infant pairs in the 13 nutrition surveillance sites.
- To facilitate data collection on nutrition interventions for PLHIV, FANTA-2 will work with the MOHSS, CDC/Namibia, and HIVQUAL International/Namibia to identify appropriate nutrition and HIV indicators and reporting mechanisms and to adapt and print data collection tools for NACS services.

Niger

IR 1.4 ER&S Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

In response to rapidly increasing food insecurity and elevated global acute malnutrition (GAM) rates throughout the region, in November 2009, the United Nations (U.N.) launched a humanitarian appeal for the Sahel region, including Niger. The Government of Niger raised concern when its National Rapid Household Survey found that 7.8 million people—58.2 percent of the population—were at risk of food insecurity and appealed to the international community for support.²⁷ In April 2010, as part of the Sahel humanitarian appeal, the U.N. released an emergency humanitarian appeal that included strengthening the capacity to manage SAM. The goal was to strengthen the capacity of service providers to adequately manage cases of acute malnutrition and to generate, compile, and disseminate information related to the management of acute malnutrition in children and PLW. DCHA/OFDA requested FANTA-2's assistance to strengthen this response.

FANTA-2 will provide TA to DCHA/OFDA, the MOH, and international stakeholders to strengthen the technical capacity for QI of CMAM programs that are integrated into the national- and regional-level health systems and for responding to emergency nutrition crises. The aim is to not only respond to recurrent nutrition crises, but to initiate disaster risk reduction activities that sustainably build national capacity within Niger. FANTA-2's support will contribute to reducing dependency on external actors to rapidly respond to nutrition crises, which are endemic in Niger, and to improve the quality of the management of acute malnutrition.

In Project Year Three, FANTA-2 will carry out the following activities.

- FANTA-2 will strengthen the technical capacity of the MOH Nutrition Division CMAM FPs and partners for CMAM QI, including their capacity to scale up CMAM activities during nutrition crises, adapt QI tools, and provide support for their use.

²⁷ This data can be found in *Niger Emergency Humanitarian Action Plan: Food Crisis (2 April 2010)*. The Executive Summary and Plan Key Parameters, indicators, and summary requirements can be found at http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1853#_ftn1.

- We will provide TA to the MOH and partners in linking to and integrating quality CMAM and other nutrition services into their activities.
- We will provide support to update the national CMAM guidelines based on international standards and promising practices and to strengthen training materials, job aids, and M&R materials and their use.
- FANTA-2 will strengthen the technical capacity of national training and research institutes for CMAM training and research and facilitate the development of training curricula and country-specific CMAM training materials.
- We will carry out reviews and assessments of CMAM and responses to nutrition crises to identify and document strengths, gaps, and opportunities to improve emergency response and disaster risk reduction efforts.

Southern Sudan

IR 1.2 MCHN Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Malnutrition rates have soared in Southern Sudan, currently a Phase 1 country in the integration of CMAM into the national health system scale (see **Figure 2**), as a result of the long civil war, destroyed infrastructure, poor water and sanitation conditions, and high poverty levels. The 22.0 percent prevalence of severe wasting in children 6–59 months is significantly higher than the WHO 15.0 percent threshold for nutrition emergencies. The prevalence of GAM is reported to have decreased since the signing of the Comprehensive Peace Agreement in 2005, but data have not been compiled to substantiate this improvement. Additionally, although little data exists on the prevalence of vitamin and mineral deficiencies, such deficiencies are almost certainly widespread given the general malnutrition situation. Information gaps also exist on possible underlying factors associated with malnutrition, such as practices and beliefs related to IYCF, quality of the diet fed to children, hygiene practices, and health-seeking behaviors.

In January 2008, the Government of Southern Sudan (GOSS) MOH established the Directorate of Nutrition (DN). The MOH/DN is currently continuing efforts to improve nutrition services for malnourished individuals, as stipulated in the Interim Health Policy. The aim is to increase access to nutrition services at all levels, from the community to health facilities, and to integrate those services into the Basic Package of Health and Nutrition Services (BPHNS). Additionally, the MOH, in its new health policy, has begun to require that all primary health care providers integrate direct nutrition interventions into their services.

At the request of USAID/Sudan/Juba and DCHA/OFDA, FANTA-2 has been providing TA to the MOH/DN to develop and strengthen health and nutrition policies and systems, coordination for nutrition, and management of SAM. In Project Year Two, FANTA-2 facilitated a 3-day nutrition convention, bringing together national health and nutrition stakeholders, and conducted a nutrition situation analysis. FANTA-2 helped the MOH reestablish coordinating mechanisms, including the Nutrition Technical Working Group (NTWG), the Integrated Management of SAM (IM-SAM)²⁸ Thematic Group (THG), and the Nutrition Health Policy THG. FANTA-2 also provided TA to strengthen IM-SAM capacity, including completing the national IM-SAM guidelines, developing job aids, and training senior clinicians in the treatment of SAM in inpatient care.

In Project Year Three, in collaboration with the MOH/DN, the NTWG, state ministries of health, UNICEF/Sudan/Juba, WHO/Sudan/Juba, the World Food Programme (WFP), national training institutions, and other IPs, FANTA-2 will carry out the following activities.

²⁸ In Southern Sudan, “CMAM” is referred to as “IM-SAM.”

- To strengthen competencies in and the enabling environment for IM-SAM, we will review IM-SAM implementation in Southern Sudan and convene a national workshop for learning and strategic planning for IM-SAM integration and scale-up. FANTA-2 will develop an IM-SAM scale-up strategy and capacity strengthening strategy that includes the identification of priority sites for supporting IM-SAM implementation. We will also train and mentor implementers on IM-SAM inpatient care, outpatient care, and community outreach.
- FANTA-2 will strengthen the collaboration and consolidate the technical leadership of the IM-SAM THG and the IM-SAM ST and involve representatives from UNICEF/Sudan/Juba, WHO/Sudan/Juba, WFP, and IPs in these entities' activities.
- To further strengthen the enabling environment for nutrition in Southern Sudan, FANTA-2 will conduct national- and state-level feedback meetings that will lead to the completion of the National Nutrition Health Policy.
- FANTA-2 will facilitate the strengthening of the technical capacity of IM-SAM IPs during nutrition crises by, for example, identifying training opportunities for IPs in nutrition in emergencies and planning for contingencies.
- FANTA-2 will support the establishment of IM-SAM learning sites at El Sabah Children's Hospital in Juba and at Wau and Malakal Teaching Hospitals and their catchment areas to ensure the implementation of quality care for the management of SAM and to create opportunities for learning through continuous mentoring visits and internships. Lessons learned from these learning sites will help facilitate knowledge, the transfer of skills, and the promotion of promising practices that will also be discussed at a national multiagency workshop that we will facilitate. In one of these learning sites, IM-SAM will be integrated into the BPHNS, which ensures that any child who presents at a health facility will be screened and, if necessary, treated for acute malnutrition. We will also work with the MOH/DN to help ensure that all learning sites have access to adequate and appropriate supplies and equipment for IM-SAM.
- FANTA-2 will develop and/or adapt IM-SAM job aids, training materials, and M&R tools, and will translate them into Arabic.
- To support QI efforts in-country, FANTA-2 will strengthen the use of QI tools and systems for IM-SAM for health managers and health care providers. This will include conducting training workshops and mentoring on the use of QI tools.
- In collaboration with AUW, FANTA-2 will facilitate the establishment of an academic forum for CMAM for Sudanese and Southern Sudanese academic and training institutions. As part of this activity, FANTA-2 will share training materials for CMAM and facilitate curriculum development for different health professions so that these institutions may integrate CMAM into their teaching curricula.

Sudan

IR 1.4 ER&S Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

The need and demand for CMAM in Sudan will undoubtedly increase over time due to the protracted emergency and the prevailing aggravating factors for acute malnutrition, such as suboptimal IYCF and caring practices, lack of clean water, protracted conflict, internal displacement, drought, and flooding in greater Darfur and other states. Disaster risk reduction activities are necessary to sustainably strengthen national capacity within Sudan; reduce dependency on external agencies to rapidly respond to nutrition crises, which are endemic in the country; and manage the chronically high levels of acute malnutrition during non-crisis times. Since 2004, many agencies have been involved in community-based nutrition

interventions and a diverse range of selective feeding programs with varying protocols and quality implemented across Greater Darfur and a few other states in northern Sudan. The *Interagency Review of Selective Feeding Programs in South, North and West Darfur States, Sudan, March 8–April 10, 2008*²⁹ highlighted the need to strengthen the community-based management of children with SAM without medical complications in outpatient care; inpatient care for children with SAM with medical complications; and community outreach for improving community involvement, early case-finding, and referral.

In Project Years One and Two, DCHA/OFDA requested that FANTA-2 provide TA to the FMOH Nutrition Directorate (ND) and the state ministries of health to strengthen nutrition coordination and national capacity for the management of SAM. In partnership with the FMOH, UNICEF/Sudan/Khartoum, the National Advisory Committee (NAC) for Nutrition, and the TWG for CMAM (which provides guidance for CMAM activities in-country), FANTA-2 contributed to the national strategic framework for a phased integration and scale-up of CMAM into the national health system, developed national CMAM guidelines and job aids, co-facilitated several trainings in CMAM, and conducted a community outreach assessment.

In collaboration with the FMOH/ND, the NAC for Nutrition, the TWG for CMAM, the FMOH-based CMAM ST, UNICEF/Sudan/Khartoum, national training institutions, and other IPs, in Project Year Three, FANTA-2 will carry out the following activities.

- FANTA-2 will continue to provide TA for strengthening CMAM at learning sites. This includes consolidating learning in the four early-implementation states (Kassala, Gedaref, Blue Nile, and South Kordofan) and Red Sea State (newly added as an early-implementation state because of the current need for an emergency response) and linking with support activities in the Darfur states. TA will focus on strengthening the knowledge and skills of health managers and health care providers in CMAM planning and implementation, supporting the use of tools for QI, M&R, facilitating discussion, and conducting training workshops.
- In states of South Darfur and Blue Nile, we will use existing learning sites to promote advanced learning in CMAM. This will include facilitating internships and learning visits to provide clinicians with on-the-job training and mentoring.
- FANTA-2 will facilitate the establishment of learning sites in the state of Khartoum, including access to CMAM supplies and equipment.
- FANTA-2 will continue to strengthen the technical capacity and leadership roles of the FMOH and state ministries of health in disaster risk reduction and CMAM by facilitating participation in national and international nutrition in emergencies (NIE) learning opportunities. FANTA-2 will also strengthen capacity in emergency nutrition based on identified needs. This might include developing contingency plans and guidance and training materials and providing training.
- FANTA-2 will strengthen disaster risk reduction capacity among Sudanese academic and training institutions by collaborating with AUW. This collaboration aims to sustainably strengthen national capacity in Sudan (as well as in Southern Sudan, east Africa, and central Africa) and to progressively reduce the need for external actors to rapidly respond to nutrition crises. To accomplish this, FANTA-2 will support AUW in providing quality extracurricular courses on CMAM and NIE (in addition to those already offered by AUW). We will also support undergraduate and graduate student operations research in CMAM and emergency nutrition subjects linked with the FMOH and IPs in Sudan and Southern Sudan and will link students to other international learning institutions to further their research.
- Also in collaboration with AUW, FANTA-2 will facilitate the establishment of an academic forum for CMAM for Sudanese and Southern Sudanese academic and training institutions. As part of

²⁹ Mates, Deconinck, Guerrero, Rahman, and Corbett. March 2009. *Interagency Review of Selective Feeding Programs in South, North and West Darfur States, Sudan, March 8–April 10, 2008*. AED/FANTA-2.

this activity, FANTA-2 will share key documentation and training materials for CMAM as a first orientation to prepare for integrating CMAM into their teaching curricula.

- FANTA-2, in collaboration with AUW, will facilitate integrating pre-service training on CMAM outpatient care, inpatient care, and community outreach into curricula.
- FANTA-2 will strengthen the national capacity for integrating IYCF into CMAM services/programs by drafting a strategy to improve linkages between IYCF and CMAM.
- FANTA-2 will strengthen the national and state capacity for documentation and information sharing of CMAM promising practices and lesson learned through, e.g., peer mentoring, listservs, workshops, and technical meetings.
- FANTA-2 will develop, adapt to the Sudanese context, and/or facilitate the translation into Arabic of a series of CMAM tools to support the scale-up of CMAM in-country, including M&R tools, job aids, and training materials. FANTA-2 will also strengthen the national and state capacity to use CMAM planning and evaluation tools.
- FANTA-2 will explore the use of CMAM QI tools and a QI system for health managers and health care providers in Darfur and early-implementation states. FANTA-2 will also explore the possibility of maintaining a national and state CMAM data repository (and integrate into it the Darfur CMAM repository and nutrition surveillance system).
- We will further facilitate the national production of RUTF by continuing to support Nutriset in conducting discussions and assessment missions to identify a candidate organization/company for national production.

Tanzania

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Tanzania, currently a Phase 2 country in the integration of nutrition into the national HIV response scale (see **Figure 3**), had an estimated national HIV prevalence among adults 15–49 years of age of 6.2 percent in 2008 and an estimated 1.4 million PLHIV.³⁰ In response, USAID/Tanzania, with support from PEPFAR, requested that FANTA-2 assist in the integration of NACS into the National HIV Care, Treatment, and Support Programme in Tanzania. FANTA-2's activities in-country are based on consultations with USAID/Tanzania, the Government of the United Republic of Tanzania, and key government organizations and partners.

In Project Year One, FANTA-2 provided TA to design the requested initial NACS program in eight care and treatment clinics in five regions; worked with SCMS and the Medical Stores Department to estimate, order, and deliver fortified-blended flour; and worked with the TFNC and a newly formed Nutrition and HIV TWG to develop, review, and pretest FBP guidelines, training materials, and job aids for health care providers in care and treatment centers. In Project Year Two, FANTA-2 and partners trained health care providers from eight health facilities; conducted supportive supervision for the initial sites and the growing network of sites integrating NACS into the standard of care for HIV care and treatment services; and founded a Technical Coordinating Group for NACS under the PEPFAR HIV/AIDS Team Leader to strengthen coordination and prepare for national scale-up of NACS.

In Project Year Three, FANTA-2 will carry out the following activities.

³⁰ Data are from the UNAIDS country page for Tanzania, available at http://www.unaids.org/en/CountryResponses/Countries/united_republic_of_tanzania.asp.

- FANTA-2 will continue technical coordination with the Tanzania Commission for AIDS (TACAIDS), the National AIDS Control Programme (NACP), and the TFNC to increase the integration and institutionalization of NACS as the standard component of nutrition care and support in the National HIV/AIDS Care, Treatment, and Support Programme.
- FANTA-2 will work with TACAIDS, NACP, the TFNC, UNICEF, and others to update and seek government approval for the NACS guidelines, training materials, and job aids.
- FANTA-2 will work with the TFNC to train regional IPs and regional and district health authorities to provide NACS training to additional high-volume care and treatment clinics as part of the national scale-up plan for NACS. There are currently 230 care and treatment clinics in the country.
- FANTA-2 will work with IPs to improve the quality and consistency of NACS in the growing network of care and treatment clinics providing NACS.
- FANTA-2 will work with COUNSENUH, the Department of Social Welfare, and other key partners on the standard of care for food and nutrition services for OVC. FANTA-2 and partners will develop a nutrition action kit for community-level providers for follow-up of mothers and children in PMTCT programs and of OVC. The nutrition action kit will include instructions on conducting nutritional assessments using MUAC, nutrition counseling cards, and community-to-facility referral registers and forms.

Uganda

IR 1.2 MCHN Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

USAID/Uganda's Population, Health, and Nutrition (PHN) SO 8 prioritizes reducing child and maternal mortality through, among other approaches, the promotion of breastfeeding and appropriate complementary feeding (including dietary diversity) and growth promotion. In support of this work, USAID/Uganda has requested that FANTA-2 provide TA to strengthen maternal and child nutrition programming and advance FTF and GHI by guiding implementers in integrating nutrition into in-country agricultural interventions, including strategies on how to link agriculture and health sector work together to reduce and prevent malnutrition.

In Project Year Two, FANTA-2 provided TA to USAID/Uganda, USAID partners, and the MOH to advance nutrition activities and programs. We supported Title II non-emergency program partners to initiate a community-based nutrition program for schoolchildren (the Nutrition Star Program) in northern Uganda and supported the MOH in conducting stakeholder meetings, documenting and analyzing the country-wide nutrition situation, reviewing nutrition documents, and providing in-service training of district and regional nutritionists. Working with the Uganda Health Communication Alliance (UHCA), WFP, and other partners, FANTA-2 provided assistance in conducting advocacy to increase the profile of nutrition in-country. Specifically, FANTA-2 held a PROFILES workshop, wrote newspaper articles on nutrition, held dialogues with politicians, and gave presentation on television and FM radio.

In Project Year Three, FANTA-2 will carry out the following activities.

- FANTA-2 will continue supporting advocacy to raise the position of nutrition in-country through technical support to the Uganda Action for Nutrition Society (UGAN), UHCA, and the Uganda Dietetics Association (UDA) to strengthen their capacity to conduct advocacy and mobilize their members for action in nutrition, including in provision of quality nutrition services.
- FANTA-2 will continue supporting the MOH/Nutrition Unit to hold national stakeholder and performance review meetings, support the nutrition internship program, train district and regional

nutritionists, and provide technical support to TWGs.

- FANTA-2 will continue providing TA to USAID/Uganda and USAID/Uganda-supported partners working in nutrition, health, and agriculture to advance nutrition policies, guidelines, and programs in Uganda.
- FANTA-2 will support the national coordination of multisectoral nutrition activities through the National Planning Authority.
- FANTA-2 will carry out a mapping exercise of the causes of malnutrition in southwestern and eastern Uganda to determine those that could be addressed through agriculture and/or the health sectors.
- FANTA-2 will support the Ministry of Agriculture, Animal Industry, and Fisheries (MAAIF) and the National Agricultural Advisory Services (NAADS) to prepare a framework to integrate nutrition into an agricultural value chain and prepare related guidelines for operationalizing the framework at the district level.
- FANTA-2 will support the MAAIF and NAADS to develop a manual for training frontline extension officers on the integration of food and nutrition components into agricultural extension programs and services, and conduct a TOT to initiate training of frontline extension officers.
- FANTA-2 will continue to support Title II non-emergency program partners in implementing the Nutrition Star Program and work with partners to support a nutrition component in district school health days.

Vietnam

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Vietnam, currently a Phase 1 country in the integration of nutrition into the national HIV response scale (see **Figure 3**), has an HIV epidemic largely concentrated in most-at-risk populations, including intravenous drug users, commercial sex workers, and men who have sex with men (MSM). HIV prevalence among adults 15–49 years of age was estimated in 2008 at 0.5 percent,³¹ but transmission is increasing in this country of 86 million people. In addition, a large percentage of HIV-affected children under 5 years have nutritional deficiencies. PEPFAR/Vietnam supports ART and PMTCT at hospitals and outpatient clinics and HBC and community outreach for PLHIV and OVC.

In Project Year Two, FANTA-2 worked with the NIN to design and implement a National Nutrition Program for PLHIV and provided technical recommendations on integrating nutrition and HIV actions into the National Nutrition Strategy 2010–2012. We also funded an assessment of the infant feeding practices of HIV-positive women in two provinces to examine the women's IYCF practices and to inform the development of IYCF training and counseling materials for PMTCT clients and support group members. To support PEPFAR/Vietnam Partners in integrating NACS into ART and HBC services, FANTA-2 worked with Pact/Vietnam to refine nutrition screening and assessment tools and standard operating procedures to harmonize provision of food packages to PLHIV and OVC and with Médecins du Monde/Vietnam to begin developing a NACS QI tool in clinic sites.

In Project Year Three, FANTA-2 will support the integration of NACS into HIV services in Vietnam by carrying out the following activities.

³¹ Data are from the UNAIDS country page for Vietnam, available at http://www.unaids.org/en/CountryResponses/Countries/viet_nam.asp.

- FANTA-2 will continue to support NIN in coordinating a National Nutrition Program for PLHIV through the establishment of a Nutrition and HIV Sub-Committee under the existing Nutrition Partnership Group, a monthly forum of organizations working in nutrition in Vietnam convened by UNICEF/Vietnam and NIN; integrating guidelines for the treatment of SAM in adults and adolescents, treatment of MAM, and specific nutrition actions for PLHIV into the national IMAM³² guidelines; and training national and provincial trainers in NACS.
- FANTA-2 will work with NIN and PEPFAR/Vietnam to systematize and implement an effective and scalable approach to provide NACS as a standard of clinical care for PLHIV in PEPFAR-supported ART and PMTCT sites. Activities will include providing TA to identify appropriate therapeutic and supplementary food products and to calculate the amounts needed to meet the energy requirements of malnourished PLHIV, developing guidelines for feeding HIV-exposed children under 2 years of age with evidence of growth faltering and for clinically malnourished HIV-exposed children, and developing a plan for training PMTCT staff in NACS.
- We will provide TA to USAID/Vietnam HIV Care and Treatment Partners to improve the quality of NACS in clinic- and community-based HIV services through site visits, mentoring, TOT, development or adaptation of a self-assessment tool to monitor the quality of NACS, and guidance on a food package for malnourished and/or food-insecure clients.
- To help the MOH and PEPFAR/Vietnam develop realistic nutrition targets and an appropriate package for therapeutic feeding of malnourished PLHIV, FANTA-2 will support a comparative acceptability study of Plumpy'Nut[®] and a locally produced rice/soy/mung bean product among PLHIV and an assessment of the prevalence of SAM and MAM among ART clients.
- FANTA-2 will work with NIN, the Vietnam Administration of HIV/AIDS Control (VAAC), UNICEF/Vietnam, the Alive & Thrive Project, and PEPFAR/Vietnam Partners to develop NACS job aids and SBCC materials, including counseling materials on IYCF in the context of HIV.
- FANTA-2 will provide TA to the MOH, VAAC, and PEPFAR/Vietnam Partners to integrate nutrition and HIV indicators into the national HIV M&E framework to refine NACS interventions and strengthen results reporting.

Zambia

IR 1.3 HIV Nutrition and Food Security-Related Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

Zambia is currently a Phase 2 country on the integration of nutrition into the national HIV response scale (see **Figure 3**). HIV is one of the country's major health problems. Although there was a decline in HIV prevalence between 2002 and 2007, the estimated adult prevalence of 15.2 percent in 2008 is still one of the highest in the world.³³

In Project Year Two, FANTA-2 worked with the MOH and the National Food and Nutrition Commission (NFNC) to complete guidelines, training materials, and job aids for an FBP program for malnourished PLHIV and OVC and provided TA to PEPFAR/Zambia Partners to initiate an FBP program in nine initial sites, including training health care providers. FANTA-2 also developed a NACS training manual for community health workers. To follow up on Valid International/Zambia's training of health care providers in Lusaka District in the management of SAM in children under 6 months of age in Project Year One, FANTA-2 supported Valid International in completing a microbiological assessment of the causes of death among severely malnourished children in the University Teaching Hospital.

³² In Vietnam, "CMAM" is referred to "IMAM."

³³ Data are from the UNAIDS country page for Zambia, available at <http://www.unaids.org/en/CountryResponses/Countries/zambia.asp>.

In Project Year Three, FANTA-2 will strengthen the capacity of the MOH, NFNC, and PEPFAR/Zambia Partners to implement and scale up NACS services for PLHIV by carrying out the following activities.

- FANTA-2 will support the MOH and PEPFAR/Zambia Partners in scaling up the integration of nutrition care and support for adult and pediatric ART clients, PMTCT clients, and OVC by assessing the readiness of selected sites to carry out quality NACS services and through site visits to mentor trained staff and ensure the adequacy of equipment and counseling materials. FANTA-2 will advocate for the integration of NACS into HIV services by participating in the Nutrition TWG and providing TA to complete the nutrition components of the Sixth National Development Plan, which determines resource allocation and direction for all sectors in-country; helping the MOH reprogram Global Fund resources to include nutrition in HIV services, which would influence the wider health agenda by integrating nutrition issues into national planning; and strengthening the nutrition and HIV components of the National Health Strategic Plan, which determines resource allocation and direction for the health sector in-country.
- FANTA-2 previously worked with the MOH and USAID's Infant and Young Child Nutrition (IYCN) Project to update the 2004 *Zambian Nutrition Guidelines for Care and Support of PLHIV*. In Project Year Three, we will complete the guidelines and support the MOH and NFNC in disseminating them. We will also support the MOH and NFNC in updating and printing the existing nutrition and HIV counseling flipchart and wall charts to reflect current scientific evidence and country experience. We will then support the translation of the counseling flipchart into the main local languages and the dissemination of the materials to NACS service delivery sites.
- We will support and co-facilitate training by health care providers already trained as NACS trainers and the ongoing roll-out of training to the provinces and districts.
- FANTA-2 will support NACS training of community service providers to assist PEPFAR/Zambia Partners in integrating nutrition into HBC and other community services for PLHIV and will facilitate linkages between community and clinic services.

IR 2: Global Evidence Base, Effective Methods, and Competencies for Effective Nutrition and Food Security Policy, Strategy, and Program Design, Implementation, Monitoring, and Evaluation Increased

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

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

IR 2.1 EVIDENCE BASE FOR EFFECTIVE PROGRAM APPROACHES EXPANDED

In Project Year Three, we will continue our consultative process with USAID, IPs, and other stakeholders to identify priority areas for R&D, given the amounts and sources of available funding. To gain input and consensus, we will expand our outreach efforts to the specific communities of practice to determine which research areas are most relevant. FANTA-2 will collaborate with existing mechanisms, such as the PEPFAR Food and Nutrition Technical Working Group (F&N TWG), the CORE Group, the Title II Technical and Operational Performance Support (TOPS) program, and the Inter-Agency Standing Committee (IASC) Global Nutrition Cluster (GNC). Areas that FANTA-2 will continue to research and explore in Project Year Three include food security, MCHN programs, and nutrition and HIV; FANTA-2 might also conduct research in nutrition interventions in the context of infectious diseases.

2.1.1 Effective Program Approaches for Title II

Refining Title II MCHN Program Components

PM2A is a food-assisted approach to prevent child malnutrition by targeting a package of health and nutrition interventions during the critical 1,000-day window of opportunity to all pregnant women, mothers of children 0–23 months of age, and children under 2 years in food-insecure program areas, regardless of nutritional status. PM2A provides three core services to participants: conditional³⁴ food rations; preventive and curative health and nutrition services for children and women, according to national protocol; and SBCC.

A FANTA/IFPRI/WV study in Haiti (2001–2006) showed that PM2A is effective in preventing child malnutrition by targeting all children under 2 years. However, the relatively high program cost of PM2A remains an issue. Two large PM2A multi-year programs were initiated by DCHA/FFP in Guatemala and Burundi in FY 2010 (at a cost of roughly US\$10 million per year in each country for 5 years) to scale up the model, and new funding was made available to assess ways of reducing operational costs while maintaining the kind of impact that had been seen in Haiti. Following initial discussions with IFPRI and the Title II PM2A Awardees (Mercy Corp in Guatemala and CRS Consortium in Burundi), FANTA-2 began two studies, one in each country, involving a set of cluster-randomized trials to further refine PM2A, examining the impact of different types and duration of individual rations and the need for and a size of the household ration. The research in Burundi and Guatemala has four and six research arms,

³⁴ A “conditional” ration is one that beneficiaries receive only if they participate in behavior change interventions and attend and receive a minimum package of preventive health services. Each multi-year non-emergency program defines the specific behavior change and health service requirements for participation based on program context.

respectively (see **Table 2**). Guatemala's research arms 4 and 5 are still undergoing a review by the Government of Guatemala, and FANTA-2 is hopeful that ongoing discussions with the MOH will result in their being authorized early in Project Year Three.

Table 2. PM2A Research Study Arms in Burundi and Guatemala

Burundi	Guatemala
1. Standard PM2A until child reaches 24 months	1. Standard PM2A
2. Standard PM2A until child reaches 18 months (reduced duration of participation)	2. PM2A with half the household ration
3. PM2A without rations during pregnancy	3. PM2A with no household ration
4. Control group: no PM2A	4. PM2A plus multiple micronutrient powder (MNP): no individual ration
	5. PM2A plus LNS: no individual ration
	6. Control group: no PM2A

FANTA-2 and IFPRI carried out extensive preparatory work for both studies in Project Year Two. In Project Year Three, the baseline surveys and the recruitment of study subjects will take place. The multi-year non-emergency program Awardees will then begin to deliver PM2A services in all the study areas.

Effective Exit Strategies for Title II Multi-Year Non-Emergency Programs

One of the persistent challenges of development programs is to ensure that the benefits of their interventions are sustained after they end. All Title II multi-year non-emergency programs must incorporate a specific exit strategy into their designs. This exit strategy describes how the program intends to withdraw from the program area, while ensuring that the benefits of any program achievements are not jeopardized and that progress beyond these achievements continues.

A review of documented experience with Title II program exit strategies conducted under FANTA³⁵ found little rigorous evidence on the effectiveness of different types of exit strategies. This represents a critical gap in knowledge about program design and implementation; filling this gap is essential to provide guidance on the design of effective exit strategies.

To explore the effectiveness of exit strategies and to provide guidance to future programs on how to incorporate exit strategies into their design to ensure sustainability of benefits, FANTA-2, in Project Year One, initiated multi-year studies in three countries (Honduras, Bolivia, and Kenya) where Title II programs were coming to an end. FANTA-2 added a study in a fourth country (India) in Project Year Two, taking advantage of USAID/India's and Title II Awardees' interest and willingness to co-fund the data collection effort in that country. Each country study will include three steps: 1) a review of Awardees' planned exit strategies and the implementation of those strategies in the final program year, 2) a qualitative review 1 year after the program ended to understand processes of change, and 3) in-depth qualitative and quantitative assessments 2 years after exit to assess the extent to which the impacts of the program were sustained or improved and to understand factors of success or failure in the specific exit strategies.

In Project Year Two, FANTA-2 organized a workshop to review the progress made in Project Year One and to complete the research protocols. FANTA-2 also carried out Step 2 qualitative studies in Honduras, Bolivia, and Kenya. In Project Year Three, Step 3 final qualitative and quantitative assessments will be carried out in those three countries. (Step 3 will be carried out in India in Project Year Four.)

EWR Capacity of Title II Multi-Year Non-Emergency Programs

In Project Years One and Two, FANTA-2 began to document lessons learned in the course of providing TA to Title II Awardees to strengthen EWR systems (**IR 1.1.2**) for the development and refinement of

³⁵ Rogers and Macías. 2004. *Program Graduation and Exit Strategies: Title II Program Experiences and Related Research*. AED/FANTA-2.

technical reference, training, guidance materials, and of Title II guidelines, and for the evaluation of the TI mechanism. Training and materials were also developed for use in the DCHA/FFP M&E workshops (see **IR 1.1.3**).

In Project Year Three, FANTA-2 will continue to document evidence regarding both the technical considerations and the institutional processes for selecting TIs, defining TI thresholds, collecting and validating data (including engaging community structures), identifying appropriate follow-up steps when trigger levels are reached, and operationalizing the TI mechanism (i.e., shifting resources toward/away from emergency distributions). FANTA-2 will also continue to assist DCHA/FFP in establishing and documenting the internal policies and procedures to operationalize the development relief approach and respond to early warning information from Title II multi-year non-emergency programs. FANTA-2 will research key operational questions to build the evidence base and identify promising methods. This includes working directly with Awardees to learn from their experience and to strengthen field competencies related to nutrition M&E and EWR. FANTA-2 will also conduct a workshop with DCHA/FFP and Awardees to share experiences and discuss findings of the global review, present and refine case studies, and review and complete DCHA/FFP guidance on operationalizing TIs.

Food Aid and Food Security Assessment-2

In 2001, DCHA/FFP asked FANTA to conduct a Food Aid and Food Security Assessment (FAFSA) to determine the performance of the Public Law 480 (now known as the Food for Peace Act) Title II non-emergency programs in improving food security since 1995, when USAID's Food Aid and Food Security Policy Paper was issued. The FAFSA assessed the strengths and limitations of Title II non-emergency programs, identified promising practices for future undertakings, and made recommendations that became central to the design of the DCHA/FFP 2006–2010 Strategic Plan. As the period covered under the Strategic Plan is about to end, it is appropriate to assess the extent to which the changes made in DCHA/FFP's SO, IRs, and key approaches have translated into more effective, better adapted programs in the field; assess whether the current Strategic Plan needs to be modified and, if so, in what ways; and provide specific recommendations on the changes needed to improve DCHA/FFP's capacity to fulfill its mandate.

In Project Year Three, FANTA-2 will conduct a global review and/or meta-analysis of data provided by Title II Awardees (MTEs and final evaluations, mainly) to summarize and explore their individual and aggregate performance between 2003 and 2010. We will also conduct field visits in up to five countries and stakeholder consultations, both domestically and in the field, to qualitatively evaluate the strengths, weaknesses, opportunities, and challenges facing the Title II program as perceived by its main stakeholders. The FAFSA-2 is expected to be completed by the end of 2011.

2.1.2 Using LNSs to Prevent Chronic Malnutrition

The term LNS refers to a range of products in which vitamins and minerals are embedded in a fat-based food product, which is generally composed of vegetable fat, peanut paste, milk powder, and sugar. Until recently, LNSs were primarily, and very effectively, used as RUTF for the treatment of SAM. Based on the success of Plumpy'Nut[®] in the treatment of SAM, additional LNSs have been developed for the prevention of chronic malnutrition. These LNSs have been shown in efficacy trials to improve the linear growth of children, prevent severe stunting, reduce iron deficiency anemia, and enhance motor development when provided starting at 6 months of age for a period of 6–12 months. However, there are no data yet on how well LNSs perform when provided in a programmatic setting.

LNS Effectiveness Studies in Bangladesh and Guatemala

In Project Years One and Two, FANTA-2 identified program settings in two countries (Bangladesh and Guatemala) where effectiveness research on the impact of LNS for the prevention of chronic malnutrition in children could be carried out, developed preliminary research designs for each setting, and performed acceptability studies in each country. In Project Year Three, FANTA-2 will build on this previous work to initiate effectiveness studies in both countries.

In Bangladesh, a longitudinal cluster-randomized controlled study will be conducted in the context of a community health and development program. The study will evaluate the effectiveness of LNS for the prevention of chronic malnutrition by comparing four study arms: 1) a “comprehensive LNS” arm, in which mothers will receive LNS during pregnancy and lactation and children will receive LNS between 6 and 24 months of age; 2) a “child-only” LNS arm, in which children will receive LNS between 6 and 24 months of age; 3) a “child-only MNP” arm, in which children will receive MNP between 6 and 24 months of age; and 4) a “control” arm, in which mothers and children will not receive an additional dietary supplement, but will participate in all the regular MCHN program activities.

In Guatemala, the research context is a community-based MCHN program that includes growth monitoring. The longitudinal, cluster-randomized controlled study to determine the effectiveness of LNS for the prevention of chronic malnutrition will include two study arms: one in which children receive LNS from 6 to 18 months of age and a “control” arm that will not receive any additional dietary supplementation, but will participate in all the regular MCHN program activities.

Both research studies will evaluate the impact of the different approaches on nutrition, health, and developmental outcomes of the child. The study in Bangladesh will also measure health and nutrition outcomes of the mother, as well as birth outcomes of their newborns. Complementary socioeconomic research activities at both sites will assess the willingness to pay for LNS, the relative and absolute cost and cost-effectiveness of each approach, and public and private benefits of LNS use. Finally, to understand the operational aspects of delivering LNS through community-based programs, a process evaluation will be conducted alongside each study to assess barriers and constraints to optimal delivery and uptake of the LNS intervention.

Comparing LNSs to Fortified-Blended Foods in Malawi

Poor growth and severe childhood stunting is very common in rural Malawi and elsewhere in sub-Saharan Africa. To date, few interventions have proven successful in promoting linear growth in early childhood. Preliminary results from Malawi suggest that a year-long daily complementary feeding of infants with a ready-to-use, energy-dense, micronutrient-fortified spread may markedly reduce the incidence of severe stunting before the age of 18 months. In Project Year Two, FANTA-2 and WUSTL initiated a multi-year randomized, controlled, single-blind, parallel-group clinical trial in a rural area in Mangochi district, Malawi, that had a high prevalence of infant stunting and underweight, poor food security, and a holoendemic malaria transmission pattern. Healthy infants 6 months of age identified through community surveys in the study area were randomized to receive one of the following interventions from 6 to 18 months of age: 1) standard treatment, i.e., no extra food supplements; 2) “standard” fortified spread with milk-powder as the protein source; 3) modified fortified spread with soy-powder as the protein source; or 4) fortified maize-soy flour (*likuni phala*). The families receive the food supplements at 2-week intervals, and the participants receive an anthropometric evaluation and laboratory analyses at 12-week intervals. The final assessment occurs when the child is 18 months of age. The results from this study will be available in Project Year Three and later prepared for publication in a peer-reviewed journal.

Studying the Effectiveness of Dietary Intervention during Pregnancy in Malawi

While daily complementary feeding of infants with a ready-to-use, high-energy, micronutrient-fortified spread may have potential in reducing the incidence of severe stunting before the age of 18 months, it is often the case that linear growth retardation starts before 6 months of age in the fetal period or as the result of a pre-term birth. Building on previous studies, which have shown maternal reproductive tract infections and malaria during pregnancy to be important risk factors for pre-term births and infants born with low birth weight, in Project Year Three, FANTA-2 will carry out a study to investigate the extent to which adverse birth outcomes can be reduced through dietary intervention during pregnancy. The randomized controlled clinical trial will be carried out in Malawi with 1,200 pregnant women, randomized to receive one of three daily interventions until delivery: 1) iron and folic acid supplementation, 2) multiple micronutrient supplementation, or 3) LNS. The results of the study will inform whether the multiple

micronutrient supplementation or lipid-based nutrient supplementation during pregnancy can reduce the effect of maternal infection during pregnancy on pre-term births and infants born with low birth weight, both of which are associated with linear growth faltering in early childhood and beyond.

LNS Social Marketing Programs in Ghana and Tanzania

In 2005, Nutriset began an initiative to transfer knowledge and technology for LNS production to food producers in developing countries. At present, six local food processing companies are part of the PlumpyField® network. In Ghana, Nutriset is working with Healthlife Beverages Ltd., a private fruit juice company, and in Tanzania with Power Food, an agro-processing and agriculture commodity supply company.

One of the challenges to sustainable, commercially viable local production of LNS is the limited, fluctuating, and unpredictable nature of demand for specialized products, such as RUTF. One strategy to respond to this challenge is to broaden the range of products the local processing company can market to include products that have a more predictable local market and sizable demand.

Social marketing is commonly defined as a technique inspired from traditional marketing that is used to achieve specific behavior changes and to sometimes market products that support the behavior change desired. In Project Year Two, FANTA-2 and Nutriset initiated the first phase of a study of the feasibility and potential of social marketing to prevent malnutrition in children under 2 years in Tanzania by making a ready-to-use LNS accessible to a low-income target population using effective marketing methods and delivery channels. Social marketing techniques were applied to customize the product (taste, name, and packaging), price, distribution channels, and promotion/communication tools to the needs and preferences of the given country target population.

In Project Year Three, FANTA-2 will support Nutriset to pre-launch the product in Tanzania. We will also evaluate whether to continue to fund this Nutriset activity as it enters its commercial phase—corresponding to Phases 2 and 3 of this social marketing initiative.

2.1.3 Testing the Safety of Emergency Food Products

In response to the escalating scale and number of humanitarian emergencies, in 2001, DCHA and GH began a process to develop an emergency food product (EFP) that would be nutritionally and culturally appropriate and logistically convenient for delivery to affected populations in the initial stages of an emergency. The EFP was envisaged as a compact, nutrient-dense RUF that would satisfy the complete nutrient requirements of the recipient population for up to 15 days. The EFP could be the only source of food for affected individuals during an initial 2-week period after natural disasters and civil disturbances, before a regular food aid supply could be established. The EFP could also be useful in situations where people have little or no access to food and/or cooking fuel, such as a sedentary population cut off by conflict or quarantined due to an outbreak of pandemic flu.

From 2001 to 2005, USAID collaborated with the United States Department of Defense (DOD) (specifically the United States Army Natick Soldier Systems Center [SSC]), the Institute of Medicine of the National Academies (IOM), and FANTA to develop specifications and prototypes and test the acceptability of cost-effective, high-energy, nutrient-dense EFPs. The IOM-recommended specifications were published in *High-Energy, Nutrient-Dense Emergency Relief Food Product (2002)*.³⁶

Based on the IOM specifications, the SSC prepared three prototypes: a wheat-based bar (A-28), a rice-based bar (A-29), and a paste (A-20). In 2005, these prototypes were field-tested for acceptability among a randomly selected and representative sample of refugee camp residents in Bangladesh and Ethiopia and in extremely poor neighborhoods in Nicaragua. All three formulations were acceptable overall and in each of the dimensions investigated (appearance, aroma, taste, texture, and sweetness). Less than 10 percent of respondents expressed significant reservations about consuming any one of the products.

³⁶ The information can be found at <http://www.nap.edu/catalog/10347.html>.

In Project Year Three, FANTA-2 and Tufts University will begin an efficacy trial with low-normal body mass index (BMI) (18.5–24.0 kg/m²) adult men and women in the greater Boston area to assess whether the three products perform adequately for the purpose for which they were originally formulated: being the sole source of food for a 14-day period. Sixty men and women 21–70 years of age will be recruited for this study and randomized to one of four groups: a control group, which consumes regular food while leading a normal life, or one of three intervention groups, each testing one of the products (A-20, A-28, A-29) as a sole source of nutrition for 14 days. The amount of EFP distributed to individuals participating in the trial will be approximately equivalent (in relation to weight maintenance amounts) to the amount that would be expected to be received by individuals in an operational setting after intra-household distribution of a household-level EFP ration. Adherence to the intervention regimen will be ensured with 100 percent resident supervision in the research facility combined with testing of validated biomarkers of non-adherence; outcome assessments will include change in body weight and markers of nutritional safety and adequacy. Results from the efficacy trials will be submitted by Tufts University and reviewed by FANTA-2 prior to publication in peer-reviewed journals.

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

As CMAM continues to expand in both emergency and development contexts, and as the approach is integrated into national health systems, implementers and ministries of health need to be able to learn from documented lessons drawn from their own experiences and from other experiences in countries with similar nutrition challenges. They can also benefit from knowledge gained through formal studies. A 2008 three-country review (Ethiopia, Malawi, and Niger) conducted by FANTA identified key elements of five domains that contribute to the successful integration of CMAM into national health systems (see **Figure 4**). More work is needed, however, to refine the factors and processes that influence the quality of integration, and documenting and sharing promising practices, experiences, and evidence on CMAM at the international and national levels is needed to guide integration and scale-up and to promote QI.

Figure 4. Key Domains of CMAM Integration



Review of CMAM in West Africa

DCHA/OFDA requested FANTA-2 support to help identify DCHA/OFDA 2010 and 2011 program priorities, including where DCHA/OFDA investment should be directed to support CMAM institutionalization and promising practices in West Africa. In Project Year Two, FANTA-2 conducted a

review of the overall status of CMAM implementation in Burkina Faso, Mali, and Mauritania and a rapid review of CMAM in Niger. FANTA-2 analyzed the relevance of DCHA/OFDA-funded activities and the extent to which they are contributing to viable national health systems and identified challenges, opportunities, gaps, and lessons learned in CMAM implementation in each country.

In Project Year Three, FANTA-2 will complete the review in Niger and summarize the findings of all four country reviews to make recommendations to DCHA/OFDA on how to address challenges, pursue opportunities, fill identified gaps, and build on lessons learned for CMAM integration and scale-up in the region and globally.

Studies to Simplify CMAM Treatment Protocols

In Project Year Three, FANTA-2 will undertake research to broaden the evidence base for simplifying CMAM protocols. One of the primary advantages of CMAM programs is the ability to implement the protocol on a wide scale in rural and previously underserved areas around the world. Any simplification of the protocol that will save time, complexity, and costs should translate into an ability to provide care for more children while expending the same resources. A primary question in this regard is whether there is a need for antibiotics in the case management of SAM without medical complications in the outpatient-based setting. To investigate if presumptive use of antibiotics in the treatment of children with SAM without medical complications is necessary, FANTA-2 will carry out a randomized controlled trial in established CMAM outpatient treatment sites in Malawi, to test if recovery rates are different for children treated with amoxicillin or cefdinir in comparison to a placebo treatment.

Also in Project Year Three, we will carry out an operational study to test the safety of using MUAC as discharge criteria for children admitted to CMAM programs. Currently, CMAM programs use the more logistically difficult weight-for-height or percent weight gain measure to monitor treatment progress and assess eligibility for discharge (2009). However, the possibility to use MUAC instead of weight-for-height for discharge could offer significant time savings for program staff, simplifying both monitoring and discharge procedures. Children 6–59 months with a MUAC < 115 mm and without medical complications who present at select CMAM sites will be enrolled in the study. Once a child attains a MUAC \geq 125 mm for two consecutive visits, the child will be discharged from treatment. Recovered children will continue to be monitored biweekly for 3 months after discharge, to assess if any adverse outcomes (including relapse or death) have occurred. If fewer than 10 percent of the discharged children experience relapse or non-accidental death in the 3 months following discharge, MUAC \geq 125 mm will be considered “safe.” Further operational studies would still need to be carried out before MUAC for discharge criteria could be recommended for adoption at scale.

As a follow-on to the above study, in Project Year Three, FANTA-2 may also develop a study protocol and prepare for a more comprehensive study on comparing the safety among various anthropometric indicators for the identification and admission, monitoring, and discharge of children with SAM.

2.1.5 Management of MAM

Testing Alternative Formulations for the Treatment of MAM

MAM in children under 5 years remains an important problem globally. Fortified-blended foods (FBFs) such as corn-soy blend (CSB) have long been used to treat MAM, though with limited documented success. RUFs, on the other hand, have been shown to be effective in treating MAM among children in controlled clinical effectiveness studies. These RUFs resist bacterial contamination because they contain very little water, do not require cooking, and are very energy dense, which make them ideal for use in places in which food insecurity is common and hygiene is poor.

Because the current FBFs have proved inadequate for treating malnourished children and animal-source foods have been shown to be beneficial for children’s recovery and growth, WFP is seeking to improve the formulation of FBFs for the treatment of MAM. The alternative now promoted by WFP is milk-fortified CSB, with 10 percent milk powder, additional micronutrients, vegetable oil, and sugar added, and

dehulling of the soy to reduce antinutrients. While milk-fortified CSB may have improved nutrient content when used as directed, it is substantially different in several properties when compared to RUF.

Before this improved, milk-fortified CSB can be recommended for treatment of MAM, it is critical to know the recovery rates that can be achieved with the improved CSB and cost implications in an operational setting in comparison to existing RUF. In Project Year Two, FANTA-2 initiated a randomized controlled effectiveness study in Malawi among children 6–59 months with MAM to assess the relative rate of recovery of WFP’s improved milk-fortified CSB and two RUFs (a soy-peanut fortified spread and Supplementary Plumpy[®]) when provided to children for a period of up to 12 weeks. After the initial treatment period, children will continue to be monitored every 3 months for a total duration of 12 months, at which time anthropometry and developmental milestones will be assessed. This study will continue to be implemented in Project Year Three, with results available in Project Year Four.

Reviewing the Continuum between the Management of MAM and SAM

Based on the FANTA-2 reviews of CMAM in various countries (see *Review of CMAM in West Africa* under **IR 2.1.4**), activities in support of the integration of CMAM (see **Ghana, Niger, Southern Sudan, and Sudan** under **IR 1**), and key informant interviews in some additional countries, in Project Year Three, FANTA-2 will review and synthesize information on the effective linking of SAM and MAM case management. The aim is to investigate successes and challenges between still very distinct treatment modalities for acute malnutrition; identify promising practices (e.g., NGOs involved in the management of both SAM and MAM); and distill recommendations for global, national, and subnational strategies to improve and enhance a comprehensive treatment approach of acute malnutrition, taking into consideration the specifics of national strategies and the limited performance and coverage of the management of SAM and MAM. Recommendations of the review could inform policies or guidance or could enhance operations research to improve the overall prevention and management of acute malnutrition.

2.1.6 Identifying Alternative Measures of Disease Progression to Screen and Refer for HIV Testing, Counseling, and Assessment for Antiretroviral Therapy Eligibility

The success of ART in treating PLHIV in developing countries is hampered by the late presentation of adults for treatment. While cluster of differentiation 4 (CD4) counts are a key clinical measure to assess disease progression and eligibility for ART, the measure requires that adults present at a health facility to have blood drawn and tested. An alternative indicator of disease progression that could be easily collected outside of health clinics could facilitate earlier identification of PLHIV and eligibility for ART, thereby possibly improving treatment outcomes. In light of the widely recognized correlation between wasting and disease progression and the increasing adoption of MUAC to screen for acute malnutrition during community outreach, it might be possible to use MUAC in high HIV prevalence areas to screen adults for referral for HIV testing, counseling, and assessment for ART eligibility. However, the relationship between MUAC and CD4 counts is not yet well established. In Project Year Two, as a first step, FANTA-2 discussed research on the MUAC and CD4 relationship with stakeholders, such as the National Institutes of Health (NIH) and IFPRI; began a literature review of related work; and carried out a preliminary analysis of two existing datasets to look at the extent to which MUAC is a predictor of CD4 counts. In Project Year Three, FANTA-2 will continue to examine the extent to which MUAC and CD4 counts are correlated and explore the potential of MUAC as a predictor of disease progression by analyzing up to four existing datasets.

2.1.7 SBCC for Nutrition and HIV

Nutrition counseling is a critical component of HIV treatment, care, and support, and it requires effective SBCC. In Project Year Two, FANTA-2 sought technical collaboration from AED/C-Change to conduct a rapid assessment of the current FANTA-2 SBCC materials on nutrition and HIV. The aim was to identify the strengths and areas for improvement of the SBCC activities, interventions, and materials; determine the extent to which FANTA-2’s nutrition and HIV SBCC materials reflect promising practices in SBCC in

terms of their design, development, dissemination, monitoring, and evaluation; and recommend actions and resources for improving the SBCC activities.

In Project Year Three, FANTA-2 will continue to improve and streamline the adaptation and development of counseling materials and training on nutrition and HIV, informed in part by the AED/C-Change assessment. This process will strengthen nutrition counseling and outcomes in PEPFAR-supported programs.

2.1.8 Operationalization of New WHO Guidelines on Infant Feeding and PMTCT of HIV to Improve HIV-Free Survival

The ultimate objective of PMTCT services, infant feeding interventions, and child survival services is the HIV-free survival (HIVF-S) of HIV-exposed infants and young children. Measuring and reporting on HIVF-S will enable programs to better focus interventions on this objective, but, in the absence of a validated indicator of HIVF-S, this is not currently done. In response, FANTA-2 initiated a process to develop and test an indicator to measure HIVF-S at 18 months of age among HIV-exposed children in programmatic settings. The indicator was developed by a multi-stakeholder group to measure the impact of PMTCT programs, but the feasibility of measuring the indicator in programmatic settings has not yet been documented. FANTA-2 will work with national partners in 2–3 countries to include the indicator in PEPFAR programs, including both government and NGO health care services. As a result, HIVF-S data will be made available from initial sites, and lessons and guidance on how to measure the indicator will be garnered to enable the incorporation of HIVF-S into M&E systems for PMTCT services.

To support efforts to improve HIVF-S, in Project Year Two, FANTA-2 carried out a systematic review of the evidence on mortality in HIV-infected, HIV-exposed but uninfected, and HIV-unexposed children. Based on the findings, in Project Year Three, FANTA-2 will draft a report and other materials to improve the understanding of the relative mortality risk among these three groups.

Also in Project Year Three, pending review and agreement on evaluation protocol, FANTA-2 might collaborate with partners WUSTL and WHO in evaluating approaches to optimally apply the November 2009 WHO Guidelines on Infant Feeding and HIV. In particular, programs in Malawi will introduce interventions to support HIV-infected mothers practice EBF through 6 months of age, continued breastfeeding through 12 months of age, and the introduction of specialized food options for complementary feeding beginning at 6 months of age. The impacts of the interventions will be evaluated and the different complementary food products will be compared. Results are expected to support improved implementation of the new 2006 WHO guidelines.

2.1.9 Linking Agriculture, Nutrition, and Health

Under the GHI, the Obama administration is reaffirming its commitment to family planning, MCH, and nutrition. FTF, President Obama's whole-of-government initiative in food security, likewise prioritizes nutrition. Indeed, nutrition constitutes the link between these two priority initiatives. FTF and GHI have spurred great interest in how to improve nutrition and food security, particularly through agriculture sector programs.

In addition, and to help achieve GHI's goals, USAID has developed a planning framework (Best Practices at Scale in the Home, Community, and Facilities [BEST]: An Action Plan for Smart Integrated Programming in Family Planning, Maternal and Child Health, and Nutrition) to guide USAID's programs in family planning, MCH, and nutrition by drawing on the best experience and the best evidence to base programs on the best practices to achieve the best impact.

In Project Year Two, FANTA-2 responded to a request from GH to provide technical guidance on agriculture-nutrition linkages for GH and other Bureaus, USAID Missions, and partners. FANTA-2 completed a review of the literature and compiled a presentation, entitled "Linking Agriculture to Nutrition," focusing on three content areas: 1) why is it important to link agriculture and nutrition, 2) how agriculture and nutrition can be linked programmatically, and 3) how USAID Missions can support governments to

design agriculture-nutrition-linked programs. FANTA-2 helped GH form an Agriculture-Nutrition Community of Practice to bring together technical experts to support knowledge sharing on agriculture-nutrition linkages and to develop common messages for the broader development community at a time when there is great interest to improve food security through agricultural approaches. In Project Year Three, FANTA-2 will continue to support this community of practice.

Updating a Strategy and Policy Brief on Improving the Nutrition Impacts of Agriculture Interventions

Though *Improving the Nutrition Impacts of Agricultural Interventions: Strategy and Policy Brief*³⁷ was published in 2001, much of the information it contains is still relevant today—a time when there is more interest in understanding the linkages between agriculture and nutrition. In Project Year Two, FANTA-2 began revising and updating this document to align more closely with FTF, its objectives, and its focus on the selected FTF countries. The updated version will elaborate on SBCC and IEC, and there will be a focus on nutrition-sensitive value chains, since USAID and FTF are using this focus in many of their country plans. The updated brief will also seek to distinguish interventions by socioeconomic status of beneficiaries, and will focus on the process to develop appropriate nutrition-sensitive agriculture interventions. FANTA-2 will complete the updated strategy and policy brief in Project Year Three.

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

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

2.2.1 Tools and Approaches to Improve Title II Programming

LQAS for Title II Program Monitoring

Title II Awardees are required to monitor and report on their activities on a yearly basis using output and outcome indicators. Indicators at the output level are relatively simple to collect through routine reporting. Outcome-level indicators, on the other hand, may require taking a sample of program beneficiaries; cost-effective sampling methods are therefore needed to help Awardees collect annual monitoring information at the outcome level. LQAS, a simple but statistically reliable sampling procedure in which FANTA-2 has expertise, offers the possibility of collecting such information rapidly and inexpensively. FANTA-2 will begin developing guidance materials for Awardees on how to use LQAS for annual outcome indicator data collection.

2.2.2 Nutrition Surveillance

Timely, sensitive, population-representative nutrition surveillance is crucial to detect nutrition emergencies in crisis-affected populations and to respond appropriately. However, there is little evidence on which to predicate the design of surveillance systems, and a variety of methods are employed in the field. In Project Year Three, FANTA-2 will undertake a number of different activities to advance the design and implementation of nutrition surveillance systems. This will include a global review of existing nutrition surveillance systems to examine the strengths and weaknesses of the various approaches. In countries that request TA for developing a nutrition surveillance system, FANTA-2 will contribute to the design of a nutrition surveillance system to meet country-specific needs. This work might or might not be carried out in conjunction with the development of EWR systems (see **IR 2.1.1**). Also in Project Year Three, we might collaborate with the Health and Nutrition Tracking Service (HNTS) and the London School of Hygiene and

³⁷ Bonnard. 2001. *Improving the Nutrition Impacts of Agricultural Interventions: Strategy and Policy Brief*. AED/FANTA.

Tropical Medicine (LSHTM) to develop a nutrition surveillance approach, which would rely on mean MUAC as the primary anthropometric measure. In addition, FANTA-2 might collaborate with Harvard University to explore new ways in which LQAS can be effectively operationalized to advance nutrition surveillance methods.

2.2.3 Definition and Use of Nutrition and Food Security Indicators by the Demographic and Health Surveys

In Project Year Three, FANTA-2 will continue to work with the Demographic and Health Surveys (DHS) to support the incorporation of validated IYCF indicators, information on women's diet patterns, and data on household food insecurity in standard DHS country reports. FANTA-2 will provide standard tables and text for the corresponding section of the DHS tabulation plan, as requested.

2.2.4 Validation of Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets

To respond to the need for simple yet high-quality data on women's dietary diversity, FANTA formed the Women's Dietary Diversity Project (WDDP) in 2006. The WDDP is a collaborative research initiative with the broad objective of using existing datasets with dietary intake data from 24-hour recall to analyze the relationship between simple indicators of dietary diversity, such as those that could be derived from the DHS, and the micronutrient adequacy of women's diets in resource-poor settings.

The research carried out under the WDDP advances knowledge about women's nutrient intakes in resource-poor settings and, specifically, about the relationship between indicators of dietary diversity and the micronutrient adequacy of women's diets. Work carried out under the WDDP includes development of a standard analysis protocol, a multi-site investigation into the performance of dietary diversity indicators as a measure of micronutrient adequacy, in-depth site-specific analyses of women's diet patterns and determinants of micronutrient adequacy, a review of the current state of knowledge about women's micronutrient intakes, and methodologically oriented research to inform promising practices related to the collection and analysis of data on diets. The datasets analyzed for the WDDP are from sites in Bangladesh (rural), Burkina Faso (urban), Mali (urban), Mozambique (rural), and the Philippines (urban/peri-urban).

In Project Year Two, FANTA-2 disseminated site-specific reports for each of the datasets analyzed for the WDDP. In Project Year Three, FANTA-2 will continue dissemination of the WDDP research. This will include the publication of seven articles in a Special Supplement to the *Journal of Nutrition* and dissemination of a summary report synthesizing results across all five datasets.

2.2.5 Household Hunger Scale

To follow up on FANTA's multi-year research initiative to develop an experience-based measure of food insecurity for cross-cultural use, FANTA-2 conducted a study to assess the internal, external, and cross-cultural validity of the Household Food Insecurity Access Scale (HFIAS). A total of seven HFIAS datasets were used for the validation study, representing diverse populations and geographic settings. Across the datasets, HFIAS data were collected from both urban and rural populations, from HIV-affected and non-HIV-affected households, and from populations living in conflict and non-conflict areas. The results of the study indicated that a modified scale using a reduced set of questions and a revised tabulation method from that recommended for the HFIAS could achieve the aim of a culturally invariant scale at the population level. The reduced set of questions all focus on the experience of food deprivation and, therefore, the name of the scale was changed from the HFIAS to the Household Hunger Scale (HHS).

In Project Year Two, the results of the study were presented in various venues and FANTA-2 published a technical report describing the results of the validation study. In Project Year Three, we will publish a technical brief summarizing the findings from the validation study, along with a data collection and tabulation guide for the new scale. We will also work with DCHA/FFP to assess the potential desirability of

requiring reporting of the HHS as part of the standard Title II multi-year non-emergency program indicators.

2.2.6 Indicators for Assessing IYCF Practices

To support the adoption of the new WHO breastfeeding and IYCF indicators, FANTA-2 translated *Indicators for assessing infant and young child feeding practices – Part I: Definitions*³⁸ into French and Spanish and coordinated a working group to develop operational guidance for the collection and tabulation of the indicators. This operational guidance document³⁹ and a country profiles document reporting data on the IYCF indicators for 46 countries⁴⁰ were published in Project Year Two. In Project Year Three, these documents will be translated into multiple languages. FANTA-2 also will conduct workshops with USAID, the CORE Group, and Title II Awardees to raise awareness of the new WHO breastfeeding and IYCF indicators and provide direction on how to use the operational guidance document developed to collect, report, and interpret the indicators.

2.2.7 Optifood Tool

The adequacy of IYCF has a major impact on long-term infant and child growth and development. For young children, the complementary feeding period (6–23 months of age) is the most nutritionally vulnerable. Thus, improving the provision of population-level guidance on appropriate diet during this period is an international priority.

Current approaches to developing complementary diet recommendations are dependent on trial and error, which is time-consuming; frustrating for the users; and unlikely to lead to a country-level consensus on optimal recommendations that balance nutrient adequacy with food availability, acceptability, and costs. In response to this challenge, scientists have developed an approach based on linear programming that can be used to rapidly formulate optimal, culturally appropriate, population-specific complementary diet recommendations; evaluate existing recommendations; and identify the need for alternative food-based intervention strategies. The linear programming approach, however, requires highly specialized and technical skills, which significantly limits its use by those for whom the information would be of great value.

In Project Year Two, FANTA-2, in collaboration with WHO, LSHTM, and Blue Infinity (an information technology company), initiated the design of Optifood—simple, robust, and “user-friendly” software based on the linear programming approach—to enable public health professionals to rapidly formulate and test population-specific food-based recommendations and identify nutrients that cannot easily be provided in adequate amounts by the local food supply. In Project Year Three, FANTA-2 and partners will complete the development of the software for Optifood, develop a deployment guide and user’s manual, and field test the tool.

Optifood will allow users to formulate food-based recommendations; identify locally available nutrient-dense foods that are important for improving dietary quality; test food-based recommendations to determine whether they are likely to ensure a nutritionally adequate diet if they are successfully adopted; identify key problem nutrients, i.e., those that the local food supply are unlikely to provide in adequate amounts; compare alternative food-based strategies on the basis of cost and likely reduction in the prevalence of nutrient inadequacies; and identify the lowest-cost, nutritionally adequate diet. Public health professionals should be able to operate the software without requiring a high level of computer skills or purchasing software licenses. Results from the software will help inform the decision-making process in nutrition programming planning. The results could also be used for advocacy purpose.

³⁸ WHO. 2008. *Indicators for assessing infant and young child feeding practices – Part I: Definitions*. WHO.

³⁹ WHO. 2010. *Indicators for assessing infant and young child feeding practices – Part 2: Measurement*. WHO.

⁴⁰ WHO. 2010. *Indicators for assessing infant and young child feeding practices – Part 3: Country profiles*. WHO.

2.2.8 Quality Improvement

Ensuring the quality of program implementation is key to program impact, especially in areas of rapid expansion, such as food and nutrition for PLHIV and CMAM. FANTA-2 is collaborating with URC to adapt QI principles in these areas. QI packages include, for example, descriptions of the critical components of food and nutrition services, criteria for assessing and improving quality, and/or algorithms or job aids for supervisory support. Global tools and methods developed under **IR 2** will be informed by, adapted to, and applied to country programs supported under **IR 1**.

Following on activities begun in Project Year Two, FANTA-2 and URC, in Project Year Three, will support QI packages to improve the quality of nutrition and HIV services in Côte d'Ivoire, Ethiopia, and possibly Mozambique (see the respective country sections in **IR 1** on **Côte d'Ivoire**, **Ethiopia**, and **Mozambique** for details). FANTA-2 will also support the development of QI packages for use in CMAM services/programs (see the respective country sections in **IR 1** on **Ghana** and **Niger**).

2.2.9 Sampling Guide

In Project Year Three, FANTA-2 will begin revising the *FANTA Sampling Guide*⁴¹ to expand the discussion of key issues related to sampling and to provide an explanation of appropriate sampling methods for mid-term assessments and annual monitoring. A discussion on alternative sampling designs and LQAS will also be incorporated into the *Sampling Guide*.

2.2.10 Alternative Sampling Designs

In emergency settings, rapid but statistically reliable population-based surveys are needed to provide humanitarian organizations and government agencies with essential information on the severity and magnitude of the situation so that appropriate analysis and response planning takes place. The most common method used in emergencies is a two-stage 30x30 cluster survey. This method provides reliable population-level estimates, but is time- and resource-intensive.

FANTA, working with CRS, The Ohio State University, SC/US, and a team of statistical experts at the Harvard School of Public Health, developed, tested, and validated three alternative sampling designs that are proven to be more time- and resource-efficient than the 30x30 cluster survey: the 33x6, the 67x3, and the sequential design. All three are hybrid designs, combining aspects of cluster sampling and analysis with LQAS analysis.⁴² In addition, in Project Year One, FANTA-2 published *Alternative Sampling Designs for Emergency Settings: A Guide for Survey Planning, Data Collection and Analysis*.⁴³ Several institutions have adopted the alternative sampling design approach. For example, WFP intends to begin using it in the near future and Food Security and Nutrition Analysis Unit – Somalia (FSNAU) is using the designs as its standard methodology. In addition, ACF is both scaling up the use of the designs within countries (e.g., to national levels in the case of Southern Sudan) and expanding the use of the designs for sentinel site surveillance to additional countries (e.g., Kenya, Uganda).

Need and demand continue to grow for additional thresholds to be addressed by the alternative sampling designs. The IASC GNC has now recommended the adoption of WHO standards for emergency settings, which will lead to higher SAM prevalence levels being reported and which will make the detection of levels of SAM as high as 5 percent useful in almost all emergency settings.

In Project Year Three, FANTA-2 will continue to improve the relevance and utility of the alternative sampling designs for application in emergency settings. This will include statistical modeling to explore how the designs can be most effectively used for nutrition surveillance and validation of LQAS analysis

⁴¹ Magnani. 1999. *Sampling Guide*. AED/FANTA.

⁴² Articles reporting on the alternative sampling work were published in the *International Journal of Epidemiology* (2007), *Emerging Themes in Epidemiology* (2008), and *The Journal of Royal Statistical Society Series A* (2009).

⁴³ FANTA-2. 2009. *Alternative Sampling Designs for Emergency Settings: A Guide for Survey Planning, Data Collection and Analysis*. AED/FANTA-2.

for additional thresholds of acute malnutrition and alternative measures of acute malnutrition, such as SAM and MUAC.

2.2.11 CMAM Integration Support Tools

Building on FANTA and FANTA-2 multi-country country reviews of the integration of CMAM services into national health systems (see **IR 2.1.4**) and the growing evidence base on the performance, impact, integration, and scale-up of CMAM, FANTA-2 will complete the development of a series of tools to facilitate planning, capacity strengthening, and M&R for CMAM.

Costing Tool

FANTA-2 developed a draft tool to assist ministries of health and IPs to plan and cost CMAM services and programs. The CMAM Costing Tool is a set of linked Microsoft Excel spreadsheets. The user enters key country-specific data, such as statistics on malnutrition, distances between key administration facilities, and the prices of goods. The Costing Tool automatically processes these data (and other data fixed by the Costing Tool) to calculate the resource requirements and costs to introduce, maintain, or expand CMAM in a specific geographic region and time defined by the user. This information will help managers decide whether their plans for CMAM are financially feasible and will help them formulate an effective implementation plan. In Project Year Two, the CMAM Costing Tool was field tested in Ghana and further refined, and a user's guide that includes a case study and exercise was developed. In Project Year Three, FANTA-2 will complete, translate into French and Arabic, and disseminate the CMAM Costing Tool.

Capacity Assessment Tool

To better guide countries introducing and integrating CMAM programs into their national health systems, in Project Year Two, FANTA-2 collected, consolidated, and refined draft CMAM capacity assessment matrices for different implementation levels. In Project Year Three, FANTA-2 will field test and refine these matrices in Ghana, Southern Sudan, and Sudan. The matrices, once tested and improved, will feed into a draft tool to assess the capacity of countries to carry out CMAM services/programs, a crucial initial or ongoing step to determine in-country needs for CMAM and areas that require strengthening through TA. FANTA-2 will share the draft tool with IPs, who will provide comments to further improve the tool. The improved Capacity Assessment Tool will include spreadsheets and a simple user's guide, including training materials, all of which will also be field tested.

Coverage Tool

Semi-quantitative evaluation of access and coverage (SQUEAC) is a simple approach to facilitating the frequent and ongoing evaluation of treatment coverage and barriers to access through the routine collection, analysis, and use of CMAM program planning and evaluation data. In Project Years One and Two, FANTA-2 worked with Valid International to refine and operationalize the SQUEAC approach for assessing and improving the quality and coverage of CMAM services by initiating the development of the CMAM Coverage Tool, which is based on SQUEAC. In Project Year Three, in further collaboration with Valid International, FANTA-2 will complete the coverage tool method description and draft training materials with exercises and teaching aids, which could include video materials and other visual aids as appropriate. The tool will then be field tested, refined, and disseminated.

2.2.12 Costing Tool for Nutrition and HIV Activities

In Project Year Three, FANTA-2 will build on initial work performed at the regional level and continue developing a tool that can be used to estimate the costs involved in nutrition care and support for PLHIV. The costing tool will use the activity-based costing (ABC) centers approach and will be available for use by governments, donors, and IPs to plan activities and to determine resource requirements associated with each activity. ABC centers will include policy-level components, such as the development of national

strategies, guidelines, and TWGs on nutrition and HIV; capacity strengthening components, such as training and counseling and assessment materials; and program implementation components, such as equipment, nutrition counseling and assessment, provision of specialized food products, M&E, and supervision and QI efforts. The draft tool will be developed in collaboration with Social Sectors Development Strategies (SSDS) and will undergo review during a stakeholder workshop and field testing.

2.2.13 Evidence Base for Effective Food Hygiene Interventions, Messages, and Training Materials

GH/OHA requested that, in collaboration with the AED Hygiene Improvement Project (HIP), AED/C-Change, and the Camp Dresser and McKee/Environmental Health Project (CDM/EH), FANTA-2 conduct a literature review on food hygiene interventions and messages in developing countries, given recent WHO data showing that unsafe food kills an estimated 1.2 million people over 5 years of age in southeast Asia and Africa each year, three times more than previously thought. While it has long been clear that, in children under 5 years, food- and water-borne illnesses are a source of diarrheal disease that can result in dehydration and death when inadequately treated, the impact on older children and adults might have been underestimated. Older children, the elderly, and those suffering from compromised immune function (e.g., PLHIV) are particularly susceptible to major illnesses caused by food- and water-borne bacteria, viruses, and parasites.

The literature review will identify critical points of intervention and key messages to improve food hygiene for vulnerable groups. Specifically, it will identify priority problem areas and critical points of action in food hygiene at the household and community levels in developing countries; successful household- and community-level interventions to improve food hygiene and decrease the vulnerability of community members to food-borne illnesses and key factors contributing to these successful interventions; and counseling, training, and SBCC materials to improve food hygiene in developing and developed countries and aspects of these materials that could be adapted to specific developing country contexts.

In Project Year Two, FANTA-2 began gathering literature to develop a draft document library for the review. In Project Year Three, FANTA-2 will complete the review and use the results, as feasible, to develop a technical brief on food hygiene and/or harmonized messages targeting program managers and policy makers that can be adapted for individual country contexts.

IR 2.3 GLOBAL NORMATIVE STANDARDS IN NUTRITION AND FOOD SECURITY PROMOTED

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

2.3.1 Global-Level Normative Standards

Global codification of state-of-the-art, innovative, proven approaches through statements, policy, and guidelines issued by international organizations, such as the Food and Agriculture Organization of the United Nations (FAO), UNICEF, WFP, and WHO, is essential to enable widespread and sustainable uptake. FANTA-2 builds on our relationships with key international organizations to facilitate the uptake of FANTA-2 outputs, and supports global collaboration to develop and disseminate guidance and training materials and to build the evidence and operational research base in relevant project focus areas. FANTA-2 also translates research and programmatic evidence into standards and guidance and works to promote their adoption by the international community.

Food Security

LNS Research Network. In Project Years One and Two, FANTA-2 participated in the LNS Research Network (LNSRN), an electronic roundtable to share information about LNS research and contribute to the dissemination of knowledge about formulation, production, ongoing research, and use of LNS

products for the prevention of malnutrition among children and other target groups, such as PLHIV and PLW. In Project Year Three, FANTA-2 will continue to be an active participant in LNSRN activities, including participation in LNSRN meetings, continuing contribution to the LNSRN website through writing summaries of research publications, and compiling information on ongoing and pending research projects and programs using LNS for prevention of malnutrition.

Maternal and Child Health and Nutrition

IYCF Working Group. FANTA-2 participates in the UNICEF/WHO working group that is focused on the revision of the IYCF Planning Guide and tools for complementary feeding assessment, analysis, and programming, including Process for the Promotion of Child Feeding (*ProPAN*). *ProPAN*, a tool for formative research and program planning in IYCF, was developed between 1998 and 2004 by the Pan-American Health Organization (PAHO), Emory University, the Nutrition Research Institute in Peru, and the National Public Health Institute of Mexico. It describes the process for developing an appropriate SBCC strategy for IYCF, provides users with a step-by-step process for investigating nutritional and dietary problems, and provides the tools to design and evaluate interventions to address the problems that have been identified.

In Project Year Two, FANTA-2 continued to participate in the working group through activities to develop the Optifood tool (see IR 2.2.7) and contributions to discussions with the *ProPAN* team⁴⁴ on their updates to *ProPAN* and collaboration to ensure the complementarity of *ProPAN* and Optifood. FANTA-2's collaboration with the *ProPAN* team is crucial to the development of the Optifood tool, as the updated *ProPAN* manual and software will include tools to collect data necessary to implement Optifood. In Project Year Three, FANTA-2 will remain involved in working group activities through our continuing work on developing the Optifood software and through communication with the *ProPAN* team to ensure the complementarity of the two tools.

Nutrition and HIV and Other Infectious Diseases

Nutrition and HIV indicators. Building on work begun in Project Years One and Two, FANTA-2 will continue to work with PEPFAR, WHO, and other partners to refine globally harmonized indicators on nutrition and HIV and incorporate them into global indicator systems, such as the UNGASS indicators that countries collect and report on and the indicator directory maintained by the UNAIDS Monitoring and Evaluation Reference Group (MERG). FANTA-2 will continue to support the documentation of these indicators, the refinement of the draft programming guidance developed in Project Year Two to accompany the harmonized M&E guide, and country programs in planning nutrition and HIV services based on the latest evidence base and program experience to date. FANTA-2 will also continue to provide technical support to the PEPFAR F&N TWG on PEPFAR indicators related to nutrition and food security.

Nutrition and HIV guidelines. In Project Year Three, FANTA-2 will continue our membership in the WHO Nutrition Guidance Expert Advisory Group (NUGAG) subgroup on nutrition in the life course and undernutrition, which advises WHO on the revision and development of guidelines on nutrition and infectious diseases and on undernutrition. FANTA-2's participation will include participating in NUGAG meetings; providing technical input to systematic reviews of the evidence on nutrition requirements and care for adult and adolescent PLHIV, including PLW; and providing recommendations for WHO guidelines on nutrition and HIV based on the quality of the evidence.

FANTA-2 will also provide technical support to USAID, NIH, Tufts University, and other partners by providing guidance on nutrition care for adults and adolescence living with HIV based on the current state of evidence and practice and other technical input, as requested. For example, FANTA-2 will review and suggest revisions to the WHO *Integrated Management of Adult Illness* guidelines, contribute to draft

⁴⁴ The *ProPAN* team consists of nutrition experts from PAHO, UNICEF, the Centro Internacional de Agricultura Tropical (International Center for Tropical Agriculture), Emory University, and the CDC who are updating the *ProPAN* software and manual.

guidelines on nutrition for adult and adolescent PLHIV, and provide input into recommendations to WHO from working groups facilitated by NIH on the nutrition support needs of adult PLHIV. FANTA-2 has also been invited to be a member of the NUGAG M&E subgroup and, subject to availability, will participate in this subgroup.

Nutrition care for PLHIV. FANTA-2 will collaborate with WHO to develop guidelines for nutrition care of adult PLHIV and to strengthen regional capacity in eastern and southern Africa to incorporate nutrition components into country proposals submitted to the Global Fund.

Developing global guidelines in nutrition and HIV. To assist countries in the development of national guidelines for nutrition care or management of malnutrition among HIV-infected adults, adolescents, and PLW, global guidelines issued by normative agencies, such as WHO, are critically needed. Building on country experience, FANTA-2 will collaborate with WHO, other U.N. agencies, and PEPFAR Implementing Agencies to develop guidelines on managing malnutrition among adult and adolescent PLHIV, including the NACS program approach. FANTA-2 will support PEPFAR Implementing Agencies as needed in issuing intermediate guidance for use by PEPFAR programs while the WHO global guidelines process moves forward. FANTA-2 will also begin the process of developing guidance on the NACS program approach to support country programming.

Establishing global norms for nutrition screening and assessment. To adequately assess the nutritional status of PLHIV, program interventions use anthropometric indicators. While classifications of nutritional status based on these indicators are well established for infants and young children, classifications are more limited for PLW and other adults. MUAC is a simple measure that can be quickly applied to adults in both community and clinical settings. However, cutoffs have not been established to classify malnutrition among adults based on MUAC. Given the importance of identifying malnutrition for comprehensive care and treatment of HIV-infected adults, including PLW, establishing anthropometric cutoffs for malnutrition among these populations will be a critical contribution toward improved nutrition care of PLHIV. Pending the availability of funding, FANTA-2 will work with WHO and other partners to analyze adult data for MUAC and other indicators to help establish functional cutoffs for adult malnutrition using MUAC.

Nutrition in Global Fund activities. Through technical inputs to Global Fund guidance, training, and M&E indicators, FANTA-2 will continue to engage with U.N. agencies to advance global norms and standards in nutrition and HIV programming and to present PEPFAR experience at global forums for incorporation into global guidance. FANTA-2 will work with WHO, WFP, and others to support the integration of nutrition into Global Fund proposals and activities. In particular, FANTA-2 will work with partners to develop resource materials, such as guidance and training materials, to support countries in incorporating nutrition components and monitoring indicators into Global Fund proposals. FANTA-2 activities in this area leverage resources from the Global Fund to complement PEPFAR-supported nutrition activities (e.g., strengthening human resources for nutrition at HIV treatment sites) and to enable scale-up and enhance government ownership of nutrition care services initiated with PEPFAR support.

Strengthening food security and livelihoods interventions in HIV programs. LIFT, funded by GH/OHA, provides rapid technical support on the integration of food/nutrition security and livelihoods strengthening into HIV interventions to sustainably improve the economic circumstances of HIV-affected households and communities. In Project Year Two, FANTA-2 worked with LIFT on a food and livelihood security assessment in Namibia oriented toward PLHIV to enhance food security interventions and particularly FBP programming. In Project Year Three, FANTA-2 will work with LIFT to incorporate food security components into PEPFAR frameworks, M&E systems, and programming strategies. FANTA-2 will also continue to collaborate with LIFT on program reviews, assessments, and program design in countries where both projects are working.

TB and nutrition. TB is one of the leading causes of mortality and morbidity across all age groups in developing countries. Malnutrition and coinfection with HIV increase the risk that latent TB develops into active disease; conversely, malnutrition can be a consequence of TB infection. A review of the literature on nutrition and TB completed in 2008 by USAID's Africa's Health in 2010 identified knowledge gaps in

the relationship between nutrition and TB and the impact of nutrition interventions on disease outcomes. In Project Year Two, FANTA-2 participated in a “State of the Art” meeting organized by the CORE Group TB Working Group and HIV Working Group to technically update NGO program managers on HIV and TB, as well as a “scoping meeting” for developing guidelines for nutrition care and support of TB patients convened by WHO in Geneva in November 2009.

In Project Year Three, FANTA-2 will build on these activities by beginning TA activities to strengthen nutrition care for TB patients, including those co-infected with HIV. Planned activities include mapping current FANTA-2 nutrition activities that have links to TB programs or that could be adapted to include a TB component; conducting a situation analysis to determine issues, barriers, and needs for nutrition guidance in the context of TB care; developing briefs summarizing evidence on nutrition and TB; and preparing guidance for NACS of TB patients. FANTA-2 will also continue to support the development of guidelines on nutrition and TB through its participation in NUGAG, which also prepares guidelines on nutrition and TB.

Emergency Nutrition and CMAM

IASC GNC and the NIE community. Participating in the IASC GNC enables FANTA-2 to contribute to the global NIE agenda, informs FANTA-2 activities related to NIE, and enables FANTA-2 to share updates and information on NIE with IPs. In Project Years One and Two, FANTA-2 actively participated in discussions, meetings, development of tools, and research activities of the IASC GNC, and will continue to do so in Project Year Three through the GNC’s Research and Development Group (R&DG), Assessment Working Group (AWG), and Capacity Development Working Group (CDWG). Work carried out in Project Year Three might include support to the initial rapid assessment (IRA) tool, development of the NIE Tool Kit, a review of indicators for the Integrated Phase Classification (IPC), TA to support the transition to the 2006 WHO Child Growth Standards, support to the Harmonized Training Package (HTP), and TA for the revision of the 2001 Sphere Standards.

The WHO-based HNTS works with the Humanitarian Reform Cluster Framework in the health and nutrition clusters at the global and country levels. It collaborates with NGOs, U.N. agencies, and donors to review, analyze, and validate critical health and nutrition data-gathering methodologies and information in selected humanitarian emergencies. HNTS is designed to supplement, not replace, existing efforts in areas with humanitarian crises. It provides tools, such as improved measurement methodologies and operational research; training; and tracking in select countries, such as the Central African Republic, Chad, and the DRC. In Project Year Three, FANTA-2 will participate in the HNTS as a member of the Expert Reference Group (ERG). Through this activity, FANTA-2 will contribute to expanding the knowledge base on public health and nutrition information management in emergencies.

In addition, FANTA-2 will collaborate with ENN’s Nutrition in Emergencies Training Network (NIETN), an initiative of the CDWG and an independent global group made up of representatives of operational agencies, educational and training institutions, government institutions, individual trainers, and funders of training courses, to contribute to the global capacity development initiative on NIE by involving academic institutions to strengthen their knowledge and skills in NIE and integrate NIE into their teaching curricula.

Acute malnutrition guidelines. FANTA-2’s participation in the WHO NUGAG subgroup on nutrition in life course and undernutrition includes advising WHO on revision and development of new guidelines related to management of acute malnutrition. In Project Year Three, FANTA-2 will participate in NUGAG meetings, provide technical input to systematic reviews of the evidence on management of acute malnutrition among children under 5 years, and provide recommendations for adapting WHO guidelines based on the quality of the evidence. In related work, WHO is reviewing *Management of Severe Malnutrition: A Manual for Physicians and Other Senior Health Workers* (1999) for possible revision, and FANTA-2 will provide input into the revision, helping incorporate evidence-based promising practices.

2.3.2 Strengthening United States Government Policies and Guidelines

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

E-Learning: Nutrition 101

GHI/BEST and FTF have increased the attention paid to nutrition. However, while USAID has many e-learning courses for its staff, none exists for nutrition. Given this gap, GH requested that FANTA-2 create an e-learning overview course on nutrition for use by USAID staff. In Project Year Three, FANTA-2 will review existing e-learning courses on nutrition and develop a similar course for USAID. The completed course will be available through the USAID/Global Health e-Learning Center. Further e-learning activities may be developed following this.

GH/OHA and PEPFAR TWGs

FANTA-2 provides support to the key USAID central offices responsible for the overall management of the programs targeted under FANTA-2. Specifically, FANTA-2 supports GH/OHA and the PEPFAR F&N and OVC TWGs with updated information on the evidence base, promising implementation practices, cost implications, and other issues as input to policy guidance, programming tools, and M&E approaches. FANTA-2 also disseminates and shares key evidence, methods, and approaches with the wider HIV community (e.g., USG PEPFAR Partners, the Global Fund, UNICEF, WFP, WHO, private foundations) through strategically targeted forums.

In Project Year Two, FANTA-2 provided TA to the PEPFAR F&N TWG to strengthen PEPFAR strategies in a range of areas. FANTA-2 also held a regional meeting on NACS; provided extensive technical input to refine a set of indicators on nutrition, food security, and HIV as part of a process to identify harmonized indicators among national governments, U.N. agencies, and PEPFAR; and carried out analyses of specialized food products to assess their role in managing malnutrition among PLHIV.

In Project Year Three, FANTA-2 will support continued exchange among country programs, track progress of country action plans, and document and share promising approaches and tools. FANTA-2 will continue to provide technical input to support the PEPFAR F&N TWG, including written input to key PEPFAR documents, such as the State of the Program Area (SOPA), Technical Considerations for Country Operation Plans (COPs), M&E guidance, nutrition analysis of specialized food products for use in PEPFAR programs, translation of the latest evidence base into practical programming guidance, and collaboration with other partners on specific technical issues.

DCHA/FFP Policies and Guidelines

FANTA-2 assists DCHA/FFP in strengthening policies and guidelines in key areas of FANTA-2 competencies. FANTA-2 supports DCHA/FFP by reviewing, commenting on, drafting, and providing training in policies and guidelines in the areas of strategic planning, program design, performance management, reporting, and M&E. For example, FANTA-2 annually reviews the Title II Request for Applications (RFA) and the Annual Results Report Guidelines and drafts Food for Peace Information Bulletins (FFPIBs) containing guidance for Title II Awardees on M&E; FANTA-2 will continue to do so in Project Year Three.

Reviews of Title II Multi-Year Non-Emergency Programs

As part of our support to DCHA/FFP, FANTA-2 participates in the evaluation of Title II multi-year non-emergency program submissions. FANTA-2 reviews, scores, and provides written comments on all Title II

multi-year non-emergency program submissions. Our input focuses on the assessment of vulnerabilities; the design of interventions; and the proposed results framework, indicators, and overall M&E system. In Project Year Three, program submissions will be reviewed for Burkina Faso, DRC, Ethiopia, and Southern Sudan.

DCHA/FFP Performance Management

FANTA-2 assists DCHA/FFP in meeting its reporting requirements and in using performance information to inform program policies and guidelines. FANTA-2 provides TA in the ongoing improvement and tabulation of standard indicator data submitted by Title II Awardees, developing and revising reporting forms used by Awardees, completing the data quality assessment (DQA) exercise, updating the DCHA/FFP Performance Management Plan (PMP), and reporting to the United States Office of Management and Budget (OMB) and other USG stakeholders. FANTA-2 also provides technical information and language for responses to Congress, the Executive Branch, and GAO inquiries and interactions with other stakeholders, such as WFP. Project Year Three activities will include the above-mentioned activities as well as assisting DCHA/FFP in conducting a portfolio review and in completing a M&E manual for FFPOs.

USAID Commodity Reference Guide

USAID's *Commodity Reference Guide* (CRG) is used widely by USAID, Title II Awardees, U.N. agencies, and the private sector to understand the food aid commodity list and determine the selection and size of food rations for food assistance programming purposes. Contingent on further discussion with DCHA/FFP on the timeline of other ongoing activities that are addressing the nutrition quality of USAID food aid commodities, FANTA-2 will provide TA and support to update the CRG, which is both web-based and distributed in hard copy. Through dialogue with DCHA/FFP, FANTA-2 will identify the process to address priority areas, including the following:

- Updating nutrient values for current commodities
- Incorporating approaches for the targeting and duration of ration benefits for the preventive and recuperative approaches
- Incorporating approaches for addressing HIV that are consistent with guidance provided in *Food Assistance Programming in the Context of HIV*⁴⁵
- Discussing the use of Title II commodities vs. RUTF to treat malnourished children, for example, current Title II commodities are not appropriate for the rehabilitation of severely acutely malnourished children, but are sometimes used by field programs for that purpose
- Correcting ration calculations to take leakage into account, or formulating "household ration sizes"
- Providing calculators that can assist with the design of Food for Work (FFW) rations (payment in food that is equivalent in value to a daily wage)

Integrating Gender into Program Activities

Integrating gender considerations into program activities being undertaken in food security and nutrition is increasingly seen as essential to how programs operate in developing countries. In Project Year Two, FANTA-2 completed a draft report containing a recommended approach with clear stages of integration to mainstream gender into DCHA/FFP-funded activities and provided training to DCHA/FFP staff. In Project Year Three, FANTA-2 will provide TA to DCHA/FFP to develop guidelines for gender-integrated M&E of

⁴⁵ FANTA and WFP. 2007. *Food Assistance Programming in the Context of HIV*. AED/FANTA.

DCHA/FFP emergency programs. To do this, FANTA-2 will carry out a literature review and consult key stakeholders.

IR 2.4 COMPETENCIES IN PROBLEM ASSESSMENT AND PROGRAM DESIGN, IMPLEMENTATION, MONITORING, AND EVALUATION STRENGTHENED

To strengthen the capacity of USAID IPs, FANTA-2 works to integrate R&D results, innovative methods and tools, normative standards, and field experience into their programs. These activities include creating and implementing a Technical Support Services (TSS) unit, developing technical reference materials (TRMs), and strengthening the capacity of development organizations.

FANTA-2 disseminates evidence-based nutrition and food security approaches through, among other means, collaboration with global-level partners, TOT workshops, and technical consultations. FANTA-2 will continue to strengthen IP capacity to apply and adopt new indicators, tools, and methods, such as IYCF, HHS, LQAS, Layers, and OM, by developing and making technical resources available to all IPs (see also **IRs 2.1, 2.2, and 2.3**).

2.4.1 Technical Support Services for Title II

An innovative feature of FANTA-2 is the creation of the TSS unit. The key mandate of TSS is to improve the quality of Title II programming through direct technical support and capacity strengthening of Title II Awardees. TSS will collaborate with Awardees and the TOPS program, a newly awarded Title II capacity strengthening agreement funded by DCHA/FFP, to determine priority areas and activities.

FANTA-2 initiated TSS in Project Year Two by conducting a needs assessment among 12 Awardees, establishing and facilitating a Mid-Term Evaluation Working Group with Awardees and DCHA/FFP to develop practical guidance for designing and implementing 5-year Title II multi-year non-emergency program MTEs, and establishing an online M&E community of practice and listserv for Title II M&E practitioners called Discussion-TIIME (Discussion for Title II M&E).

In Project Year Three, FANTA-2 will carry out the following activities.

- In consultation with DCHA/FFP, Awardees, and the TOPS program, FANTA-2 will develop a specific TSS Project Year Three agenda and action plan to address one or more technical areas identified as priorities in the Awardee needs assessment, which are M&E, health and nutrition, ensuring program quality, social and behavior change, and program integration. The specific TSS activities to address these technical areas will be determined through a series of consultations and might include conducting workshops, trainings, and/or seminars; developing TRMs, training manuals, programming tools, and/or a web-based discussion forum; assessing programming promising practices; and disseminating guidance.
- FANTA-2 will continue to develop and manage a user-friendly TSS website as part of the overall FANTA-2 website. The site will contain practical guidance for Title II implementers, an “Ask FANTA-2” feature that puts users into contact with FANTA-2 technical experts, answers to frequently asked questions, and links to useful documents and tools.
- FANTA-2 will continue to manage the Discussion-TIIME listserv where Title II M&E practitioners, especially those in the field working on Title II multi-year non-emergency programs, can learn from each other and have access to technical expertise.
- In collaboration with the Mid-Term Evaluation Working Group, FANTA-2 will continue developing a technical guidance document on MTE promising practices for Awardees.

2.4.2 Title II Technical Reference Materials

In collaboration with Title II Awardees, FANTA-2 is adapting the TRM model as developed by USAID's CSHGP to support Title II's specific needs. The Title II TRMs will be a series that provides concise, practical, up-to-date information on the essential elements of primary technical interventions and cross-cutting areas to be considered when designing and implementing Title II multi-year non-emergency programs. They will draw directly on research conducted; methods and tools developed; and technical work undertaken by FANTA-2, USAID IPs, and international organizations, and will be an integral part of the capacity strengthening support provided to Awardees.

In Project Year Three, in consultation with Awardees and DCHA/FFP, FANTA-2 will identify TRM topics, develop an outline of the TRMs, and lay out a time frame for development. Modules will be rolled out progressively and cover various areas, such as nutrition, MCHN, water and sanitation, sustainable agriculture, livelihood protection and restoration, and HIV. Modules may also be developed for cross-cutting areas, such as operational research, QI, conducting assessments, identifying and addressing risk and vulnerability, M&E, and integrating program activities with each other and with USAID Mission activities.

2.4.3 Supporting the Child Survival and Health Grants Program

Since Project Year One, FANTA-2 has been supporting the CSHGP directly on an ad hoc basis and through collaboration with the CORE Group (especially the M&E Working Group and NWG) and the Maternal and Child Health Integrated Program (MCHIP), USAID's US\$600 million, 5-year project designed to support the introduction, scale-up, and further development of maternal, neonatal, and child health interventions. FANTA-2 will continue this support in Project Year Three by participating in the CORE spring and fall meetings, making technical presentations and supporting the development of the NWG workplan and taking on specific tasks, as requested; participating in CSHGP Detailed Implementation Plan (DIP) Reviews, TRM updates, and the Technical Development Meeting, making technical presentations as requested; and providing ad hoc technical guidance to the CSHGP and CORE Group as requested.

In collaboration with the CORE Group NWG, in Project Year Three, FANTA-2 will support the roll-out of the *Nutrition Program Design Assistant: A Tool for Program Planners (NPDA)*. The tool, which was developed through a collaboration between the CORE Group, FANTA-2, and SC and completed in Project Year Two, helps nutrition program designers select nutrition interventions and approaches that are appropriate to their contexts. It serves as a reference tool for program managers that complements existing resources (e.g., the CSHGP Nutrition TRMs and Nutrition Essentials). FANTA-2 will support local and international NPDA trainings, offering support in curriculum development and workshop planning and facilitation.

2.4.4 Promoting the Quality Implementation of CMAM

To ensure that future CMAM implementers are proficient in the CMAM approach and can benefit from the lessons learned to date, FANTA-2 will collaborate with partners in Ghana, Southern Sudan, and Sudan to develop a capacity strengthening model for CMAM, including tailored orientation and in-depth training sessions at in-service and pre-service training levels for targeted audiences. The model will cover theoretical and practical training, including planning, implementation, M&R, QI, and strengthened information systems. Training models are part of a comprehensive capacity development strategic plan. Opportunities to address recommendations from the DCHA/OFDA-funded three-country CMAM program review and the CMAM West Africa review (**IR 2.1.4**) will be explored and integrated, where appropriate.

Training in CMAM

In collaboration with UNICEF, Valid International, and Concern Worldwide, FANTA completed training materials to strengthen capacity in CMAM program design and planning, outpatient care, inpatient care,

community outreach, supplementary feeding, and M&R: *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)*.⁴⁶ In Project Year One, FANTA-2 developed a strategy for the roll-out of these materials, working with the IASC GNC and the University Network to Improve Training for NIE. In Project Year Two, FANTA-2 supported translating the related Emergency Nutrition Network (ENN) training guide for IYCF in CMAM into French.

To support furthering guidance and training for CMAM, in Project Year Three, FANTA-2 will update the *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)* in English and disseminate the completed French translation, including the ENN-developed IYCF training module in French. FANTA-2 will also continue to collaborate with WHO, UNICEF, and other CMAM partners to update training materials relevant to CMAM, including the WHO-adapted inpatient care facilitator and clinical training course materials. As additional technical areas and resources emerge for CMAM, additional training modules or module sections will be developed, completed, and/or adapted.

Moreover, based on country-specific guidelines, in Project Year Three, FANTA-2 will draft and make available generic guidelines, training materials, and tools for CMAM reflecting updated evidence and promising practices. FANTA-2 will also technically support the adaptation of the generic materials to country-specific contexts and promote their use. The job aids will be compiled per implementation level and will include an operational guidance booklet translating national guidelines for easy use in the field.

Technical Support to DCHA/OFDA IPs

In response to the 2008 global food crisis, DCHA/OFDA issued an Annual Program Statement (APS) for West Africa seeking proposals in three priority sectors: Agriculture and Food Security, the Economy and Market Systems, and Nutrition. At DCHA/OFDA's request, FANTA-2 reviewed CMAM services in three West African countries (Burkina Faso, Mali, and Mauritania) where DCHA/OFDA is supporting CMAM under the APS, and will complete a similar review in Niger in Project Year Three (see *Review of CMAM in West Africa* under **IR 2.1.4**). The reviews will inform priorities to strengthen future CMAM activities supported by DCHA/OFDA.

Building on the review findings and recommendations and in consultation with the DCHA/OFDA Regional Team, DCHA/OFDA Technical Advisory Group, and country stakeholders, in Project Year Three, FANTA-2 will provide TA to these West African countries and will translate some of the review recommendations into QI activities. TA will involve periodic in-country support to targeted countries; will be tailored to the specific needs, focusing on promising practices, reducing the risk of nutrition crises, and strengthening the capacity to respond to crises that do occur; and might include support to DCHA/OFDA in strategic planning, operational planning, training, and management of activities related to CMAM and emergency nutrition. More intensive TA will be provided to Niger through the placement of a CMAM specialist in-country to support the MOH in strengthening the quality, reach, and reliability of CMAM services (see the respective country sections in **IR 1** on **Niger**, **Southern Sudan**, and **Sudan**).

2.4.5 Supporting Research on Supplementary Feeding Programs

In Project Years One and Two, FANTA-2 participated in the steering group for research initiatives led by ENN and SC related to supplementary feeding programs (SFPs) for the management of MAM in emergency contexts. FANTA-2 provided technical input on study designs, field data collection, analysis of results, and reports on two research studies. The Developing Minimum Reporting Standards for Emergency SFPs study aimed to develop a set of guidelines and data collection templates, supporting manuals, and training materials and a database application for data entry, analysis, and reporting. The Conducting SFP Defaulting and Access Study aimed to increase the understanding of the role of default in program performance and strategize ways to minimize its occurrence and increase the understanding of causes of non-response and means of addressing them. The results of the two studies are expected in

⁴⁶ FANTA, Valid International, Concern Worldwide, and UNICEF. 2008. *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)*. AED/FANTA.

Project Year Three. FANTA-2 will review the results to determine the usefulness of lessons learned and adopt and disseminate their guidelines and/or recommendations accordingly.

2.4.6 Supporting the Use of Alternative Sampling Designs

In Project Year Three, FANTA-2 will continue to provide virtual TA to support MOH/NGO/U.N. users of the alternative sampling methodology to assess the prevalence of acute malnutrition.

IR 2.5 PUBLICATION AND KNOWLEDGE SHARING

FANTA-2 maximizes the transfer of knowledge by disseminating research findings and program experience in policy briefs, open-access peer-reviewed journals, research reports, assessments, reviews, and technical presentations. FANTA-2 further facilitates the uptake of knowledge through the production of materials, such as guides, manuals, TRMs, and occasional papers, as well as through training events, e-learning, workshops, and virtual consultation.

FANTA-2 engages the relevant communities of practice regarding developments in research, policy, and tools and maintains dialogue regarding needs, opportunities, and lessons learned by participating in electronic forums and directly engaging in working groups and other collaborative efforts.

To support these efforts, in Project Year Three, we will continue developing a new project website to allow open access to FANTA and FANTA-2 publications, with webpages focused on specific priority technical areas, such as the TSS. We will also develop new user-friendly publication formats, such as TRMs, to effectively capture and present key technical and program information and draft and/or complete and disseminate the publications, tools, and materials in **Appendix 1**. In addition, we will use online training methodologies, TOTs, workshops, mini-universities, and virtual consultations to support outreach to IPs and local and national government partners.

A number of technical materials on nutrition and HIV, such as training materials, programming guidance, and M&E guides, were developed in English. However, demand for these materials exists in several Francophone countries. In Project Year Two, FANTA-2 conducted a quick survey to determine which documents were most in need of translation and selected three. Priority documents include *A Guide to Monitoring and Evaluation of Nutrition Assessment, Education, and Counseling of People Living with HIV*⁴⁷ and *Nutrition Care for People Living with HIV and AIDS: Training Manual for Community and Home-Based Care Providers Facilitators Guide and Participants Handouts*.⁴⁸ In Project Year Three, FANTA-2 will translate these selected technical resources into French and disseminate them to key nutrition and HIV stakeholders in the appropriate countries.

⁴⁷ Castleman, Deitchler, and Tumilowicz. 2008. *A Guide to Monitoring and Evaluation of Nutrition Assessment, Education, and Counseling of People Living with HIV*. AED/FANTA.

⁴⁸ *Nutrition Care for People Living with HIV and AIDS: Training Manual for Community and Home-Based Care Providers Facilitators Guide and Participants Handouts* can be found at http://www.fantaproject.org/publications/hbc_training2008.shtml.

Appendix 1. Publications under Development in Project Year Three

The following list of documents provides an overview of all the publications and deliverables that FANTA-2 will begin developing in Project Year Three. Actual work depends on discussion and agreement between FANTA-2 and its partners and on the availability of funding. Therefore, some publications might not be worked on in Project Year Three or others might be added. The titles of documents that have been previously published and/or disseminated are italicized.

REPORTS

1. Review of CMAM in Ghana
2. Southern Sudan nutrition situation analysis report
3. Review of CMAM in Southern Sudan
4. Sudan community outreach report
5. Food Security Country Frameworks (countries to be determined)
6. Analytical summary report for the CMAM West Africa Review
7. MUAC and Risk of Death study report
8. Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets in Resource-Poor Areas: Summary of Results from Five Sites
9. Report of the updated Food Aid and Food Security Assessment (FAFSA-2)
10. Report on the relative mortality risk among HIV-infected, HIV-exposed but uninfected, and HIV-unexposed children

NEW GUIDES

1. HHS data collection and tabulation guide

GUIDES TO BE UPDATED

1. *Sampling Guide*
2. *USAID's Commodity Reference Guide*

NEW GUIDELINES

1. Mozambique Manual for Supervising and Improving the Implementation of Nutrition Activities in Health Centers
2. National Guidelines on Nutrition Care and Support of PLHIV (Adults over 15 Years of Age) in Mozambique
3. Volume 2 of the *Manual for the Treatment and Rehabilitation of Malnutrition* in Mozambique
4. National CMAM guidelines for Niger
5. Interim National Nutrition Policy for Southern Sudan
6. Guidelines for NACS in Tanzania
7. Guidelines for feeding HIV-exposed children under 2 years of age in Vietnam
8. Guidelines for clinically malnourished HIV-exposed children in Vietnam
9. Generic national CMAM guidelines
10. Guidelines on managing malnutrition among adult and adolescent PLHIV

GUIDELINES TO BE UPDATED

1. *Ethiopian National Guidelines for HIV/AIDS and Nutrition* (2008)
2. *Kenyan National Guidelines on Nutrition and HIV* (2006)
3. Volume 1 of the *Manual for the Treatment and Rehabilitation of Malnutrition* in Mozambique (2010)
4. National IYCF guidelines for Namibia
5. *Improving the Nutrition Impacts of Agriculture Interventions: Strategy and Policy Brief* (2001)

NEW TRAINING MATERIALS

1. Media training curricula and accompanying materials for nutrition for Bangladesh
2. Training materials for pre-service training in nutrition and HIV for medical and nursing schools in Ethiopia
3. Pre-service training curricula for CMAM for different levels of health professions in Ghana
4. Training guides and materials for CMAM for Ghana
5. Training manual on food, nutrition, and HIV for Haiti
6. Nutrition and HIV training manual for community and HBC providers in Kenya
7. PRN training materials for Mozambique
8. Nutrition and HIV training materials for community-based workers in Mozambique
9. Training materials for CMAM for Niger
10. Training guides and materials for CMAM for Southern Sudan
11. Training guides and materials for CMAM for Sudan
12. Training materials for NACS in Tanzania
13. Training materials for assessing treatment coverage of CMAM
14. E-learning overview course on nutrition for use by USAID staff

TRAINING MATERIALS TO BE UPDATED

1. *Ethiopian Guide to Clinical Nutrition Care for Children and Adults with HIV: A Three-day Training Course for Clinical Care Providers* (2008)
2. *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives* (2008)
3. *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)* (2008)

TOOLS

1. National M&R and QI tools for Ghana
2. Job aids for community-based workers and HBC volunteers in Mozambique
3. Nutrition and HIV data collection tools for Namibia
4. Data collection tools for NACS services in Namibia
5. National job aids and M&R tools for Southern Sudan
6. National job aids and M&R tools for Sudan
7. Job aids for NACS in Tanzania
8. Nutrition action kit for Tanzania
9. Self-assessment tool to monitor the quality of NACS in Vietnam
10. Job aids for NACS in Vietnam
11. CMAM Costing Tool and User's Guide
12. CMAM Capacity Assessment Tool and User's Guide
13. SQUEAC Coverage Tool and User's Guide
14. Generic job aids and M&R tools for CMAM
15. Costing Tool for Nutrition and HIV Activities and User's Guide
16. Optifood Tool, deployment guide, and user's manual

SBCC AND COUNSELING MATERIALS

1. SBCC strategy for counseling and IYCF in CMAM for Ghana
2. Counseling materials for adults vulnerable to malnutrition in Haiti
3. Brochures for PLHIV in Mozambique
4. SBCC materials for improving the nutritional status of PHIV in Mozambique
5. SBCC strategy for counseling and IYCF in CMAM for Niger
6. SBCC strategy for counseling and IYCF in CMAM for Sudan
7. Counseling materials on IYCF in the context of HIV in Vietnam
8. NACS SBCC materials for Vietnam
9. Nutrition and HIV counseling flipchart and wall charts for Zambia

TECHNICAL BRIEFS

1. Ghana nutrition advocacy briefs
2. Technical brief on the HHS
3. Technical brief on food hygiene
4. Technical briefs summarizing evidence on nutrition and TB

ARTICLES

1. Comparing LNS to FBF in Malawi
2. Results from the efficacy trials of A-20, A-28, and A-29
3. Seven articles in a Special Supplement to the *Journal of Nutrition* on results from the WDDP

TRANSLATIONS

1. CMAM job aids, training materials, and M&R tools for Southern Sudan (Arabic)
2. CMAM job aids, training materials, and M&R tools for Sudan (Arabic)
3. Nutrition and HIV counseling flipchart for Zambia (local languages)
4. *Training Guide for Community-Based Management of Acute Malnutrition (CMAM)* (Arabic, French)
5. CMAM Costing Tool and User's Guide (Arabic, French)
6. CMAM Capacity Assessment Tool (Arabic, French)
7. CMAM Coverage Tool and accompanying training materials (Arabic, French)
8. Training module on IYCF in CMAM (French)
9. *Indicators for assessing infant and young child feeding practices – Part 2: Measurement* (multiple languages)
10. *Indicators for assessing infant and young child feeding practices – Part 3: Country profiles* (multiple languages)
11. *A Guide to Monitoring and Evaluation of Nutrition Assessment, Education, and Counseling of People Living with HIV* (French)
12. *Nutrition Care for People Living with HIV and AIDS: Training Manual for Community and Home-Based Care Providers Facilitators Guide and Participants Handouts* (French)