



## **FANTA Project Year 5 and 6 Work Plan**

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## Abbreviations and Acronyms

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ABC	activity-based costing
AIDS	Acquired Immunodeficiency Syndrome
ART	antiretroviral therapy
ASSIST	Applying Science to Strengthen and Improve Systems Project
BBS	beneficiary-based survey
BFS	USAID Bureau for Food Security
BMI	body mass index
CMAM	community-based management of acute malnutrition
COUNSENUTH	Centre for Counselling, Nutrition and Health Care
CSI	coping strategies index
CSO	civil society organization
DAI	Development Alternatives, Inc.
DHS	Demographic Health Survey
DNCC	District National Coordination Committee (Uganda)
DNHA	Department of Nutrition, HIV/AIDS (Malawi)
DNO	District Nutrition Officer (Tanzania)
DRC	Democratic Republic of Congo
EAR	engagement, adherence, and retention
EBF	exclusive breastfeeding
ES/L/FS	economic strengthening, livelihoods, and food security
FANTA	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization of the United Nations
FBP	Food by Prescription
FBR	food-based recommendation
FEWS NET	Famine Early Warning Systems Network
FFP	USAID Office of Food for Peace
FMOH	Federal Ministry of Health (Ethiopia)
FSCF	food security country framework
FTF	Feed the Future
FY	Fiscal Year
GH	USAID Bureau for Global Health
GHI	Global Health Initiative
GNC	Global Nutrition Cluster
HC3	Health Communications Capacity Collaborative (USAID)
HDDS	Household Dietary Diversity Score
HEPP	Health Policy Project
HHS	Household Hunger Scale
HIDN	Office of Health, Infectious Diseases, and Nutrition
HIV	human immunodeficiency virus
HKI	Helen Keller International
HMIS	health management information system
HOP	Headquarters Operational Plan (PEPFAR funded)
IATT	Food and Nutrition Inter Agency Task Team
ICEFI	Instituto Centroamericano de Estudios Fiscales (Central American for Fiscal Studies)
IFA	iron/folic acid
IFPRI	International Food Policy Research Institute

iLiNS	International Lipid-Based Nutrient Supplements
IMAM	integrated management of acute malnutrition
INCAP	Instituto de Nutrición de Centro América y Panamá (Institute of Nutrition of Central America and Panama)
INCO PAS	Instance for Consult and Social Participation (Instancia de Consulta y Participación Social)
IP	implementing partner
IPC	Integrated Food Security Phase Classification
IPC GSU	IPC Global Support Unit
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IRB	Institutional Review Board
IYCF	infant and young child feeding
LAM	lactation amenorrhea method
LGA	local government authority (Tanzania)
LIFT II	Livelihoods and Food Security Technical Assistance II Project
LNS	lipid-based nutrient supplement(s)
LNSRN	LNS Research Network
M&E	monitoring and evaluation
MAAIF	Ministry of Agriculture, Animal Industry, and Fisheries
MAM	moderate acute malnutrition
MCDMCH	Ministry of Community Development, Mother and Child Health (Zambia)
MCHIP	Maternal and Child Health Integrated Program
MCHN	maternal and child health and nutrition
MDD-W	minimum dietary diversity for women
MFDI	Media for Development International
MGLSD	Ministry of Gender, Labour and Social Development
MI	Micronutrient Initiative
MINFIN	Ministerio de Finanzas Públicas (Ministry of Public Finance) (Guatemala)
MISAU	Ministério da Saúde (Ministry of Health) (Mozambique)
mm	millimeter(s)
MNP	multiple micronutrient powder(s)
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MSS	Minimum Standard Services
MSU	Michigan State University
MUAC	mid-upper arm circumference
NACS	nutrition assessment, counseling, and support
NCST	nutrition care, support, and treatment (Malawi)
NGO	nongovernmental organization
NPDA	Nutrition Program Design Assistant
OFDA	USAID Office of U.S. Foreign Disaster Assistance
OHA	USAID Office of HIV/AIDS
OPC	Office of the President and Cabinet (Malawi)
OPM	Office of the Prime Minister (Uganda)
OR	operations research
OVC	orphans and vulnerable children
PAMRDC	Plano de Acção Multisectorial para a Redução da Desnutrição Crónica em Moçambique (Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique)

PECNAP	prise en charge nutritionnelle ambulatoire des PVVIH (nutrition care and treatment for PLHIV) (Côte d’Ivoire)
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PIRS	performance indicator reference sheet
PLEW	project-level early warning
PLHIV	people living with HIV
PLW	pregnant and lactating women
PM2A	Preventing Malnutrition in Children under 2 Approach
PMO	Prime Minister’s Office (Tanzania)
PMP	Performance Management Plan
PMTCT	prevention of mother-to-child transmission of HIV
PRN	Programa de Reabilitação Nutricional (Nutrition Rehabilitation Program) (Mozambique)
<i>PRN I and II</i>	<i>Manual for the Treatment and Rehabilitation of Malnutrition, Volumes I and II</i>
PVO	private voluntary organization
PY	Project Year
QA	quality assurance
QI	quality improvement
R/DNUO	Regional/District Nutrition Officers
RHB	Regional Health Bureau
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SBC	social and behavior change
SBCC	social and behavior change communication
SESAN	Secretariat for Food Security and Nutrition (Secretaría de Seguridad Alimentaria y Nutricional)
SFP	specialized food product
SO	Strategic Objective
SP	sulfadoxine pyrimethamine
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project
SQ-LNS	small-quantity LNS
SUN	Scaling Up Nutrition
TA	technical assistance
TAG	technical advisory group
TB	tuberculosis
TDY	temporary duty
TEAM	WHO/UNICEF technical advisory group
TFNC	Tanzania Food and Nutrition Centre
TOPS	Technical and Operational Performance Support Program
TOT	training of trainers
TRM	technical reference materials
TWG	technical working group
U.N.	United Nations
U.S.	United States
UC Davis	University of California – Davis
UNAP	Uganda Nutrition Action Plan 2011–2016
UNF	Uganda Nutrition Fellowship

USAID	U.S. Agency for International Development
USDA	U.S. Department of Agriculture
USG	U.S. Government
UTA	University of Tampere
WASH	water, sanitation, and hygiene
WDDP	Women's Dietary Diversity Project
WFP	World Food Programme
WHIP	Western Highlands Integrated Program
WHO	World Health Organization
WUSTL	Washington University in St. Louis
ZOI	zone of influence

## The Food and Nutrition Technical Assistance III Project: Project Overview

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The Strategic Objective (SO) of the U.S. Agency for International Development (USAID)-funded Food and Nutrition Technical Assistance III Project (FANTA) is “food security and health policies, programs, and systems for improved nutrition strengthened.” FANTA meets this objective through the efficient provision of high-quality technical assistance (TA) to scale up evidence-based nutrition interventions, while further building the evidence base for multisectoral approaches. Guided by the principles of the USAID Multi-Sectoral Nutrition Strategy, Feed the Future (FTF), and USAID Forward, and the Scaling Up Nutrition (SUN) movement, FANTA uses a three-pronged approach to improve nutrition.

- At the global level, FANTA promotes the adoption of policies, standards, and promising practices and develops guidance and tools for monitoring and evaluation (M&E) and capacity building.
- FANTA expands the evidence base for what works through delivery science and impact evaluation research.
- FANTA provides TA to countries, USAID Missions, and implementing partners to improve assessments, program design and implementation, and M&E.

FANTA aims to take research to practice by testing and validating food security and nutrition approaches in a consistent manner. High-quality implementation at scale will be achieved by:

- Supporting country ownership by building the capacity of national stakeholders to assess, design, implement, and evaluate programs
- Coordinating with other donors, global partners, and programs
- Using current evidence and state-of-the art approaches
- Using effectiveness studies, delivery science, operations research, and M&E to innovate and further expand the evidence base
- Including an explicit gender perspective in program research, policy and standards recommendations, tools and guidance, and TA

FANTA’s work falls under two Intermediate Results (IRs).

- **FANTA strengthens the global evidence and capacity for food security and health policies, programs, and systems for improved nutrition (IR 1)** by expanding the evidence base for effective food security and nutrition program approaches; developing and implementing M&E systems and tools; promoting global standards and policies in food security and nutrition; creating linkages within health systems to strengthen nutrition throughout the life cycle; and strengthening capacity in assessment, program design, implementation, and M&E.
- **FANTA strengthens country-driven food security and health policies, programs, and systems for improved nutrition (IR 2)** by improving the assessment, design implementation, and M&E of programs focusing on food security and nutrition in the context of emergency situations, HIV and other infectious diseases, maternal and child health and nutrition (MCHN), and agriculture and nutrition linkages.

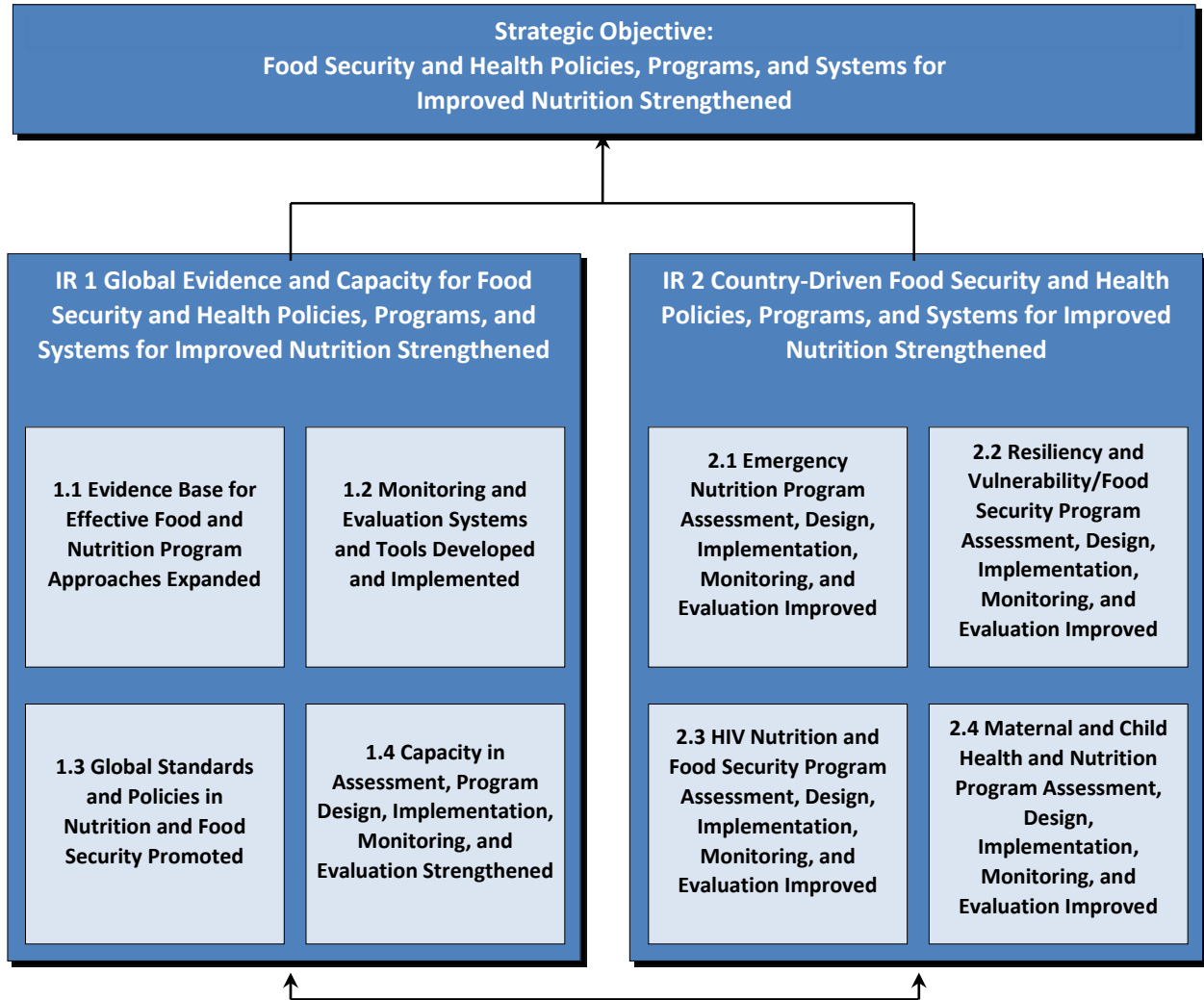
Each IR contains four sub-IRs (see **Figure 1**). **Table 1** displays activities by sub-IR in the countries in which FANTA plans to work in Project Year 5.

FANTA is implemented by FHI 360. The project is a 5-year cooperative agreement (February 8, 2012 to February 7, 2017). Partners include the Centre for Counselling, Nutrition and Health Care



(COUNSENUH); Development Alternatives, Inc. (DAI); Helen Keller International (HKI); *Instituto de Nutrición de Centro América y Panamá* (INCAP) (Institute of Nutrition of Central America and Panama); the International Food Policy Research Institute (IFPRI); Media for Development International (MFDI); Michigan State University (MSU); Micronutrient Initiative (MI); the Tanzania Food and Nutrition Centre (TFNC); Tufts University; University of California – Davis (UC Davis); University of Tampere (Finland) (UTA); and Washington University in St. Louis (WUSTL).

**Figure 1. FANTA Strategic Framework**



**Table 1. Matrix of Country Activities by Sub-IR**

COUNTRIES	IR 1				IR 2			
	1.1 Evidence Base for Effective Food and Nutrition Program Approaches Expanded	1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented	1.3 Global Standards and Policies in Nutrition and Food Security Promoted	1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened	2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.2 Resiliency and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved
Bangladesh	X	X		X				
Bolivia	X							
Botswana							X	
Burundi	X							
Côte d'Ivoire							X	
DRC							X	
Ethiopia							X	
Guatemala	X							X
Honduras	X							
India	X							
Indonesia			X					X
Kenya	X						X	
Lesotho							X	
Madagascar								
Malawi	X	X			X		X	X
Mali		X		X				
Mozambique							X	X
Nigeria							X	
Sierra Leone	X							
Tanzania			X				X	X
Uganda							X	X
Zambia							X	X

## Key Operating Approaches

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### Building the Evidence Base

FANTA carries out randomized controlled trials, impact evaluations, and delivery science studies to generate evidence about effective approaches to improve food security and nutrition. Findings from research activities are provided in technical reports, documented in scientific peer-reviewed papers, presented at international conferences, summarized in technical notes, and translated into technical reference materials.

### Strengthening Nutrition Governance through Support for Country Ownership

Reflecting the principles of the USAID Multi-Sectoral Nutrition Strategy, FTF, USAID Forward, and SUN, FANTA helps scale up and improve the sustainability of nutrition services by helping national governments update and harmonize their nutrition policies, strategies, action plans, and guidelines through in-depth TA and by strengthening the capacity of policymakers, implementing partners, health and agricultural service providers, and community health workers through training, job aids, mentorship, and exchange visits to build networks and skills. FANTA also strengthens M&E skills by conducting in-country workshops, developing technical reference materials (TRM), and providing input on national M&E systems.

### Integration

Populations face many nutrition challenges, from chronic and acute malnutrition and hidden hunger to the array of chronic diseases that are caused by overnutrition. Because these challenges often co-exist in the same populations, services are needed at the local level that address these various forms of malnutrition in an integrated manner and that cover the full continuum of care, from prevention to treatment. FANTA helps governments and implementing partners cross-link and integrate proven approaches, such as community-based management of acute malnutrition (CMAM); nutrition assessment, counseling, and support (NACS); preventive MCHN; water, sanitation, and hygiene (WASH) best practices; and agricultural extension by facilitating coordination across ministries, developing joint curricula, carrying out joint trainings of staff, and promoting the use of gender analysis and quality improvement (QI) across platforms.

### Collaboration

FANTA collaborates and coordinates with other USAID implementing partners and other donor programs to maximize the impact of our food security and nutrition TA. FANTA champions the use of joint temporary duty (TDYs) and joint work planning with global partners such as LIFT II, ASSIST, SPRING, MEASURE Evaluation and provides TA directly to USAID bilateral projects and United Nations-supported projects in countries to enhance integration, reach, and scale-up.

### Gender

Understanding gender relations and the socially ascribed roles and responsibilities for men and women in different country contexts—and how these affect food security and nutrition—form an integral part of FANTA's TA. FANTA conducts gender analyses to assess the degree of gender integration into activities, research, and publications and to identify key ways to integrate gender into policy, media, social and behavior change (SBC), and M&E to strengthen food security and nutrition program results. FANTA also develops guidance on gender integration, drawing from prior experience with Food for Peace (FFP) development food assistance projects and gender-related materials.

## Quality Improvement

FANTA adapts and applies QI methods to clinic- and community-based activities, with particular emphasis on maintaining quality services with scale-up and prioritizing services in the face of provider time constraints. Approaches include the establishment of quality standards and indicators for nutrition services, application of the Collaborative Model for Improvement for scale-up to an entire system, development of centers of excellence and checklists, and reinforcement of supportive supervision.

## Knowledge Management

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FANTA encourages and supports the transfer of knowledge by disseminating program experiences, research findings, and tools that strengthen nutrition both globally and at the country level. The project uses various platforms to reach target audiences, including the FANTA website ([www.fantaproject.org](http://www.fantaproject.org)), the *FANTA Update* newsletter, social media (blogs and Twitter), webinars, conferences, workshops, communities of practice, and peer-reviewed journals. The project primarily aims to reach USAID and its partners, including host country governments, nongovernmental organizations (NGOs), and international private voluntary organizations (PVOs). In the last year of the project, special attention will be given to capturing and disseminating FANTA's work in various focus areas and countries via topic papers and events in order to share best practices and lessons learned.

**Information Sharing.** In Project Year 5, FANTA will continue to support its online presence via the website (which receives more than 10,000 page views monthly), *FANTA Update* e-newsletter (which is sent to more than 1,000 subscribers), and Twitter (which has over 450 followers) to share FANTA's research and findings, publications, and tools. This includes work to ensure easy accessibility of information from the website and optimal usability. Other online dissemination activities include posting project updates and submission of FANTA deliverables to the USAID Development Experience Clearinghouse.

In Project Year 5, the project also plans to host webinars, and hold workshops as appropriate to further reach specific audiences on topics related to the activities outlined in this work plan (e.g., M&E workshops for FFP awardees, webinars to guide program implementers on the use of new FANTA tools, or events to present important research findings). In addition, FANTA will support the transfer of knowledge through the various trainings outlined in this work plan. The project will also continue to submit research findings and other relevant material to be published in peer-reviewed journals and presented at conferences. FANTA also participates in and supports communities of practice, such as those managed by FHI 360, CORE Group, Scaling Up Nutrition (SUN), and TOPS; and will present to USAID summaries of meetings held in those fora, as well as summaries of international conferences it attends.

**Publications.** FANTA's publications reflect a wide range of material, e.g., research findings, policy guidance, national nutrition plans, indicator guides, assessments, training materials, and job aids. Lists of FANTA tools, trainings, peer-reviewed articles, and publications planned for Project Year 5 are available in **Annexes 2, 3, and 4**, respectively. FANTA will continue to create briefs to more widely share important activities, approaches, and research findings with program implementers and others. These may include the following:

- Technical Brief/Topic Paper: 4–12 page brief, to explain a technical approach, technical lessons learned, or summarize research findings.
- Technical Legacy Report: 4–12 page report to document specific technical topics and lessons learned gained through FANTA technical assistance throughout the project. FANTA will work with USAID to identify topics for three legacy reports.
- Country Legacy Report: 4–12 page report to document FANTA's activities and achievements in a country, and present recommendations for next steps.
- Impact Story: two-page brief to summarize results and impact of a specific FANTA activity, utilizing images or graphics (FANTA plans to produce at least three impact stories in Project Year 5, as noted in this work plan's Performance Management Plan [PMP]).
- Field Note: 2–4 page brief that shares information on a current FANTA country-based activity through discussion of challenges, solutions, and lessons learned.
- Advocacy Brief: 1–2 page brief used to illustrate to stakeholders nutrition problems and potential solutions using data, graphics, and images.

## IR 1 Global Evidence and Capacity for Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened

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Through various key global and United States (U.S.) initiatives, including FTF and SUN, the international community has made a significant commitment to improving nutrition. FANTA builds on the existing evidence base, such as research evidence documented in the landmark 2013 Maternal and Child Nutrition series from *The Lancet*, for targeting interventions aimed at preventing undernutrition during the critical “1,000-day window of opportunity” from the start of a woman’s pregnancy until her child’s second birthday. We develop and test methods, tools, and approaches that inform and support how to implement effective programs and policies to improve nutrition, while continuing to strengthen the evidence base on specific interventions that work in key areas. Ultimately, the goal is to strengthen and improve the capacity of programs and systems that deliver nutrition services. Our strategic research studies also inform the development of tools, M&E, and capacity strengthening activities.

### IR 1.1 Evidence Base for Effective Food and Nutrition Program Approaches Expanded

FANTA conducts research activities in priority areas, including effectiveness studies, delivery science, OR, impact evaluations, cost-effectiveness studies, and secondary data analysis, to test and validate new and promising program approaches and strategies. Results from these activities are used to develop practical tools (such as calculators, software, and M&E indicators) and guides (such as TRM and training modules) to facilitate the adoption of promising practices (see also IRs 1.2 and 1.4) and to improve nutrition programs across a range of settings (see also IRs 2.1–2.4). The results also contribute to the development of global standards and policies in nutrition and food security (see also IR 1.3).

#### USAID Office of Food for Peace Program Policies and Approaches

**Preventing Malnutrition in Children under 2 Approach (PM2A)** (funded by FFP, October 2010–December 2016, implemented by IFPRI). PM2A is a food-assisted approach aimed at preventing child malnutrition by targeting a package of health and nutrition interventions during the 1,000-day window to all pregnant women, mothers of children 0–23 months of age, and children under 2 years of age in food insecure program areas, regardless of nutritional status. PM2A supports the provision of three core services to participants: conditional food rations; preventive and curative health and nutrition services for children and women, according to national protocols; and SBC.

In 2010, FANTA initiated a cluster-randomized trial in Guatemala and Burundi with FFP awardees to examine specific aspects of PM2A. The main research questions being investigated are the impact of PM2A on child nutritional status (stunting, underweight, and anemia); the cost-effectiveness of PM2A as an approach to improve child nutritional status; and the optimal composition, size, and duration of PM2A food rations for improved nutritional outcomes. FANTA has published baseline and enrollment reports from Burundi and Guatemala, respectively; a report from Guatemala on the formative research that supported the development of SBC messages; operations research reports from both countries, as well as a first impact report in Burundi with a focus on children 0–23 months.

Related to the Guatemala study, in Project Year 5, FANTA will publish a report with the results of the longitudinal impact study, and complete data analysis on cost-effectiveness. The report on cost-effectiveness of the approaches in Guatemala will be published in Project Year 6.

Related to the Burundi study, in Project Year 5, FANTA will publish a final impact report, with a focus on children 24–41 months, a synthesis report summarizing results from both Burundi impact reports, and complete data analysis on cost-effectiveness. The report on cost-effectiveness of the approaches in Burundi will be published in Project Year 6.

In Project Year 5, FANTA will also disseminate the results available from the Burundi and Guatemala studies at various conferences and dissemination events. Specifically, FANTA has proposed to organize a U.S. Agency for International Development/Global Health (USAID/GH) funded symposium at the Experimental Biology conference in April 2016 on the topic of “Program effectiveness for addressing undernutrition during the first 1000 days” during which results from the studies on PM2A will be presented. In Project Year 6, a brief summarizing the findings from both PM2A studies will be published, and the results will be presented at USAID. In addition, several manuscripts will be prepared for publication in peer-reviewed journals. Some of these manuscripts may, however, not be published until after the life of FANTA.

**Effective Exit Strategies for FFP Development Food Assistance Projects** (funded by FFP, March 2009–March 2016, implemented by Tufts University). A persistent challenge of development projects is to ensure that the benefits of their interventions are sustained after project end. All FFP development food assistance projects must incorporate into their designs a specific exit strategy that describes both how the project intends to withdraw from its implementation area without jeopardizing project achievements and how it will ensure that progress continues after the project ends. An earlier review of documented experiences with FFP development project exit strategies found little rigorous evidence on the effectiveness of different types of exit strategies. This represents a critical gap in knowledge about project 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 provide guidance to future development projects on how to incorporate exit strategies into project design that ensure sustainability of benefits, FANTA initiated multi-year studies in Bolivia, Honduras, India, and Kenya. Each country study includes three components:

- A review of the planned exit strategies and the implementation of those strategies in the final year of each FFP development project’s implementation cycle
- A qualitative review about one year after each project ended to understand processes of change that occurred following project closure
- In-depth qualitative and quantitative assessments approximately two years after each project’s exit to assess the extent to which project impacts were sustained or improved, and to understand factors of success or failure in specific exit strategies

In Project Years 3 and 4, drafts of the individual country report for Honduras, Kenya, Bolivia, and India were completed. In addition in Project Year 4, a summary report synthesizing the qualitative and quantitative findings across all rounds of data collection in the four countries was prepared; reviewed externally, as well as by USAID; and a presentation of the synthesis report’s higher level findings was presented to USAID. In the first quarter of Project Year 5, the final version of the synthesis report will be published. The final versions of all four country reports will also be completed and published on the FANTA website in Project Year 5. If requested by FFP, FANTA will also organize a dissemination workshop in Washington, DC to present the overall research findings to the implementing community.

**Food Aid Quality Review** (funded by FFP, August 2015–December 2015, implemented by Tufts University). At the request of FFP, in Project Year 4, FANTA engaged with Tufts University to continue the Food Aid Quality Review implementation phase activities already underway. This work focused on three main areas: 1. Products; 2. Programming Guidance; and 3. Process. In relation to each of these areas, the following specific activities may be undertaken in Project Year 5.

*Products:* a) Update USAID Title II commodity specifications; b) Develop a model for calculating cost-effectiveness of various products; c) Refine specifications for various fortified blended flours (FBF); d) Provide technical support to U.S. Department of Agriculture (USDA) to improve its commodity specification template; e) Prepare a manuscript analyzing results and lessons learned from a field trial comparing four foods in the treatment of moderate acute malnutrition (MAM) in Sierra Leone; and f) Explore the possibility of a new field site to substitute for the MAM treatment study that was terminated early in Sierra Leone due to the Ebola outbreak.

*Programmatic Guidance:* a) Prepare various research reports and dissemination presentations to document the feasibility and acceptability of consuming increased amounts of fortified vegetable oil with corn-soy blend; b) Update the USAID Commodities Reference Guide fact sheets and ration guidance; and c) Develop feasible protocols for research and field testing of new products and programming approaches so that effectiveness and feasibility information is evidence-based.

*Process:* a) Review and update in consultation with USAID and USDA the procedures for suppliers to follow in approaching the U.S. government to introduce new humanitarian products; b) Identify best practices for engagement with the private sector (e.g., new product development, quality assurance, procurement, testing); c) Identify barriers experienced by USAID with the introduction of nutritionally improved products into new countries and recommend potential points of intervention; d) Facilitate information and resource sharing on innovations and research relevant to programming of food (and related resources) to achieve enhanced nutrition outcomes; e) Document the new FBF and lipid-based nutrient supplements being developed by others (e.g., USDA Micronutrient-Fortified Food Aid Products Pilot under McGovern-Dole); f) Harmonize food aid products among food aid donors and create system for its continuation; and g) Facilitate interagency (USAID and USDA) meetings and create roadmap for its continuation.

## Specialized Food Products Studies

**Effectiveness of Lipid-based Nutrient Supplements (LNS) in Bangladesh** (funded by USAID Bureau for Global Health [GH], September 2011–December 2016, implemented by UC Davis). In 2011, FANTA started an effectiveness study, the Rang Din Nutrition Study, to evaluate the impact of LNS on the prevention of chronic malnutrition in children and the improvement of nutritional status among pregnant and lactating women (PLW) in Bangladesh. FANTA continues to carry out this cluster-randomized, controlled effectiveness study, which involves four study arms:

- LNS to the mother during pregnancy and the first 6 months postpartum, plus LNS to the child starting at 6 months of age up to 24 months
- Iron/folic acid (IFA) to the mother during pregnancy and the first 3 months postpartum, and LNS to the child starting at 6 months of age up to 24 months
- IFA to the mother during pregnancy and the first 3 months postpartum, and multiple micronutrient powders (MNP) to the child starting at 6 months of age up to 24 months
- IFA to the mother during pregnancy and the first 3 months postpartum, and no additional supplement to the child

The study evaluates the impact of these approaches on nutrition, health, and developmental outcomes of participating children until 24 months of age and on the health and nutrition outcomes of their mothers.

Along with this study, FANTA is carrying out complementary socioeconomic research activities to assess the willingness to pay for LNS and MNP, the relative and absolute cost and cost-effectiveness of each approach, and public and private benefits of LNS and MNP use. Finally, to understand the operational aspects of delivering these types of supplements through community-based programs, FANTA is also conducting a



process evaluation to assess barriers and constraints to optimal delivery and uptake of the LNS and MNP interventions.

Data collection was completed in Project Year 4. In Project Years 5–6, data will be cleaned and analyzed, and results will be disseminated in reports, journal articles, meetings, and scientific conference presentations. The results analyzed will include child outcomes (e.g., anthropometry, micronutrient status and anemia, and motor development), as well as data for the socioeconomic and process evaluation work (e.g., willingness to pay for the nutrient supplements and health expenditures).

In Project Year 5, the following technical reports will be published:

- Report on primary and secondary pregnancy and birth outcomes
- Report on supplement adherence in children in Bangladesh
- Report on the results of the process evaluation of integrating the LNS and MNP distribution within the local organization’s MCHN program in Bangladesh

In Project Year 6, the following technical reports will be published:

- Report on child outcomes, health care expenditures during childhood, and cost-effectiveness of LNS, MNP on child growth outcomes
- Report on willingness to pay for LNS in women and children

In addition, several manuscripts will be prepared for publication in peer-reviewed journals in Project Year 5 and Project Year 6. Some of these manuscripts may, however, not be published in the peer-reviewed literature until after the life of FANTA.

**Effectiveness of LNS in Bangladesh Follow-on Study** (funded by GH, October 2015–December 2016, implemented by UC Davis). FANTA is implementing a study (known as the Rang-Din Nutrition Study or RDNS) to evaluate the effectiveness, within a community-based program, of a two-pronged approach aimed at preventing maternal and child undernutrition during the first “1,000 days”: provision of lipid-based nutrient supplements (LNS) to women during pregnancy and the first 6 months post-partum, and another formulation of LNS (or micronutrient powder) to their offspring from 6 to 24 months of age. Results to date indicate a significant impact of LNS given to pregnant women on birth size. Data collection with the children was completed in Project Year 4 and the results are forthcoming.

Little is known about the long-term impact of comprehensive nutritional supplementation during this “1,000 days” window on later growth, health and human capital (cognitive development, schooling outcomes, employment, income). In Project Year 5, FANTA is proposing to follow up the RDNS cohort to collect information on various outcomes when the children reach preschool (4 years of age). This follow-up of the children would build on the substantial investment already made for the main trial and would yield critical information on the longer-term consequences of nutritional interventions in the setting of a community-based program. The domains that will be measured include child growth and body composition; food preferences; cognitive development and pre-academic skills; and maternal mental and physical health (anthropometric status and hemoglobin). In Project Year 5, data collection forms and standard operating procedures will be developed, forms pilot tested, data collection staff hired and trained, and data collection completed. In Project Year 6, the report of the findings from the follow-up study will be published on the FANTA website. In addition, at least one manuscript will be prepared for publication in a high impact peer-reviewed journal. It is likely, however, that this manuscript will not be published in the peer-reviewed literature until after the life of FANTA.

**Effectiveness of LNS during Pregnancy Study, Malawi** (funded by GH, March 2011–March 2016, implemented by UC Davis and University of Tampere). While daily complementary feeding of infants with LNS might have the potential to reduce the incidence of severe stunting before the age of 18 months, linear growth retardation often starts before 6 months of age, in the fetal period, or as the result of a preterm birth. Previous studies have shown maternal reproductive tract infections and malaria during pregnancy to be important risk factors for preterm births and infants born with low birth weight, which are both associated with linear growth faltering in early childhood and beyond.

To build on this knowledge, FANTA initiated a study to investigate the extent to which adverse birth outcomes can be reduced through dietary intervention during pregnancy. The randomized, controlled clinical trial is being carried out in Malawi with 1,391 pregnant women, randomized to receive one of three daily interventions until delivery: LNS, multiple micronutrient supplementation, or IFA supplementation. The results of the study will inform whether LNS or multiple micronutrient supplementation—in comparison to the standard of care (IFA supplementation)—during pregnancy can reduce the effect of maternal infection during pregnancy on preterm births and infants born with low birth weight. In Project Year 5, two reports documenting the comprehensive results from the study will be finalized and published, one focusing on the effects of the intervention; and the other focusing on the predictors of birth outcomes. Additionally in Project Year 5, an abbreviated version of the predictors of birth outcomes will be finalized and published. This report will focus specifically on the results of the pathway analysis for birth outcomes. A manuscript on the same topic will also be prepared for publication in a peer-reviewed journal.

**Interventions to Effectively Treat Moderate Acute Malnutrition (MAM) among HIV-positive and HIV-negative Women during Pregnancy** (funded by GH, March 2014–January 2017, implemented by WUSTL). Malnutrition during pregnancy is more common in poor women in the developing world due to inadequate dietary intake. In addition, pregnancy risk is more consequential among poor women than among other demographic groups, with increased risk of maternal and infant mortality and lifelong effects of fetal malnutrition. HIV infection exacerbates the risk of poor outcomes associated with malnutrition during pregnancy. Internationally, there is no agreement on the method of diagnosis or treatment of moderate or severe acute (SAM) during pregnancy; therefore, the World Health Organization (WHO) currently does not have guidelines for the diagnosis or nutritional treatment of pregnant women with moderate or SAM. The benefits of MAM treatment during pregnancy remain undocumented.

To respond to this gap in evidence-based treatment protocols, FANTA initiated a study in Project Year 3 in Malawi to test the hypothesis that providing either a fortified flour (CSB+) plus a multiple micronutrient tablet or a ready-to-use supplementary food (RUSF) designed to replenish nutrient deficits during pregnancy will result in improved MAM recovery rates among pregnant women and higher infant birth weights and lengths compared to the current standard of care, which is a ration consisting of corn-soy blend and IFA supplementation. Enrollment in the study is conducted through antenatal clinics in rural and peri-urban southern Malawi. In an effort to expand the study population to include HIV-positive women, urban clinics with a higher HIV prevalence were also included as enrollment sites. Data collection is expected to be completed in the second half of Project Year 5. Shortly thereafter, in the first quarter of Project Year 6, a technical report of the findings from the study will be prepared and published on the FANTA website. In addition, it is currently envisioned that at least three manuscripts related to this study will eventually be prepared and submitted for publication in high impact peer-reviewed journals. However, given the expected timing for completion of this study, it is unlikely that these manuscripts will be published in the peer-reviewed literature within the life of FANTA.

## Multisector Intervention Studies

**Effectiveness of Interventions to Sustain Nutritional Status among Children Recovering from MAM Study** (funded by GH, November 2012–January 2017 implemented by WUSTL). Based on research findings

that suggest that children successfully treated for MAM remain vulnerable and might benefit from additional interventions and/or a longer period of food supplementation, FANTA initiated a study to examine the effectiveness of providing food supplementation over a longer period of time, along with provision of four common health interventions, for sustaining good nutritional status among children in the year following recovery from MAM. The intervention group is receiving whey RUSF for 8 weeks beyond their recovery for MAM, along with malaria chemoprophylaxis for 3 months, a 14-day course of zinc to improve environmental enteropathy, a one-time albendazole treatment for deworming, and a single insecticide-treated bednet. The control group is receiving only bednets after recovery from MAM. The study will allow assessment of the effectiveness of the follow-up intervention for sustained recovery from MAM. Data collection for the study is expected to be completed in the second half of Project Year 5. Shortly thereafter, in the first quarter of Project Year 6, a technical report of the findings from the study will be prepared and published on the FANTA website. In addition, it is currently envisioned that at least one manuscript related to this study will eventually be prepared and submitted for publication in a high impact peer-reviewed journal. However, given the expected timing for completion of this study, it is unlikely that any manuscripts resulting from this work will be published in the peer-reviewed literature within the life of FANTA.

**Impact of Prenatal Health Intervention on Children’s Growth, Development, and Mortality Study** (funded by GH, August 2014–August 2016, implemented by University of Tampere). Approximately 10 percent of all newborns are born preterm each year. Preterm births are estimated to account for 10 percent of all child deaths worldwide and are associated with growth failure, developmental problems, and many other adverse outcomes. Yet surprisingly little is known about the etiology of preterm birth and the exact association between it and adverse health outcomes or about cost-effective prevention or management alternatives for low-income settings where the problem is most common. FANTA will investigate some of these issues through two existing databases, collected earlier (2003–2006) as part of a randomized clinical trial in Malawi. The trial involved 1,320 pregnant women who received one of three interventions during pregnancy: standard care, monthly malaria treatment with sulfadoxine pyrimethamine (SP), or monthly SP and two doses of azithromycin antibiotics. The main result—a one-third lower incidence of preterm birth and low birth weight in the SP-azithromycin group than in the control group—was published in the *American Journal of Tropical Medicine and Hygiene* in 2010. The growth of the children delivered during the study was monitored up to the age of 5 years (at 3, 6, 9, 12, 15, 18, 24, 30, 36, 48, and 60 months), and their development was assessed at the age of 5 years. However, the results from these follow-up data have not yet been analyzed. In Project Year 4, FANTA analyzed the results to assess the impact of monthly SP with or without two doses of azithromycin during pregnancy on childhood growth, development and mortality. During Project Year 4, an interim technical report to document the impact of the intervention on mortality, morbidity and child growth was prepared. In Project Year 5, analysis to investigate the impact of the intervention on children’s cognitive development will be undertaken. These findings will be added to the interim report prepared earlier, and the full study report will be published on the FANTA website at the end of Project Year 5. Several manuscripts will also be prepared for publication in peer-reviewed journals. Some of these manuscripts may, however, not be published in the peer-reviewed literature until after the life of FANTA.

## Mid-Upper Arm Circumference Studies

**Standardized Mid-upper Arm Circumference (MUAC) Cutoffs for Pregnant Women and Adults** (funded by GH, February 2014–December 2016, implemented by Tufts). MUAC is commonly used to determine the nutritional status of pregnant women and adults, yet global standards to classify acute malnutrition among pregnant women and adults using MUAC have not been established by WHO. As a result, different countries and programs use different MUAC cutoffs to determine eligibility for program services among these population groups. Establishment of standardized MUAC cutoffs for determining acute malnutrition among pregnant women and adults is needed to strengthen and harmonize programming in

integrated management of acute illness, HIV, and tuberculosis (TB) programs, as well as in broader maternal health and nutrition programs.

To address this gap and complement WHO's review of MUAC-related literature, FANTA initiated research to build evidence for the use of standardized MUAC cutoffs as indicators of acute malnutrition among adolescents and adults, including pregnant women and lactating women up to 6 months postpartum. As the first step in this initiative, FANTA carried out a systematic review of the peer-reviewed literature to compile and synthesize findings across studies that have examined the association of low MUAC with other measures of poor nutritional status, or poor functional or clinical outcomes, among adults and/or adolescents. A report based on this review was published on the FANTA website in 2013. To further advance the identification of standardized MUAC cutoffs for use among pregnant women and adults, in Project Year 3, FANTA initiated a secondary data analysis activity to explore if standardized MUAC cutoffs can be used to identify acute malnutrition among pregnant women and adults.

Given the global nature of the research initiative, and the potential programmatic and M&E implications related to the identification of standard MUAC cutoffs for pregnant women, a technical advisory group (TAG) to help guide and provide input into the activity was established. The primary objective of the TAG is to provide feedback and guidance at key milestones of the activity. The TAG members come from policy, scientific, and donor agencies, including USAID, the National Institutes of Health, WHO, and the World Food Programme (WFP), as well as well-known academics from the Johns Hopkins Bloomberg School of Public Health, Harvard University, the University of British Columbia, and the Africa Centre for Health and Population Studies. The analysis to explore if standardized MUAC cutoffs can be established for pregnant women was completed in Project Year 4 and results will be published on the FANTA website during Project Year 5. The results for the general adult population will be available in the first quarter of Project Year 6.

## Delivery Science Studies

**Review of Effective Non Ration-Based Program Models** (funded by FFP). Food rations are a useful assistance tool in several response situations. They can provide a safe and reliable source of calories and nutrients in the aftermath of a major shock, facilitate recuperation from some forms of acute malnutrition, ensure adequate intake during key periods in the life cycle to facilitate longer-term development gains, and smooth food consumption during difficult lean seasons. That said, food rations are not an ideal response tool in every context. As more cash resources become available to support FFP development projects, this creates a space to explore ways to respond to development needs that facilitate sustainable access to and consumption of energy- and nutritionally-adequate diets without the provision of a direct food ration. FANTA proposes to begin such an investigation in Project Year 5, with a review of available published and gray literature on food and nutrition security project approaches donors and implementers have taken to improve access to and utilization of appropriate quantities and quality of food without providing it directly. In particular, this review will attempt to identify projects seeking to achieve system change in addition to finite project impacts. To garner further perspectives, lessons, and good practices, this review will include key informant interviews from specific projects that have undertaken such approaches, including projects funded by Global Health or BFS through the Nutrition Innovation Lab. FANTA proposes to begin this review in Fiscal Year 16 of Project Year 5, with a draft of findings available by the end of the fiscal year. The final report of findings associated with this review will be approximately 30 pages in length and will be made publically available early in Fiscal Year 17 of Project Year 6.

**Table 2. IR 1.1 Country-Specific Research Activities Carried Out by FANTA Partners<sup>1</sup>**

COUNTRIES	PARTNERS				
	IFPRI	Tufts	UC Davis	WUSTL	UTA
Bangladesh			X		
Bolivia		X			
Burundi	X				
Guatemala	X				
Honduras		X			
India		X			
Kenya		X			
Malawi				X	X
Sierra Leone		X			

## IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented

The development of practical systems and tools to support rigorous M&E is a FANTA trademark. The availability of such systems and tools has increased the rigor and frequency with which USAID Missions and implementing organizations collect data. Our work builds on previous experience and draws inspiration from successful M&E methodologies across a wide array of disciplines to develop an expanded set of systems and tools that support the implementation of USAID’s evaluation policy.

### Development and Validation of M&E Systems and Tools

**Validation of a New Method to Measure Early Childhood Cognitive Development** (funded by GH, August 2014–January 2017, implemented by UTA). There is a growing consensus that weight and length gain—although in many ways good proxies for positive outcomes—do not necessarily capture all critical aspects of healthy growth in children. Analysis of child development outcomes has often been suggested as an alternative, but the assessment of motor development is quite cumbersome, crude, and prone to measurement errors. Additionally, the assessment of cognitive development is most reliably carried out among school-aged children, which means a long follow-up time and significant cost when carried out in relation to a nutrition intervention targeted to infants and young children.

A new method to study infant cognition, based on recording eye movements and visual fixation after various visual or other stimuli, has been developed. This method has been validated in a developed country setting, but has not yet been tested or validated in a developing country setting. The method is noninvasive and field-friendly and can be used to assess sensory and cognitive processes in infants 4–18 months of age. These tests target the development of early cognitive processes that are of critical importance for healthy development and lifetime functional outcomes. Because these tests rely on pictorial instead of verbal material, they can be similarly administered across cultures.

This new method has the potential to advance nutrition research in important ways, allowing critical aspects of healthy growth in children living in low-income countries to be compared to the most up-to-date body of

<sup>1</sup> Partners listed are those with which FANTA has an official sub-agreement. This table does not include all IR 1.1 activities because some activities will be carried out by soon-to-be partners; others are activities started under a previous cooperative agreement with an old FANTA partner; some activities are global in nature and not country-specific; and still others are carried out by FANTA or FANTA consultants.

knowledge on healthy child development. The method also has the potential to radically shorten the duration of follow up needed in nutrition studies to obtain reliable child cognitive development measures.

In Project Year 4, FANTA field-tested this new cognitive development measurement technique with 37 9-month-old infants in rural Malawi. The aim of the feasibility study was to document any adjustments that were required for conducting eye-tracking studies in low-resource settings and to make preliminary comparisons of data collected among infants in relatively high- and low-income settings (Finland and Malawi, respectively). Following completion of the feasibility study, a report of the field-test results was published on the FANTA website. Subsequently, also in Project Year 4, FANTA began a longitudinal, observational study in Malawi with 425 infants to examine how maternal and child nutrition and the duration of pregnancy at birth are associated with children's cognitive development at 7 and 9 months of age, in an effort to further advance the development and validation of the tool. The longitudinal, observational study will be completed at the end of Project Year 5. In first quarter of Project Year 6, the technical report of the findings will be prepared and published on the FANTA website. A manuscript reporting the results of the validation study is also planned and will be submitted to a peer-reviewed journal for publication.

**IPC Household Food Consumption Indicators Study** (funded by USAID Bureau for Africa). The IPC consists of many components, including an analytical framework for classifying the severity of chronic and acute food insecurity and tools and protocols for integrating and classifying existing food security information at national and subnational levels according to standard scales. These tools and protocols are complemented by an ongoing effort to develop a means of classifying the prevalence of acute malnutrition, so that food security and nutrition causal analyses are not limited to examinations of food security-related drivers.

The Famine Early Warning Systems Network (FEWS NET) has played a key role in the application of the IPC, in particular for acute food insecurity analysis, and the activity has contributed substantially to technical discussions regarding revisions to the IPC chronic and acute food insecurity severity scales. FANTA has also contributed expertise to the development of the IPC's technical materials by developing household food consumption indicators (e.g., HHS, HDDS), which the IPC employs, and by providing significant TA in the development of the IPC chronic tools and protocols.

In Project Year 2, FANTA and FEWS NET initiated a study to more closely examine a subset of food security indicators that proxy for household food consumption in the IPC's household-level acute food insecurity phase classification (many of these same indicators also feature in the IPC's chronic scale). This study seeks to illuminate how the ranges of food insecurity measured by the selected indicators relate to one another and to the phases of food insecurity severity set out in the IPC Acute Food Insecurity Reference Table for Household Group Classification. Specifically, the study examines the following household food consumption indicators: HHS, HDDS, coping strategies index (CSI), reduced coping strategies index (rCSI), food consumption score, and outcome analysis from the household economy approach.

FANTA and FEWS NET collected the secondary data used for the analysis in Project Year 2. In Project Year 3, FANTA and FEWS NET began analysis of the indicator data. In Project Year 4, FANTA and FEWS NET completed analysis of the indicator data, drafted a final analysis report, drafted and disseminated an associated study brief, developed recommendations for the IPC Technical Advisory Group on potential revisions to the IPC Acute Food Insecurity Reference Table for Household Group Classification based on study findings, and presented study findings to key stakeholders within the IPC Global Support Unit (GSU) and USAID. In Project Year 5, FANTA and FEWS NET will finalize and publish the full technical report associated with this study and will present the study findings via a poster presentation at the 2<sup>nd</sup> International Conference on Global Food Security to be held at Cornell University. It is anticipated that the results of this study will allow for a more precise understanding and classification of acute food insecurity severity in the IPC and will

contribute to broader discussions regarding the relationships among and applicability of various food consumption indicators across contexts.

**Technical Note Synthesizing Lessons from FFP Pilot Gender Indicators** (funded by FFP). To assist FFP development food assistance projects with measuring gender integration in Project Year 3, FFP adopted eight FANTA proposed gender indicators, to be piloted in baseline surveys of new awards in four countries (Burundi, Madagascar, Malawi, and Nepal) in 2015. This pilot offers an opportunity to critically examine and document the results of these indicators from four countries and identify gaps to inform revisions and adaptations for future baseline and final evaluation surveys. In Project Year 5–6, FANTA will assist FFP to synthesize and document the experiences from the pilot by preparing a technical note and undertake the following activities to inform the development of the technical note.

- a. *Debrief with FFP and the baseline survey contractor on the implementation of the pilots in the four countries.* The meetings will be focused on understanding which survey questions worked well in which country and which were problematic and why; and obtain recommendations on what improvements can be made.
- b. *Conduct telephone interviews with projects to understand how the gender indicators fit into the planned programming and how they are using the results from the baseline to inform program design and implementation.* These interviews will also help identify measurement gaps related to gender, based on the programming.
- c. *Conduct secondary analysis of the datasets.* This analysis will include a cross-country comparison of the results for the gender indicators as well as within-country analyses to explore the association between the gender indicators and other key food security and nutrition outcomes. The number of countries to be included in the analysis will depend on the timing of the availability of the datasets. These analyses will be undertaken in an effort to: a) provide the baseline survey contractor with guidance for additional useful analyses related to these indicators; and b) help identify gaps that can be addressed in future efforts to collect and report on the gender indicators.

## Implementation and Technical Assistance Related to M&E Systems and Tools

**Minimum Dietary Diversity for Women Indicator Guide** (funded by GH). To respond to the need for simple yet high-quality indicators to assess the quality of women's diets, FANTA formed the Women's Dietary Diversity Project (WDDP) in 2005. The WDDP was 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 and the micronutrient adequacy of women's diets in resource-poor settings in order to develop and validate a simple food group indicator to reflect and serve as a proxy for the micronutrient adequacy of women's diets. FANTA led the WDDP from 2005 to 2010 and identified several strong quasi-continuous candidate indicators that could be used as a proxy for assessing the micronutrient adequacy of women's diets. However, the FANTA WDDP research fell short of being able to recommend a dichotomous cutoff for the nine-food group women's dietary diversity indicator, given that evidence from the research did not support the use of a standard cutoff across all datasets analyzed.

In 2012, the Food and Agriculture Organization of the United Nations (FAO) initiated a follow-on project (WDDP II) to FANTA's earlier work, with the objective of identifying additional datasets that could be analyzed following the same analysis protocol and syntax that had been developed by FANTA under WDDP. These further analyses were completed in Project Year 3 and formed the basis for a multi-stakeholder technical meeting also held in Project Year 3, which FANTA and FAO jointly convened to reach consensus on a global indicator of dietary diversity for women. At the meeting, a unanimous agreement for a global dichotomous indicator for women's dietary diversity was reached.

In Project Year 4, FANTA, FAO, and UC Davis developed a draft indicator guide to provide potential users with instruction on how to collect and tabulate data for the new women's dietary diversity indicator, minimum dietary diversity for women (MDD-W) and shared the draft version of the guide for external review. The indicator guide will be finalized and disseminated in the first quarter of Project Year 5.

**Support to FFP for FY 2015 and FY 2016 Baseline Studies** (funded by FFP). In light of the USAID Evaluation Policy instituted in 2011, FFP currently fully funds and centrally manages a third-party firm to undertake baseline studies for countries with new FFP development food assistance project awards. The purpose of this evaluation policy is to improve learning within FFP and USAID from food security projects and to increase accountability to stakeholders. The introduction of the policy coincided with the findings from the Second Food Aid and Food Security Assessment, which created a demand for increased quality in the FFP baseline and final evaluation data. Project Year 5–6, FANTA will provide support to FFP, as requested for the planning and carrying out of the baseline surveys by the third party contractor. This may include TA related to the design of the sampling strategy for the evaluation, the methodology for the qualitative study, the design of the data collection instruments, and any other technical study aspects for which FFP requests assistance. FANTA will also assist FFP in reviewing all deliverables submitted by the third-party contractor including: the work plan; sampling plan; quantitative instruments; qualitative methodology and instruments; data treatment and analysis plan; and field procedure manuals for the enumerators, supervisors, and anthropometrists. FANTA will attend and help facilitate workshops conducted by the third-party firm—workshops to which all new FFP development food assistance project awardees in each country will be invited. If requested by FFP, FANTA may also assist in the monitoring of enumerator, supervisor, and/or anthropometrist training in the field; pretesting of the quantitative instruments; and/or piloting of the baseline survey data collection processes prior to commencement of data collection.

**Qualitative Final Evaluation of FFP Development Projects in Bangladesh** (funded by FFP). In 2010, FFP awarded funding to three private voluntary organizations (PVOs) to implement five-year Title II development food assistance programs, also known as Multi-Year Assistance Programs (MYAP), in the most food insecure regions of Bangladesh. The MYAPs use an integrated approach for addressing food insecurity in Bangladesh by developing income generating opportunities; improving agricultural productivity; improving maternal and child health, hygiene and nutrition; improving access to water supply and sanitation; and ensuring disaster preparedness and mitigation against the effect of climate change. The three projects are due to close out in Project Year 4. At the request of FFP, FANTA initiated work to conduct a qualitative final performance evaluation in Project Year 4 to assess program results and document lessons learned from the three MYAPs. This work included drafting the final evaluation protocol (including the methodology and data collection instruments), obtaining all necessary institutional review board approvals, and carrying out data collection activities. In Project Year 5, FANTA will complete analysis of the data collected and prepare the final evaluation report. Despite the delay in implementing the evaluation due to the need to obtain in-country IRB approval for the activity, the total cost of the evaluation will remain the same as initially proposed in Project Year 4.

**FFP Annual, Mid-term and Final Evaluation Outcomes and Impacts** (funded by FFP). To highlight the successes and achievements of FFP development food assistance projects, FANTA compiles key outcomes and impacts drawn from FFP awardees' mid-term and final evaluation submissions, as well as from the narrative sections of awardees' Annual Results Reports. In Project Year 5, FANTA will summarize the impacts for each mid-term and final evaluation submission in a one- to two-page impact story for each FFP awardee. FANTA will also prepare one consolidated list of outcomes and impacts from the set of submitted Annual Results Reports. These deliverables are usually submitted in April of each calendar year. Therefore, it is anticipated that this activity will not be undertaken in Project Year 6, given the expected project close-out.



**Technical Assistance to Refine the Integrated Food Security Phase Classification's (IPC) Food Security and Nutrition Tools and Protocols** (funded by GH). The IPC is a standardized approach to classifying the severity of chronic and acute food insecurity and the prevalence of acute malnutrition. The IPC is implemented at the national and/or subnational level through a forum involving host government entities, the U.N., international and local NGOs, and civil society actors that facilitates joint food security and/or nutrition analysis to reach technical consensus on the nature and severity of food insecurity and/or acute malnutrition in a given area.

Until 2012, the IPC focused largely on classifying the severity of acute food insecurity to assist in decision making associated with shorter-term strategic objectives. In 2011–2012, the IPC Global Support Unit (GSU) began developing a complementary means of classifying the severity of chronic food insecurity to support decisions associated with medium- and longer-term strategic objectives. In addition, in 2013, the IPC GSU brought together a working group of technical experts to begin work to develop tools to classify the prevalence of acute malnutrition.

In Project Year 2, the IPC GSU asked FANTA to participate in a Chronic Working Group to develop an agreed-upon system for classifying chronic food insecurity, given FANTA's technical expertise in food security and nutrition causal analysis and our work to develop indicators to capture some of its dimensions (e.g., the Household Hunger Scale [HHS] and the Household Dietary Diversity Score [HDDS], both of which are employed in IPC acute analysis). In Project Year 3, FANTA provided significant TA to the IPC Chronic Working Group to clarify concepts related to chronic food insecurity, developing and piloting a chronic classification prototype in four countries (Bangladesh, Guatemala, Kenya, and Zimbabwe), and refining the approach based on pilot lessons learned. Following these efforts, the IPC launched version 1.0 of the chronic food insecurity classification tools in several countries (Bangladesh, Burundi, El Salvador, Nepal, the Philippines, Uganda, and Zimbabwe) in Project Year 4. FANTA also continued to provide TA to the IPC chronic endeavor in Project Year 4, participating in a consultative review meeting following implementation of the first round of the IPC chronic version 1.0 tools to identify and implement the technical refinements necessary to effectively implement a full release of the chronic tools and protocols. The culminating IPC Chronic Addendum to Version 2.0 of the IPC Technical Manual was released in the fourth quarter of Project Year 4.

In Project Year 5 and 6, FANTA will provide limited technical assistance in efforts to further refine the IPC chronic and acute food insecurity severity classification tools and protocols to ensure that measures, terminology, and approaches are consistent across all forms of IPC classification. This will be achieved through select technical participation in the newly created IPC Harmonization Working Group (which replaces the previous Chronic Working Group).

### **IR 1.3 Global Standards and Policies in Nutrition and Food Security Promoted**

Global codification of state-of-the-art, innovative, proven approaches through statements, policies, and guidelines issued by FAO, UNICEF, WFP, WHO, and other international organizations is essential to enable widespread and sustainable uptake. FANTA builds on our relationships with key international organizations to facilitate the uptake of FANTA outputs and supports global collaboration to develop and disseminate guidance and training materials and to build the evidence base in relevant project focus areas. We also provide support to the key USAID central offices in strengthening policies and guidelines in key competency areas and provide technical information for public communications.

## Anthropometry

**Guide to Anthropometry** (funded by GH). In 2003, FANTA published the Anthropometric Indicators Measurement Guide. The guide, which focused on anthropometry of children under 5 was targeted to FFP and other programs to guide measurement of their programmatic anthropometric indicators, and it remains the key document used by these programs. A revision of the guide is now needed to align it with several significant changes that have occurred since its release (e.g., WHO has released new child growth standards, MUAC has become a key indicator for CMAM, different measurement protocols are being used by certain practitioners, linear growth monitoring is becoming more common, and nutrition programs now commonly work with adolescents and adults in addition to children under 5). To address this need, FANTA is developing a new Guide to Anthropometry to include up-to-date information, evidence, and practical guidance for children, adolescents, and adults. In Project Year 4, FANTA developed a detailed outline and a first draft of the new guide. In Project Year 5, FANTA will finalize the Guide to Anthropometry and start preparations for printing and dissemination. In Project Year 6, FANTA will print and disseminate the Guide.

**Support to USAID for Multi-Party Discussions on Anthropometry** (funded by GH). The DHS, MICS, and SMART household surveys, along with National Nutrition Surveys, have been used in numerous countries to determine anthropometric status of target groups. In a number of countries where multiple types of surveys have been fielded, important differences have been observed in results across survey types, causing confusion at the country level. In Project Year 4 FANTA provided support to USAID's Nutrition Division to host a technical meeting among U.S. Government (USG) agencies working in international nutrition (USAID, CDC), their key partners, representatives of UN agencies (UNICEF and WHO), and external nutrition experts to develop a shared understanding of the purposes, strengths, and challenges of different survey methodologies (e.g. DHS, MICS, and SMART/National Nutrition Surveys) and to provide recommendations for improving comparability of anthropometric data and to ensure accuracy of population estimates of nutritional status. In Project Year 5, FANTA will provide support to USAID and the WHO/UNICEF technical advisory group (TEAM) to hold further multi-party discussions on the anthropometric issues discussed during the meeting in an effort to harmonize criteria for quality in survey design, training of enumerators, implementation, documentation of field work, data analysis, reporting, and availability of de-identified survey datasets. FANTA will also provide support for the convening of the TEAM sub-committee on anthropometric data.

## Specialized Food Products

**SQ-LNS meeting** (funded by GH). Although the research to demonstrate the efficacy and effectiveness of SQ-LNS for the prevention of malnutrition is still underway, and despite the current lack of international guidelines for the use of SQ-LNS, programs are nevertheless adopting and implementing this approach as an intervention for the prevention of malnutrition. In fact, SQ-LNS has been implemented as a program intervention strategy since at least 2009, and is likely to continue to be adopted by many programs moving forward. In light of this, it is important to understand the operational challenges and logistic requirements related to the provision of SQ-LNS in a programmatic context, as well as the state of the evidence on the effectiveness of the intervention. Recognizing this, in Project Year 5, FANTA, in collaboration with the Bill and Melinda Gates Foundation funded iLiNS Project will convene a technical meeting October 14–16, 2015 to bring program implementers and researchers together to take stock of the lessons learned from operationalizing SQ-LNS in a programmatic setting, to outline the key operational conditions needed to roll-out programs using SQ-LNS, and to identify an implementation research agenda. Also in Project Year 5, FANTA will publish a meeting report, which will include: a) a section on each of the implementation issues discussed, covering experiences, challenges and lessons learned; b) a summary of the key operational conditions identified by participants as necessary for the roll-out of SQ-LNS; and c) recommendations for an SQ-LNS implementation research agenda, based on meeting discussions.

## Scaling Up Nutrition

**Participation in SUN Communities of Practice** (funded by GH). The SUN Movement seeks to accelerate the scaling up of nutrition by strengthening the capacity of SUN countries to deliver improved nutrition. Since April 2014, four Communities of Practice (CoP) have emerged as a method for ensuring that countries can access technical support more easily and share best practices. FANTA has been asked to participate in the following CoPs: CoP 1. Planning, Costing, Implementing, and Financing Multi-sectoral Actions for Improved Nutrition; CoP 2. Social Mobilization, Advocacy, and Communication (SMAC) for Scaling up Nutrition; and CoP 3. The Reliable Monitoring of Progress, Evaluation of Outcomes, and Demonstration of Nutrition Results; and can also make contributions to CoP 4. Functional Capacities for Coordinated and Effective Scaling Up Nutrition. In Project Year 5, FANTA will provide technical input and guidance to these CoPs through conference calls and written communication, focusing particularly on sharing FANTA tools and proven approaches. These contributions will be documented through meeting reports.

**Support to USAID and the SUN Donor Network on Tracking Nutrition Resources** (funded by GH). Increased commitment to nutrition-specific and nutrition-sensitive programming by donors, particularly those in the Scaling Up Nutrition (SUN) network, over the last several years, has been marked by increased investments and spending on nutrition. While this is a positive trend it has also brought attention to the need to be able to track nutrition spending across various donors and types of programs, and the challenges that exist there. The 2014 Global Nutrition Report (GNR) noted, for example, that tracking nutrition spending is challenging, making it difficult to hold responsible parties accountable. The GNR recommended that efforts to track financial resources for all nutrition stakeholders be intensified.

One of the challenges with tracking nutrition spending is that different methodologies for tracking are used by different donors, thereby making it impossible to consolidate tracking information. The need for a harmonized, universally acceptable methodology for tracking nutrition spending is needed. USAID/Global Health developed a nutrition resource tracking methodology that is simple and easy-to-use that could potentially be used by other donors.

In Project Year 5, FANTA will support USAID to develop a process by which the relevant donors will review and assess the available methodologies. Acting on behalf and in support of USAID through USAID's leadership in the SUN Donor Network, FANTA will undertake the process for developing consensus among donors on a harmonized methodology for tracking of nutrition specific and nutrition sensitive commitments and disbursements going forward. These processes will involve substantial discussion with other donors, understanding of the processes employed to date by the various donors, and understanding of financial reporting methodologies, especially as related to the OECD-DAC system. The outcome will be a report focused on a proposed common methodology among donors for nutrition resource tracking, which will be shared with the SUN Donor Network and through the SUN website and through other relevant public fora.

**Support to SUN on Preventing and Managing Conflict of Interest** (funded by GH). Under the leadership of the SUN Secretariat Community of Practice 4 (functional capacities), FANTA will provide support to and through the Secretariat and will engage other stakeholders in capacity building around prevention and management of conflicts of interest, especially at the country or regional level, through workshops, the refinement or adaptation of existing tools and resources for country-level use, and technical assistance to support uptake and utilization of these resources and tools.

## Support for Roll-Out of USAID Nutrition Strategy

**Nutrition Policy, CMAM, Costing and Nutrition and Early Childhood Development (ECD) Briefs** (funded by GH). FANTA will develop four briefs in support of the roll-out of the USAID Multisectoral Nutrition Strategy on the following topics: nutrition policy, CMAM, costing and ECD. Each brief, which will

be approximately 3–5 pages, will include information on how the topic links to the USAID Multisectoral Nutrition Strategy 2014-2025, the technical and evidence-based information on the topic, best practices and programmatic guidance, program examples, and links to technical resources. The briefs will be finalized in Project Year 5.

**MSN-GLEE Regional Dissemination Meetings** (funded by GH and FFP). Improving the nutritional status of women and children, especially during the critical 1000-day window from pregnancy to a child’s second birthday, is a key component of Ending Preventable Child and Maternal Deaths (EPCMD) and FTF, two of USAID’s main initiatives. As a global leader in addressing undernutrition through a multi-sectoral approach, USAID is demonstrating its commitment to supporting country nutrition strategies by programming three regional workshops to bring together USG staff, host country government partners, implementing partners, experts and other field practitioners to identify potential gaps and strengthen promising approaches in multi-sectoral nutrition programming. The objective of the Multi-sectoral Nutrition Global Learning and Evidence Exchanges (MSN-GLEEs) is to provide participants with a practical forum to share and learn from current program experiences and the latest technical guidance to strengthen implementation of USAID’s Multi-Sectoral Nutrition Strategy.

FANTA will organize and host one MSN-GLEE in March 2016 in Tanzania and another one in Washington, DC around June 2016. Through moderated discussions and panel presentations the workshop will address these major areas: 1) promising practices in multi-sectoral nutrition programming based on country experiences; and 2) specific challenges related to program design or implementation, policy enactment, coordination across sectors and stakeholder, human and financial resource gaps, etc. being addressed by current and planned programs. In Project Year 5, FANTA will help gather input from stakeholders on priority topics for the workshop, support Missions to present experiences with multi-sectoral programming, participate in the Workshop Technical Committee, contribute to finalization of the agenda, organize the logistical details of the workshop, turn Mission presentations into briefs and write the workshop report. This activity will be co-funded by FFP.

**Nutrition Country Profiles** (funded by GH). As noted in the USAID Multi-sectoral Nutrition Strategy, USAID is committed to supporting country-led policies, strategies, and processes to improve and strengthen nutrition indicators. In order to provide a succinct picture of country needs and priorities, Global Health invested in the creation of a series of Country Nutrition Profiles. The profiles outline country background, nutrition situation, USAID programs, and other USAID nutrition-related development assistance mechanisms. The profiles provide data and information that can be used to focus decision making and action planning. In Project Year 5, FANTA will update the existing Nutrition Country Profiles and create new profiles as needed.

**E-learning Course for Integrating Nutrition into Agriculture Programming** (funded by GH). The Results Framework for Feed the Future includes improved nutritional status of children under 5 as a key program objective to be monitored and evaluated. There is increasing recognition, however, that agriculture interventions alone are unlikely to lead to notable gains in nutritional status. To improve nutritional status in agriculture-focused programs, it is generally agreed that “nutrition-sensitive” programming is needed. In Project Year 2, FANTA began collaborating with BFS to develop a targeted e-learning module that specifically addresses the nexus of agriculture and nutrition, guiding agriculture program officers to apply key nutrition considerations to agriculture program design and implementation. The module was completed and posted to USAID University and Agrilinks in Project Year 4. In Project Year 5, FANTA will revise one section of module 2.4 of the course, to include the USAID Multi-Sectoral Nutrition Framework.

## **Support for National Nutrition Programs and Policies in Asia and the Near East**

**Strengthening and Integrating Nutrition in Programs and Policies in Indonesia** (funded by Asia). In Project Year 4, following an assessment visit to Indonesia, FANTA developed an assessment report for

USAID Indonesia including recommendations on how to strengthen and integrate nutrition in USAID-funded MCH and WASH programming. In addition, FANTA began preliminary work with the GOI to support integration of nutrition into the Minimum Standard Services (MSS) package to make treatment and prevention of malnutrition available under the National Health Insurance Program at primary and secondary health care centers. In Project Year 5, FANTA proposes to continue this work. The minimum standards are crucial because they define what services the government must provide at primary and secondary health care centers. The MSS are still being revised and have yet not been shared widely, but there is concern that nutrition is not among the standards or not adequately addressed. The Government of Indonesia (GOI) recently announced that oversight of the MSS would shift from the Ministry of Home Affairs to the Ministry of Village Development, which is in the process of hiring personnel. This shift provides an opportunity to work with personnel newly in their post on revisions to the MSS.

## FFP Program Support

**Food Security Country Desk Reviews** (funded by FFP). A solid understanding of national food security conditions is a prerequisite to sound food security programming. In response to demand from FFP, USAID Missions, and national governments, FANTA conducts food security country desk reviews, carrying out a review of available published and grey literature and other available data and information to identify the location, nature, and relative severity of food insecurity in countries targeted for FFP programming. These desk reviews also review lessons learned from previous FFP and other relevant projects in the country, provide a landscape of ongoing food security-related programming in the country, and analyze national-level economic and other data to determine what they may imply for current food security needs. The reviews seek to align closely with FFP implementation plans and USAID Country Development Cooperation Strategies in countries where possible and relevant. In Project Year 5, at the request of FFP, FANTA will conduct up to three food security country desk reviews for countries that will potentially be targeted for Fiscal Year 17 FFP development food assistance programs.

**Expanding the Technical Reference Chapter on Risk Management and DRR** (funded by FFP). The FFP Fiscal Year 15 technical reference chapter on risk management and DRR provides a useful overview on the interplay between covariate and idiosyncratic shocks and how DRR and risk management efforts can assist in offsetting the negative impacts of each. In Project Year 5, if requested by FFP, FANTA will provide technical input to further build out this technical chapter to include additional illustrative examples of successful DRR and risk management strategies in food security-oriented projects; clarification on how common project elements, such as early warning efforts, feed into these strategies; and an examination of how DRR and risk management efforts can be woven into other project activities so that project efforts are effectively integrated, layered, and sequenced for improved results.

**FFP Monitoring, Evaluation, and Reporting Policy and Guidance Document (for Development Programs)** (funded by FFP). To meet statutory requirements and management needs, FFP reports on overall outcomes of food assistance projects and responds to relevant stakeholders. To support FFP in meeting these reporting responsibilities in Project Years 3 and 4, FANTA provided TA to draft and compile the FFP Monitoring, Evaluation, and Reporting Policy and Guidance for Development Projects. This document provides comprehensive information on M&E and reporting requirements and associated guidance for FFP development project awardees. FANTA and FFP have worked collaboratively to move this document forward, making substantial progress in Project Years 3 and 4. In Project Year 5, FANTA will support FFP as needed in any further revisions or processes required to finalize this document. This may include activities such as: holding consultations to determine the content; editing, revision, and addition of content as required; facilitating external and internal review processes; and consolidating and incorporating feedback from reviewers.

**FFP Monitoring, Evaluation, and Reporting Policy and Guidance Document (for Emergency Programs)** (funded by FFP). In Project Year 5, FANTA will collaborate with FFP to finalize a monitoring and evaluation, and reporting policy and guidance document for FFP emergency programs. This document will be similar in scope to the above document for development programs, but will be tailored to the specific context of emergency programs. The first step in drafting this document will be for FANTA to hold meetings and work with FFP staff to obtain their recommendations on requirements that emergency FFP projects must fulfill. FANTA will then support FFP through December 2016 to integrate this information into a consolidated document.

## Dissemination and Close Out of Activities

**Experimental Biology FANTA research dissemination event** (funded by GH). FANTA has conducted several large scale cluster-randomized controlled clinical trials designed to study the effectiveness of novel approaches, such as the provision of lipid-based nutrient supplements (LNS), micronutrient powder (MNP), or food rations of various sizes and composition provided for varying lengths and different windows of time, for preventing undernutrition in the 1,000 day period. These include the Bangladesh LNS effectiveness study (also called the Rang-Din Nutrition Study or RDNS), the LNS-RTI study in Malawi, and the PM2A studies in Burundi and Guatemala.

In Project Year 4, FANTA submitted a proposal to the American Society for Nutrition (ASN) to organize a symposium at its annual meeting at Experimental Biology (EB) in 2016 entitled “Program effectiveness for addressing undernutrition during the first 1000 days.” The proposed symposium has been accepted and will include the presentation of results from the FANTA studies on the impact of the interventions on maternal and child nutrition and child development outcomes when delivered in the context of an operational program. In addition, the symposium will include, for program design considerations, an analysis of differential pathways for advancing linear, ponderal, and head growth in the prenatal period as well as a presentation on the economic aspects of one intervention evaluated in the clinical trials, namely the provision of LNS, in developing countries. In Project Year 5, FANTA will, in collaboration with its research partners, prepare the presentations for the symposium which will summarize the main findings, and the implications for programs and for implementation research moving forward. FANTA will hold the symposium during the EB meeting, which will be held April 2–6, 2016, in San Diego, CA.

**Dissemination of FANTA Research Findings at APHA Annual Meeting and Exposition 2015** (funded by USAID/Guatemala and USAID/Uganda). During Project Year 5, FANTA will present one roundtable session, two poster sessions, and one oral presentation at American Public Health Association’s (APHA) Annual Meeting and Exposition. Topics include “Development of a public health nutrition workforce: Nurses and midwives in Ghana;” “Creating the Next Generation Nutrition Leaders: The Uganda Nutrition Fellowship (UNF) Program;” “Achieving the Zero Hunger Pact in Guatemala: Calculating the Cost to Provide Preventive Maternal and Child Nutrition Services to Reduce Stunting,” and “Validating Food-Based Recommendations To Promote Dietary Quality For Pregnant And Lactating Women And Children Under Two Years Of Age Using Local Foods In The Western Highlands Of Guatemala.”

**Global Nutrition Report** (funded by GH). The Global Nutrition Report (GNR) is an important resource for informing nutrition policy decisions, strengthening the case for increased resources and providing global and country-level nutrition data to nutrition stakeholders. FANTA will support the development of the 2015 GNR. In PY 5, the final GNR will be disseminated.

**24<sup>th</sup> Annual Martin J. Forman Lecture** (funded by GH). The Martin J. Forman Memorial Lecture commemorates the significant impact on international nutrition by Martin J. Forman, who headed the Office of Nutrition at USAID for more than 20 years. In Project Year 5, FANTA will provide support through its partner IFPRI to host this event.

**Dissemination of FANTA Desk Review on Family Planning Integration** (funded by FFP). FANTA has disseminated the findings of its review of programs integrating family planning with food security and nutrition (published in May 2015) to the development community in Washington, DC, including at the USAID 2015 Mini University, CORE Spring Meeting, and MIYCN-FP working group meeting. A USAID technical consultation is planned in July 2015. In order to bring the results of the desk review to an international audience, FANTA submitted an abstract to the 2015 International Family Planning Conference to be held in Indonesia in November 2015. FANTA's abstract has been selected for oral presentation among a record breaking number of abstracts submitted. This provides FANTA an excellent opportunity to raise awareness and highlight for the global family planning community how multi-sectoral programs such as FFP development food assistance programs, in particular, are integrating family planning within food security and nutrition platforms. In addition, in Project Year 5, FANTA will collaborate with TOPS to deliver a webinar targeting TOPS Food Security and Nutrition Network members. The webinar will focus on how lessons and experiences of integration strategies employed by multi-sectoral population, health and environment programs (PHE) could potentially be applied to food security programs funded by FFP, given the similarities of some of the interventions promoted across these programs, especially around sustainable agricultural practices, natural resource management, and livelihoods.

**Dissemination of Tools and Research through CORE** (funded by GH). FANTA has supported the CORE Group directly and on an ad hoc basis, particularly by participation in the Nutrition, M&E, and SBC Working Groups. FANTA will continue to provide this support by attending the CORE fall meetings in Project Year 5 and the fall meeting in Project Year 6; and participating in Nutrition Working Group meetings. In addition, FANTA will disseminate several tools and research findings with relevance to the CORE audience. Specifically, at the request of the CORE Nutrition Working Group, in Project Year 5, FANTA will jointly host a webinar to share the results of a recent desk review which synthesized learnings from 102 health and multisectoral programs, including a rich set of program examples and three case studies, to illustrate the various ways programs are integrating family planning with nutrition and food security interventions. Lessons learned, promising practices for programming, and recommendations for USAID are also provided in the report. In Project Year 6, FANTA will propose to disseminate the PROFILES advocacy manual or the FANTA guide to anthropometry through the fall CORE meeting, or a webinar organized through CORE.

**FANTA Technical Legacy Reports** (funded by GH). FANTA's global and country-level work over the life of the project has led to deep understanding and experience in several technical areas that will be captured and shared through a report format with the larger food security and nutrition community, Missions and country leadership to provide useful information and insights on multi-sectoral nutrition policy, programming and M&E. In Project Year 5, FANTA will develop three technical legacy reports that share critical lessons learned and information for improved nutrition outcomes. The legacy reports will be finalized and disseminated at the end of Project Year 5.

**FANTA End-of-Project Dissemination Event** (funded by GH). In order to share information on tools, research outcomes and technical approaches created, discovered or utilized during the life of FANTA an end-of-project dissemination event will take place in Project Year 6. Planning for the event will begin in Project Year 5, including determination of priority work to highlight, information dissemination mediums and key audience members to invite. The event will emphasize presentation of information and tools that leads to wider understanding and usage with the intent of maximizing the impact of USAID investments in multi-sectoral nutrition programming.

**FANTA Website Management and Handover** (funded by GH). FANTA's website has been continually transitioning to a more user-friendly, searchable site for key audiences interested in nutrition and food security. During Project Year 5, FANTA will continue updates to both content and the website platform itself in order to improve performance and content. In Project Year 6, the FANTA website will be fully transitioned

to a permanent server to ensure that the information and tools created by FANTA are accessible beyond the life of the project.

## IR 1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened

Using results from effectiveness studies, delivery science, OR, and impact evaluations, FANTA reviews capacity strengthening approaches used by different projects and organizations to identify the most promising interventions and helps scale them up by developing guidelines, checklists, protocols, training manuals, and other tools for practitioners at different levels.

### PROFILES Nutrition Advocacy

**Finalization of the Nutrition Advocacy Manual Using PROFILES** (funded by GH). In Project Year 4, FANTA developed and field-tested a comprehensive manual for facilitation of the nutrition advocacy process using PROFILES which includes step-by-step instructions for audiences interested in using PROFILES for advocacy. The Nutrition Advocacy manual includes session plans for workshop and meeting facilitators, presentations with scripted notes, session outlines, handouts for workshop and meeting participants, and templates for use in each step of the process. Steps include establishing a core working group, conducting a stakeholder meeting, holding a PROFILES workshop and sharing preliminary results, conducting nutrition costing consultations, developing final reports, holding a consultative workshop to develop a National Nutrition Advocacy Plan, developing materials to support that plan, and conducting a workshop to develop sub-national action plans for countries where governance is decentralized. In Project Year 5, FANTA will refine this content based on field-tests, convert the manual content into a web-friendly format, and make the materials available on the FANTA website.

**PROFILES Models on Stunting and Human Capital and Overweight/Obesity Model** (funded by GH). The PROFILES spreadsheet workbook comprises models related to various nutrition problems that estimate consequences and benefits related to issues that matter most to policymakers, such as health, productivity and education. In Project Year 4, FANTA developed a model that links stunting to losses in learning potential, to extend nutrition advocacy for stunting reduction beyond just mortality and economic productivity. The model was field tested and finalized in Project Year 4. In Project Year 5, FANTA will prepare a 5–10 page brief explaining the model and how it will be used in nutrition advocacy and will make the material available on the FANTA website.

In Project Year 4, FANTA investigated the potential relationships that may be used to develop a new model to generate estimates on the health/survival consequences of overweight/obesity. In Project Year 5, FANTA will complete the development of and field-test the overweight/obesity model and prepare a 5–10 page brief explaining the model and how it will be used in nutrition advocacy. In Project Year 6, FANTA will make the overweight/obesity model materials web-ready and available on the FANTA website.

### Planning and Costing-Related Activities

In Project Year 5, FANTA will undertake three activities related to NACS planning and costing. A new module on planning will be developed for the *NACS User's Guide*. The module will introduce the NACS Planning and Costing Tool, which FANTA will refine and publish before supporting its first application in Malawi. These three activities are described in greater detail here.

**NACS User's Guide Planning Module** (pending additional funding by OHA). The *NACS User's Guide* is a series of modules that provide program managers and implementers with a package of essential information and resources. Current modules include an overview of NACS; nutrition assessment and



classification; and nutrition counseling. In Project Year 5, FANTA will develop a new module on NACS planning to provide guidance on establishing and maintaining NACS services. The guidance will be structured according to the six core health systems strengthening domains. The module will also contain a section on tools, including the NACS Planning and Costing Tool that will be refined and applied in Malawi in Project Year 5 (see next activities).

**NACS Planning and Costing Tool** (pending further discussions with OHA). The NACS planning and costing tool and user's guide were developed to help countries and projects plan and budget for NACS implementation. The tool aims to predict the human, material, and financial resources required to establish and maintain NACS services. Users input data on target groups; demographic and epidemiological information; program characteristics; human resources and level of effort; equipment and supplies; trainings; travel, logistics, and transport; and prices. The planning and costing tool automatically processes these and other preset data to calculate resource requirements and costs of NACS for a geographic area that is defined by the user. In Project Year 4, FANTA reviewed the current version of the tool and the user's guide to assess the steps needed for its refinement. In Project Year 5, FANTA will refine the NACS planning and costing tool and user's guide, and support the use of the tool in Malawi as part of a national- and district-level planning exercise for NACS implementation and expansion. FANTA will produce a report to document the context, processes, results, and lessons learned for other countries to learn from Malawi's experience. In Project Year 5, the report will be published on the FANTA website and the tool and user's guide will be integrated into the *NACS User's Guide* module on planning.

After the NACS Planning and Costing Tool and user's guide are ready for use, in Project Year 5 FANTA will include it in a compendium of resources.

## Capacity Strengthening Tools

**Nutrition, Agriculture and Climate Change Technical Note** (funded by GH). Climate change is expected to reduce crop and livestock productivity, which will worsen malnutrition by constraining food supply growth. The resulting higher prices will also affect caloric intake and are predicted to increase child malnutrition by 20 percent compared to a no-climate change scenario. In Project Year 4, FANTA completed a first draft of the technical note that addresses these issues and provides recommendations for the way forward programmatically. In Project Year 5, FANTA will finalize and publish the technical note.

**Nutrition and Early Cognitive Development (ECD) Technical Note** (funded by GH). Various reviews and efforts, such as the FHI 360-led Clean, Fed and Nurtured initiative, has led to increased awareness of the importance of integrated programming to help children achieve their physical and cognitive potential. In Project Year 4, FANTA completed a draft of the technical note that provides a review of the key nutritional risk factors related to poor ECD and how to address them during the 1,000 days, and outlines how current programs are implementing integrated interventions to address both nutrition and ECD. In Project Year 5, FANTA will finalize and publish the technical note.

## Support to USAID's FFP Program

**Technical Support for Gender Analysis** (funded by FFP). Since the FFP requirement to complete a gender analysis within the first year of a development food assistance project is relatively new, there is much variation in the scope, approach, and methods being used by FFP awardees in the implementation of this requirement. In response to the need for more guidance in this area, in Project Year 4, FANTA developed draft technical guidance for FFP awardees on the key components of and considerations in compiling a statement of work for a gender analysis, as well as in selecting an appropriate party to undertake the guidance. In Project Year 5, FANTA proposes to support FFP in rolling out the implementation of the gender analysis requirement through the following activities.

- a. *Gender analysis workshop.* In Project Year 5, FANTA will conduct a two-day gender analysis workshop, possibly in collaboration with TOPS, to orient and vet the draft technical guidance with FFP awardees. The draft guidance will lay the foundation for buy in from and further discussions with FFP awardees to establish a set of common standards for FFP project level gender analyses going forward. The workshop will also serve as a knowledge-sharing opportunity for FFP projects to share their experiences on conducting gender analyses and using the results of gender analyses to improve and adapt program design and implementation. The recommendations from the workshop will inform the finalization of the technical guidance document to be published in Project Year 5.
- b. *Review of scopes of work and reports.* In Project Year 5, FANTA will support FFP in reviewing FFP project gender analysis plans included in proposals, scopes of work, and reports to ensure alignment with the project's theory of change, LogFrame, and IPTT.

**Technical Sessions for FFP** (funded by FFP). In Project Year 5–6, FANTA will continue contributing to FFP's learning series by conducting a series of technical sessions. These sessions respond to FFP's interest in keeping staff abreast of important topics affecting FFP projects, within the technical areas of maternal and child health, nutrition, gender, youth, and agriculture. Technical sessions will typically include both didactic and interactive/hands-on elements and FANTA will provide materials (such as checklists and cheat sheets) that FFP attendees can retain for future use. FANTA will organize four technical sessions in Project Year 5 and two technical sessions in Project Year 6.

## Support to FFP Awardees

**M&E Workshops for FFP Development Projects** (funded by FFP). Since 2008, FANTA has developed and delivered monitoring and evaluation (M&E) workshops at the start-up of new FFP development food assistance projects. Each year, after the new awards are made, FANTA carries out an M&E workshop in-country to assist awardees in learning the FFP M&E and reporting requirements that the project will need to meet at different stages of the project cycle and in improving and refining their project design as expressed in their theories of change and LogFrames. Another aim of the M&E workshop is to ensure that the set of indicators in the awardees' indicator performance tracking tables (IPTTs) are complete and useful and include relevant FFP and USAID mission indicators. The workshop also helps set the stage for a third-party firm that FFP engages to conduct high-quality baseline surveys.

In Project Year 5, FANTA will hold M&E workshops in Bangladesh and Mali. These workshops will include a two- to three-day workshop on FFP M&E and reporting requirements, followed by several days of intensive TA with each awardee. The TA will involve approximately three to four days per awardee of assistance on awardee theories of change, LogFrames, and IPTTs, plus potentially three days of TA per awardee on awardee M&E plans. It is anticipated that this format will assist awardees to finalize the theory of change, LogFrame, and IPTT documents within a reasonable time frame following the workshops. FANTA will also hold two M&E workshops in countries to be determined in the first quarter of Project Year 6.

**DC M&E Information Sharing Meeting** (funded by FFP). In addition to the M&E workshops carried out in country, in Project Year 5, FANTA will hold a Washington, DC-based M&E information sharing meeting for headquarter PVO staff who support the work of newly awarded FFP development food assistance projects in Bangladesh and Mali. The meeting will potentially be co-hosted with the Technical and Operational Performance Support Program (TOPS) and will be held at FHI 360. The objective of this meeting is to help PVO headquarter staff better support their field counterparts in meeting FFP M&E and reporting requirements. Prior to the event, PVOs will submit a list of M&E questions for FFP to respond to during the event. The event will consist of a presentation on FFP M&E requirements, a question and answer (Q&A) session (based on questions submitted in advance as well as additional questions from the audience), and group exercises. FFP responses from the Q&A session will be recorded in writing and shared with all

participants after the meeting. If requested, FANTA will organize a similar meeting in the first quarter of Project Year 6.

**Webinars and Listserv** (funded by FFP). In an effort to support the M&E learning needs of FFP projects' in the field, FANTA will deliver a series of webinars for FFP projects in Project Year 5-6. A Project Year 4 assessment to understand PVOs' interests on M&E webinars identified two priority topics: mid-term evaluations and data quality assessments. FANTA conducted the first webinar on mid-term evaluations at the end of Project Year 4. FANTA will conduct three webinars for FFP projects in Project Year 5 and one webinar in Project Year 6. FANTA will also launch, facilitate and engage in listserv discussions on M&E topics through the TOPS FSN network in Project Year 5.

**Formative Research on integrating Family Planning Activities in Food Security/Nutrition Programs** (funded by FFP). In Project Year 5–6, FANTA will work closely with one newly or recently awarded USAID program in a selected country to help the program design and carry out formative research to understand how best to operationalize family planning activities in the context of their program. The FFP development food assistance program will be selected in discussion with USAID. As part of the TA, FANTA would also provide inputs to the program's monitoring plan to make recommendations on indicators to track the family planning integration efforts. The formative research tools developed for this activity could be adapted by other programs interested in pursuing this type of integration. Technical assistance for formative research at the beginning of the program is expected to take approximately 12 months, with a 25–30 page report on the research and providing program recommendations to be completed at the end of the first quarter of Project Year 6. The formative research could then lead to operations research to help test the effectiveness of the service delivery model the program implements, though another entity may need to be identified to carry out the operations research, given that the current FANTA project is scheduled to end in February 2017.

**Guidance Document on Key Considerations When Implementing a Project-Level Early Warning (PLEW) Element.** In Project Years 3 and 4, FANTA undertook a review of more than 20 PLEW elements in ongoing or completed development food assistance projects and drafted an associated technical document for FFP that recommended a series of programmatic shifts to 1) clarify how FFP development food assistance project awardees should consider implementing the PLEW element and 2) optimize the element's design and function to improve the likelihood of its sustainability. In particular, the findings from that review indicated that rethinking and reframing the purpose of the PLEW element away from use for “structural” project response (injecting emergency resources into ongoing development projects) and toward community context monitoring (e.g., community tracking of and implication in responding to the evolution of key food security conditions in project implementation areas) may increase the relevance and utility of this element. The document was provided to FFP for review in the third quarter of Project Year 4.

In Project Year 5, FANTA will outline and begin drafting a document to guide awardees through key considerations for the design and implementation of relevant, functional, and sustainable PLEW elements. FANTA will engage a cohort of colleagues from the FANTA-led/TOPS-facilitated PLEW Interest Group to support this effort. Illustrative examples of key considerations include: PLEW design considerations for awardees, considerations for strengthening community capacity in PLEW, and considerations for engaging local stakeholders for increased PLEW sustainability. FANTA will prepare consideration sections (of no more than 10 pages each) using a modular approach—drafting, finalizing, and publishing each module as it is ready, completing all modules by February 2017.

**Collaboration with TOPS** (funded by FFP). In Project Year 5, FANTA will continue to participate in the TOPS Program Advisory Committee as well as in the TOPS task forces on gender, M&E, nutrition, and SBC to support the development of work plans and TOPS's capacity building efforts. Specifically, FANTA will involve TOPS and gender taskforce members in providing input to the gender analysis technical guidance and new annual monitoring gender indicators as relevant. In addition, FANTA will continue to lead the PLEW

interest group, with support from TOPS. The PLEW interest group will hold approximately four meetings on issues related to PLEW in Project Year 5. Potential meeting topics include considerations for PLEW sustainability, adapting PLEW to urban contexts, and understanding crisis modifiers.

## Joint Support to FTF Implementing Partners and FFP Awardees

**Technical Assistance Related to the Beneficiary-Based Survey (BBS) Sampling Guide** (funded by BFS). BFS and FFP have indicated that FTF program implementers (which include FFP awardees) could benefit from specific guidance on data collection methodologies in support of FTF and FFP agricultural annual monitoring indicators, and have asked FANTA to draft a BBS sampling guide. FANTA adopted a two-phase approach to developing this guidance. In the first phase (carried out in Project Year 2), the project conducted exploratory consultations with 25 FTF program implementers and FFP awardees to learn about their project delivery and routine monitoring systems and to gain an understanding of the underlying contexts of the various projects. In Project Year 3, FANTA implemented the second phase of this process, which involved the preparation of written sampling guidance on BBSs, one possible mechanism for collecting data in support of annual monitoring indicators. The sampling guide focused on the use of BBSs for four annual monitoring indicators. A first draft of the guide was produced in Project Year 3 and a revised version was produced in Project Year 4. A final version will be ready for publication in the second quarter of Project Year 5. FANTA will assist in the launch of the guide in Project Year 5 by conducting a webinar for FTF program implementers and FFP awardees in the field. The webinar will introduce the guide and address any immediate questions on technical issues that guide users may have. After the launch of the guide, FANTA will provide ongoing TA to BBS sampling guide users, as needed.

**Excel-Based Calculator to Accompany the BBS Sampling Guide** (funded by BFS). In Project Year 5, to support the launch of the BBS sampling guide, FANTA will develop an Excel-based calculator. The calculator will permit users to compute the appropriate sample size required to conduct a BBS based on agricultural indicators that will ensure estimates of totals of adequate precision. The calculator will allow for inflation factors that take into account a “finite population” correction, the survey “design effect” due to clustering, and survey non-response at the beneficiary level.

**Updated Sampling Guide for Population-Based Surveys** (funded by BFS). The FANTA Sampling Guide (1999) provides technical guidance to FFP projects wishing to conduct baseline and final evaluation surveys by providing sampling methods and instructions for developing the design of population-based household surveys. Although the FANTA guide has been extensively used over the years and is one of the FANTA website’s most downloaded documents, some of the existing guidance is out of date and needs to be revised. Several key methodological issues that necessitate substantial modifications to the original guide have been identified by FANTA and vetted with TOPS, FFP, and BFS. One such major modification has already been included in an update. An addendum was published in 2012 by FANTA to address the issue of how to appropriately translate the sample size calculated for an individual-level indicator (e.g., stunting) into a household sample size, to ensure that an appropriate number of households are visited to obtain the sample size calculated for the target group of interest (e.g., children under 5 years of age in the case of the stunting indicator). The remaining modifications have not yet been integrated into an updated guide.

Since 2012, FFP has been centrally managing a third-party firm to undertake the baseline studies for all countries with new FFP awards. However, most final evaluations are still the responsibility of FFP awardees that engage external contractors to conduct the final evaluations on their behalf. Therefore, both FFP awardees and external evaluation firms could benefit from updated sampling guidance to ensure consistent and coherent survey designs and related analyses across all projects and programs.

In contrast, FTF conducts population-based baseline and multiple interim surveys through FEEDBACK and other consortia. Although BFS has drafted initial guidelines on how to conduct population-based surveys, this

guidance could benefit from updating to encourage standardization of survey designs and corresponding data analyses across countries and projects.

In Project Year 4, FANTA had preliminary consultations with FFP and BFS on the modifications that had been identified for the existing Sampling Guide to see which would be appropriate in the FFP and FTF contexts, as well as to identify any additional modifications that might be necessary. In Project Year 5, FANTA will draft an updated Sampling Guide to integrate the agreed-upon modifications. It is expected that the final version of the guide will be published in the first quarter of Project Year 6. FANTA will assist in the launch of the guide by conducting a webinar for FTF external contractors, program implementers, and other potential users of the guide. The webinar will introduce the guide and address any immediate questions on technical issues that guide users may have.

**Excel-Based Calculator to Accompany the Sampling Guide for Population-Based Surveys** (funded by BFS). In Project Year 5, to support the revisions that FANTA is making to the FANTA Sampling Guide (1999), FANTA will develop an excel-based calculator that permits users to compute the appropriate sample size required for assessing a difference in proportions or means for a given indicator between two points in time (e.g. baseline and interim survey) when a simple pre-post no comparison group evaluation design is used, but will also take into account inflation factors due to household non-response, as well as the inflation factor addressed in the FANTA Sampling Guide Addendum. The calculator will also permit users to compute the appropriate sample sizes required for both proportions and means to facilitate the production of single point in time estimates of indicators of high precision for midterm or other interim surveys. The calculator will be available for use in Project Year 6.

**Dual-Frame Estimation to Provide Indicator Estimates for FTF Zone of Influence (ZOI) and FFP Project Implementation Area in Guatemala and Nepal** (funded by BFS). Among the key technical areas of focus to USAID FTF and FFP programs are food security, agriculture, and livelihoods strengthening. The FTF programs currently operate in 19 focus countries, while FFP programs currently operate in 18 countries; roughly half (9) of these countries are common between FFP and FTF programs. FFP conducts baseline and final evaluation population-based surveys while FTF conducts baseline and successive interim population-based surveys, each of which collect data in support of many common indicators (e.g., stunting, underweight, minimum acceptable diet, women's nutritional status, women's dietary diversity score, exclusive breastfeeding (EBF), HHS, prevalence of poverty, daily per capita expenditure). Each initiative produces estimates of these indicators for its own geographic areas of interest—the ZOIs for FTF and the project implementation area for FFP. BFS has expressed an interest in having estimates produced at an expanded level that would include the joint FTF ZOI and FFP project implementation area level for focus countries where both initiatives operate and where both have conducted surveys that are of roughly the same time frame. In such countries, if the FTF ZOI and the FFP project implementation area do not overlap (such as in Uganda), the production of estimates for the joint geographic areas is straightforward and involves a reweighting of each component dataset. However, in countries where the two geographic areas partially overlap (such as in Guatemala and Nepal), producing joint estimates involves methods that invoke special dual frame techniques.

Analysis of all candidate countries having both FTF and FFP projects beginning after Fiscal Year 11 revealed that Guatemala and Nepal are two countries that are common to both FTF and FFP where there is an overlap between the FTF ZOI and the FFP project implementation area and that would require special dual-frame estimation techniques. In Project Year 5, FANTA will engage in preliminary discussions with BFS to help inform a decision about which dual frame estimation technique would be most appropriate to apply to the Guatemala and Nepal data. FANTA will produce estimates and their associated standard errors and confidence intervals for indicators of interest for the joint FTF ZOI and FFP project implementation area on this basis.

## **IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened**

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### **IR 2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved**

FANTA's expertise in emergency nutrition has encompassed all aspects of nutrition programming. We have helped strengthen national capacities in the design and evaluation of nutrition surveillance systems and the transformation of findings into programmatic responses. Our expertise also has helped build the capacity of national governments and nutrition actors in the design, implementation, and evaluation of emergency nutrition responses. We have supported USAID Missions and all levels of government in the design, scale-up, and evaluation of CMAM services. We also have supported specialized CMAM training at all levels of targeted health systems, including QI, coverage measurement, and inpatient management. In addition, we have worked to improve the practices and understanding around acute malnutrition through the design and testing of innovative tools.

During Project Year 5 and 6, FANTA will focus its work on the development of a CMAM technical brief in support of the roll-out of the USAID Multisectoral Nutrition Strategy. This activity is described in Section 1.3.

### **IR 2.2 Resilience and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved**

FANTA provides TA to country ministries, USAID Missions, FFP, and implementing partners in priority FTF and FFP countries to help national governments improve populations' resilience to shocks and better respond to chronic food insecurity and crisis situations. Our work in food security includes activities, approaches, and tools to build program and, ultimately, community capacity to identify, monitor, and respond to data that provide early indications of deteriorating food security conditions, in an effort to prevent or reduce the negative impacts of predictable (e.g., slow onset) shocks and to protect efforts to enhance populations' resilience to these shocks. This global effort draws significantly from promising practices and lessons learned from similar work FANTA undertook in Haiti in previous project years. In Project Year 5 and 6, this work will include a pilot of a project-level early warning annual monitoring indicator in one or two FFP implementation areas to assist implementing partners in monitoring progress in their efforts to carry out this project element; development of a project-level early warning manual to assist FFP implementing partners in designing technical-, scale-, and sustainability-appropriate approaches to this project element; and the build out of FFP's Technical Reference Chapter on Disaster Risk Reduction for its implementing partners. These efforts are described in more detail in section 1.4.

In addition, we have partnered with FEWS NET to study the relative sensitivity/specificity of select household food consumption indicators, to better understand what these indicators measure relative to one another and how this knowledge can improve their application. We are also participating in a global working group led by the IPC Global Support Unit to ensure consistency across classification of chronic and acute food insecurity, so as to provide decision makers with a clear, appropriately constructed evidence base for understanding where in the world chronic and acute food insecurity conditions are worst and the underlying reasons for these conditions. These last two efforts are described in more detail in section 1.2.

## IR 2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

The global and national context for nutrition and HIV continues to evolve, as does PEPFAR's focus and priorities. Two important trends are integration of nutrition approaches at the national level, partially spurred by the increasing influence of the SUN movement, and growing PEPFAR focus on impacts on retention and adherence to treatment.

The work of FANTA's Nutrition and Infectious Disease Cluster has shifted its focus in response to these trends. In many instances this has meant not just updating guidance and related training materials, but also meeting other specific technical needs and enhancing government capacity to improve the quality and increase the scale of service delivery. For example, in some countries, there is an increased focus on the quality of training and supervision, integration with quality assurance and quality improvement efforts, and strengthening monitoring systems and use of data to capture service delivery, quality, and results. We expect to enhance local capacities to engage in behavior-centered service delivery as a strategy to improve retention in programs and adherence to treatment.

During Project Year 5, FANTA will continue to support the development and/or completion of the required tools to facilitate NACS uptake and scale up at country and global levels and will add a planning module to the existing *NACS User's Guide* (see section 1.4). FANTA will also continue to emphasize and support coordination with other PEPFAR partners, especially the ASSIST and FHI 360's LIFT II. Regular headquarters coordination and sharing meetings and jointly planned, executed, and reported field visits help to harmonize planning. FANTA will also work on joint documentation and dissemination efforts.

### Increased Equitable Provision and Utilization of High-Quality Nutrition Services

FANTA will use the small amount of funds remaining from the PlusUp resources provided by OHA at the start of FANTA III to complete deliverables related to the integration of Nutrition Services in ongoing Care and Treatment programs, both at the facility and the community level. Those will include:

**Manual for Nutrition Care for Adults and Adolescents with HIV.** Since 2010, FANTA has been involved in supporting the development of a draft Manual for Nutritional Care and Treatment of HIV-Infected Adolescents and Adults. In 2014–2015, FANTA funded a consultant who completed the revision of the draft manual.

In Project Year 5, pending the availability of funding, FANTA will fund the consultant(s) to organize the testing of the manual in two or three countries where FANTA provides technical assistance, and coordinate the finalization of the manual.

**Social and Behavior Change Communication for Effective Education and Impact.** SBCC is employed across technical areas and implementing bodies to help HIV and TB clients improve their diets and manage drug side effects and symptoms. In Project Year 4, FANTA developed a community mapping tool for Zambia and a NACS orientation module for health care providers; reviewed existing NACS education and training materials with a behavior change lens; and initiated a technical note on SBCC. In Project Year 5, building on the Partnership for HIV-Free Survival (PHFS) partnership platform, we will work closely with ASSIST and LIFT to generate evidence on how the integration of a self-management counseling approach to care can improve engagement, adherence, and retention in Tanzania, Uganda, and Kenya. This work will also be harmonized with similar initiatives that FANTA is leading in the Democratic Republic of Congo, Zambia, and Cote d'Ivoire, using Mission- and/or Headquarters Operational Plan (HOP) funding.

## IR 2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

FANTA supports MCHN initiatives by helping governments and implementing partners carry out evidence-based activities at scale. FANTA's approach helps strengthen national consensus and enabling environments for priority nutrition issues for mothers and children; supports integration and delivery of nutrition services in country health programs; and promotes optimal behaviors, such as EBF, adequate complementary feeding, and dietary diversification.

FANTA works with partners to develop and support community MCHN programs by conducting formative assessments, strengthening capacity in the implementation of the Essential Nutrition Actions and other key MCHN actions, facilitating dialogue among stakeholders, and developing guidance for community-based approaches.

FANTA also supports nutrition advocacy on key country priorities and goals for nutrition policy. This is done through developing targeted advocacy materials for policymakers, working with journalists to increase the quantity and accuracy of nutrition-related media coverage, and sharpening the understanding of the importance of nutrition during the 1,000-day window.

In Project Year 5 and 6, FANTA will support MCHN activities in **Guatemala, Indonesia, Malawi, Mozambique, Tanzania, and Uganda**.

### Consensus Building, Advocacy, and Policy Formulation

**Nutrition Advocacy Using PROFILES in Tanzania, Uganda, and Malawi.** In Project Year 4, FANTA led a collaborative nutrition advocacy process in Tanzania and Uganda as requested using PROFILES, for movement toward greater political and social commitment to improve the nutrition situation in each country. Each country is at a different stage in the process. Key steps in this process include forming a core working group that oversaw the process and brought together key stakeholders from multiple sectors, donors, and implementing agencies to agree on national and subnational approaches to nutrition advocacy. Consultative workshops and meetings between the core working group and other stakeholders provide a forum to develop PROFILES estimates related to undernutrition (stunting, wasting, and underweight), low birth weight, micronutrient deficiencies (vitamin A deficiency, iron deficiency anemia, and iodine deficiency), and breastfeeding practices, as well as a roadmap for nutrition advocacy that aligns with the priorities and outcomes outlined in national vision documents. The outcome of the series of workshops and meetings include a national nutrition advocacy plan; subnational action plans, as requested; and corresponding nutrition advocacy materials at each level. In countries where PROFILES is completed, results are then finalized and published in a technical report.

**Tanzania:** Based on the PROFILES workshop held in Project Year 3, FANTA developed technical and summary reports with PROFILES results. Also, based on the consultative Nutrition Advocacy Planning Workshop held in Project Year 3, FANTA developed the draft National Nutrition Advocacy Plan and corresponding set of nutrition advocacy materials to support the plan targeted to government/parliament, private sector, district level officers, media, development partners, and civil society organizations (CSOs). In Project Year 5, FANTA proposes to continue the nutrition advocacy process by conducting one or more Sub-national Nutrition Action Planning Workshops. During these workshops, participants will identify nutrition problems in their region or district, prioritize interventions to improve nutrition, discuss how nutrition services would be delivered, and begin the process of costing the implementation of prioritized interventions to improve nutrition at the subnational level for budgeting and subnational advocacy purposes. See also the Tanzania country page in the IR 2 Countries section.



Uganda: In Project Year 4, FANTA finalized the PROFILES Uganda final technical and summary reports and finalized a package of nutrition advocacy materials focused on nutrition and health; nutrition and agriculture; nutrition and education; nutrition and economic productivity; and nutrition and the media. In addition, FANTA developed an additional set of audience-specific nutrition advocacy materials targeted to development partners, CSOs, faith leaders, and community-based officers. In Project Year 5, FANTA proposes to revise the nutrition advocacy training package previously developed under FANTA 2 and train District Nutrition Coordination Committee (DNCC) members, religious leaders, political leaders, media, civil society, and cultural leaders in the 10 districts under the DNCC initiative. See also the Uganda country page in the IR 2 Countries section.

Malawi: In Project Year 4, FANTA developed materials for the nutrition advocacy core working group on the nutrition advocacy process to be used in Malawi as well as conducted a TDY to meet with stakeholders to discuss the process, FANTA's experience with nutrition advocacy in other countries, and to prepare for the PROFILES and Nutrition Advocacy Planning Workshops. FANTA also worked with stakeholders in country to develop nutrition advocacy materials targeted to parliamentarians including a fact sheet and talking points. In Project Year 5, FANTA will conduct the PROFILES and Nutrition Advocacy Planning Workshops and will develop the PROFILES technical report as well as the National Nutrition Advocacy Plan. In addition, FANTA will work with partners and stakeholders in country to develop a set of nutrition advocacy materials to support the plan and hold nutrition advocacy meetings and workshops with the target audiences identified in the plan. See also the Malawi country page in the IR 2 Countries section.

**Strengthening and Integrating Nutrition in Programs and Policies in Indonesia.** In Project Year 4, following an assessment visit to Indonesia, FANTA developed an assessment report for USAID Indonesia including recommendations on how to strengthen and integrate nutrition in USAID-funded MCH and WASH programming. In addition, FANTA began preliminary work with the Government of Indonesia to support integration of nutrition into the MSS package to make treatment and prevention of malnutrition available under the National Health Insurance Program at primary and secondary health care centers. In Project Year 5, FANTA proposes to continue this work. The minimum standards are crucial because they define what services the government must provide at primary and secondary health care centers. The MSS are still being revised and have yet not been shared widely, but there is concern that nutrition is not among the standards and not adequately addressed. The Government of Indonesia recently announced that oversight of the MSS would shift from the Ministry of Home Affairs to the Ministry of Village Development, which is in the process of hiring personnel. This shift provides an opportunity to work with personnel newly in their post on revisions to the MSS.

**Strengthening Costing of Nutrition Interventions in Guatemala.** During Project Year 4 FANTA finalized the nutrition costing study carried out with Instituto Centroamericano de Estudios Fiscales (ICEFI) in collaboration with the Ministry of Health (MOH) and the Ministry of Finance (MINFIN), sharing the costing results with national authorities from both ministries and fostering national dialogue about the funding needed to support priority nutrition services. Additionally FANTA worked with the Financial Tax Consulting Group in collaboration with the MOH and MINFIN to review and update the nutrition costing formulas used for budgeting purposes and is building national capacity by training key staff to effectively budget nutrition interventions using the ABC methodology. Additionally FANTA prepared advocacy materials: a video clip and two briefs targeted to the Government of Guatemala and civil society. During Project Year 5, in order to sensitize and strengthen national and local capacities of the incoming government, FANTA will organize national and local dissemination events to advocate for increased funding for nutrition at the municipal level, train municipal officials to apply the ABC methodology in the formulation of annual nutrition budgets, and develop a costing brief focused on the municipal level.

**Strengthening National Micronutrient Policies in Guatemala.** Guatemala's micronutrient surveys provide insights into the nature and extent of micronutrient deficiencies among vulnerable populations in the country,

such as women and children. Survey results over the past decade suggest that the nature of micronutrient deficiencies may be changing in Guatemala, which provides an opportune time to prioritize actions for development of a national micronutrient policy. Despite the existence of micronutrient deficiencies in Guatemala, the Government of Guatemala does not have a micronutrient policy. During Project Year 4, FANTA collaborated with INCAP to prepare a summary document providing the evidence base to advocate for the development of a national micronutrient policy and a call to action based on the findings. During Project Year 5, FANTA will build on this activity through organizing a technical experts' meeting to review the situational analysis of micronutrient deficiencies in Guatemala and develop recommendations for an action plan for development of a micronutrient policy, and as feasible, will provide technical support and guidance to the Guatemalan Government to implement the recommended action plan for development of the micronutrient policy.

**Strengthening Planning, Implementation, and Monitoring of Nutrition Actions at National and Local Government Levels in Uganda.** FANTA is supporting the Government of Uganda to implement the Uganda Nutrition Action Plan with deeper focus on strengthening local governance for nutrition. This will ensure that multisectoral nutrition services reach the sub-national and district level, with adequate planning, resources, monitoring, and oversight. This will involve a deliberate approach to strengthen the system to promote long-term change in the provision of nutrition services and careful documentation of the process and lessons learned, and development of a toolkit so that the approach can be scaled up to additional districts across the country. Complementing the governance initiative, are capacity building activities in the health, community development, and agriculture sectors. To accomplish these activities, FANTA will collaborate with government sectors at national and district levels, U.N. agencies, CSOs, and USAID implementing partners.

**Strengthening IYCF Policies, Strategies, and Implementation in Mozambique.** Prior to Project Year 5, FANTA assisted the Mozambique MOH to develop and finalize the technical content of the National Infant and Young Child Feeding (IYCF) Policy according to the 2010 WHO Guidelines on HIV and Infant Feeding and to develop a companion National IYCF Strategy. In Project Year 5, FANTA will continue to support the MOH to approve the National IYCF Policy and finalize and approve the National IYCF Strategy.

In 2010–2011, the MOH and its partners translated, adapted, and finalized the UNICEF generic tools for community-based IYCF counseling, including counseling cards, a training facilitator's guide, and participant handouts. The MOH also conducted regional training of trainers (TOTs) for provincial-level health staff in each of the three regions in 2011. However, it was unclear how many districts received the training, whether there was a shortage of materials in circulation, and to what degree activities were being carried out at the community levels. As a result, in Project Year 4 FANTA supported the development of a tool to map the community-based trainings, implementation, and usage of the IYCF counseling tools, and the MOH began collecting the information. In Project Year 5, FANTA will support the finalization of the mapping. FANTA will also assist the MOH to develop a list of indicators to monitor the implementation of the IYCF counseling materials.

**Strengthening the Implementation of the Baby Friendly Hospital Initiative (BFHI) in Mozambique.** Prior to Project Year 5, FANTA supported the Mozambique MOH's efforts to certify hospitals as Baby Friendly by facilitating BFHI trainings, assisting with hospital assessments, and providing TA to address the gaps. During the assessments, the MOH and FANTA also found a limitation in the health staff's understanding of the 2010 WHO recommendations on infant feeding in the context of HIV. FANTA led the development of a job aid for nurses and other clinic staff on infant feeding in the context of HIV, including a tool to counsel HIV-positive mothers on when they should stop breastfeeding their exposed children from 12 months of age. During Project Year 5, FANTA will finalize the job aid, assist with the facilitation of BFHI trainings, and provide related TA as requested and feasible.

**Phasing Over of the Partnership for HIV Free Survival (PHFS) in Mozambique.** The PHFS is an initiative across six countries to support efforts to eliminate new infections of HIV from mothers to their children in the postnatal period and to improve maternal and infant care and support. The PHFS was launched in Project Year 3 in three provinces in Mozambique. As the secretariat of the steering committee, FANTA coordinates activities, helps to oversee the implementation of the PHFS, acts as the liaison between Mozambique and the global PHFS committee, and provides TA in nutrition. In Project Year 4, the Mozambique MOH decided to integrate the PHFS into the already-existing National Quality Improvement Strategy, which signaled the end of the PHFS pilot phase in the three provinces. In Project Year 5, FANTA will continue to coordinate activities during the phasing over to the National Quality Improvement Strategy and will develop the final report of the PHFS implementation in Mozambique.

**Strengthen Capacity of the Mozambique MOH and Implementing Partners on Social and Behavior Change Communication.** Prior to Project Year 5, FANTA supported the Mozambique MOH to develop the Guiding Strategy of Social and Behavior Change Communication (SBCC) to Prevent Undernutrition in Mozambique to ensure coordination of SBCC in nutrition programming and harmonization of messages among implementing partners. The strategy will guide the development of program-specific strategies and will cover messages related to agriculture and livelihoods such as the promotion of nutrient-rich foods. FANTA also began working on an implementation plan for the strategy in Project Year 4. In Project Year 5, FANTA will continue to support the approval of the Guiding Strategy, support the finalization of the implementation plan, and will conduct a dissemination workshop for national- and provincial-level stakeholders involved in nutrition-related SBCC in the country.

**Strengthening the Capacity of the Government of Mozambique to Implement Preventive Nutrition Interventions** (pending the results of ongoing discussions with USAID/Mozambique). USAID/Mozambique will invest in community-based nutrition activities in Nampula and Zambézia provinces through projects that aim to prevent chronic undernutrition. In support of these aims, FANTA will participate in provincial-level TWGs and will provide capacity building to health staff and their partners, and agriculture staff as appropriate, in relevant areas, including SBCC, the IYCF community counseling package, and nutrition care for people living with HIV (PLHIV). FANTA will also support the USG projects to align their nutrition strategies, implementation plans, and materials with national and provincial strategies and plans, e.g., the National SBCC Guiding Strategy and the National IYCF Strategy.

## IR 2 Countries

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In Project Year 4, FANTA maintained permanent staff in ten countries (Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Guatemala, Malawi, Mozambique, Namibia, Tanzania, Uganda, and Zambia). The IR 2 team also had activities in other countries (notably in Haiti and Lesotho), but did not maintain personnel in those countries. The country lineup for Project Year 5 will remain similar for most countries (except for Namibia and Haiti, which will be closed before the end of Project Year 4). In addition, FANTA will open an office and add staff in one more country, Nigeria, and will initiate activities in two other countries (Botswana and Kenya), but will not post permanent staff in the latter two locations.

This IR 2 Countries section presents summary work plans for nine of the ten countries where FANTA will have staff in Project Year 5. Those include Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Guatemala, Malawi, Mozambique, Tanzania, Uganda, and Zambia. The work plans for Botswana and for Nigeria are not included here as they are pending discussions with the respective USAID Missions, GH/OHA, and host country governments. As for Lesotho, the status of the Project's activities in this country remains uncertain as of this draft, since FANTA headquarters has not received responses from either USAID/Lesotho nor from the Government of Lesotho as to how earlier activities should proceed.

### Côte d'Ivoire

In Côte d'Ivoire, with PEPFAR/USAID-Cote d'Ivoire funding, FANTA has been supporting the MOH and PEPFAR implementing partners' efforts to integrate nutrition support into the routine care of PLHIV. In Project Years 1–3, FANTA provided TA for the implementation of the NACS at 25 HIV/AIDS health facilities receiving PEPFAR support. The focus of the TA for NACS implementation (known in Côte d'Ivoire as *Prise en Charge Nutritionnelle Ambulatoire pour les Personnes vivant avec le VIH* [PECNAP]) included the development of several tools and materials, including training manuals, job aids, and policy guidelines for nutritional care and support for OVCs; and various other tools, including recipe guides based on locally available and accessible food and a recipe guide for complementary feeding for children aged 6–24 months. In Project Year 4, FANTA re-aligned the nutrition portfolio to meet PEPFAR's goal for sustainable control of the HIV epidemic. FANTA focused on activities that would maximize the potential of nutrition interventions on treatment and care outcomes, including clients' engagement, adherence to antiretroviral therapy (ART), and retention in care and treatment programs.

In Project Year 5, FANTA's support will build upon those past achievements, and will continue to support the MOH/office of the national nutrition program coordination and PEPFAR clinical partners to address the nutrition needs of PLHIV while improving engagement, adherence, and retention in care and treatment. FANTA will achieve the following objectives:

#### **Objective 1. Strengthen the national capacity to integrate quality nutrition interventions into routine care and treatment for PLHIV.**

FANTA will continue to support the implementation of the nutrition QI plans at 11 health facilities located in 9 districts around Abidjan (Dabou, San Pedro, Abobo Est, Bouake Sud, Bouake Nord-Est, Oume, Issia, Abengourou, and Bouafle). FANTA will:

- Coordinate FANTA-ASSIST QI efforts.
- Support the implementation of the QI plans at facility level.
- Provide TA to the MOH and PEPFAR clinical partners to conduct onsite support and supervision.
- Support cross-country exchange visits.

- Support the review of the nutrition curriculum for pre-service training.

**Objective 2. Strengthen the capacity of the MOH and PEPFAR IPs to train, coach, and mentor service providers to integrate and deliver NACS services into adult HIV care and treatment, PMTCT, OVC programs.**

FANTA will:

- Strengthen the integration of NACS into adult HIV care and treatment: FANTA will support training, mentoring, and coaching at 9 districts considered high volume/high impact sites as defined by PEPFAR.
- Strengthen the integration of NACS into prevention of mother-to-child transmission of HIV (PMTCT) and OVCs programs: FANTA will support training, tools development, and onsite coaching in 9 districts and 8 social centers, and the communities in the vicinity of these districts.

**Objective 3. Enhance coordination mechanisms, linkages between health facilities, social centers, and communities.**

FANTA will:

- Enhance stakeholder engagement: strong coordination mechanisms are needed in order to increase the consistency and improve the efficiency of actions undertaken by different sectors and partners in Côte d'Ivoire. In Project Year 5, FANTA will continue to provide TA to the National Nutrition Program (Programme National de Nutrition), Ministry of health and Fight Against AIDS (Ministère de la Santé et de la Lutte contre le Sida), and other members of the nutrition TWG.
- Support the integration of nutrition services along the continuum of care by strengthening linkages between NACS health facilities, social centers, and community-based organizations for adequate follow up on nutritional care and ART treatment.

**Objective 4. Support the nutrition M&E plan for improved data collection, information sharing, and to inform decisions for improved nutrition and engagement, adherence, and retention (EAR) outcomes.**

FANTA will support the following M&E activities:

- Develop indicators to measure the contribution of NACS services on EAR.
- Support data collection on NACS and EAR indicators.
- Write a technical report on the contribution of NACS on EAR outcomes in Cote d'Ivoire.
- Validate the M&E technical report with stakeholders (MOH central, regional, and districts representatives, and PEPFAR implementing partners).

## Democratic Republic of Congo

In the Democratic Republic of Congo (DRC), FANTA has provided TA to the nutrition and HIV/AIDs divisions of the MOH, and to PEPFAR clinical partners with focus on the integration of nutrition care along the continuum of care for PLHIV using the NACS framework. For the past three years, FANTA, in collaboration with other USAID-funded projects (ASSIST and LIFT), has supported the integration of NACS services at 9 health facilities in the Kinshasa province, and 6 health facilities in the Katanga province.

FANTA's main goal for Project Year 5 will be to maximize the potential of NACS services to improve ART outcomes, including ART beneficiaries' engagement, adherence, and retention in care and support services. FANTA's TA will encompass activities that support the following objectives:

### **Objective 1. Strengthen the capacity of the MOH and PEPFAR IPs to integrate and scale up nutrition care into care and treatment services for PLHIV.**

In Project Year 5, FANTA will strengthen the capacity of the MOH and PEPFAR implementing partners to train, coach, and mentor care providers to deliver and integrate the NACS package into care and treatment services for PLHIV at selected clinical sites. FANTA will:

- Conduct rapid evaluation of newly enrolled clinical sites.
- Support capacity building activities: coordinate a strategic planning meeting, review and update the existing NACS training materials, conduct NACS training sessions, conduct quarterly coaching visits to targeted sites, etc.

### **Objective 2. Strengthen the integration of NACS activities/services into community-based care and outreach programs.**

With the assumption that community-based outreach programs exist already, FANTA will design a community-based NACS package to be integrated into existing care and support outreach programs. In Project Year 5, FANTA will:

- Develop a community-based NACS manual
- Validate and disseminate the Community-NACS manual

### **Objective 3. Strengthen the nutrition counseling skills and competencies of NACS services providers (at clinical and community levels).**

FANTA will:

- Support the development and updates of nutrition-HIV counseling materials.
- Provide counseling skills training to NACS providers.

### **Objective 4. Improve the Monitoring and Evaluation (M&E) systems for improved routine monitoring of NACS implementation and outcomes/impact evaluation over time.**

FANTA will:

- Develop/revise M&E tools.
- Support the integration of NACS indicators into the national health information system.
- Support regular collection, analysis, and reporting of M&E data.

## Ethiopia

The FANTA Project has worked closely with the Government of the Federal Democratic Republic of Ethiopia, USAID, and implementing partners to integrate NACS into HIV treatment, care, and support services in Ethiopia. In Project Year 4, FANTA facilitated the effective transition of NACS activities to five regional health bureaus (RHBs) and two city administrations through provision of high level TA to RHBs by its seconded advisors and support from country office team. FANTA has been supporting and working with RHBs to establish a strong M&E system and to ensure that NACS-related indicators are integrated into the routine health monitoring system and mentoring checklists. FANTA has built the capacity of RHBs by providing TOTs to develop their pool of trainers and has facilitated basic NACS trainings conducted by RHBs. FANTA has made significant contributions to the revision of national nutrition program and the national nutrition strategy that has included NACS as one strategic objective, and FANTA has also been contributing to the development of national nutrition SBCC tools. FANTA has led the USAID Food and Nutrition Technical Working Group (TWG) that was tasked to assess the optimal dose and duration for the management of acute malnutrition with PLHIVs and also produced a recommendation for target setting and NACS commodity quantification. FANTA has been providing high level TA to the Federal Ministry of Health (FMOH) and RHBs in the areas of NACS general nutrition and commodity management on demand.

In Project Year 5, FANTA's primary objective is to continue its objective to strengthen the capacity of the FMOH and seven RHBs to implement and integrate NACS services to the HIV/AIDS treatment, care, and support program as USG-funded implementing partners transition the management and oversight of HIV and nutrition services in health facilities to the government. Key components of this assistance will be to ensure that high quality of services are maintained by RHBs and NACS is sustainably owned through strengthening their capacity and through support to the FMOH to institutionalize NACS as part of routine HIV care and treatment services.

### **Objective 1: To strengthen the capacity of the Federal Ministry of Health and seven Regional Health Bureaus to implement and integrate NACS services to the HIV/AIDS treatment, care and support program.**

FANTA will:

- Facilitate the effective ownership of NACS services by the FMOH and RHB: FANTA will focus on provision of TA to the FMOH and seven RHBs to support the sustainability and government ownership of NACS for PLHIV and OVCs. This is through revision of NACS training materials to include in the existing HIV/AIDS treatment, care, and support training materials. FANTA will also support the government-led monitoring and evaluation systems, as well as work with regional universities on NACS in-service training. To ensure sustainable ownership of NACS by the RHB and FMOH, FANTA will conduct readiness assessment among RHBs, as well as support RHBs conduct health facility readiness assessment and support. FANTA will also continue to provide TA to the local universities in the seven regions where FANTA is currently active and also collaborate with these universities and RHBs for possible inclusion of NACS indicators to the supportive supervision checklist.
- Maintain TA to the FMOH and other partners to further strengthen the integration of NACS into routine HIV Care and Treatment services: FANTA will also continue its support to the FMOH through provision of targeted nutrition TA, as well as attend and/or lead TWGs at FMOH and RHB levels. FANTA will lead the Food and Nutrition Technical Working Group (F&N TWG), which is expected to produce a draft document on the possible changes to the dosing of ready-to-use therapeutic food (RUTF)/RUSF (if any), the cost implications of shifting from RUSF to FBF for the

treatment of moderate acute malnutrition, and the operational feasibility of FBF at the health facility level, and present to the PEPFAR Family Care and Treatment TWG to get a consensus.

- Project closeout: FANTA will finalize its activities and close the project by February 7, 2017, and will organize a national project closure meeting. As part of this process, FANTA will produce a country legacy report and share it with partners including the FMOH, RHBs, USAID, and other nutrition partners. FANTA will prepare and submit a project closeout plan to the USAID Mission 90 days prior to the project end date. FANTA will also prepare an asset disposition plan and submit to USAID for approval and dispose the fixed assets as per approval.



## Guatemala

Since 2011, FANTA has provided TA to address the high prevalence of chronic malnutrition in Guatemala through strengthening multisectoral efforts to integrate nutrition with health and agriculture interventions. FANTA's efforts support the Government of Guatemala's commitment to reduce chronic malnutrition through its Zero Hunger Plan, and USAID/Guatemala's Western Highlands Integrated Program (WHIP), through which USAID supports the Government of Guatemala to improve food and nutrition security and reduce chronic malnutrition, particularly in 30 prioritized municipalities in the Western Highlands.

During Project Year 4, FANTA finalized a nutrition costing study, shared the results with national authorities to foster dialogue on funding nutrition services, trained key Government of Guatemala staff to use the ABC methodology, and prepared a video clip and two briefs targeted to the Guatemalan Government and civil society to advocate for nutrition funding. Building on FANTA's previous analysis of dietary practices and locally available foods using the Optifood software program, FANTA conducted a qualitative study to field-test Optifood Food Based Recommendations (FBRs) and explored deriving Optifood data inputs from routinely collected, representative datasets in Guatemala. FANTA also trained USAID Economic Growth Office partners to strengthen agriculture and nutrition linkages. In addition, FANTA completed the maternal and child nutrition distance learning course and trained facilitators who facilitated the course for frontline health workers and civil society in prioritized Western Highland municipalities.

In Project Year 5, FANTA's overarching objective is to transform the results of these prior activities into national and local action to strengthen intersectoral coordination, and improve national and local capacities to address chronic undernutrition in Guatemala through the three objectives listed below.

### **Objective 1: Raised awareness of the need to invest in evidence-based nutrition services to address malnutrition, especially chronic malnutrition.**

- Strengthen national and local capacities on nutrition costing by developing a guidance document on use of the ABC methodology for planning and budgeting, and an advocacy brief on costing for municipalities; supporting the application of the ABC methodology for municipal level annual nutrition budgets, and organizing national and local dissemination events using the FANTA costing briefs and a video clip to advocate for increased funding for nutrition at the municipal level.

### **Objective 2: Strengthened collaboration between the agriculture, health, and nutrition sectors to improve the quality and diversity of the diets particularly of children and pregnant and lactating women.**

- Support USAID partners to strengthen programmatic approaches to improve access, availability, and use of FBR foods through workshops to present the FBR results, discuss opportunities for promotion of FBRs in the current project context, and provide TA for projects to integrate the FBR results; an M&E tool to monitor project activities related to application of the FBRs; and a webinar to share the FBR trial results to a broad audience of Guatemalan stakeholders.
- Support the USAID/Health Communications Capacity Collaborative (HC3) Working Group to integrate the FBR results in their communication plan; to develop radio spots promoting the FBRs that are aligned with the communication plan; and provide TA to HC3 and Nutri-Salud to incorporate the FBRs into the MOH's "Wheel of Practices for Better Living" program.
- Strengthen national and local capacities to improve agriculture-nutrition linkages by facilitating participatory workshops with Government of Guatemala and USAID partners; presenting the main

results of the Optifood research, FBR trials, and FBR results, and assisting participants to promote the FBRs through agricultural food production at the household, community, and municipal levels.

- Support the analysis of the nutrient composition of native plants found in the Western Highlands to fill gaps in knowledge regarding their nutrient content identified during the 2013 dietary study conducted by FANTA among children 6–24 months of age and pregnant and lactating women. The nutrient information for the native plants will help improve the identification and promotion of the most nutrient-rich locally available foods for these rural populations.
- Support exploration of other uses of Optifood using existing available data by writing a report on the use of the 2011 Guatemala Household Consumption Survey (Encuesta de Consumo de Viviendas [ENCOVI]) to generate alternate FBRs, translating the report into Spanish, and disseminating the report. FBRs developed with ENCOVI data will be compared to the FBRs developed using 24-hour dietary recall in a similar population.

**Objective 3: Improved maternal, infant, and young child health and nutrition within the context of the Zero Hunger Plan.**

- Support implementation and follow-up of the nutrition distance learning course for frontline health workers by transferring and incorporating the distance learning course into the virtual platform of the MOH and Secretariat for Food Security and Nutrition (Secretaría de Seguridad Alimentaria y Nutricional [SESAN]), and preparing an impact story documenting the coordination efforts, implementation strategy, and lessons learned in the development and implementation of the distance learning course.
- Strengthen national capacities in maternal and child nutrition by conducting a rapid assessment of the nutrition skills and knowledge of first-line health personnel in prioritized WHIP intervention areas; training staff in prioritized nutrition-related areas identified through the assessment; training community facilitators for the distance learning course; and providing TA and coaching to the civil society organization Instance for Consult and Social Participation (Instancia de Consulta y Participación Social [INCOPAS]), in collaboration with the Health Policy Project (HEPP), to strengthen members' capacities to advocate for improving nutrition as a national priority.
- Support the Government of Guatemala to strengthen provision of nutrition services related to micronutrients by organizing a technical experts' meeting to review the situational analysis of micronutrient deficiencies in Guatemala developed by FANTA, in collaboration with INCAP in Project Year 4, and to develop recommendations for an action plan to develop a micronutrient policy; and provide TA and guidance to the Government of Guatemala to implement the recommended action plan as feasible.

## Malawi

FANTA began to provide in-country TA to the Malawi MOH, Department of Nutrition, HIV/AIDS (DNHA), USAID, and partners in Project Year 3. Over the past two years, FANTA has strengthened national level policies and strategies for the integration of nutrition care support and treatment (NCST) in HIV and TB care and treatment; developed NCST technical tools such as guidelines, job aids, and training materials; and built competencies of managers and service providers to implement nutrition interventions in HIV and TB care and treatment. FANTA has also supported the MOH to develop and cost a national CMAM operational plan and initiated a collaborative multisectoral nutrition advocacy process.

In the final project years, FANTA Malawi will respond to requests from USAID and the Malawi MOH to continue working in the areas of nutrition in HIV care and treatment service, advocacy, and CMAM. Through training, supervision and mentoring, and development of job aids, FANTA will empower USAID's HIV care and treatment partners to expand the reach of facility-level NCST services into nine districts. FANTA will work with government partners to re-invigorate and improve inpatient care of children with SAM by developing national competencies and standards for service providers and developing training materials and job aids that will enable the country to maintain a high level of care. Finally, we will work with stakeholders at the national, district, and community level to strengthen political commitment to nutrition and develop a five-year SBCC strategic plan.

FANTA's three objectives and associated sub-objectives in Malawi are below.

### **Objective 1: Integrate and scale-up NCST within HIV and TB care and treatment services.**

In Project Years 5 and 6, FANTA will:

- Improve the quality of NCST service delivery and management at the above-site level (national, zonal, district).
- Provide TA to USAID's HIV treatment and care partners to implement nutrition interventions at the site level.

### **Objective 2: Improve the quality of CMAM and nutrition service delivery.**

In Project Years 5 and 6, FANTA will:

- Ensure that the national CMAM technical tools align with the 2013 WHO global guidance on management of SAM.
- Improve the quality of inpatient care of children with SAM and medical complications.
- Improve the enabling environment for nutrition by strengthening policies, procedures, strategies, and partner coordination.
- Increase the availability of strategic information for nutrition.

### **Objective 3: Strengthen the effectiveness of nutrition advocacy.**

More information is provided in Section 2.4.

In Project Years 5 and 6, FANTA will:

- Coordinate nutrition advocacy efforts to achieve greater political commitment to nutrition.
- Assist the DNHA to develop a SBCC strategy for nutrition.
- Assist nutrition stakeholders to establish a Nutrition Association of Malawi.

## Mozambique

Since 2009, FANTA has provided TA to integrate nutrition into HIV care and treatment services in Mozambique, which supports the Government of Mozambique HIV and AIDS response plans. The assistance has helped the Mozambique Ministry of Health (Ministério da Saúde [MISAU]) establish and expand the national Nutrition Rehabilitation Program (Programa de Reabilitação Nutricional [PRN]) for treating acute malnutrition among children, adolescents, and adults; develop quality assurance (QA) tools and apply QI approaches to improve the quality of PRN implementation; and strengthen counseling for PLHIV, TB patients, and HIV/TB co-infected patients, which also supports the government's national program for TB control.

Under FANTA's leadership, the national IYCF policy was finalized and is undergoing the approval process within MISAU, and the national IYCF strategy is being finalized with FANTA's support. The Baby-Friendly Hospital Initiative has been strengthened; nutrition has been better integrated into MCHN, HIV, and home-based care programs and curricula; and Mozambique implemented the pilot phase of the PHFS, which aimed to accelerate the adoption and implementation of the WHO 2010 PMTCT guidelines and accompanying HIV and infant feeding guidelines. FANTA's activities also included support to the government's Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique (Plano de Acção Multisectorial para a Redução da Desnutrição Crónica em Moçambique [PAMRDC]) through FTF funding, specifically in the areas of SBCC and linkages between agriculture and nutrition. FANTA finalized and submitted to MISAU the Guiding Strategy for Social and Behavior Change Communication to Prevent Undernutrition; and through FANTA, FHI 360 has become an official member of the SUN civil society platform in Mozambique. In Project Year 4, FANTA also supported MISAU in finalizing the concept note and related indicators for the revised national nutrition surveillance system which was submitted and is under review. FANTA also submitted to USAID/Mozambique a concept note for field-level TA to improve nutrition services in selected sites in Nampula and Zambézia provinces, for which FANTA hired technical and administrative staff and set up offices in both provinces.

In Project Year 5, FANTA will continue to provide TA to MISAU and partners to integrate nutrition into HIV and TB care and treatment services; strengthen MCHN services in MISAU, health facilities, and community-based programs; provide TA and capacity building in Nampula and Zambézia provinces; and support the PAMRDC under the three objectives listed below.

### **Objective 1: Improved food and nutrition program design, implementation, and M&E for PLHIV and/or TB in MISAU care and treatment services supported by the USG.**

- Support PRN at the national level by finalizing the community training materials; updating the PRN I and II manuals, job aids, training materials, M&E tools, and commodity forecasting systems as needed; participating in and supporting the PRN TWG; planning and executing PRN II TOTs; and providing TA to facilitators of PRN II replication trainings.
- Provide TA and capacity building to the Provincial Health Directorates in Nampula and Zambézia provinces to improve the implementation of the PRN I and II. Participate, as requested, in field visits to the District Health Offices and health centers to provide on-the-job support on the implementation of the PRN protocols; tracking and forecasting nutrition products; and quality and reporting of PRN data.
- Promote QI by supporting MISAU to field-test and finalize the PRN Quality Performance Standards in Nampula and Zambézia provinces.
- Support counseling for PLHIV and/or TB patients by developing and pretesting counseling materials to improve nutrition practices to be used by community health workers and health providers.

- Provide TA to improve in-service training materials for health professionals in nutrition-related aspects of the care and treatment of PLHIV and/or TB, as requested and feasible.
- Support MISAU to finalize the concept note for the pilot of the national nutrition surveillance system and corresponding indicators. In addition, provide support for its approval by MISAU.

**Objective 2: Improved MCHN program design, implementation, and M&E in MISAU health services supported by USG, and community-based programs supported by USG.**

- Support MISAU to finalize the national IYCF strategy and provide support for the approval of both the IYCF policy and the IYCF strategy.
- Assist MISAU to finalize the mapping of the current status of implementation of the community-based IYCF counseling materials and identify gap areas.
- Support the Baby-Friendly Hospital Initiative by providing TA to one hospital in Gaza Province to gain certification and support its implementation in the other priority hospitals, as requested.
- Review nutrition components of MCHN manuals, training materials, and other key documents as requested and feasible.
- Finalize the PHFS final report of the pilot phase of implementation in Mozambique.

**Objective 3: Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the PAMRDC.**

- Support the Government of Mozambique to strengthen the nutrition components of food security and agriculture policies and link them to efforts to reduce chronic undernutrition by participating in the PAMRDC working group, the SUN civil society platform, and the technical advisory committee of the FTF-funded Marketplace for Nutritious Foods project.
- Support MISAU to approve the Guiding Strategy of Social and Behavior Change Communication to Prevent Undernutrition in Mozambique: Promotion of Optimal Nutrition Practices in Mozambican Households developed by FANTA, conduct a dissemination workshop, and work with other partners to develop a plan to operationalize the guiding strategy.
- Strengthen the capacity of the Government of Mozambique to implement preventive nutrition interventions in Nampula and Zambézia provinces.

## Tanzania

FANTA's main focus in Tanzania has been to provide TA to build the capacity of the Government of Tanzania to improve nutrition governance and integration of routine nutrition services into health service delivery system. This assistance has included building the capacity of Ministry of Health and Social Welfare (MOHSW)/TFNC, local government authority (LGA), and nutrition implementing partners on scaling up both health facility and community NACS services and Prime Minister's Office (PMO) on nutrition governance. In Project Year 5, FANTA will continue to strengthen the integration of NACS services among government institutions such as MOHSW-TFNC and Nutrition Services Unit and implementing partners, including PHFS partners, as well as building the capacity of the R/DNUOs and tutors from nutrition related pre-service training institutions. FANTA will further strengthen the capacity of the PMO on nutrition governance through development of subnational advocacy plan and conducting regular coordination meetings with key line ministries, LGAs, and Regional/District Nutrition Officers (R/DNUOs) to monitor the implementation of nutrition interventions. Moreover, FANTA will embark on close out of the project which ends on February 7, 2017.

### **Objective 1: Strengthen national capacity to scale up and supervise NACS in health care facilities.**

FANTA will:

- Support training of 600 frontline health care providers, 200 Regional and District Nutrition Officers (DNOs), and 50 tutors from nutrition-related training institutions to expand NACS in collaboration with TFNC, MOHSW/Nutrition Services Unit and implementing partners.
- Support printing and distribution of 1,000 copies of the 2nd edition of the national NACS health facility training package, including related tools and 4,000 copies of the 2nd edition NACS health facility job aids. FANTA will print and distribute 500 copies of the NACS Implementation Guide (IG) to implement NACS training, service delivery and supportive supervision and continue to provide partners with BMI wheels, sets of age-specific MUAC tapes, M&E tools and client registers.
- Assist the MOHSW/Nutrition Services Unit and TFNC with the development of a job aid to simplify anthropometric measurements and classification of nutritional status. FANTA will print and distribute 10,000 copies to trained health facilities for use by nutrition partners.
- Provide TA on the documentation of NACS continuum of care among implementing partners, particularly to document the numbers trained, pre- and post-test scores, and M&E results to improve programming and inform scale-up, from which FANTA will conclude an in-depth NACS Program Review.
- Support MOHSW/Nutrition Services Unit, TFNC, PMO, PMO-Regional Administration and Local Government, LGAs and partners to hold semi-annual meetings with R/DNUOS on NACS data audit to improve the integration and monitoring of NACS services.

### **Objective 2: Strengthen national capacity to scale up and supervise community NACS across OVC care platform.**

FANTA will:

- Support the training and supervision of 600 community care providers on community NACS in six USAID priority regions. FANTA will continue to provide national NACS community training materials, job aids, MUAC tapes, and BMI wheels for use by trained community service providers.

- Print and distribute 5,000 copies of the finalized NACS community training package and work with the MOHSW/Nutrition Services Unit, TFNC, R/DNUOs and implementing partners to distribute the package to LGAs and implementing partners implementing community NACS services.
- Facilitate supportive supervision and monitoring of community NACS with LGAs, R/DNUOs and OVC partners in their respective regions.
- Work with USAID's LIFT Project to strengthen referral linkages between facility-based NACS services and community economic strengthening, livelihood, and food security support while expanding joint work in partnership with URC/ASSIST.

**Objective 3: Strengthen nutrition services along the pre- and post-natal continuum of care under PHFS.**

FANTA will:

- Provide NACS training with leveraged support of PHFS implementing partners. FANTA will work with TFNC and PHFS implementing partners to provide TA to the LGAs as they expand to 60 new PHFS sites. FANTA will continue to provide NACS training materials, job aids, BMI wheels and MUAC tapes for use by trained health care providers.
- Build capacity of district and regional staff to conduct supportive supervision and mentoring of health care providers trained in NACS in 90 PHFS sites.
- Participate in the PHFS Steering Committee and assist with monitoring the country protocol and M&E framework and indicators, selecting additional PHFS sites, submitting reports to the MOHSW, ASSIST, and USAID, participating in PHFS calls and learning collaborative events, and sharing lessons learned and best practices with key stakeholders.

**Objective 4: Nutrition advocacy for greater political and social commitment to improve nutrition.**

More information is also provided in Section 2.4.

FANTA will:

- Support the development of sub-national nutrition advocacy plans and advocacy materials. FANTA will work with selected regional and district representatives to develop sub-national nutrition advocacy materials needed in their regions/districts including talking points.
- Support the development of a nutrition advocacy feature film in conjunction with MFDI to design, produce, and commercially distribute a film to inform and educate the public about Tanzania's national nutrition policies and priorities.

**Objective 5: Support the PMO to strengthen multisectoral nutrition governance.**

FANTA will:

- Support development of the National Multisectoral Nutrition Action. FANTA will assist the PMO on strengthening multisectoral nutrition governance in priority areas including the development of the National Nutrition Action Plan based on the 2014 NFNP and its companion Policy Implementation Strategy.
- Support Prime Minister's Office (PMO) to develop a two-year work plan to strengthen multisectoral nutrition governance and coordination across sectors.

- Support the PMO to develop guidelines for District Nutrition Steering Committees to improve planning and coordination for nutrition.
- Support PMO to conduct quarterly meetings with key nutrition line ministries to identify, integrate, implement and monitor key nutrition-sensitive sector actions.

### **Close-out Activities**

From the period of October 1, 2016 up to February 7, 2017, FANTA will focus primarily on close-out activities. This will include development of a close-out plan to be shared with USAID that will cover the status of technical activities and deliverables under each objective, the inventory and disposition plan, and financial notes such as accruals. Other activities include preparation of a legacy report, called the Tanzania Multiyear Report, describing the major activities, accomplishments, lessons learned, and recommendations over the life of the project.



## Uganda

FANTA has a long history of working at the national level in Uganda to strengthen nutrition policies, programs, and strategies along the prevention-to-treatment continuum. In recent years, this has included working across sectors, including health, agriculture, social development, and the OPM, to help them fulfill their roles in the multisectoral Uganda Nutrition Action Plan 2011–2016 (UNAP).

In Project Year 5, FANTA will continue to strengthen the government’s ability to implement the UNAP with a deeper focus on strengthening local governance for nutrition. This will ensure that multisectoral nutrition services reach sub-national and district level, with adequate planning, resources, monitoring, and oversight. This will involve a deliberate approach to strengthen the system to promote long-term change in the provision of nutrition services. To accomplish these activities, FANTA will collaborate with government sectors at national and district levels, U.N. agencies, CSOs, and USAID implementing partners.

### **Objective 1: Awareness and Commitment to addressing malnutrition increased.**

More information is provided in Section 2.4.

FANTA will:

- Collaborate with partners to build the advocacy skills of different stakeholders so that they can reach out to newly elected leaders at national and local government levels to effectively advocate for: nutrition investment in districts and communities; coordination of nutrition activities across sectors; capacity strengthening to ensure skilled staff are available for service delivery; health system strengthening to ensure nutrition is effectively integrated; and development and implementation of a strong supervision and monitoring system for nutrition.
- Update the previously developed advocacy training package and use it to train 100 advocates (such as core DNCC members, religious leaders, political leaders, media, civil society, and cultural leaders) from the 10 districts under the DNCC initiative.
- Lobby partners such as USAID-funded Communication for Healthy Communities Project, and World Vision Uganda to allow advocates to utilize their various platforms to address nutrition issues.

### **Objective 2: Leadership and technical capacity to plan for, deliver and monitor integrated nutrition services strengthened across sectors.**

FANTA will:

- Work with the OPM, the Ministry of Local Government, USAID implementing partners, and Local Government Associations to strengthen nutrition leadership and governance of district nutrition coordination committees in ten FTF focus districts.
- Support Ministry of Local Government to develop key nutrition indicators for incorporation into the local government annual district performance assessment tool.
- Support two national and two regional level learning sessions, the learning sessions will focus on the experience and expertise of field practitioners to make the process more efficient and sustainable.
- Continue to compile the toolkit for strengthening district nutrition leadership and governance. This will include any reference materials or tools considered necessary for DNCCs to develop district nutrition action plans and annual work plans, advocate for their adoption, monitor their implementation, and share experiences.

- Support the Ministry of Gender, Labour and Social Development (MGLSD) by orienting 60 district Community Development Officers and FTF implementing partners on the community mobilization packages and support the Community Development Officers and implementing partners to cascade the orientation to sub-county level and set a pace for integration of nutrition in community mobilization.
- Hold two workshop in collaboration with the Ministry of Agriculture, Animal Industry, and Fisheries (MAAIF) to orient 60 District Production Officers and FTF implementing partners on the guidelines for integrating nutrition into agriculture enterprise mixes.
- Conduct two refresher NACS health facility training courses for 100 participants. The training will reinforce the participants' skills and competencies in providing NACS services so that they continue to provide quality services after the FANTA project closes.
- Strengthen the capacity of health workers and implementing partners in the early infant diagnosis, antenatal care, and maternal newborn and child health services entry points to provide NACS including NACS of breastfeeding, infant, maternal, and young child nutrition.
- Finalize the health management information system (HMIS) training curriculum for the nutrition component of the HMIS and conduct two regional trainings in collaboration with the MOH. Sixty nutritionists, nutrition focal persons, biostatisticians and USAID implementing partners will be trained who will in turn cascade the training to other health facility staff to strengthen collection and utilization of accurate and reliable nutrition data.
- Continue to manage the UNF, hold retreats and professional development workshops for the Fellows as well as a graduation ceremony. This program will be documented in a final report and other supporting documentation, these documents will provide guidance to organizations wishing to pursue a similar development program for young nutrition professionals.
- Provide technical support to USAID, USAID implementing partners, and government sectors, as requested.

### **Objective 3: Strengthen Coordination, information sharing, and learning among partners.**

FANTA will:

- Coordinate, plan and host information-sharing and learning platforms for USAID nutrition and FTF implementing partners, and provide support to MOH to conduct information-sharing platforms at key opportunities, such as World Breastfeeding Week.
- Host a project completion event that will be a platform for stake-holders to be informed of outcomes of the TA that FANTA provided, share experiences, lessons learned and challenges, and disseminate selected publications.

## Zambia

FANTA has provided TA to integrate nutrition into health care services in Zambia, including developing *Nutrition Guidelines for Care and Support of People Living with HIV and AIDS* (2011), nutrition and HIV training manuals for facility- and community-based providers, counseling materials, and job aids; and training trainers and health care providers in NACS. In Fiscal Year 11, USAID/Zambia requested FANTA support to integrate NACS into routine government HIV care, with strong links to community-based services. Kitwe District in Copperbelt Province was chosen for the pilot. FANTA has worked with national and local government and other PEPFAR implementing partners to develop NACS training materials and job aids, train and mentor service providers in health facilities and catchment communities, and develop NACS data collection and reporting tools. In Project Year 5, FANTA will phase out support for NACS integration in Kitwe District and use lessons learned to scale up NACS to Mkushi District in Central Province. During the final 16 months of FANTA's presence in Zambia, the project will strengthen the capacity of the District Community Health Offices to assume responsibility for NACS programming and systems for continued implementation.

### **Objective 1: Support nutrition activities of the two national health ministries.**

FANTA will:

- Support quarterly national Nutrition TWG meetings.
- Support quarterly provincial nutrition update meetings in two provinces.
- Support provincial work planning in two provinces.
- Support district work planning in two districts.
- Support quarterly nutrition advocacy and coordination meetings in two provinces.

### **Objective 2: Continue to scale up NACS integration to Mkushi District.**

FANTA will:

- Provide anthropometric equipment and NACS job aids to target health facilities through the MOH
- Support training in Integrated Management of Acute Malnutrition (IMAM).
- Train trainers in NACS.
- Support NACS training and supervision.
- Support community NACS.
- With LIFT II, strengthen referrals between facility-based NACS services and community economic strengthening, livelihoods, and food security (ES/L/FS) support.
- With ASSIST, support QI of NACS services.
- Support NACS data collection and reporting.

### **Objective 3: Consolidate NACS implementation in Kitwe District.**

FANTA will:

- Support and co-facilitate refresher training in NACS for trainers and health care providers.
- Support community nutrition screening, counseling, and referral. Provide refresher training in NACS.
- Strengthen district NACS supervision.

## Annex 1. Performance Management Plan for Project Year 5 and 6

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<b>PROJECT OBJECTIVE: Food security and health policies, programs and systems for improved nutrition strengthened</b>				
<b>1 Number of assisted countries that have advanced at least one phase in the integration of nutrition approaches</b>	This indicator is a summary compilation of the following IR 2 indicators: - Integration of nutrition into HIV response (see Figure A1.1 for phases and milestones) - Strengthening MCHN policies, advocacy, systems, and capacities (see Figure A1.2 for phases) - Integration of CMAM into national health systems (see Figure A1.3 for phases)	In an annual participatory process, FANTA staff assesses the integration milestones and corresponding phases reached by each country.	<u>PY 5 Targets: 4</u> <b>HIV:</b> 1. Cote d’Ivoire : Phase 2 to Phase 3 <b>MCHN:</b> 2. Tanzania Phase 3B to 3C 3. Uganda Phase 3C to 3D 4. Malawi Phase 1 to Phase 3C  <b>CMAM:</b> 0 countries. FANTA work on CMAM at country level discontinued.	<u>PY 6 Targets: 4</u> <b>HIV:</b> 0  <b>MCHN: 4</b> 1. Guatemala Policy Strengthening: Micronutrient review Phase 1 to Phase 2 2. Tanzania Phase 3C to 3D 3. Uganda Phase 3D to Phase 4 4. Malawi Phase 3C to Phase 3D  <b>CMAM:</b> 0 countries. FANTA work on CMAM at country level discontinued.
<b>2 Impact stories produced about nutrition policies/ programs/systems being strengthened by FANTA</b>	Evidence in the form of qualitative impact stories of selected nutrition policies/programs/systems that have been strengthened through FANTA assistance.	During annual work plan activities, the FANTA Sr. M&E Advisor along with the Senior Management Team will meet to identify potential impact stories and assign responsibility for researching and writing the stories.	<u>PY 5 Targets:</u> 1 impact story	<u>PY 6 Targets:</u> 0

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<b>CROSS-CUTTING GENDER INTEGRATION</b>				
<b>3 Percentage of FANTA deliverables with gender considerations integrated</b>	<p>The denominator for this indicator consists of all deliverables referenced in current PY PMP targets that fall into one of the following four categories:</p> <ul style="list-style-type: none"> <li>- Policy recommendation reports</li> <li>- Tools (including training curricula)</li> <li>- Assessments/Evaluations (non-IRB)</li> <li>- Research (IRB)</li> </ul> <p>The numerator will be the total number of deliverables in the denominator that either 1) successfully demonstrate that gender considerations have been incorporated throughout the deliverable, or 2) contain at least one stand-alone section meeting one or more of the following objectives:</p> <ul style="list-style-type: none"> <li>- Identify, understand, and explain gaps that exist between males and females, and the relevance of gender norms and power relations in the specific context.</li> <li>- Provide guidance on bridging gender-based gaps and reducing gender disparities.</li> <li>- Provide programmatic guidance specifically for females or males within the target population.</li> </ul>		<u>PY 5 Targets:</u> 25%	<u>PY 6 Targets:</u> 25%
<b>INTERMEDIATE RESULT 1: Global evidence and capacity for food security and health policies, programs and systems for improved nutrition strengthened</b>				
<b>4 (IR1.1) Impact stories produced about FANTA research being used/applied</b>	This is a specific type of impact story described in indicator #2. These stories must detail the impact of FANTA research findings.		<u>PY 5 Targets:</u> 1 impact story	<u>PY 6 Targets:</u> 0

<p>5 (IR1.1) Number of research publications produced</p>	<p>List of research publications issued</p> <p>“Research publication” includes:</p> <ul style="list-style-type: none"> <li>- Peer-reviewed publications</li> <li>- research-related publications (research reports, occasional papers, technical briefs, articles) that are published by FANTA and disseminated via the website</li> </ul>	<p>Routine project records of research publications.</p>	<p><u>PY 5 Targets: 41</u></p> <ol style="list-style-type: none"> <li>1. Nutrition/cognitive development technical note</li> <li>2. Nutrition and ECD technical brief</li> <li>3. Report on supplement adherence in children in Bangladesh</li> <li>4. Report on the results of the process evaluation of integrating LNS and MNP distribution within LAMB’s MCHN program in Bangladesh</li> <li>5. Report on primary and secondary pregnancy and birth outcomes</li> <li>6. Comprehensive study report of effectiveness of LNS during pregnancy, Malawi</li> <li>7. Comprehensive study report of predictors of birth outcomes, Malawi</li> <li>8. Abbreviated version of LNS-RTI study report</li> <li>9. Interim report on the impact of prenatal health interventions on children’s growth, morbidity, and mortality</li> <li>10. Report on the impact of prenatal health interventions on children’s growth, development, and mortality</li> <li>11. Report on secondary data analysis to explore if standardized MUAC cutoffs can be used to identify acute</li> </ol>	<p><u>PY 6 Targets: 12</u></p> <ol style="list-style-type: none"> <li>1. Report on child outcomes, health care expenditures during childhood and cost-effectiveness of LNS, MNP on child growth outcomes</li> <li>2. Report on willingness to pay for LNS</li> <li>3. Report on the effectiveness of interventions for treatment of MAM during pregnancy</li> <li>4. Report on the effectiveness of interventions for sustaining nutritional status among children who have recovered from MAM</li> <li>5. Report on secondary analysis to explore if standardized MUAC cutoffs can be used to identify acute malnutrition among adults</li> <li>6. Report of findings from RDNS follow up study</li> <li>7. Technical report of the findings from the validation of an eye tracking method to measure early cognitive development in Malawi</li> <li>8. Technical report on cost effectiveness, Burundi PM2A</li> <li>9. Technical report on cost effectiveness, Guatemala PM2A</li> </ol>
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			<p>malnutrition among pregnant women</p> <p>12. National nutrition costing technical brief</p> <p>13. Final technical report for Burundi PM2A study</p> <p>14. Final technical report for Guatemala PM2A study</p> <p>15. Exit strategy synthesis report</p> <p>16. Bolivia exit strategy country report</p> <p>17. Honduras exit strategy country report</p> <p>18. India exit strategy country report</p> <p>19. Kenya exit strategy country report</p> <p>20. Technical note synthesizing lessons learned from FFP pilot of gender indicators</p> <p>21. Food security country desk review #1</p> <p>22. Food security country desk review #2</p> <p>23. Food security country desk review #3</p> <p>24. Food security country desk review #4</p> <p>25. Food security country brief #1</p> <p>26. Food security country brief #2</p> <p>27. Household food consumption indicator study report</p> <p>28. Consensus report on appropriate RUTF/RUSF dosing for PLHIV and feasibility of FBF for treatment of MAM</p> <p>29. Costing brief targeted to municipalities in Spanish</p>	<p>10. Report on review of effective non ration based program models</p> <p>11. Technical Brief: Competency-based approach for nutrition workforce development</p> <p>12. NCST Learning Forum Briefs</p>
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PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<p>6 (IR1.1) <b>Number of research activities that have advanced at least one stage on the Pathway from Research to Field Implementation and Use</b></p>	<p>A research activity is defined as an activity in which a defined methodology or protocol is followed to systematically collect and/or analyze information to advance knowledge, the results and/or recommendations of which are generally made available to the public, or a specific target audience via a presentation, technical report, peer review article, or other dissemination vehicle.</p> <p>Status of each of FANTA’s current research activities on the Pathway from Research to Field Implementation and Use. The Pathway is adapted from USAID/GH’s Health-Related Research and Development Activities at USAID- Report to Congress, May 2006.</p> <p>FANTA’s proposed adapted version of the Pathway contains six stages:</p> <ol style="list-style-type: none"> <li>1) Problem identification (strategic planning, problem identification and priority setting)</li> <li>2) Design and development (review of evidence and formulation of program theory; applied research and testing to create tools, approaches, and interventions)</li> <li>3) Releasing documentation (packaging and release of written documents (policy, guidelines, tools)</li> <li>4) Implementation (facilitation of adoption of approach, country-level program/policy rollout/diffusion into regular use, monitoring of program rollout)</li> <li>5) Assessment (evaluate, refine program theory, revise documentation)</li> <li>6) Consensus (agreement between researchers and practitioners that approach should be the norm)</li> </ol>	<p>For each of the principle research activities, FANTA specialists in consultation with the AOR will identify targets during work planning and will determine whether activity reached intended target during annual reporting.</p>	<p><u>PY 5 Targets: 11</u></p> <ol style="list-style-type: none"> <li>1. Exit strategies research – stage 2 to stage 3</li> <li>2. LNS-RTI study – stage 2 to stage 3</li> <li>3. Secondary analysis of MUAC cutoffs for pregnant women – stage 2 to stage 3</li> <li>4. Secondary analysis of MUAC cutoffs for adults– stage 1 to stage 2</li> <li>5. Lessons learned from integrating family planning into nutrition and food security programming – stage 3 to stage 4</li> <li>6. Household food consumption indicators study – stage 2 to stage 3</li> <li>7. PM2A study – stage 2 to stage 3</li> <li>8. RDNS study – stage 2 to stage 3</li> <li>9. RDNS follow up study – stage 1 to stage 2</li> <li>10. LAIS study – stage 2 to stage 3</li> <li>11. Formative research study on operationalizing family planning – stage 1 to stage 2</li> <li>12. No ration review – stage 1 to stage 2</li> </ol>	<p><u>PY 6 Targets: 4</u></p> <ol style="list-style-type: none"> <li>1. Secondary analysis of MUAC cutoffs for adults– stage 2 to stage 3</li> <li>2. Household food consumption indicators study – stage 3 to stage 4</li> <li>3. RDNS follow up study – stage 2 to stage 3</li> <li>4. Formative research for operationalizing family planning – stage 2 to stage 3</li> <li>5. Mitrack validation study - stage 2 to stage 3</li> <li>6. MAM follow up study - stage 2 to stage 3</li> <li>7. MAM in pregnancy study - stage 2 to stage 3</li> <li>8. No ration review - stage 2 to stage 3</li> </ol>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<p><b>7 (IR1.2)</b>  <b>Impact stories produced about FANTA M&amp;E and other tools being used or applied</b></p>	<p>This is a specific type of impact story described in indicator #2. These stories must be about the impact of FANTA tools.</p>		<p><u>PY 5 Targets:</u> 1 impact story</p>	<p><u>PY 6 Targets:</u> 0</p>
<p><b>8 (IR1.2)</b>  <b>Number of tools developed</b></p>	<p>List of the new tools developed.  A tool is defined broadly as any sort of approach or methodology or instrument designed to demonstrate how to do something or facilitate getting something done. It can be a worksheet, a checklist, a set of steps, guidelines, technical reference materials, indicator guidelines, etc.</p>		<p><u>PY 5 Targets:</u> 40 Listed in Annex 2 of the work plan</p>	<p><u>PY 6 Targets:</u> 9 Listed in Annex 2 of the work plan</p>
<p><b>9 (IR 1.3)</b>  <b>Number of global normative standards and policies being strengthened</b></p>	<p>List of new/developing global normative standards and policies to which FANTA is contributing  Global normative standards and policies are criterion/models/rules that have been publically accepted or supported or promoted by respected international institutions, like U.N.-affiliated bodies. They are usually codified in a formal publication.</p>	<p>The global norms and policies for FANTA to participate in each year will be identified in discussions between FANTA and USAID during work planning. At reporting time, FANTA will report on global norms and policies where FANTA participated.</p>	<p><u>PY 5 Targets:</u> 5                      1. FFP M&amp;E policy and guidance document, development programs                      2. FFP M&amp;E policy and guidance document, emergency programs                      3. Chronic IPC technical revisions                      4. Acute IPC technical revisions                      5. USAID Nutrition Strategy</p>	<p><u>PY 6 Targets:</u> 3                      1. FFP M&amp;E policy and guidance document, emergency programs                      2. Chronic IPC technical revisions                      3. Acute IPC technical revisions</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<p><b>9b</b> Number of national level policies or strategies strengthened</p>	<p>List of national level policies or strategies strengthened as the result of FANTA TA.</p>		<p><u>PY 5 Targets:</u> 5</p> <ol style="list-style-type: none"> <li>1. Mozambique Guiding Strategy of Social and Behavior Change Communication to Prevent Undernutrition in Mozambique</li> <li>2. Mozambique National Infant and Young Child Feeding Strategy</li> <li>3. Malawi National Nutrition Advocacy Strategy and Plan</li> <li>4. Zambia - National Guidelines for Nutrition Care and Support of People Living with HIV</li> <li>5. Indonesia – integration of nutrition into programs and policies</li> </ol>	<p><u>PY 6 Targets:</u> 1</p> <ol style="list-style-type: none"> <li>1. Indonesia Minimum Standard Services (MSS) Package for Health Services</li> </ol>
<p><b>10 (IR1.3)</b> Number of posters/presentations delivered</p>	<p>List of professional meetings and events at which posters/presentations of FANTA work delivered</p> <p>This includes formal professional meetings/workshops/conferences for which a formal report would come out of and not routine presentations made as a part of offering TA. Presentations/posters could have been delivered by non-FANTA staff, as long as presentations/posters were about FANTA work or research/presentation was funded by FANTA.</p>	<p>Count of events where presentations/posters were delivered.</p> <p>Tracking spreadsheet includes: title of event, title of presentation/poster, FANTA staff name, location, date, audience.</p>	<p><u>PY 5 Targets:</u> 15</p>	<p><u>PY 6 Targets:</u> 0</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<p><b>11 (IR1.4) Post-training adoption rate (average and for each training activity)</b></p>	<p>As part of its standard approach to training, all FANTA trainings will include a follow-up with trainees to assess whether the skills imparted during the training, or the tasks/steps covered during the workshop, have been adopted, used, applied, or resulted in behavior change, as expected. The post-training adoption measurement for each training event will be appropriately adapted to the specific objectives of each training and the expected change.</p> <p>Levels of post-training adoption:</p> <ul style="list-style-type: none"> <li>- High adoption</li> <li>- Medium adoption</li> <li>- Low adoption</li> </ul> <p><i>FANTA has dropped this indicator, as it has become evident that it will not be possible to collect associated data.</i></p>	<p>The measurement of adoption rate depends on the specific objective of the training. FANTA staff delivering the training will keep records on the post-training adoption rates and submit these for aggregation. Aggregation methodology is TBD.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>12 (IR1.4) Number of men and women trained by FANTA</b></p>	<p>This is a count of participants attending trainings given by FANTA. This will be disaggregated by funding source, topic, and sex.</p>	<p>Attendance sheets from trainings will be tabulated for this indicator.</p>	<p><u>PY 5 Targets:</u> 2,382</p>	<p><u>PY 6 Targets:</u> 120</p>
<p><b>13 (IR1.4) Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)</b></p>	<p>FANTA will use a standardized approach to all its capacity building activities which includes having participants fill out evaluation forms at the end of each training session.</p>	<p>FANTA will ask training participants to fill out evaluation forms at the end of the training. The scores of the evaluation forms will be tabulated across all FANTA trainings each year.</p>	<p><u>PY 5 Targets:</u> 100%</p>	<p><u>PY 6 Targets:</u> 100%</p>
<p><b>14 (IR1.4) Average percentage point change in score between pre- and post-tests of participants of FANTA trainings</b></p>	<p>FANTA will use a standardized approach to all its capacity building activities which includes beginning all formal trainings with a pre-test and ending with a post-test. The average improvement between the tests will be tabulated.</p> <p>FANTA developed the methodology to measure this indicator in a systematic way across training sessions during Project Year 2.</p>	<p>Pre- and post-tests will be given to participants at all FANTA trainings each year. Scores can be tabulated from both tests and the average improvement between pre- and post-test scores. This will be averaged across all FANTA trainings each year.</p>	<p><u>PY 5 Targets:</u> 25 percentage points</p>	<p><u>PY 6 Targets:</u> 25 percentage points</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<b>INTERMEDIATE RESULT 2: Country-driven food security and health policies, programs and systems for improved nutrition strengthened</b>				
<b>15 (IR2.3)</b> <b>Number of HIV countries reaching Phase 3 in terms of integrating nutrition into national HIV policies/programs/systems</b>	Status of each assisted country in terms of integrating nutrition into national HIV policies/programs/systems.  There are three phases. See <b>Figure A1.1</b> for a description of the phases and milestones.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration milestones reached by each country.	<u>PY 5 Targets:</u> 1 Côte d'Ivoire	<u>PY 6 Targets:</u> 0
<b>16 (IR2.4)</b> <b>Number of MCHN countries reaching Phase 3 in any thematic focus area in the process of improving their MCHN policies/advocacy/systems/capacities</b>	MCHN measures the number of assisted countries that have advanced at least one phase in any of the following thematic focus areas: – Policy – Advocacy – Systems Strengthening – Capacity Strengthening  See <b>Figure A1.2</b> for an explanation of the phases.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration phases reached by each country.	<u>PY 5 Targets:</u> 1 country  Malawi Phase 1 to Phase 3C  <i>Note: In addition, Tanzania will advance within phase 3 (phase 3B to phase 3C)</i>	<u>PY 6 Targets:</u> 0 countries <i>Note: The following countries will advance within phase 3.</i>  Tanzania (advocacy) Phase 3C to 3D  Uganda Phase 3C to 3D for systems strengthening, and Phase 3B to 3C for capacity strengthening for community development workers and ag extensionists  Malawi Phase 3C to Phase 3D  Guatemala (capacity strengthening): Distance Learning Phase 3C to Phase 3D

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<b>16b (IR2.4) Number of MCHN Phase 3 countries in which FANTA advanced at least one additional stage</b>	<p>MCHN measures the number of assisted Phase 3 countries in which FANTA advanced at least one additional stage (see stages A – E below).</p> <p><b>Stages of implementation:</b></p> <p>A. Review existing materials            B. Revise existing or develop new materials.            C. Hold trainings, workshops, or meetings in support of the materials.            D. Follow-up and coordinate.            E. Monitor and evaluate the approach.</p> <p>The thematic focus areas covered are:</p> <ul style="list-style-type: none"> <li>-Policy</li> <li>-Advocacy</li> <li>-System Strengthening</li> <li>-Capacity Strengthening</li> </ul>	<p>In an annual participatory process, relevant stakeholders and FANTA specialists will assess the stages of implementation that FANTA has reached for each Phase 3 country.</p>	<p><u>PY 5 Targets:</u> 1 country -Tanzania (advocacy) Phase 3B to Phase 3C</p>	<p><u>PY 6 Targets:</u> 4 countries -Tanzania Phase 3C to 3D for advocacy            -Uganda Phase 3C to 3D for systems strengthening, and Phase 3B to 3C for capacity strengthening for community development workers and ag extensionists            -Malawi Phase 3C to Phase 3D            -Guatemala (capacity strengthening – Distance Learning) Phase 3C to Phase 3D</p>
<b>17 (IR 2.1) Number of countries reaching Phase 2 and Phase 3 in the process of integrating CMAM into their policies/ programs/systems</b>	<p>FANTA measures the evolution of integration of CMAM into health systems through its integration phase matrix. The matrix considers specific milestones in each of the following domains:</p> <ul style="list-style-type: none"> <li>– Governance</li> <li>– Financing</li> <li>– Workforce</li> <li>– Information</li> <li>– Equipment &amp; products</li> <li>– Service delivery</li> </ul> <p>See <b>Figure A1.3</b> for an explanation of the phases.</p>	<p>Annual review with national authorities and stakeholders of CMAM integration will allow identifying which milestones have been achieved and classify the country.</p>	<p><u>PY 5 Targets:</u> 0 countries FANTA work on CMAM at country level discontinued</p>	<p><u>PY 5 Targets:</u> 0 countries FANTA work on CMAM at country level discontinued</p>
<b>USAID Offices' Reporting Indicators for Annual Operational Plans and Performance Reports</b>				
<b>18 # of people trained in child health and nutrition through USG-supported health area programs, during the FY (GH/HIDN indicator)</b>	<p>This indicator refers to all trainings fully or partially funded by GH/HIDN Core funds. For FANTA, we anticipate that the target and achieved numbers for this indicator will be 0, except under exceptional circumstances.</p>		<p><u>PY 5 Targets:</u> 0</p>	<p><u>PY 6 Targets:</u> 0</p>
<b>19 # of female IP staff trained in M&amp;E funded by FFP (FFP indicator)</b>			<p><u>PY 5 Targets:</u> 15</p>	<p><u>PY 6 Targets:</u> 10</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
20 # of male IP staff trained in M&E funded by FFP (FFP indicator)			PY 5 Targets: 60	PY 6 Targets: 50
21 # of female USAID staff trained in M&E funded by FFP (FFP indicator)			PY 5 Targets: 5	PY 6 Targets: 5
22 # of male USAID staff trained in M&E funded by FFP (FFP indicator)			PY 5 Targets: 5	PY 6 Targets: 5
23 # of evaluations, undertaken during the FY, partially or fully funded by FFP (FFP indicator)	Evaluation involves a systematic collection of information on the performance and impacts of on-going or completed USG-funded projects, programs, or sub-sets of activities.		PY 5 Targets: 3 1. Bangladesh FFP qualitative final evaluation 2. PM2A evaluation (Burundi) 3. PM2A evaluation (Guatemala)	PY 6 Targets: 2 1. PM2A evaluation (Burundi) 2. PM2A evaluation (Guatemala)
24 # of sector assessments, undertaken during the FY (FFP indicator)	Sector assessments are undertaken to provide comprehensive analyses of needs and opportunities in a particular sector so that informed strategic and programmatic decisions can be made. A sector is broadly defined to include gender, environment, agriculture, industry, food security, health, education, and democracy.		PY 5 Targets: 6 1. FSCF for country #1 2. FSCF for country #2 3. FSCF for country #3 4. FSCF for country #4 5. FSCF brief #1 6. FSCF brief #2	PY 6 Targets: 0
25 # of countries with introduction OR expansion of cutting edge nutrition interventions, during the FY (GH/HIDN indicator)	Research or interventions that are cutting edge or innovative that were fully or partially funded by GH/HIDN. Tools should only be included in this category if they drive or underpin an innovative or cutting edge intervention.		PY 5 Targets: 0	PY 6 Targets: 0
26 # of information gathering or research activities, during the FY (GH/HIDN indicator/FFP indicator)	FANTA anticipates that USAID client offices (FFP, DCHA/OFDA, Missions) will ask FANTA to report on specific standards and custom indicators at the end of each fiscal year. The indicator should only include activities fully or partially funded by GH/HIDN, or activities fully or partially funded by FFP.		PY 5 Targets (partially or fully funded by FFP): 10 1. PM2A study in Guatemala 2. PM2A study in Burundi 3. Exit strategy study in Bolivia 4. Exit strategy study in	PY 6 Targets (partially or fully funded by FFP): 5 1. PM2A study in Guatemala 2. PM2A study in Burundi 3. Review of effective non ration based programs 4. Synthesizing lessons

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
			<p>Honduras</p> <p>5. Exit strategy study in Kenya</p> <p>6. Exit strategy study in India</p> <p>7. Review of effective non ration based programs</p> <p>8. Synthesizing lessons learned from FFP pilot gender indicators</p> <p>9. Final evaluation of Bangladesh MYAP programs</p> <p>10. Family planning formative research activity</p> <p><u>PY 5 Targets (partially or fully funded by GH/HIDN): 9</u></p> <p>1. Effectiveness of lipid-based nutrient supplements (LNS) in Bangladesh</p> <p>2. RDNS follow on study</p> <p>3. Effectiveness of dietary interventions during pregnancy in Malawi</p> <p>4. Interventions to effectively treat moderate acute malnutrition (MAM) among HIV-positive and HIV-negative women during pregnancy</p> <p>5. Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from MAM</p>	<p>learned from FFP pilot gender indicators</p> <p>5. Family planning formative research activity</p> <p><u>PY 6 Targets (partially or fully funded by GH/HIDN): 6</u></p> <p>1. Effectiveness of lipid-based nutrient supplements (LNS) in Bangladesh</p> <p>2. RDNS follow on study</p> <p>3. Interventions to effectively treat moderate acute malnutrition (MAM) among HIV-positive and HIV-negative women during pregnancy</p> <p>4. Effectiveness of interventions for sustaining nutritional status among children that have recently recovered from MAM</p> <p>5. Standardized MUAC cutoffs for adults</p> <p>6. Validation of a new method to measure early childhood cognitive development</p>



PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
			6. Standardized MUAC cutoffs for pregnant women 7. Standardized MUAC cutoffs for adults 8. The impact of a promising prenatal health intervention on children’s growth, development and mortality 9. Validation of a new method to measure early childhood cognitive development	
<b>27 # of technologies and tools under development during the FY (GH/HIDN indicator)</b>	The indicator should only include technologies and tools developed with full or partial GH/HIDN funding. FANTA’s contribution to this indicator will primarily consist of tools and not technologies, though there may be exceptions.		<b>PY 5 Targets: 8</b> 1. Minimum dietary diversity indicator for women (MDD-W) guide 2. Nutrition advocacy manual using PROFILES 3. Brief to describe the PROFILES stunting and human capital model 4. PROFILES overweight/obesity model 5. Brief to describe the PROFILES overweight/obesity model 6. Guide to Anthropometry 7. Acute IPC 8. Chronic IPC	<b>PY 6 Targets: 3</b> 1. Brief to describe the PROFILES overweight/obesity and overweight model 2. Acute IPC 3. Chronic IPC

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS: PROJECT YEAR 5 and 6 PY 5 (Oct. 1, 2015–Sept. 30, 2016) PY 6 (Oct. 1, 2016–Feb. 7, 2017)	
<p><b>28 # of countries engaged in capacity building activities, during the FY, to strengthen assessment, design, and implementation of FFP projects (FFP indicator)</b></p>	<p>Countries are FFP intervention countries receiving TA assistance from FANTA. This includes food security country frameworks (FSCF); regional and country-specific M&amp;E workshops; baseline, midterm and final evaluation (BL/MTE/FE) support; Layers; early warning and response (EWR)/trigger indicators; and indicators performance tracking table (IPTTs)/results frameworks (RF) and multi-year assistance program (MYAP) reviews.</p>		<p><u>PY 5 Targets:</u> FSCFs: 4 Regional and country-specific  M&amp;E workshops: 2  BL/MTE/FE support and RF/IPTT: 6  Gender analysis: 2</p>	<p><u>PY 6 Targets:</u> Regional and country-specific  M&amp;E workshops: 2  BL/MTE/FE support and RF/IPTT: 4  Gender analysis: 0</p>
<p><b>New FANTA Indicators Added in Project Year 5</b></p>				
<p><b>29 # of countries where FANTA is supporting processes to strengthen government-led M&amp;E systems related to food security and nutrition</b></p>	<p>This indicator measures the number of countries in which FANTA is supporting processes to strengthen government-led M&amp;E systems for food security and nutrition.</p> <p>The types of M&amp;E processes that have been supported can include any of the following;</p> <ul style="list-style-type: none"> <li>• Indicators development and/or prioritization</li> <li>• Routine MOH data analysis</li> <li>• Data quality assessments</li> <li>• MOH indicator prioritization</li> <li>• Tools development (e.g., registers, client cards, site supervision tools, monitoring tools)</li> <li>• Training/Orientations related to M&amp;E</li> <li>• M&amp;E related technical working group participation</li> <li>• Evaluations/participation in evaluation</li> <li>• Development of M&amp;E related scope of works/terms of reference</li> <li>• Assessing strengths/weaknesses/functioning of M&amp;E systems</li> <li>• Support to nutrition surveillance systems</li> <li>• Use of data for continuous quality improvement &amp; collaborative learning</li> </ul> <p>FANTA ‘support’ may be defined as: financial; direct technical assistance; or routine participation in relevant meetings.</p> <p>These activities may be carried over from PY4 if they required long-term technical assistance support from FANTA that continued in PY5.</p>	<p>Multiple: Annual review of FANTA Country Work plans; Internal Activity Trackers; Feedback from Country Project Managers</p>	<p><u>PY5 Targets:</u> 10 Guatemala Zambia Mozambique Malawi Cote d'Ivoire Uganda DRC Ethiopia Nigeria Tanzania</p>	

**Figure A1.1. Phases and Milestones of Integration of Nutrition into HIV Response**

<b>TASK</b>	<b>PHASE 1. FANTA Leadership and Coordination</b> <i>At least five Phase 1 milestones achieved</i>	<b>PHASE 2. FANTA Technical Assistance</b> <i>At least five Phase 1 and three Phase 2 Milestones achieved</i>	<b>PHASE 3. Government Leadership and Coordination</b> <i>At least five Phase 1, three Phase 2, and three Phase 3 milestones achieved</i>
<b>STRATEGIC PLANNING for Integrating Nutrition into HIV Facility and Community Services</b>	<ol style="list-style-type: none"> <li>1. Gaps and opportunities identified</li> <li>2. Nutrition NACS resources (staff, supplies, materials, equipment, storage capacity) assessed</li> <li>3. Prevalence of malnutrition among PLHIV known</li> <li>4. National strategy developed</li> </ol>		
<b>NATIONAL AND REGIONAL COORDINATION for Integrating Nutrition into HIV Facility and Community Services</b>	<ol style="list-style-type: none"> <li>5. Nutrition and HIV focal point identified in national institution (e.g., MOH)</li> <li>6. Group of national stakeholders working on integration, including participating in planning and developing guidelines and training materials</li> <li>7. Evidenced-informed advocacy material developed</li> </ol>	<ol style="list-style-type: none"> <li>1. National and regional stakeholders continue collaboration, including disseminating national nutrition guidelines, developing nutrition care standards, and supporting training and other Phase 2 activities</li> </ol>	<ol style="list-style-type: none"> <li>1. National and regional stakeholders continue collaboration, including wider dissemination of materials and supporting training and other Phase 3 activities</li> </ol>
<b>GUIDELINES</b>	<ol style="list-style-type: none"> <li>8. National nutrition guidelines for PLHIV developed<sup>2</sup></li> </ol>	<ol style="list-style-type: none"> <li>2. Guidelines disseminated</li> <li>3. Nutrition care standards developed for QI</li> </ol>	

<sup>2</sup> Guidelines should address nutrition assessment, critical nutrition actions for PLHIV, nutrition counseling, treatment of malnutrition, and referral to support services or nutrition for PLHIV integrated into other guidelines (e.g., for management of acute malnutrition or medical treatment of HIV).

<b>TASK</b>	<b>PHASE 1. FANTA Leadership and Coordination</b> <i>At least five Phase 1 milestones achieved</i>	<b>PHASE 2. FANTA Technical Assistance</b> <i>At least five Phase 1 and three Phase 2 Milestones achieved</i>	<b>PHASE 3. Government Leadership and Coordination</b> <i>At least five Phase 1, three Phase 2, and three Phase 3 milestones achieved</i>
<b>TRAININGS</b>	<ul style="list-style-type: none"> <li>9. National nutrition and HIV training materials, including the topics discussed under the guidelines, developed and/or integrated into other health training materials</li> <li>10. National training materials developed for community-based nutrition care for PLHIV</li> <li>11. National nutrition and HIV training, supervision, and mentoring plan developed</li> <li>12. Trainers of facility-based service providers trained using national nutrition and HIV training materials</li> <li>13. Trainers of community-based service providers trained in nutrition for PLHIV</li> </ul>	<ul style="list-style-type: none"> <li>4. Facility-based service providers trained in initial sites using national nutrition and HIV training materials</li> <li>5. Community-based service providers trained in nutrition for PLHIV in initial sites</li> <li>6. Trained service providers mentored and supervised</li> </ul>	<ul style="list-style-type: none"> <li>2. Additional facility-based service providers trained using national nutrition and HIV training course</li> <li>3. Additional community-based service providers trained in nutrition for PLHIV</li> <li>4. Refresher training conducted for service providers previously trained in NACS</li> <li>5. Trained service providers mentored and supervised</li> <li>6. Opportunities for nutrition and HIV professional development or ongoing capacity development available</li> <li>7. Nutrition and HIV included in pre-service training of health care providers</li> </ul>
<b>SBCC</b>	<ul style="list-style-type: none"> <li>14. Formative research done to inform a SBCC strategy for nutrition and HIV</li> <li>15. Nutrition and HIV SBCC strategy developed</li> </ul>	<ul style="list-style-type: none"> <li>7. SBCC strategy implemented to include SBCC materials (e.g., counseling and client education materials, radio messages) developed</li> </ul>	<ul style="list-style-type: none"> <li>8. SBCC strategy monitored and evaluated</li> </ul>
<b>SUPPLIES, EQUIPMENT, AND MATERIALS</b>	<ul style="list-style-type: none"> <li>16. Job aids developed to support national nutrition and HIV guidelines and training materials</li> </ul>	<ul style="list-style-type: none"> <li>8. Job aids disseminated</li> <li>9. MOH and/or partners support procurement of SFPs to treat malnutrition</li> <li>10. MOH and/or partners provide NACS supplies, equipment, and materials</li> </ul>	<ul style="list-style-type: none"> <li>9. SFPs procured and distributed as part of MOH supply system</li> </ul>
<b>IMPLEMENTATION</b>		<ul style="list-style-type: none"> <li>11. Nutritional status of clients assessed in initial sites</li> <li>12. Clients counseled in initial sites</li> <li>13. SFPs prescribed to treat malnutrition in initial sites</li> <li>14. Two-way clinic-community referral system established</li> <li>15. QI system in place</li> </ul>	<ul style="list-style-type: none"> <li>10. NACS services scaled up beyond initial sites</li> <li>11. SFPs to treat malnutrition prescribed beyond initial sites</li> <li>12. Nutritional status of PLHIV routinely assessed according to care standards</li> <li>13. Clients routinely counseled on nutrition according to care standards</li> <li>14. Clients routinely referred between clinic and community services</li> </ul>

<b>TASK</b>	<b>PHASE 1. FANTA Leadership and Coordination</b> <i>At least five Phase 1 milestones achieved</i>	<b>PHASE 2. FANTA Technical Assistance</b> <i>At least five Phase 1 and three Phase 2 Milestones achieved</i>	<b>PHASE 3. Government Leadership and Coordination</b> <i>At least five Phase 1, three Phase 2, and three Phase 3 milestones achieved</i>
<b>MONITORING AND EVALUATION</b>	17. Tools developed to collect data on nutrition services for PLHIV	16. Nutrition and HIV data routinely collected in initial sites 17. Data monitored and evaluated in initial sites	15. Data routinely collected in scale-up sites 16. Data used for decision making 17. Nutrition and HIV indicator(s) included in the national health management information system

**Figure A1.2. Phases in FANTA’s Process of Strengthening MCHN Policies, Advocacy, Systems, and Capacities**

<b>PHASE 1.</b> <b>ASSESS</b>	<b>PHASE 2.</b> <b>PLAN</b>	<b>PHASE 3.</b> <b>IMPLEMENT</b>	<b>PHASE 4.</b> <b>EVALUATE</b>
Identify gaps, challenges and opportunities.	Develop an approach (e.g., strategy, implementation plan, protocol).	<ul style="list-style-type: none"> <li><b>A.</b> Review existing materials.</li> <li><b>B.</b> Revise existing or develop new materials.</li> <li><b>C.</b> Hold trainings, workshops, or meetings in support of the materials.</li> <li><b>D.</b> Follow-up and coordinate</li> <li><b>E.</b> Monitor and evaluate the approach.</li> </ul>	<p><b>Policy:</b> A favorable policy environment exists.</p> <p><b>Advocacy:</b> Demand for, visibility of, and resources for nutrition are increased.</p> <p><b>Systems Strengthening:</b> Government and nongovernment entities are aligned and provide a common platform of nutrition services.</p> <p><b>Capacity Strengthening:</b> The capacity of the country to coordinate on a multisectoral level and improve the quality of nutrition services from prevention to treatment is strengthened.</p>

**Figure A1.3. Phases for Integration of CMAM into National Health Systems**

Health System Building Blocks	Phases of Integration			
	Phase 0	Phase 1	Phase 2	Phase 3
<b>Governance</b>	<ul style="list-style-type: none"> <li>CMAM program implemented in pilot areas and recognized by national government as a necessary approach for treatment of acute malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization of key stakeholders to the importance of structured responses to acute malnutrition</li> <li>Scale-up plan designed that targets focus areas (high prevalence/caseload areas) and is tailored to local context</li> <li>Global CMAM guidelines agreed upon and national guidelines initiated</li> <li>Development of CMAM in-service training packages initiated</li> </ul>	<ul style="list-style-type: none"> <li>Inclusion of CMAM in national nutrition policy initiated</li> <li>National scale-up strategy developed and costed</li> <li>National CMAM guidelines finalized, endorsed, and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>National nutrition policy including CMAM endorsed</li> </ul>
<b>Financing</b>		<ul style="list-style-type: none"> <li>Nonemergency funds secured for CMAM scale-up (&gt; 1 year)</li> </ul>	<ul style="list-style-type: none"> <li>National funds available for at least 25% of CMAM costs (as per costed strategy)</li> </ul>	<ul style="list-style-type: none"> <li>All CMAM costs supported by national funds</li> </ul>
<b>Workforce</b>		<ul style="list-style-type: none"> <li>Minimum CMAM personnel requirements for national and sub-national levels identified</li> <li>CMAM in-service training initiated</li> </ul>	<ul style="list-style-type: none"> <li>25% increase in nutrition positions at national and sub-national levels</li> <li>25% increase in trained workforce in targeted areas</li> <li>Design of CMAM pre-service training packages for relevant personnel initiated</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 50% nutrition positions created at national and sub-national levels</li> <li>&gt; 50% workforce trained in targeted areas</li> <li>CMAM pre-service training packages available and integrated into relevant personnel curriculums</li> </ul>
<b>Information</b>		<ul style="list-style-type: none"> <li>Minimum data collection needs and reporting formats required for routine M&amp;E of CMAM program identified, and roles and responsibilities identified for CMAM M&amp;E at all levels of the health system</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly analysis of CMAM performance conducted at national and sub-national levels and disseminated at the facility level</li> <li>Coverage of CMAM programs monitored and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>CMAM performance M&amp;E integrated into HMIS</li> <li>Coverage of CMAM programs &gt; 50% in targeted areas</li> </ul>
<b>Equipment and products</b>	<ul style="list-style-type: none"> <li>Ready-to-use therapeutic food (RUTF) accepted as the required product for treatment of SAM</li> </ul>	<ul style="list-style-type: none"> <li>RUTF available for scale-up areas</li> </ul>	<ul style="list-style-type: none"> <li>RUTF integrated into national essential medicine list and available to targeted areas through the health system national and sub-national supply system</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable access to RUTF ensured through national funding mechanisms</li> </ul>
<b>Service delivery</b>		<ul style="list-style-type: none"> <li>&gt; 10% of targeted facilities providing CMAM services and &gt; 10% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 25% of targeted facilities providing CMAM services and &gt; 25% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 50% of targeted facilities providing CMAM services and &gt; 50% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral)</li> </ul>

## Annex 2. Tools<sup>3</sup> under Development in Project Year 5 and 6

Name of Tool	Anticipated Project Year of Completion
<b>IR 1</b>	
<b>IR 1.2</b>	
Minimum dietary diversity indicator for women (MDD-W) guide	Project Year 5
<b>IR 1.3</b>	
FFP monitoring, evaluation, and reporting policy and guidance document for development programs	Project Year 5
Final integrated nutrition minimum services standards package for Indonesia	Project Year 5
Guide to Anthropometry	Project Year 6
<b>IR 1.4</b>	
PROFILES nutrition advocacy manual	Project Year 5
PROFILES overweight/obesity model	Project Year 5
FFP FAQ M&E document	Project Year 5
SOW guidance for carrying out gender analysis for FFP programs	Project Year 5
Sampling guide on beneficiary based surveys	Project Year 5
Excel based sample size calculator for beneficiary based sampling	Project Year 5
NACS Planning and Costing tool and user’s guide	Project Year 5
NACS User’s Guide Planning Module	Project Year 5
Report on the application of the NACS planning and costing tool in Malawi	Project Year 6
FFP FAQ M&E document	Project Year 6
Guidance document for project level early warning considerations	Project Year 6
Sampling guide for population based surveys	Project Year 6
Excel-based sample size calculator for population based sampling (difference over time, means, and proportions)	Project Year 6
Excel-based sample size calculator for population-based sampling (single point in time, means, and proportions)	Project Year 6

<sup>3</sup> Annexes 2–4 provide forecasts that are as accurate as possible at the time of finalization of this work plan. The specific deliverables completed by FANTA in Project Year 5 and 6 may change to accommodate USAID requests.



Name of Tool	Anticipated Project Year of Completion
<b>IR 2</b>	
<b>IR 2.4</b>	
Manual for Nutrition Care for Adults and Adolescents with HIV	Project Year 5
<b>IR 2 Countries</b>	
<b>Côte d’Ivoire</b>	
Nutrition and HIV counseling tools	Project Year 5
NACS-EAR indicators	Project Year 5
NACS Data collection tools	Project Year 5
<b>Democratic Republic of Congo</b>	
Nutrition & HIV counseling materials	Project Year 5
M&E tools	Project Year 5
<b>Ethiopia</b>	
NACS Standard Operating Procedure (sharing)	Project Year 5
NACS Data Quality Assurance (DQA) guide	Project Year 5
<b>Guatemala</b>	
M&E tool for USAID and partners for monitoring production of key FBR foods and adoption of FBR nutrition practices	Project Year 5
<b>Malawi</b>	
Competencies and competency standards for clinicians and health care providers managing SAM in inpatient care	Project Year 5
Malawi Training Course on Inpatient Management of SAM (course for clinicians)	Project Year 5
Multisector National Nutrition Advocacy Plan	Project Year 5
National SBCC Strategy	Project Year 5
Nutrition Advocacy Package –national level audiences	Project Year 5
Nutrition Advocacy Package – district level audiences	Project Year 5
District Nutrition Advocacy Action Plans (3)	Project Year 5
NCST training materials modules 4 and 5	Project Year 5
NCST counselling materials	Project Year 5

Name of Tool	Anticipated Project Year of Completion
CMAM Guidelines (2016)	Project Year 6
<b>Tanzania</b>	
Guidelines for sub-national nutrition advocacy planning	Project Year 5
PMO Work plan to Strengthen Multisectoral Nutrition Governance and Coordination across Sectors	Project Year 5
PMO Guidelines for District Nutrition Steering Committees	Project Year 5
Simplified Anthropometric Measurement Tool	Project Year 5
<b>Uganda</b>	
Supervision and monitoring tool for community mobilization around food and nutrition security and gender	Project Year 5
Orientation guide for gender mentorship and supervision tool	Project Year 5
Orientation guide for the community mobilization package	Project Year 5
Orientation guide on the agriculture enterprise mix guidelines	Project Year 5
HMIS training curriculum	Project Year 5
DNCC toolkit	Project Year 6
<b>Zambia</b>	
National Community NACS Training Manual	Project Year 5

### Annex 3. Planned Trainings for Project Year 5 and 6

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
<b>IR 1</b>			
FFP M&E workshops	January 2016	Bangladesh and Mali	FFP awardees
FFP M&E workshops	TBD, Project Year 6	TBD	FFP awardees
<b>IR 2</b>			
Training on Self-Management Counseling	Project Year 5	Uganda, Tanzania, and Kenya	NACS sites services providers
<b>IR 2 Countries</b>			
<b>Côte d'Ivoire</b>			
NACS refresher training for regional coaches	January 2016	Abidjan	
M&E training for NACS data Managers	April 2016	Abidjan	
NACS training for community health workers	June 2016	Abidjan	
<b>Democratic Republic of Congo</b>			
NACS training for health care providers	Jan 2016	Lubumbashi and Kinshasa	Health care providers (nurses, doctors, nutritionists)
NACS M&E Training for NACS data manages	February 2016	Lubumbashi and Kinshasa	Health care providers (nurses, doctors, nutritionists)
NACS training for community health workers	April 2016	Lubumbashi and Kinshasa	Community health workers
Training on nutrition & HIV counseling	June 2016	Lubumbashi and Kinshasa	Health care providers (nurses, doctors, nutritionists)
<b>Guatemala</b>			
Distance learning course for INCOPAS members	October 2015–March 2016	Guatemala	INCOPAS members

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
Training of university facilitators for distance learning course, as requested	October 2015–December 2015	Western Highlands	Key professors from schools of nursing, medicine, social workers and nutrition
Refresher nutrition training for health facility staff	February 2016	Western Highlands	Health facility staff
Training to support integration of agriculture and nutrition linkages into partner project plans through agricultural food production at the household, community, and municipal levels (2)	February 2016–May 2016	Western Highlands	FUNCAFE; Másfrijol, rural extensionists, health educators
Training of community level facilitators in the distance learning course	February 2016–July 2016	Western Highlands	Community members – civil society
<b>Malawi</b>			
NCST training of trainers/managers	TBD	Balaka	District health managers, clinicians, nurses, HMIS officers and nutritionist.
NCST training of trainers for partner staff	TBD	Balaka	Clinical officers, nurses and other partners staff
Training for district-level HMIS officers on managing NCST data	TBD	Balaka	Health information officers
CMAM- Inpatient Care training course for course director, clinical instructors and facilitators	TBD	Referral or district hospital South East Zone	Senior clinicians and health/nutrition professionals and pediatricians, (if available supervising dietitians will be invited to the training).
CMAM- Training course for inpatient case management of SAM	TBD	Balaka District Hospital or Other district Hospital identified by MOH	Clinicians, Nurses and Nutritionists ( if available new dietetics graduates will be invited to the training)
CMAM – training on managing quality of inpatient care	TBD	Balaka/Zomba	Clinicians, managers and nutritionist

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
<b>Mozambique</b>			
PRN II: Regional Training of Trainers	TBD	TBD—likely to be regional trainings in the 3 regions of the country	Provincial- and district-level health staff
PRN II: Training for health staff	TBD	Nampula and Zambézia Provinces	District health staff and health facility-level staff
PRN I: Refresher trainings	TBD	Nampula and Zambézia Provinces	Health facility staff
<b>Tanzania</b>			
Tutors trained in NACS	June 2016	Iringa, Mbeya, Ruvuma, Shinyanga, Dar es Salaam, Njombe	Tutors
Health care workers trained in Health Facility NACS	September 2016	Iringa, Mbeya, Ruvuma, Shinyanga, Dar es Salaam, Njombe	Health Care Workers
Community workers trained in Community NACS	September 2016	Iringa, Mbeya, Ruvuma, Shinyanga, Dar es Salaam, Njombe	Community Health Workers
R/DNUOs trained in NACS	September 2016	Morogoro, Mbeya, Dodoma Mwanza, Arusha	R/DNUOs, MOHSW/Nutrition Services Unit
Health Care Workers Training (PHFS sites)	September 2016	Mbeya, Iringa, and Tabora	Health Care Workers
<b>Uganda</b>			
Health facility NACS training (2 trainings)	March 2016	National	Ministry of Health nutritionists, UNF fellows and USG Partners
Training on Nutrition Service Delivery Assessment Tool	March 2016	National	MOH nutritionists, UNF Fellows, USG partners
Training in HMIS tools for nutrition (2 trainings)	April 2016	National	MoH Nutritionists, Nutrition Focal Persons and Biostatisticians
Training in advocacy (1 training)	May 2016	National	DNCCs and IPs
Community mobilization for nutrition (2 trainings)	June 2016	Regional	Community Development officers and IPs
Orientation on gender mentorship and supervision tool (1 training)	June 2016	National	Ministry officials and FTF IPs

Tentative Title/Subject Matter	Planned Month/Year	Location	Target Audience
Orientation on agriculture enterprise mix guidelines (2 trainings)	December 2016	Regional	District production officers and FTF IPs

## Annex 4. Publications and Key Deliverables under Development in Project Year 5 and 6

Topic or Working Title	Anticipated Project Year of Completion
<b>IR 1</b>	
<b>IR 1.1</b>	
Report on supplement adherence in children in Bangladesh	Project Year 5
Report on the results of the process evaluation of integrating LNS and MNP distribution within LAMB's MCHN program in Bangladesh	Project Year 5
Report on primary and secondary pregnancy and birth outcomes	Project Year 5
Comprehensive study report of effectiveness of LNS during pregnancy, Malawi LNS-RTI study	Project Year 5
Comprehensive study report of predictors of birth outcomes	Project Year 5
Abbreviated report: Pathways analysis	Project Year 5
Report on the impact of prenatal health interventions on children's growth, development and mortality in Malawi	Project Year 5
Report on secondary data analysis to explore if standardized MUAC cutoffs can be used to identify acute malnutrition among pregnant women	Project Year 5
Final technical report for Burundi PM2A study	Project Year 5
Final technical report for Guatemala PM2A study	Project Year 5
Exit strategy synthesis report	Project Year 5
Bolivia exit strategy country report	Project Year 5
Honduras exit strategy country report	Project Year 5
India exit strategy country report	Project Year 5
Kenya exit strategy country report	Project Year 5
Report on child outcomes, health care expenditures during childhood and cost-effectiveness of LNS, MNP on child growth outcomes	Project Year 6
Report on willingness to pay for LNS in women and children	Project Year 6
Report on the effectiveness of interventions for treatment MAM during pregnancy	Project Year 6
Report on the effectiveness of interventions for sustaining nutritional status among children who have recently recovered from MAM	Project Year 6

Topic or Working Title	Anticipated Project Year of Completion
Report on secondary analysis to explore if standardized MUAC cutoffs can be used to identify acute malnutrition among adults	Project Year 6
Report of findings from RDNS follow up study	Project Year 6
Technical report on cost effectiveness, Burundi PM2A study	Project Year 6
Technical report on cost effectiveness, Guatemala PM2A study	Project Year 6
Report on review of effective non ration based program model	Project Year 6
<b>IR 1.2</b>	
Final qualitative performance evaluation report for FFP MYAPs in Bangladesh	Project Year 5
Household food consumption indicators study report	Project Year 5
Technical note synthesizing lessons from FFP pilot gender indicators	Project Year 6
Technical report of the findings from the validation of an eye tracking method to measure early cognitive development in Malawi	Project Year 6
<b>IR 1.3</b>	
Report of a stakeholder meeting on the use of small-quantity LNS for the prevention of malnutrition	Project Year 5
MSN-GLEE meeting report	Project Year 5
Food security country desk review #1	Project Year 5
Food security country desk review #2	Project Year 5
Food security country desk review #3	Project Year 5
Summary Report of Activity in Indonesia	Project Year 5
CMAM technical brief	Project Year 5
Nutrition policy technical brief	Project Year 5
National nutrition costing technical brief	Project Year 5
ECD technical brief	Project Year 5
Updated nutrition country profiles	Project Year 5
Family Planning Formative Research Report	Project Year 6
FANTA technical legacy report #1	Project Year 6
FANTA technical legacy report #2	Project Year 6
FANTA technical legacy report #3	Project Year 6
<b>IR 1.4</b>	



Topic or Working Title	Anticipated Project Year of Completion
Nutrition and ECD technical note	Project Year 5
Nutrition, ag, and climate change technical note	Project Year 5
Technical brief to describe the PROFILES overweight/obesity model	Project Year 5
Technical brief to describe the PROFILES stunting and human capital model	Project Year 5
<b>IR 2</b>	
<b>IR 2.3</b>	
Technical note: The “C” in NACS: FANTA’s work to improve the counseling component of NACS for better ART-related behaviors	Project Year 5
Technical brief: NACS Indicator Development	Project Year 5
Technical brief: Community NACS: FANTA’s experience strengthening community-facility linkages	Project Year 5
<b>IR 2.4</b>	
Malawi PROFILES Technical Report	Project Year 5
<b>IR 2 Countries</b>	
<b>Côte d’Ivoire</b>	
Technical Report on FANTA-ASSIST joint QI activities	Project Year 5
Technical report on the contribution of NACS on EAR outcomes	Project Year 6
Côte d’Ivoire legacy report	Project Year 6
<b>Democratic Republic of Congo</b>	
Community-Based NACS manual for DRC	Project Year 5
Revised NACS training materials for DRC	Project Year 5
<b>Ethiopia</b>	
Consensus report on appropriate RUTF/RUSF dosing for PLHIV and feasibility of FBF for treatment of MAM	Project Year 5
Recommendation for revision of NACS training curricula	Project Year 5
Country legacy report	Project Year 5
<b>Guatemala</b>	
Costing brief targeted to municipalities in Spanish	Project Year 5
Food composition analysis report and recommendations for data use	Project Year 5

Topic or Working Title	Anticipated Project Year of Completion
Guidance on use of the ABC methodology	Project Year 5
Report of secondary data analysis in Optifood using ENCOVI data, in English and Spanish	Project Year 5
Technical consultation report related to micronutrient call to action	Project Year 5
Radio spots to promote FBRs	Project Year 6
Distance learning impact story	Project Year 6
Guidance to enable incorporation of distance learning course to MOH and SESAN's virtual platform	Project Year 6
FANTA close out report	Project Year 6
<b>Malawi</b>	
Nutrition Society of Malawi Landscape Report	Project Year 5
Report on lessons learned and recommendations on integrating nutrition into HIV and TB care and treatment	Project Year 5
Report on lessons learned and recommendations for improving quality of inpatient management of children with SAM and medical complications	Project Year 5
CMAM Costing Report	Project Year 5
Report on strengthening nutrition competencies of service providers delivering HIV and TB care and treatment	Project Year 5
Technical Brief: Competency-based approach for nutrition workforce development	Project Year 5
Nutrition Society Constitution	Project Year 6
NCST Learning Forum Briefs	Project Year 5 and 6
Quarterly, semi-annual, and annual reports	Project Year 5 and 6
End of project country report	Project Year 6
<b>Mozambique</b>	
PRN Training Materials for Community Groups: Facilitator's Guide and Participant Handouts	Project Year 5
Communication materials for nutrition counseling for PLHIV and/or TB	Project Year 5
Mozambique National Infant and Young Child Feeding Strategy pamphlet	Project Year 5
Report of the mapping of the current status of implementation of the community-based IYCF counseling materials	Project Year 5
Mozambique job aid on infant feeding in the context of HIV	Project Year 5
Final Report for the Partnership for HIV Free Survival in Mozambique	Project Year 5

Topic or Working Title	Anticipated Project Year of Completion
<b>Tanzania</b>	
NACS Implementation Guide	Project Year 5
NACS Program Review Report	Project Year 5
National Nutrition Advocacy Plan	Project Year 5
Sub-National Advocacy Plans	Project Year 5
Educational film and supporting campaign materials	Project Year 5
Sector Nutrition Advocacy Materials	Project Year 5
National Multisectoral Nutrition Action Plan	Project Year 5
Tanzania Multiyear Report	Project Year 5
<b>Uganda</b>	
UNF Final Report	Project Year 6
UNF Documentary	Project Year 6
FANTA Uganda Legacy Document	Project Year 6
<b>Zambia</b>	
Lessons Learned from District-Led NACS Integration in Zambia	Project Year 5

## Annex 5. Fora and Groups in which FANTA Participates in Project Year 5 and 6

### Global Fora and Groups in which FANTA Participates

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
<b>CF&amp;N (Clean, Fed &amp; Nurtured) Community of Practice</b>	Global	Bring together WASH, nutrition, and ECD to promote child growth and development	Alive & Thrive, FANTA, WASHplus, the Global Public-Private Partnership for Handwashing, Save the Children	<a href="https://www.facebook.com/CleanFedNurtured">https://www.facebook.com/CleanFedNurtured</a>	Monthly	Rotating	Rotating	Participant; host meeting on rotating basis	Monica Wolcott
<b>CORE Group Nutrition Working Group (CORE/NWG)</b>	Global	Develop tools, guidance, and educate members on community-based nutrition programming	Organizations and individuals interested and working in community-based nutrition	<a href="http://www.coregroup.org">www.coregroup.org</a>	2 meetings/yr of CORE Group, during which CORE/ NWG meets. More frequent phone calls, occasional TAGs and webinars	CORE Group	CORE Group 919 18 <sup>th</sup> Street NW, Washington DC 20006	Active member; participates in relevant meetings; work on specific activities (e.g., NPDA, tech briefs); provides TA as needed	Lesley Oot, Kristen Cashin
<b>FSN (Food Security and Nutrition) Network</b>	Global	Identify and disseminate tools and promising practices for gender, nutrition and M&E strengthening for food security and nutrition programming		<a href="http://www.fsnnetwork.org/task-force/gender">http://www.fsnnetwork.org/task-force/gender</a>	3-4 times/year	TOPS	Save the Children 2000 L St NW, Suite 500, Washington DC, 20036	Participate in the taskforce meetings; collaborates on reviews of FANTA technical documents such as the FFP baseline and final evaluation gender indicator PIRS. In FY15, FANTA will develop FFP's annual monitoring indicators and guidance for a FFP gender analysis scope of work.  Collaborate with members on the development and review of documents as needed.	Reena Borwankar; Sujata Bose; Lesley Oot
<b>IPC (Integrated Food Security Phase Classification)</b>	Global	Develop the analytical process and associated technical tools necessary for analyzing chronic	Organizations and individuals interested and working in IPC	<a href="http://www.ipcinfo.org/ipcinfo-technical-development/ipc-chronic-scale/en/">http://www.ipcinfo.org/ipcinfo-technical-development/ipc-chronic-scale/en/</a>	Ad hoc conference calls and semi-annual/tri-	IPC Global Support Unit, FAO	Viale delle Terme di Caracalla,	Invited member of the IPC Harmonization Working Group; provide regular TA in	Laura Glaeser

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
<b>Harmonization Working Group</b>		food insecurity at the sub-national level			annual at rotating locations		00153 Rome, Italy	the development of the analytical process and technical tools for chronic food insecurity analysis	
<b>MIYCN-FP (Maternal, Infant and Young Child Nutrition and Family Planning) Integration WG</b>	Global	Bring together the Postpartum Family Planning community of practice, LAM working group and the nutrition community to provide a forum for those interested in nutrition, infant and young child feeding and family planning. This group manages the MIYCN-FP toolkit	Organizations and individuals interested and working in FP, LAM, IYCN, MCHN	<a href="https://knowledge-gateway.org/miycnfp">https://knowledge-gateway.org/miycnfp</a> <a href="https://www.k4health.org/toolkits/miycn-fp">https://www.k4health.org/toolkits/miycn-fp</a>	2-3 times/year	Co-chaired by Maternal and Child Survival Program (previously MCHIP) and SPRING	JSI 1616 Fort Myer Drive 16th Floor Arlington, VA 22209 USA	Participate in the working group meetings and in the <i>Documentation of Field Experiences and Results</i> sub-group whose objective is to promote and collect documentation of MIYCN-FP activities and locate promising resources for the MIYCN-FP toolkit. FANTA will present the findings of the desk review on integration of family planning in nutrition and food security programs at one of the Working Group meetings in PY 4.	Reena Borwankar
<b>PHFS (Partnership for HIV-Free Survival)</b>	Global	Initiative to accelerate adoption & implementation of 2010 WHO Guidelines in six member countries: conceived by WHO & PEPFAR, owned/led by MOHs in 6 countries, positioned under the Child Survival WG of the IATT on Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children	MOH from TZ, Kenya, SA, Lesotho, MZ, Uganda; UNICEF, IHI, ASSIST, HEALTHQUAL, and FANTA	N/A	Monthly/Bi-monthly conference calls at the global level; monthly in-country meetings	USAID / PEPFAR	URC/ASSIST, 7200 Wisconsin Avenue, Suite 600 Bethesda, MD 20814	Provide nutrition TA as part of the QI process to improve child survival and eliminate HIV transmission	Rebecca Egan (for global activities). FANTA Country Program Managers for participating countries
<b>PLEW (Project-Level Early Warning) Interest Group</b>	Global	The PLEW Interest Group responds to the desire of development project staff from a range of donor organizations for a forum to share information, lessons learned, promising practices, and tools and other	Organizations and individuals interested and working in early warning systems	<a href="http://www.fsnnetwork.org/interest-group/program-level-early-warning">http://www.fsnnetwork.org/interest-group/program-level-early-warning</a>	Quarterly	FANTA	FHI 360, 1825 Connecticut Ave NW, Washington DC 20011	As founding member of the PLEW Interest Group (supported by TOPS) program, FANTA develops the content for and runs each quarterly meeting	Laura Glaeser

Forum/Group Name	Country Location	Purpose and Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
		resources to assist in implementation of PLEW elements							
<b>SUN CoPs</b>	Global	The SUN CoPs were established as a mechanism for ensuring that countries can access technical support more easily and share best practices.	Civil society organizations	<a href="http://scalingupnutrition.org/">http://scalingupnutrition.org/</a>	Quarterly	SUN		Participate in and provide TA, as needed, to CoPs	Sandra Remancus (general), Sujata Bose (CoP 3), Tina Lloren (CoP 1), Kavita Sethuraman (CoP 2)
<b>USAID Anemia Taskforce</b>	Global	Bring together USAID agencies and partners for coordination of efforts on anemia control and prevention	USAID/GH/HIDN, PMI, NTDs, MCHIP, SPRING, FANTA	N/A	Quarterly	USAID/GH/HIDN	1300 Pennsylvania Av, Washington DC 20011	Report and present FANTA's work on anemia control and prevention, coordinate with partners and USAID agencies when warranted	Zeina Maalouf Manesseh
<b>HIPNet Meeting</b>	Global	Collaborative network focused on bringing together and sharing knowledge of production, delivery, and evaluation of international public health information products that are working with USAID's Bureau for Global Health	USAID-funded projects/USAID	<a href="https://www.hipnet.org/">https://www.hipnet.org/</a>	Quarterly	Supported by USAID, co-chaired by Jhpiego and UNC	N/A	Participate in the meetings, share knowledge/information about FANTA, and learn about lessons learned from other public health projects	FANTA Communications

**In-Country Fora and Groups in which FANTA Participates**

Forum/ Group Name	Country Location	Purpose Brief Description	Membership	Website Address	Frequency of Meetings	Convening Institution	Secretariat Location	FANTA's Role	FANTA's POC
<b>USAID/PEPFAR Food and Nutrition Partners TWG</b>	Ethiopia	Propose standard protocol for the management of MAM and SAM in PLHIV, including recommendations for standardized dosages and treatment duration; Propose the most biologically effective and cost efficient supplementary food(s) to be used in place of the existing RUSF for MAM	FANTA (Chair); WFP; FBP; USAID/Ethiopia (Care and Support Team; HSS Team; FTF Team) SCMS; ENGINE	N/A	Monthly	FANTA	FHI360, Addis Ababa, Ethiopia	Chair the group	Abdulaziz Oumer
<b>Nutrition Distance Learning for Frontline Health workers WG</b>	Guatemala	Define, plan, review, coordinate & propose an implementation strategy for the Nutrition Distance Learning designed in close collaboration with INCAP and Nutri-Salud	INCAP, Nutri-Salud, HEPP, PASMO		Monthly, ad-hoc conference calls	FANTA and INCAP		Co-lead; define M&E of course; facilitate participation of USAID partners; liaise with MOH	Maggie Fischer
<b>USAID Guatemala Health and Education Working Group</b>	Guatemala	Plan, coordinate and develop joint activities being implemented by HEO partners in support of the Western Highlands Integrated Program, specifically related to health and nutrition	USAID/HEO	N/A	Monthly	USAID Guatemala	HEO	Participate, collaborate and coordinate the WG; provide input to work plans, reports, organization of meetings	Maggie Fischer
<b>MOH WG on IYCF (Infant and Young Child Feeding)</b>	Mozambique	Produce the technical materials related to IYCF and oversees the implementation of IYCF programming nationwide.		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	Co-chair of the IYCF working group, along with the MOH Nutrition Department	Alejandro Soto
<b>MOH WG on M&amp;E and Surveillance</b>	Mozambique	Oversee programming and produce the technical materials, e.g., protocols and training materials, in M&E and Surveillance		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	Provide TA to the MOH for the M&E and nutrition surveillance at a national level, including participation in this working group	Alejandro Soto
<b>MOH WG on SBCC</b>	Mozambique	Oversee programming and produce technical materials for		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende	Co-chair the SBCC working group along	Alejandro Soto

		SBCC related to nutrition, e.g., national strategies					Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	with the MOH Nutrition Department	
<b>MOH WG on the Nutrition Rehabilitation Program (Programa de Reabilitação Nutricional [PRN])</b>	Mozambique	oversees the implementation of the PRN nationwide and produces the technical materials that are the foundation of the program, e.g., protocols and training materials		N/A	Regular	MOH Nutrition Department	Av. Eduardo Mondlane/Salvador Allende Nº 1008, Bairro Central, C.P. 264, Maputo, Mozambique	Participation in this WG and provide TA to the MOH for the PRN at a national level	Alejandro Soto
<b>Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique (Plano de Acção Multisectorial Para a Redução da Desnutrição Crónica em Moçambique [PAMRDC])</b>	Mozambique	WG on the national policy framework aiming to accelerate the reduction of chronic undernutrition. Oversee the implementation of the plan nationwide.		N/A	Periodic	Technical Secretariat for the MOH's Food and Nutrition Security ( <i>Secretariado Técnico de Segurança Alimentar e Nutricional [SETSAN]</i> )	Praça dos Heróis Moçambicanos, Maputo, CP 1406, Maputo, Mozambique	Active member of the PAMRDC; stay abreast of developments; contribute to the technical discussions; share updates from FANTA's side	Alejandro Soto
<b>SUN Civil Society Platform</b>	Mozambique	Raise the profile of nutrition on the national agenda and align the strategies, efforts, and resources of civil society with the Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique ( <i>Plano de Acção Multisectorial Para a Redução da Desnutrição Crónica em Moçambique [PAMRDC]</i> )		N/A	Periodic	The Nutrition and Food Security Association ( <i>Associação para Nutrição e Segurança Alimentar [ANSA]</i> )	Avenida Agostinho Neto 389, Maputo, Mozambique	Active member of the SUN civil society platform; stay abreast of developments; contribute to the technical discussions; share updates from FANTA's side	Alejandro Soto
<b>Development Partners Group - Nutrition</b>	Tanzania	Raise the profile of nutrition on the national agenda and align the strategies, efforts, and resources that can support nutrition action		N/A	Monthly	IrishAid		Participate in monthly meetings; contribute to technical discussions; debrief on status of NACS scale-up and PMO technical support	Deborah Ash
<b>Ag/Nut WG</b>	Uganda	Provide leadership and oversight to integrate nutrition in the ag sector	Government Ministries and Agencies, UN Agencies	<a href="http://www.agriculture.go.ug">www.agriculture.go.ug</a>	Ad hoc	Ministry of Agriculture, Animal Industry and Fisheries	Lugard Avenue, Entebbe	Provide technical/logistic support; organize meetings/workshops; develop and/or review technical content	Francis Muhanguzi



<b>Anaemia WG</b>	Uganda	Discuss issues and work out strategies for reducing anemia among women of reproductive age and children below 5 years	Ministries, CSOs, Academia and Implementing partners	<a href="http://www.health.go.ug">www.health.go.ug</a>	Quarterly	Ministry of Health	Plot 6 Lourdel Road, Kampala	Make technical presentations; review documents; participate in meetings	Brenda Namugumya
<b>Multi-Sectoral Nutrition Coordination Committee</b>	Uganda	Provide leadership and oversight for implementation of the UNAP	Key technical experts, GoU Ministries, UN Agencies, USAID, World Bank, IrishAid; Nutrition IPs, Private partners, Academia, Nutrition associations/ societies, civil society	<a href="http://www.opm.go.ug">www.opm.go.ug</a>	Monthly	Office of the Prime Minister	PLOT 9-11 APOLLO KAGGWA ROAD. P.O. BOX 341, KAMPALA, UGANDA	Represent, mobilize and coordinate USAID IPs; participate in planning and organization of the Annual Nutrition Forum	Brenda Namugumya
<b>Nutrition Technical WG</b>	Uganda	WG of technical officers mandated to plan/implement actions to integrate nutrition in the social development sector	Government Ministries, UN Agencies and FANTA	<a href="http://www.mglsd.go.ug">www.mglsd.go.ug</a>	Ad hoc	Ministry of Gender, Labour and Social Development	Simbamanyo House, Plot 2 George Street, Kampala	Provide technical/ logistic support; support relevant meetings/ workshops; develop technical content for discussion and review by the technical WG	Francis Muhanguzi
<b>Nutrition WG</b>	Uganda	Debate and agree on specific recommendations and actions to be implemented to address malnutrition	Government Ministries, CSOs, Academia and Implementing partners	<a href="http://www.health.go.ug">www.health.go.ug</a>	Monthly	Ministry of Health	Plot 6 Lourdel Road, Kampala	Make technical presentations; review documents; participate in meetings	Dr. Hanifa Bachou
<b>PHFS Coordination Committee</b>	Uganda	Coordinate implementation of the PHFS, articulate issues, priorities and recommendations that PHFS actors can undertake.		<a href="http://www.health.go.ug">www.health.go.ug</a>	Quarterly	Ministry of health	Plot 6 Lourdel Road, Kampala	Provide technical / logistic support; organize meetings/workshops; develop and/or review technical content	Lydia Gesa
<b>Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN)</b>	Uganda	Provides a platform for civil society organizations in Uganda to contribute to the Global SUN initiative through advocacy and monitoring for accountability.		N/A	Periodic	Uganda Action for Nutrition Society (UGAN)	Department of Food Science Makerere University Level 2 P.O. BOX 7062, Kampala	Attend periodic meetings; support to advocacy efforts; support technical discussions	Hanifa Bachou

## Annex 6. Matrix of Project-Funded Activities in Project Year 5 and 6

### GH

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Effectiveness of LNS study (September 2011–December 2016)</b>	Report on supplement adherence in children in Bangladesh		X					Ongoing	Bangladesh	\$537,220 (Includes an existing commitment of \$437,610)	\$55,256		FANTA UC Davis
	Report on the results of the process evaluation of integrating the LNS and MNP distribution within the local organization’s MCHN program in Bangladesh			X									
	Report on primary and secondary pregnancy and birth outcomes	X											
	Report on child outcomes, health care expenditures during childhood, and cost-effectiveness of LNS, MNP on child growth outcomes					X							
	Report on willingness to pay for LNS in women and children					X							
<b>Effectiveness of LNS during pregnancy study (March 2011–March 2016)</b>	Comprehensive study report, of effectiveness of LNS during pregnancy in Malawi		X					Ongoing	Malawi	\$339,467 (Includes an existing commitment of \$268,992)	N/A		FANTA UC-Davis UTA
	Comprehensive study report of predictors of birth outcomes		X										
	Abbreviated report: Pathway analysis		X										
<b>Treatment of MAM among HIV-positive and HIV-negative women during pregnancy study (March 2014–January 2017)</b>	Report on the effectiveness of interventions for treating MAM during pregnancy					X		Ongoing	Malawi	\$259,794 (Includes an existing commitment of \$253,819)	\$18,779		FANTA WUSTL

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer	
		PY 5				PY 6								
		Q1	Q2	Q3	Q4	Q1	Q2							
<b>Effectiveness of interventions to sustain nutritional status among children recovering from MAM study (November 2012–January 2017)</b>	Report on the effectiveness of interventions for sustaining nutritional status among children who have recently recovered from MAM						X		Ongoing	Malawi	\$81,157 (Includes an existing commitment of \$64,392)	\$14,088		FANTA WUSTL
<b>Impact of prenatal health intervention on children’s growth, development and mortality study (August 2014-August 2016)</b>	Report on the impact of prenatal health interventions on children growth, development, and mortality in Malawi					X			Ongoing	Malawi	\$174,525	N/A		FANTA UTA
<b>Standardized MUAC cutoffs for pregnant women and adults study (February 2014–December 2016)</b>	Report on secondary data analysis to explore if standardized MUAC cutoffs can be used to identify acute malnutrition among pregnant women		X						Ongoing	N/A	\$162,224 (Includes an existing commitment of \$109,552)	\$12,422		FANTA Tufts
	Report on secondary analysis to explore if standardized MUAC cutoffs can be used to identify acute malnutrition among adults						X							
<b>SQ-LNS meeting (October 2014–March 2016)</b>	Report of a stakeholder meeting on the use of small-quantity lipid-based nutrient supplements (SQ-LNS) for the prevention of malnutrition		X						Ongoing	N/A	\$213,908	N/A	FY16: 2 NA-EE 6 AF - NA 2 LAC - NA	FANTA
<b>Experimental Biology FANTA research dissemination event (October 2015–April 2016)</b>	Dissemination event delivered			X					New	N/A	\$76,005	N/A	FY16: 1 EE - NA	FANTA IFPRI UC-Davis UTA
<b>Effectiveness of LNS – follow up cohort (October</b>	Report on the findings from RDNS follow up						X		New	Bangladesh	\$671,356	\$28,890		FANTA UC-Davis

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>2015–December 2016)</b>									(Includes savings from original study \$515,843)				
<b>Validation of an eye-tracking method to measure early childhood cognitive development (August 2014–December 2016)</b>	Technical report of the findings from the longitudinal, observational study					X		Ongoing	Malawi	\$257,939 (Includes an existing commitment of \$58,289)	\$39,555		FANTA UTA
<b>Minimum dietary diversity indicator for women (MDD-W Guide (October 2015–December 2015))</b>	Minimum dietary diversity indicator for women (MDD-W) guide	X						Ongoing	N/A	\$21,588	N/A		FANTA UC-Davis FAO
<b>Support to USAID in multi-party discussions on anthro data collection through surveys (October 2015–September 2016)</b>	Progress report				X			Ongoing	N/A	\$74,225	N/A		FANTA
<b>Support to USAID and SUN donor network for tracking nutrition resources for nutrition sensitive and nutrition specific interventions (October 2015–September 2016)</b>	Progress report				X			New	N/A	\$300,000	N/A	FY16: 3 NA–EE 3 AF – NA 2 EE – EE	FANTA
<b>Participation in SUN Communities of Practice</b>	Meeting reports	X	X	X	X			Routine	N/A	\$52,607	N/A	FY16: 4 NA – EE	FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>(October 2015-September 2016)</b>													
<b>Support to SUN conflict of interest work (October 2015–September 2016)</b>	TBD				X			New	N/A	\$200,000	N/A	3 EE-EE 3 NA-EE	FANTA Global Social Observatory
<b>IPC working group participation</b>	Meeting reports		X		X			Ongoing	N/A	\$16,519	\$2,355	FY16: 1 NA - EE	FANTA
<b>Guide to Anthropometry (May 2014–December 2016)</b>	Guide to Anthropometry				X	X		Ongoing	N/A	\$147,772	\$11,844		FANTA
<b>Nutrition and ECD technical note (October 2015-September 2016)</b>	Nutrition and ECD technical note	X						Ongoing	N/A	\$15,375	N/A		FANTA
<b>Agriculture, Climate Change and Nutrition technical note (October 2014-December 2015)</b>	Nutrition, Ag, Climate Change technical note	X						Ongoing	N/A	\$19,044	N/A		FANTA
<b>Nutrition policy technical brief for MN Strategy (October 2014–December 2015)</b>	Nutrition Policy technical brief	X						New	N/A	\$30,643	N/A		FANTA
<b>CMAM technical brief for MN Strategy (October 2014–December 2015)</b>	CMAM technical brief	X						New	N/A	\$28,075	N/A		FANTA
<b>Costing Technical Brief for MN Strategy (January 2016-June 2016)</b>	Costing technical brief		X					New	N/A	\$11,943	N/A		FANTA
<b>Nutrition and ECD Technical Brief for MN Strategy</b>	Nutrition and ECD technical brief	X						New	N/A	\$13,264	N/A		FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>(October 2015-December 2015)</b>													
<b>Development of a Nutrition Advocacy Manual for PROFILES (October 2012–September 2016)</b>	Nutrition Advocacy Manual for PROFILES				X			Ongoing	N/A	\$88,543	N/A		FANTA
<b>Update USAID Nutrition Country Profiles</b>	Updated Nutrition Country Profiles		X					New	N/A	\$55,849	N/A		FANTA
<b>Strengthening of the PROFILES tool – stunting/human capital and overweight/obesity models (October 2014–September 2016)</b>	Refined PROFILES overweight/obesity model				X			Ongoing	N/A	\$80,175	\$13,063		FANTA
	Brief to explain the stunting and human capital model	X											
	Brief to explain the overweight/obesity model				X								
<b>Participation in CORE working groups and dissemination of FANTA tools through CORE (October 2015–October 2016)</b>	Meeting report	X				X		Routine	N/A	\$55,351	\$19,906		FANTA CORE
	Family planning integration webinar	X											
<b>MSN-GLEE regional dissemination meeting (cost share with FFP) (topic TBD) (October 2015–April 2016)</b>	Meeting agenda		X					New	Tanzania	\$200,000	N/A	FY16: 22 AF - AF 9 NA - AF 2 EE - AF	FANTA
	Meeting report			X									
<b>MSN-GLEE Washington, DC</b>	Meeting report				X			New	US	\$50,000	N/A		FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>(cost share with FFP) (October 2015-July 2016)</b>													
<b>Global Nutrition Report (July 2015-October 2015)</b>	Global Nutrition Report with USAID logo	X						Ongoing	N/A	\$145,000 (Includes an existing commitment of \$137,000)	N/A		IFPRI
<b>Foreman Lecture (December 2015)</b>	Lecture delivered	X						New	N/A	\$20,113	N/A		FANTA IFPRI
<b>Updates to FANTA website and handover to permanent server (October 2015–December 2016)</b>	Updated website				X			New	N/A	\$100,063	\$30,385		FANTA
	Handover to permanent server					X							
<b>FANTA technical legacy reports (October 2015–December 2016)</b>	3 Legacy reports				X			New	N/A	\$159,487	N/A		FANTA
<b>FANTA end-of-project dissemination event (October 2015–December 2016)</b>	Event held					X		New	N/A	N/A	\$100,350		FANTA
<b>GH project close out costs (June 2015–February 2017)</b>	Closed out project						X	New	N/A	N/A	\$204,904		FANTA
<b>Other meetings and conferences, KM, management costs, etc. (October 2014–February 2017)</b>	TBD							New, routine, and ongoing	N/A	\$600,000	\$200,000		FANTA
<b>E-learning Course for Integrating Nutrition into Agriculture Programming</b>	Revised module 2.4 to include USAID Multi-Sectoral Nutrition Framework	X						Ongoing	N/A	\$3,940	N/A		FANTA MSU

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Subtotal</b>									<b>\$5,263,171</b>	<b>\$751,797</b>			

**FFP**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>PM2A Study (October 2010–December 2016)</b>	Technical report on impact (second follow up survey) – Burundi				X			Ongoing	Burundi Guatemala	\$1,620,764	\$289,309		FANTA IFPRI
	Technical report on impact – Guatemala				X								
	Technical report on cost effectiveness – Burundi					X							
	Technical report on impact - Guatemala					X							
	Synthesis report on Burundi impact				X								
<b>Exit strategy study (March 2009–March 2016)</b>	Bolivia Exit Strategy Report		X					Ongoing	Bolivia Honduras India Kenya	\$160,509	N/A		FANTA Tufts
	Honduras Exit Strategy Report		X										
	India Exit Strategy Report		X										
	Kenya Exit Strategy Report		X										
	Exit Strategy Synthesis Report	X											
<b>Food Aid Quality Review (August 2015–December 2015)</b>	TBD							Ongoing	N/A	\$714,873	N/A		FANTA Tufts
<b>Qualitative final evaluation of the Bangladesh Title II program (October 2014–December 2015)</b>	Final qualitative performance evaluation report for FFP MYAPs in Bangladesh	X						Ongoing	Bangladesh	\$413,720	N/A		FANTA Tufts
<b>M&amp;E workshops for FFP development programs</b>	M&E workshops delivered		X			X		Routine	Mali – FY 16 Bangladesh – FY 16	\$273,917	\$244,709		FANTA



Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>(October 2015–December 2016)</b>									TBD – FY17				
<b>Washington M&amp;E information sharing meeting (October 2015 – February 2017)</b>	M&E information sharing meeting delivered	X				X		Routine	N/A	\$27,185	\$24,669		FANTA
	FAQ M&E document		X			X							
<b>Technical support for baseline studies (October 2015 – December 2016)</b>	TBD							Routine	N/A	\$133,574	\$31,210	FY16: 1 NA-AF 1 NA-AS	FANTA
<b>FFP annual, mid-term and final evaluation outcomes and impacts (October 2015 – April 2016)</b>	Mid-term and final evaluation impact stories			X				Routine	N/A	\$61,658	N/A		FANTA
	Consolidated list of annual outcomes and impacts			X									
<b>FFP M&amp;E and Reporting Policy guidance document for development programs (June 2014 – September 2016)</b>	Monitoring, evaluation and reporting policy and guidance document for development programs				X			Ongoing	N/A	\$22,167	N/A		FANTA
<b>FFP M&amp;E and Reporting Policy guidance document for emergency programs (October 2015-February 2017)</b>	TBD					X		New	N/A	\$83,785	\$26,643		FANTA
<b>M&amp;E webinars and Listserv on M&amp;E (July 2015–December 2016)</b>	M&E webinars	X	X		X	X		Ongoing and New	N/A	\$54,836	\$18,485		FANTA
<b>Technical support for gender</b>	Gender analysis workshop		X						N/A	\$46,771	N/A		FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>analysis: workshop and review of SOWs and reports (October 2015–December 2016)</b>	Review of gender analysis SOWs and reports			X				Ongoing, Routine, and New					
	SOW Guidance for gender analysis			X									
<b>Technical note synthesizing lessons from FFP pilot gender indicators (October 2015–September 2016)</b>	Technical note (including data analysis findings)					X		New	N/A	\$63,783	\$28,016		FANTA
<b>Guidance document on considerations for project level early warning manual (October 2015–December 2016)</b>	Guidance document on considerations for project level early warning manual					X		New	N/A	\$57,678	\$23,517		FANTA
<b>Formative research to inform how to operationalize FP activities in FFP programs (October 2015-December 2016)</b>	Family planning formative research report					X		New	N/A	\$195,297	\$55,967	FY16: 4 NA-AF  FY17: 1 NA-AF	FANTA
	Dissemination Workshop					X							
<b>Dissemination of desk review on FP integration (topic TBD) (October 2015 – March 2016)</b>	Webinar		X					New	N/A	\$23,819	N/A	FY16: 1 NA-AS	FANTA
	Presentation at International Family Planning Conference	X											
<b>MSN-GLEE (cost-share with GH) (October 2015-June 2016)</b>	MSN Glee Event		X					New	N/A	\$200,000	N/A		FANTA
	Meeting report			X									
<b>MSN-GLEE Washington, DC</b>	Meeting report				X			New	N/A	\$40,000	N/A		FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
Food security country frameworks (October 2015-September 2016)	FSCFs				X			Routine	TBD	\$573,794	N/A		FANTA
Collaboration with TOPS (October 2015-September 2016)	TBD							Routine	N/A	\$23,473	N/A		FANTA TOPS
FFP Technical sessions (October 2015-February 2017)	Technical session materials	X	X	X	X	X		Routine	N/A	\$31,246	\$15,960		FANTA
Review of effective program models (non-ration based) (October 2015 – February 2017)	Report on review of effective non ration based program models					X		New	N/A	\$268,355	\$66,936		FANTA
Risk management and DRR technical chapter extension (October 2015-March 2016)	TBD		X					New	N/A	\$18,115	N/A		FANTA
General TA and management costs								Routine	N/A	\$350,000	\$150,000		FANTA
<b>Subtotal</b>										<b>\$5,459,319</b>	<b>\$975,421</b>		

**BFS**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Development of a beneficiary-based sampling guide (October 2013–March 2016)</b>	Sampling guide on beneficiary-based surveys		X					Ongoing	N/A	\$39,354	N/A		FANTA
	Webinar		X										
<b>Sampling guide for population-based surveys (October 2014–December 2016)</b>	Sampling guide for population-based surveys					X		Ongoing	N/A	\$173,027	N/A		FANTA
	Webinar					X							
<b>Dual frame sample estimation for Guatemala and Nepal (October 2014–June 2016)</b>	Dual sample frame prevalence estimates for Guatemala				X			Ongoing	N/A	\$31,242	N/A		FANTA
	Dual sample frame prevalence estimates for Nepal				X								
<b>Excel based sample size calculator to accompany beneficiary based sampling guide (October 2014–September 2016)</b>	Excel-based sample size calculator				X			Ongoing	N/A	\$14,939	N/A		FANTA
<b>Excel based sample size calculator to accompany population based sampling guide (October 2014–December 2016)</b>	Excel-based sample size calculator for difference over time					X		Ongoing	N/A	\$37,346	N/A		FANTA
	Excel-based sample size calculator for single point in time estimates					X							
<b>Subtotal</b>										<b>\$295,908</b>	<b>\$0</b>		

**OHA**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>NACS Planning and Costing Tool (October 2014– June 2016)</b>	NACS Planning and Costing tool and user’s guide (pending further discussions) (tool)			X				Ongoing	N/A	\$81,310	N/A		FANTA
<b>NACS User’s Guide Planning Module (October 2015– June 2016)</b>	NACS User’s Guide planning module (pending additional funding)			X				New	N/A	\$59,010	N/A		FANTA
<b>Application of NACS Planning and Costing Tool in Malawi (January 2016 – September 2016)</b>	Report on the application of the NACS Planning and Costing Tool in Malawi (pending additional funding)				X			New	N/A	\$113,467	N/A		FANTA
<b>The “C” in NACS: FANTA’s work to improve the counseling component of NACS for better ART-related behaviors</b>	Technical note		X					Ongoing	Zambia (ZamHOP)	\$15,000	N/A		FANTA
<b>Technical Brief: NACS Indicator Development</b>	Technical brief	X						Ongoing	N/A	\$5,000	N/A		FANTA
<b>Community NACS: FANTA’s experience strengthening community-facility linkages</b>	Technical brief			X				Ongoing	Zambia (ZamHOP)	\$20,000	N/A		FANTA
<b>Subtotal</b>										<b>\$293,787</b>	<b>N/A</b>		

**AFR**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Household Food Consumption Indicators Study (October 2012-December 2015)</b>	Household food consumption indicators study report	X						Ongoing	N/A	\$20,284	N/A		FANTA
<b>Subtotal</b>										<b>\$20,284</b>	<b>\$0</b>		

**ASIA**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Nutrition technical assistance to Asia Bureau and Indonesia Mission (October 2015–September 2016)</b>	Final integrated nutrition minimum services standards package				X			Ongoing	Indonesia	\$118,000	N/A	FY16: 1 NA-AS	FANTA
	Summary report of activity				X								
<b>Subtotal</b>										<b>\$118,000</b>	<b>\$0</b>		

**Côte d'Ivoire**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 1. Strengthen the national capacity to integrate quality nutrition interventions into care and treatment for PLHIV</b> 1.1 Coordinate the FANTA-ASSIST collaboration on NACS QI efforts 1.2 Support the implementation of the QI plan at facility level 1.3. Provide TA to MoH and PEPFAR IPs to conduct supportive supervisions at site level 1.4. Support exchange visit for MoH and/or FANTA cote-d'Ivoire staff (south-to-south collaboration) <b>(October 2015–September 2016)</b>	Report of ASSIST-FANTA meetings	X						Ongoing	Côte d'Ivoire	\$384,357	TBD	FY16 1 NA-AF	FANTA
	Technical brief on FANTA-ASSIST joint QI activities		X										
	Reports of onsite supportive supervisions			X	X								
	Exchange visits to Zambia and/or DRC for 3 people		X										
<b>Objective 2. Strengthen the capacity of the MOH and PEPFAR IPs to train, coach, and mentor service providers</b>	Quarterly reports of NACS integration activities in care and treatment services	X	X	X	X			Ongoing	Côte d'Ivoire Côte d'Ivoire	\$213,014	TBD	FY16: 1 NA-AF	FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<p><b>to integrate and deliver NACS services into adult HIV care and treatment, PMTCT, OVC programs</b></p> <p>2.1 Strengthen the integration of NACS into adult HIV care and treatment</p> <p>2.2 Strengthen the integration of NACS into PMTCT programs and OVCs programs <b>(October 2015 – September 2016)</b></p>	<p>Quarterly reports of NACS integration into PMTCT and OVC services</p>	X	X	X	X								
<p><b>Objective 3. Enhance coordination mechanisms, linkages between health facilities, social centers, and communities</b></p> <p>3.1 Enhance stakeholder engagement</p> <p>3.2 Support the integration of nutrition services along the continuum of care from health facilities to the community <b>(October 2015 – September 2016)</b></p>	<p>Report of Nutrition TWG meetings (quarterly)</p>	X	X	X	X			Ongoing	Côte d'Ivoire	\$162,648	TBD	FY16: 1 NA-AF	FANTA
	<p>Joint District nutrition work plans</p>		X										
	<p>Reports of coordination meetings between Central levels, districts, social centers, and community nutrition champions.</p>		X		X								



Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 4. Support the nutrition M&amp;E plan for improved data collection, information sharing, and to inform decisions for improved nutrition and engagement, adherence, and retention (EAR) outcomes</b> 4.1 Support quarterly data collection at targeted sites 4.2. Write technical report on the contribution of NACS on EAR outcomes 4.3. Validate the M&E technical report with stakeholders (October 2015 – September 2016)	Reports on performance indicators	X	X	X	X			Ongoing	Côte d'Ivoire	\$141,756	TBD	FY16: 1 AF-AF 1 NA-AF	FANTA
	Technical report on the contribution of NACS on EAR outcomes				X								
	Report of the workshop (for the validation of the M&E technical report)					X							
<b>Close-out activities (December 2016–February 2017)</b>	Close out report					X		New	Côte d'Ivoire	TBD	TBD		
	Legacy report						X						
<b>Subtotal</b>										<b>\$901,775</b>	<b>TBD</b>		

**Democratic Republic of Congo**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 1. Strengthen the capacity of the MOH and PEPFAR IPs to integrate and scale up nutrition care into care and treatment services for PLHIV</b> 1.1 Rapid evaluation for newly enrolled health facilities 1.2 Support MoH capacity building activities ( <b>October 2015–September 2016</b> )	Report of rapid evaluation of new sites	X						Ongoing	DRC	\$259,132	TBD		FANTA
	Report of stakeholder strategic plan meeting	X											
	Revised NACS training materials		X										
	Report of quarterly coaching visits		X	X	X								
<b>Objective 2. Strengthen integration of NACS activities/services into</b> 2.1. Develop a community-based NACS package manual 2.2. Validate and disseminate the Community-NACS package community-based care and outreach programs ( <b>October 2015–March 2016</b> )	Community-based NACS package manual		X					Ongoing	DRC	\$166,110	TBD	FY16: 1 AF-AF	FANTA
	2.Report of workshop for the validation of the Community-based NACS package manual		X										

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 3 Strengthen the nutrition counseling skills and competencies of NACS services providers (at clinical and community levels)</b> 3.1 Develop nutrition-VHI counseling materials 3.2. Support MoH and PEPFAR IPs to conduct nutrition & HIV counseling training for care providers (Health facility level) 3.3 Support MoH and PEPFAR IPs to conduct nutrition & HIV counseling training for community health workers (community level) <b>(October 2015–March 2016)</b>	Counseling material developed	X						Ongoing	DRC	\$183,195	TBD	FY16: 2 NA-AF	FANTA
	Report of training for health care providers		X										
	Report of training for community health workers		X										

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 4. Improve the Monitoring and Evaluation (M&amp;E) system in order to monitor the progress of NACS and EAR indicators over time</b> 4.1 Define a set of NACS and EAR indicators 4.2 Develop and disseminate tools to collect data regularly 4.3 Train and coach data managers to ensure the impact of NACS and EAR are collected and monitored regularly 4.4 Organize coordination meetings (on a quarterly basis) to review/discuss data and make programmatic and technical adjustments as needed. <b>(October 2015-March 2016)</b>	List of indicators for nutrition and EAR indicators	X						Ongoing	DRC	\$91,563	TBD		FANTA
	Tools for data collection		X										
	Report of training of data managers on NACS and EAR indicators		X										
<b>Close-out activities (September 2016-February 2017)</b> 1. Close out report 2. Legacy report	1. Close out report					X		New	DRC	TBD	TBD		FANTA
	2. Legacy report						X						
<b>Subtotal</b>										<b>\$700,000</b>	<b>TBD</b>		

**Ethiopia**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Facilitate the effective ownership of NACS activities by the FMOH and RHBs</b> 1.1 Support FMOH and RHBs maintain integration of quality NACS to HIV care and support services 1.2 Integration of NACS into HIV Care and Treatment Training 1.3 Review NACS Training material 1.4 Capacity building of local universities for NACS In-Service Training 1.5 Monitoring and Evaluation 1.6 Support food commodity management <b>(October 2015-March 2016)</b>	NACS DQA guide developed and disseminated to RHBs	X						Ongoing	Ethiopia	\$535,653	TBD	FY16: 1 AF-AF	FANTA
	Recommendations for revisions to NACS training (reduced 2 day curriculum)		X										
<b>Maintain technical assistance to the FMOH and other partners to further strengthen the integration of NACS into routine HIV Care and</b>	Consensus report in conjunction with USAID/CDC F&N TWG partners that determines the feasibility of RUTF/RUSF dosing		X					Ongoing	Ethiopia	\$58,687	N/A		FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Treatment services</b> 2.1 TWG participation 2.2 RUTF/RUSF dosing for Adult PLHIV and feasibility of FBF for treatment of moderate acute malnutrition 2.3 Supportive TA to FMOH as requested <b>(October 2015– March 2016)</b>													
<b>Project closeout</b> 3.1. Organize national project closeout and handover meeting 3.2. Provide termination notification to project staff 3.3. Product country legacy report 3.4. Compile all project documents and submit to DEC 3.5. Financial project closure 3.6. Preparation and disposition of project assets <b>(October 2016 – February 2017)</b>	Country legacy report						X	New	Ethiopia	TBD	TBD		FANTA
<b>Subtotal</b>										\$594,340	TBD		

**Guatemala**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 1: Raised awareness for the need to invest in quality evidence-based nutrition services to address malnutrition, especially chronic malnutrition.</b> 1.1 Strengthen national and local capacities on nutrition costing related activities (October 2015-December 2015)	Guidance on use of the ABC methodology	X						Ongoing	Guatemala	\$374,277	\$140,725	FY16: 3 NA-LAC  FY17: 1 NA-LAC	FANTA
	Brief in Spanish and English targeted to municipalities to advocate for increased funding for nutrition related interventions		X										
<b>Objective 2: Strengthened collaboration between the agriculture, health, and nutrition sectors to improve the quality and diversity of the diets particularly of children and pregnant and lactating women</b> 2.1 Support USAID partners to strengthen programmatic approaches to improve access, availability, and use of FBR foods	M&E tool for USAID and partners for monitoring production of key FBR foods and adoption of FBR nutrition practices				X			Ongoing	Guatemala	\$425,960	\$159,085	FY17: 1 NA-LAC	FANTA
	Webinar to share results of FBRs	X											
	Radio spots to promote FBRs					X							
	Ag-nutrition trainings on integrating results of FBR Trials to promote the FBRs through agricultural food production (2)		X	X									

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
2.2 Support the USAID/Communication Working Group (HC3) to integrate the FBRs results in their communication plan to promote the FBRs for children under age two and pregnant and lactating women 2.3 Strengthen national and local capacities to improve agriculture-nutrition linkages 2.4 Support the analysis of the nutrient composition of native plants found in the Western Highlands 2.5 Support exploration of other uses of Optifood using existing available data <b>(October 2015-December 2016)</b>	Report on nutritional composition of native plants from the Guatemalan Western highlands, and recommended next steps		X										
	Report of secondary data analysis in Optifood using ENCOVI data, in English and Spanish			X									
<b>Objective 3: Improved maternal, infant, and young child health and nutrition within</b>	Guidance to enable incorporation of distance learning into the MOH virtual platform		X					Ongoing	Guatemala	\$950,431	\$264,948	FY17: 1 NA-LAC	FANTA
	Distance learning impact story			X									



Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<p><b>the context of the Zero Hunger Plan.</b>                      3.1 Support implementation and follow-up of the nutrition distance learning course for frontline health workers                      3.2 Strengthen national capacities in maternal and child nutrition                      3.3 Support the GoG to strengthen provision of nutrition services related to micronutrients  <b>(October 2015 – June 2016)</b></p>	Report on technical experts' meeting on guidance for formulation of national micronutrient policy	X											
<p><b>Objective 4: Closeout of FANTA (October 2016-February 2017)</b></p>	Closeout event report						X	New	Guatemala		26,560		FANTA
	FANTA impact story in Spanish and English						X						
<b>Subtotal</b>										<b>\$1,750,668</b>	<b>\$591,318</b>		

**Malawi (PEPFAR Activities)**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>1.1 Improve the quality of NCST service delivery and management (October 2015-December 2016)</b>	50 national and district trainers trained			X	X			Ongoing	Malawi	\$215,454	\$70,719		FANTA
	<ul style="list-style-type: none"> <li>• NCST training materials modules 4 and 5</li> <li>• NCST counselling materials</li> </ul>				X								
<b>1.2 Provide TA to USAID's HIV treatment and care partners to implement NCST (October 2015-March 2016)</b>	HIV partners include NCST activities in work plans		X					New	Malawi	\$113,200	\$34,063		FANTA
	20 partner staff trained as trainers			X									
<b>Project Close Out</b>	TBD							New	Malawi	TBD	TBD		FANTA
<b>Subtotal</b>										<b>\$328,654</b>	<b>\$104,782</b>		

**Malawi (Non-PEPFAR Activities)**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>2.1 Ensure that the national CMAM technical tools align with the 2013 WHO global guidance on management of severe acute malnutrition (SAM) (October 2015-December 2016)</b>	Malawi CMAM guidelines (2016)					X		New	Malawi	\$170,551	\$57,523	FY16: 1 NA-AF	FANTA
	CMAM Costing Report	X											
	Updated Malawi training course on inpatient care management of SAM					X							
<b>2.2 Improve the quality of inpatient care of children with SAM and medical complications</b>	National competency standard for SAM inpatient case management		X					New	Malawi	\$264,335	\$93,320	FY16: 2 NA-AF	FANTA
	Technical brief documenting performance and lessons learned in improving quality												

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer	
		PY 5				PY 6								
		Q1	Q2	Q3	Q4	Q1	Q2							
<b>(October 2015-September 2016)</b>	of inpatient management of SAM													
	15 senior health professionals/pediatricians trained as course director, clinical instructors and facilitators						x							
	50 clinicians trained on inpatient care management of SAM													
	30 clinicians trained on continuous quality improvement			x										
	Technical updates/resource kit for pre-service institutions							x						
	Technical Brief: Competency-based approach for nutrition workforce development				x									
<b>2.3 Improve the enabling environment for nutrition by strengthening policies, procedures, strategies, and partner coordination (October 2015-September 2016)</b>	Final National Nutrition Policy and Strategic Plan							x	New	Malawi	\$84,842	\$45,217		FANTA
	Report on strengthening nutrition competencies of service providers delivering HIV and TB care and treatment		x											
<b>2.4 Increase the availability of strategic information for nutrition</b>	Summary data report on nutritional status of PLHIV			x			x		New	Malawi	\$111,352	\$41,067	FY16 1 AF-AF	FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
	29 district data manager/officers trained				X								
<b>3.1 Facilitate a nutrition advocacy process, including implementation of advocacy activities Malawi (October 2015-June 2016)</b>	PROFILES 2015 Technical Report		X					New	Malawi	\$289,537	\$42,658	FY16: 4 NA-AF	FANTA
	PROFILES 2015 Summary Report		X										
	Nutrition Advocacy Plan		X										
	Nutrition Advocacy Package		X										
	District nutrition advocacy action plans			X									
District advocacy materials			X										
<b>3.2 Provide technical assistance to the DNHA to develop a comprehensive SBCC strategy (October 2015-September 2016)</b>	National SBCC Strategy				X			New	Malawi	\$152,551	\$33,698	FY16: 1 NA-AF	FANTA
<b>3.3 Provide TA to the Malawi nutrition stakeholders to establish a "nutrition association of Malawi" (October 2015-September 2016)</b>	Nutrition Society landscape report				X			New	Malawi	\$73,490	\$30,176		FANTA
	Nutrition Society constitution				X								
	1st Nutrition Association Conference Report												
<b>Project Close Out</b>								New	Malawi	TBD	TBD		FANTA
<b>Subtotal</b>										<b>\$1,146,660</b>	<b>\$343,661</b>		

**Mozambique**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 1: Improved food and nutrition program design, implementation, and M&amp;E for PLHIV and/or TB in MOH care and treatment services supported by the USG</b> 1.1 Strengthen MOH and provincial health systems to implement the Nutrition Rehabilitation Program (PRN) 1.2 Support MOH to develop and implement QI systems for nutrition services 1.3 Support the integration and improvement of counseling activities 1.4 Support the integration and improvement of nutrition content in in-service training, strategies, and curricula 1.5 Support MOH-DN to improve the national nutrition surveillance system <b>(October 2015-December 2016)</b>	PRN training materials for community groups: Facilitators Guide and Participant Handouts			X				Ongoing	Mozambique	\$1,245,341	\$477,129	FY16: 1 NA-AF  FY17: 1 NA-AF	FANTA  FANTA, WHO, and MOH for activity 1.5
	Communication material for nutrition counseling for PLHIV and/or TB					X							

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 2: Improved MCHN program design, implementation, and M&amp;E in MOH health services supported by USG and community-based programs supported by USG</b> 2.1 Support MOH to finalize and disseminate the IYCF Strategy 2.2 Support MOH to implement the Baby Friendly Hospital Initiative 2.3 Support MOH to finalize materials for community-based IYCF counseling 2.4 Support MOH to strengthen the nutrition content of MCHN materials 2.5 Support MOH to implement the Partnership for HIV Free Survival (PHFS) (October 2015-September 2016)	Mozambique national IYCF strategy pamphlet				X			Ongoing	Mozambique	\$497,773	\$76,384		FANTA  FANTA and UNICEF for activity 2.1  FANTA and UNICEF for activity 2.2
	Report of the mapping of the current status of implementation of the community based IYCF counseling materials		X										
	Mozambique job aid on infant feeding in the context of HIV		X										
	Final report for the partnership for HIV survival in Mozambique	X											
<b>Objective 3: Increased Government of Mozambique capacity to develop, strengthen, and implement nutrition-oriented policies, programs,</b>								Ongoing	Mozambique	\$169,064	\$41,184	FY16: 1 AF-AF 1 NA-AF	FANTA

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>and institutional reforms to support the national multi-sectoral action plan to reduce chronic undernutrition (PAMRDC)</b> 3.1 Strengthen the nutrition components of food security and agriculture policies 3.2 Strengthen capacity of MOH and implementing partners on SBCC													
<b>Project Close Out</b>							New	Mozambique	TBD	TBD		FANTA	
<b>Subtotal</b>									<b>\$1,912,178</b>	<b>\$594,697</b>			

Tanzania

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 1: Strengthen national capacity to scale up NACS in health care facilities in six USAID priority regions: Dar es Salaam, Shinyanga, Ruvuma, Mbeya, Njombe and Iringa</b> 1.1 Training of health care workers, Regional and District Nutrition Officers and tutors from pre-service nutrition training institutions. 1.2 Printing and distribution of the 2nd Edition NACS health facility training package 1.3 Printing and dissemination of NACS Implementation guide 1.4 Supportive supervision and mentoring of NACS implementation 1.5 Develop health facility job aid to simplify interpretation of anthropometric measurements <b>(October 2015-June 2016)</b>	Health Care workers Trained			X				Ongoing with expansion	Tanzania	\$1,344,522	\$295,794	FY16: 4 AF-AF 4 AF-NA	FANTA  Leveraged support from IPs  Trainers are from TFNC, LGAs and health facilities
	200 Regional and District Nutrition Officers trained			X									
	50 tutors trained			X									
	NACS Program Review report		X										
	500 copies of Implementation Guide printed and distributed to LGAs, health facilities, and IPs	X											
	1,000 copies of the 2 <sup>nd</sup> Edition NACS health facility training package	X											
	4, 000 copies of the 2 <sup>nd</sup> Edition NACS health facility job aids	X											
	10,000 copies of job aid on interpretation of anthropometric measurements printed and distributed to health facilities			X									



Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 2: Scale up of community NACS across national OVC care platform with leveraged support from USAID Pamoja Tuwalee partners with focus on six USAID priority regions</b> 2.1 Train Community workers on community NACS in six focus regions 2.2 Supportive supervision of community NACS with LGAs, OVC community partner networks 2.3 Printing and distribution of NACS Community Package 2.4 Strengthen referral linkages between facility-based and community NACS, economic strengthening, livelihood, and food security support <b>(October 2015-June 2016)</b>	600 community workers trained			X				Ongoing with expansion	Tanzania	Combined with budget for Objective 1			FANTA
	5,000 copies of NACS Community Package printed and distributed at trained sites and in new trainings			X									

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer	
		PY 5				PY 6								
		Q1	Q2	Q3	Q4	Q1	Q2							
<b>Objective 3: Strengthen nutrition services along the pre- and post-natal continuum of care under PHFS in Mbeya, Tabora and Iringa regions</b> 3.1 Provide TA on NACS training with leveraged support of PHFS Implementing Partners (Baylor, EGPAF, Tunajali, URC/ASSIST) 3.2 Conduct coaching and mentoring of health care providers trained in NACS in 90 PHFS sites (30 existing and 60 new sites) 3.3 Participate on PHFS steering committee ( <b>October 2015-December 2016</b> )	270 health care workers routinely supervised and mentored						X	Ongoing with expansion	Tanzania	\$172,375			FANTA	
	120 health care workers trained			X										
<b>Objective 4: Continue a nutrition advocacy process for movement toward greater political and social commitment to improve the nutrition situation in Tanzania</b>	National Nutrition Advocacy Plan	X						Ongoing with expansion	Tanzania	\$206,849			FANTA MFDI	
	Sub-National Nutrition Advocacy Materials		X											4.1 New
	Sector Nutrition Advocacy Materials		X											4.2 Ongoing

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
4.1 Sub-national nutrition advocacy workshop	Guidelines for Sub-National Nutrition Action Planning			X									
4.2 Nutrition advocacy feature film (October 2015-June 2016)	Educational film and supporting campaign materials			X									
<b>Objective 5: Support to PMO for national multisectoral nutrition action and coordination (October 2015-June 2016)</b>	National Nutrition Action Plan		X					Ongoing	Tanzania	Combined with budget for Objective 4.			FANTA
	PMO Work plan to Strengthen Multisectoral Nutrition Governance and Coordination across Sectors		X										
	PMO Guidelines for District Nutrition Steering Committees			X									
<b>Project Close Out</b>								New	Tanzania	TBD	TBD		FANTA
<b>Subtotal</b>										<b>\$1,723,746</b>	<b>\$295,794</b>		

**Uganda**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<b>Objective 1: Increase awareness and commitment to address malnutrition</b> 1.1 Train District Nutrition Coordination Committees (DNCC) on nutrition advocacy (January–May 2016)	100 DNCC members in 10 districts trained on advocacy, using materials previously developed by FANTA			X				Ongoing with expansion to district level	Uganda	\$195,673		FY16: 1 NA-AF	FANTA  Leveraged support from IPs
<b>Objective 2: Strengthen nutrition leadership and governance (DNCC initiative)</b> 2.1 Provide technical support to OPM nutrition secretariat 2.2 Strengthen technical leadership among DNCCs 2.3 Support Ministry of Local Government to develop nutrition indicators 2.4 Comprehensive documentation of DNCC experience (October 2015–December 2016)	Support supervision checklist for DNCCs		X					Ongoing	Uganda	\$681,857	\$144,156	FY16: 1 AF-AF 2 NA-AF 8 EE-AF  FY17: 2 NA-AF	FANTA  Collaboration with OPM, MOLG, USAID IPs, district officials, and UN agencies
	Support supervision visits in 10 DNCC districts		X		X								
	Nutrition incorporated into work plans in 10 DNCC districts				X								
	DNCC community of practice established	X											
	2 DNCC learning sessions for 60 people each		X		X								
	DNCC toolkit					X							
<b>Objective 3: Strengthen multisectoral community mobilization for food and nutrition security.</b>	Orientation guide for community mobilization package	X						Ongoing	Uganda	\$249,821		FY 16: 1 NA-AF	FANTA  Collaboration with MGLSD
	60 Community development officers oriented on community mobilization package on food and nutrition security			X									

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
3.1 Orientation on community mobilization package 3.2 Pre-test and finalize monitoring and supervision tool 3.3 Orientation on monitoring and supervision tool <b>(October 2015–June 2016)</b>	Key nutrition and food security mobilization indicators incorporated in sector mentorship and supervision tool	X											
	Orientation guide for integrated nutrition and food security mobilization developed		X										
	30 MGLSD officials and Feed the Future implementing partners oriented on integrated nutrition and food security mobilization guidelines			X									
<b>Objective 4: Support integration of nutrition into agriculture work</b> 4.1 Print guidelines on integrating nutrition into the agriculture enterprise mix 4.2 Train district production officers on guidelines <b>(October 2015–December 2016)</b>	Guidelines on integrating nutrition into the agriculture enterprise mix printed	X						Ongoing	Uganda	\$170,209	TBD		FANTA  Collaboration with MAAIF
	Orientation guide on agriculture enterprise mix guidelines developed		X										
	60 district production officers trained on using the guidelines				X								
<b>Objective 5: Strengthen implementation of nutrition services from community to national level</b> <b>(October 2015–December 2016)</b>	72 health facility workers trained in NACS	X	X					Ongoing	Uganda	\$829,265	\$233,767	FY16: 1 AF-AF 1 NA-AF	FANTA  Collaboration with MOH
	60 nutritionists and biostatisticians trained on updated HMIS indicators and tools		X	X								FY17: 4 NA-AF	
	UNF capacity building activities: retreats		X		X								
	2 professional development workshops	X		X									
	12 Fellows graduate					X							

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
	Uganda Nutrition Fellowship Final report						X						
	Uganda Nutrition Fellowship documentary						X						
<b>Objective 6: Coordinate information-sharing and learning among partners</b> 6.1 Information sharing and learning platforms 6.2 Documentation and sharing of FANTA learning, experience, tools, and materials <b>(October 2015–January 2017)</b>	FANTA Uganda legacy document						X	Ongoing	Uganda	\$248,522	\$74,702	FY16: 2 NA-AF 2 AF-AF	FANTA
	USAID implementing partner learning sessions		X		X								
	Support activities on World Breastfeeding commemoration week and UNF						X						
	Briefs on key FANTA Uganda activities						X						
<b>Objective 7: Provide technical support to USAID, USAID implementing partners, government sectors</b> <b>(October 2015–September 2016)</b>	TBD, based on requests	X	X	X				Ongoing	Uganda	\$66,605	\$37,351		FANTA
<b>Project Close Out</b>								New	Uganda	\$33,458	\$253,365		FANTA
<b>Subtotal</b>										<b>\$2,475,410</b>	<b>\$743,341</b>		

**Zambia**

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
<p><b>Objective 1: Support nutrition activities of the MOH and MCDMCH</b></p> <p>1.1. Support nutrition activities of the MOH at central and provincial levels. 1.2 Support nutrition activities of the MCDMHC at district level. <b>(September 2015–September 2016)</b></p>	National Community NACS Training Manual			X				Ongoing	Zambia	\$89,440	\$74,414		FANTA
<p><b>Objective 2: Continue to scale up of NACS integration to Mkushi District in Central Province</b></p> <p>2.1 Provide anthropometric equipment and NACS job aids to target health facilities through the MOH. 2.2 Support IMAM training. 2.3 Train trainers in NACS. 2.4 Support NACS training. 2.5 Support NACS supervision. 2.6 Support community NACS. 2.7 With LIFT II, strengthen referrals between facility-based NACS services</p>	TBD							2.1 Ongoing 2.2 New 2.3 New 2.4 Ongoing 2.5 New 2.6 New 2.7 New 2.8 New 2.9 New	Zambia	\$537,619	\$303,755	FY16: 2 NA-AF 1 AF-AF  FY17: 3 NA-AF 2 AF-AF	FANTA LIFT ASSIST

Activity w. Implementation Period	Deliverables	Proposed Submission/Completion Quarter						New or Ongoing Activity	Countries	Estimated PY 5 Expenditures	Estimated PY 6 Expenditures	Planned Travel	Main Implementer
		PY 5				PY 6							
		Q1	Q2	Q3	Q4	Q1	Q2						
and community ES/L/FS support. 2.8 With the ASSIST Project, support quality improvement (QI) of NACS services 2.9 Strengthen NACS data collection and reporting <b>(September 2015–September 2016)</b>													
<b>Objective 3: Consolidate NACS implementation in Kitwe District</b> 3.1 Provide refresher training in NACS. 3.2 Support community nutrition screening, counseling, and referral. 3.3. Strengthen NACS supervision. <b>(September 2015–September 2016)</b>	Lessons learned from district-led NACS implementation in Zambia				X			Ongoing	Zambia	\$314,105	\$9,804	FY16: 1 NA-AF 1 AF-AF	FANTA
<b>Project Close Out</b>								New	Zambia	TBD	TBD		FANTA
<b>Subtotal</b>										<b>\$941,164</b>	<b>\$387,973</b>		

**Travel Key Guide**

- AF = Africa
- AS = Asia
- EE = Europe and Eurasia
- LAC = Latin America Caribbean
- NA = North America



## Annex 7. USAID Mission Concurrence Status of Project Year 5 and 6 Country Work Plans

Country	Status of PY 5–6 Country Work Plans	
	Concurrence	Comments
<b>Cote d'Ivoire</b>	X	Concurrence provided verbally.
<b>DRC</b>	X	Concurrence provided 9/10/15.
<b>Ethiopia</b>	X	Concurrence provided 9/3/15.
<b>Guatemala</b>	X	Final version shared with the Mission 8/3/15. Concurrence provided 8/6/15.
<b>Malawi</b>	X	Concurrence provided 9/18/15.
<b>Mozambique</b>	X	Final version shared with Mission 7/13/15. Concurrence provided 7/15/15 with updates provided later as agreed upon.
<b>Tanzania</b>	X	Final version shared with the Mission 8/6/15. Concurrence provided 8/6/15.
<b>Uganda</b>	X	Concurrence provided 9/17/18.
<b>Zambia</b>	X	Final version shared with the Mission 8/3/15. Concurrence provided 8/3/15.