

FANTA-2

FOOD AND NUTRITION
TECHNICAL ASSISTANCE



FANTA-2 Workplan

Project Year Two

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Food and Nutrition Technical Assistance II Project (FANTA-2)

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Acronyms and Abbreviations

ABC	Activity-based costing
ACDI/VOCA	Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance
ACF	Action Contre la Faim
AED	Academy for Educational Development
AFASS	Acceptable, feasible, affordable, sustainable and safe
AFR	USAID Bureau for Africa
AIDS	Acquired immune deficiency virus
AMPATH	Academic Model for Prevention and Treatment of HIV/AIDS
ANEMO	Mozambique National Association of Nurses
ANSA	Nutrition and Food Security Association, Mozambique
APE	Agentes Polivalentes Elementares de Saude (Mozambique Ministry of Health Community Health Worker Programme)
APS	Annual Program Statement
ART	Antiretroviral therapy
ATOMM	AIDS/Tuberculosis/Oppportunistic Infections/Malaria/Malnutrition
AUW	Ahfad University for Women (Southern Sudan)
BMI	Body mass index
BPHS	Basic Package of Health Services
BRAC	Bangladesh Rural Advancement Committee
BCC	Behavior change communication
CARE	Cooperative Assistance for Relief Everywhere
CBC	Community-based care
CCC	Comprehensive care center
CD4	Cluster of differentiation 4
CDC	Centres for Disease Control and Prevention (Namibia)
CHW	Community health worker
CIENSA	Centro de Investigaciones en Nutrition y Salud (Guatemala)
CMAM	Community-Based Management of Acute Malnutrition
COUNSENUTH	Centre for Counseling, Nutrition and Healthcare, Tanzania
CRG	USAID's <i>Commodity Reference Guide</i>
CRS	Catholic Relief Services
CSB	Corn-soy blend
CSHGP	Child Survival and Health Grants Program
DBC	Designing for Behavior Change (CORE Curriculum)
DCHA	USAID Bureau for Democracy, Conflict and Humanitarian Assistance
DCHA/FFP	USAID Bureau for Democracy, Conflict and Humanitarian Assistance Office of Food for Peace
DCHA/OFDA	USAID Bureau for Democracy, Conflict and Humanitarian Assistance Office of Foreign Disaster Assistance
DHS	Demographic and Health Surveys
DIP	Detailed Implementation Plan
DN	Directorate of Nutrition (Southern Sudan)
DOD	United States Department of Defense
DPS	Provincial Department of Health (Mozambique)
DQA	Data quality assessment
DRC	Democratic Republic of Congo
EFP	Emergency food product
EGAT	USAID Bureau for Economic Growth, Agriculture and Trade
ENA	Essential Nutrition Actions
ENN	Emergency Nutrition Network
EPI	Expanded Program of Immunization
ER&S	Emergency, reconstruction and stabilization

EWR	Early warning and response
F	United States Department of State, Office of the Director of United States Foreign Assistance
F&N TWG	PEPFAR's Food and Nutrition Technical Working Group
FACG	Food Aid Consultative Group
FAFSA	Food Aid and Food Security Assessment
FAFSA-2	Food Aid and Food Security Assessment II
FANTA	Food and Nutrition Technical Assistance Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FAO	Food and Agriculture Organization of the United Nations
FBF	Fortified-blended food
FBP	Food by Prescription
FEWS NET	USAID's Famine and Early Warning Systems Network Project
FFE	Food for Education
FFW	Food for Work
FFPIB	Food for Peace Information Bulletin
FHAPCO	Federal HIV/AIDS Prevention and Control Program (Ethiopia)
FMOH	Federal Ministry of Health (Ethiopia and Sudan)
FSCF	Food Security Country Framework
FY	Fiscal Year(s)
GAM	Global acute malnutrition
GAO	United States Government Accountability Office
GH	USAID Bureau for Global Health
GH/HIDN	USAID Bureau for Global Health Office of Health, Infectious Disease and Nutrition
GH/OHA	USAID Bureau for Global Health Office of HIV/AIDS
GHS	Ghana Health Service
Global Fund	Global Fund for AIDS, Tuberculosis, and Malaria
GM	Growth monitoring
GMP	Growth monitoring and promotion
GNC	Global Nutrition Cluster
GRM	Government of the Republic of Mozambique
GRN	Government of the Republic of Namibia
GRZ	Government of the Republic of Zambia
HAI	Health Alliance International
HBC	Home-based care
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
HIV	Human immunodeficiency virus
HKI	Helen Keller International
HPN	USAID's Health, Population and Nutrition Program (Guatemala and Madagascar)
HMIS	Health management information system
I-TECH	International Training and Education Center on HIV
IASC	Inter-Agency Standing Committee
ICDDRDB	International Center for Research on Diarrheal Disease, Bangladesh
ICDS	Government of India's Integrated Child Development Services program
IDP	Internally displaced person
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
IM-SAM	Integrated Management of Severe Acute Malnutrition (CMAM in Southern Sudan)
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illness
INHP III	CARE's Integrated Nutrition and Health Program III
IOM	United States National Academy of Sciences Institute of Medicine
IP	Implementing partner

IR	Intermediate Result
IYCF	Infant and young child feeding
IYCN	USAID's Infant and Young Child Nutrition Project
kg/m ²	Kilogram(s) per square meter
KMTC	Kenya Medical Training College
LAMB	Lutheran Aid to Medicine in Bangladesh
LNS	Lipid-based nutrient supplement
LNSRN	Lipid-Based Nutrient Supplement Research Network
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and evaluation
M&R	Monitoring and reporting
MAM	Moderate acute malnutrition
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MCHN	Maternal and child health and nutrition
MERG	UNAIDS Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Survey
MISAU	Ministério da Saúde (Mozambique Ministry of Health)
mm	Millimeter(s)
MNP	Multi-micronutrient powder
MOA	Ministry of Agriculture
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services (Namibia)
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MOU	Memorandum of understanding
MSD	Ethiopia Federal Ministry of Health Medical Service Directorate
MSH/HCSF	USAID's Management Sciences for Health/HIV Care and Support Project
MSPP	Ministry of Public Health and Population (Haiti)
MTE	Mid-Term Evaluation
MUAC	Mid-upper arm circumference
MYAP	Multi-Year Assistance Program
NAC	National Advisory Committee (Sudan)
NACC	National AIDS Control Council (Kenya)
NASCOP	National AIDS and STI Control Program (Ethiopia)
NCHS	National Center for Health Statistics
NCTR	Ahfad University for Women's Nile Center for Technical Researches (Sudan)
ND	Nutrition Directorate (Sudan)
NFNC	National Food and Nutrition Commission (Zambia)
NGO	Nongovernmental organization
NHP	Kenya Nutrition and HIV Project
NiE	Nutrition in Emergencies
NIN	National Institute of Nutrition (Vietnam)
NIPCCD	National Institute for Public Cooperation and Child Development (India)
NSCN	National Sub-Committee on Nutrition (Uganda)
NWG	CORE Nutrition Working Group
OGAC	United States Department of State Office of the Global AIDS Coordinator
OM	Outcome Monitoring
OMB	United States Office of Management and Budget
OVC	Orphans and vulnerable children
PARPA II	Action Plan for the Reduction of Absolute Poverty 2006-2009 (Mozambique)
PDA	Personal digital assistant
PENSER	Population and Environment Services (Madagascar)
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHN	USAID/Uganda's Population, Health and Nutrition
PLHIV	People living with HIV
PM2A	Title II Preventing Malnutrition in Children Under 2 Approach

PMTCT	Prevention of mother-to-child transmission of HIV
PNN	National Nutrition Program (Côte d'Ivoire)
ProPAN	Process for the Promotion of Child Feeding
PVO	Private voluntary organization
QA	Quality assurance
QA/QI	Quality assurance and quality improvement
R&D	Research and development
RCH	Reproductive and child health
RCHS	Tanzania Ministry of Health and Social Welfare Reproductive and Child Health Services
RCQHC	Regional Center for Quality of Health Care (Uganda)
RUF	Ready-to-use food
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SAM SU	Severe Acute Malnutrition Support Unit
SAM TC	Severe Acute Malnutrition Technical Committee
SC	Save the Children
SC/UK	Save the Children United Kingdom
SC/US	Save the Children United States
SCIP	USAID's Strengthening Communities Through Integrated Programming initiative
SFP	Supplementary feeding program
SO	Strategic Objective
SOTA	State of the Art
SQUEAC	Semi-quantitative evaluation of access and coverage
SSC	United States Army Natick Soldier Systems Center
SSDS	Social Sectors Development Strategies
ST	Support team
STI	Sexually transmitted infection
TA	Technical assistance
TANGO	Technical Assistance to NGOs International
TARV	Antiretroviral therapy in Portuguese (Mozambique)
TB	Tuberculosis
TFNC	Tanzania Food and Nutrition Centre
TI	Trigger indicator
TM	Técnicos de medicina (physicians' assistants; Mozambique)
TOPS	Technical and Operational Performance Support program
TOT	Training of trainers
TRM	Technical reference material
TSS	Technical support services
TWG	Technical working group
UCD	University of California at Davis
UKZN	University of KwaZulu-Natal (South Africa)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United National General Assembly Special Session
UNICEF	United Nations Children's Fund
URC	University Research Corporation
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USG	United States Government
WDDP	FANTA's Women's Dietary Diversity Project
WHO	World Health Organization
WFH	Weight-for-height
WFP	World Food Programme
WU	Washington University in St. Louis
WV	World Vision

Food and Nutrition Technical Assistance II Project (FANTA-2)

FANTA-2 works to improve nutrition and food security policies, strategies and programs through technical support to the United States Agency for International Development (USAID) and its partners, including host-country governments, international organizations and nongovernmental organization (NGO) implementing partners (IPs). Focus areas for technical assistance (TA) include maternal and child health and nutrition (MCHN); HIV and other infectious diseases; food security and livelihood strengthening; and emergency, reconstruction and stabilization (ER&S). FANTA-2 develops and adapts approaches to support the design and quality of field programs while building on field experience and research activities to improve and expand the evidence base, methods and global standards for nutrition and food security programming. The project is a five-year cooperative agreement (6/2/2008 – 6/1/2013) with a worldwide geographic scope.

FANTA-2 is implemented by the Academy for Educational Development (AED). Sub-recipients include the International Food Policy Research Institute (IFPRI); Nutriset; Population and Environment Services (PENSER), Madagascar; Regional Center for Quality of Health Care (RCQHC), Uganda; Social Sectors Development Strategies (SSDS); Tanzania Food and Nutrition Centre (TFNC); Technical Assistance to NGOs (TANGO); Tufts University; University of California at Davis (UCD); University of KwaZulu-Natal (UKZN), South Africa; Washington University in St. Louis (WU) and Valid International. During Project Year Two, FANTA-2 anticipates working with several new sub-recipients, including ABH Services Plc, Ethiopia; Action Contre la Faim (ACF); Ahfad University for Women (AUW), Sudan; Centro de Investigaciones en Nutrición y Salud (CIENSA), Guatemala; Centre for Counseling, Nutrition and Healthcare (COUNSENUH), Tanzania; Lutheran Aid to Medicine in Bangladesh (LAMB), Bangladesh; Nutrition and Food Security Association (ANSA), Mozambique; National Institute of Nutrition (NIN), Vietnam; Save the Children US (SC/US); University Research Corporation (URC) and the World Health Organization (WHO).

FANTA-2 Strategic Objective (SO) and Intermediate Results (IRs)

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

FANTA-2 will strengthen country-specific nutrition and food security policies, strategies and programming (IR 1) with field support activities to improve Title II food assistance; MCHN; HIV and other infectious diseases; and ER&S program assessment, design, implementation, and monitoring and evaluation (M&E).

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

To achieve these results, FANTA-2 will:

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

FANTA-2 Priority Technical Activities

Priority field support (IR1) activities include:

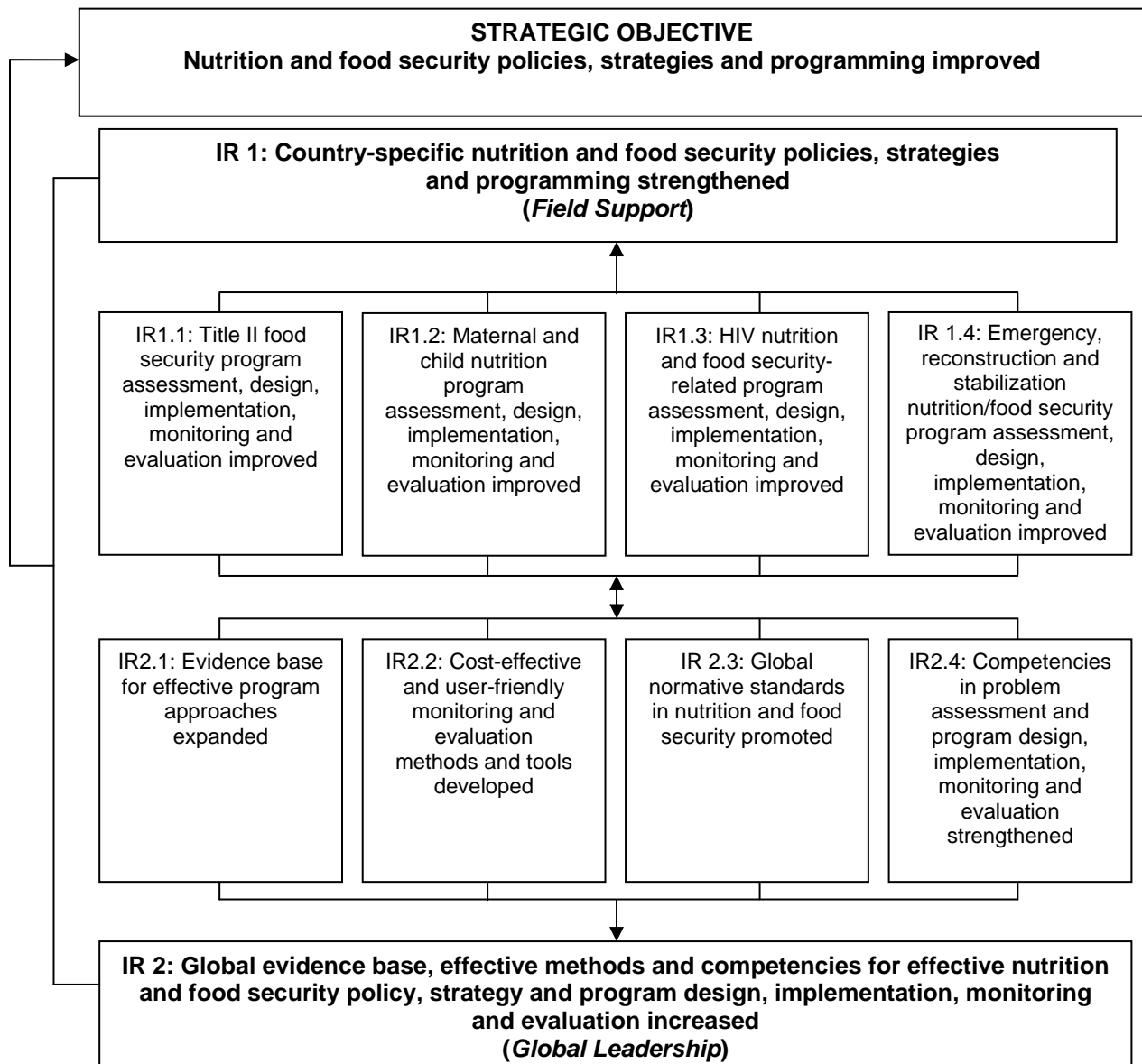
- Providing targeted, specialized TA and training activities to support nutrition and food security programming strategies, early warning and response (EWR) systems, and M&E for Title II and other United States Government (USG) programs
- Integrating Community-Based Management of Acute Malnutrition (CMAM)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

Priority global leadership (IR2) activities include:

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

- Promoting the global adoption of proven models and strategies in nutrition and food security through publications in refereed journals, participation in international conferences, and official endorsement of novel, evidence-based approaches by donor organizations and multilateral agencies
- Facilitating the creation and capacity strengthening of communities of practice around proven approaches in nutrition and food security, for example, through working groups, electronic roundtables and collaborative research networks

Figure 1. FANTA-2 Strategic Framework



FANTA-2 Key Operating Approaches

DETERMINING PRIORITY NEEDS

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

COORDINATING AND MAXIMIZING THE EFFECTIVENESS OF ACTIVITIES ACROSS IRS

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

COORDINATING AND MAXIMIZING THE EFFECTIVENESS OF ACTIVITIES ACROSS PROGRAM AREAS

The evidence base and effective program approaches generated in one program area often can apply to activities in other areas. As appropriate, FANTA-2 uses the evidence base and field experience in one area to inform development of policy and guidelines in new areas where a more limited evidence base and field experience might exist. This takes maximum advantage of existing evidence and more quickly enables USAID to begin program implementation in the new area while further strengthening the evidence base to inform policy and guidelines on an on-going basis.

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

FANTA-2's field support activities are designed to strengthen nutrition and food security programs and integrate food and nutrition components into a range of Title II, MCHN, HIV and emergency response programs. Activities will be carried out in collaboration with USG central offices (GH/HIDN, GH/OHA, DCHA/FFP, DCHA/OFDA), Missions, national governments and IPs in up to 19 countries: Afghanistan, Bangladesh, Côte d'Ivoire, Democratic Republic of Congo (DRC), Ethiopia, Ghana, Guatemala, Haiti, India, Kenya, Madagascar, Mozambique, Namibia, Southern Sudan, Sudan, Tanzania, Uganda, Vietnam and Zambia.

FANTA-2's approach is to strengthen the capacities of government and local institutions, ensuring that these institutions sustain and expand the improved nutrition and food security activities FANTA-2 supports. Country activities will apply the evidence, methods, tools and normative standards developed through FANTA-2's global leadership activities and, in turn, country activities will inform global leadership efforts.

IR 1 PRINCIPAL ACTIVITIES

IR 1.1 Title II Food Security Program Assessment, Design, Implementation and M&E Improved

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

1.1.1 Food Security Assessments and Country Frameworks

A solid understanding of national food security conditions is a crucial prerequisite to sound programming. In response to demand, FANTA-2 supports DCHA/FFP, Missions and governments to plan and implement in-depth food security assessments. FANTA-2 uses existing information and, if necessary, collects primary data to identify the location, nature and level of food insecurity in targeted countries. Working with DCHA/FFP, Missions, governments and other stakeholders, FANTA-2 applies assessment results to prepare Food Security Country Frameworks (FSCFs) with the overarching objective of providing programmatic guidance to potential Title II applicants. Each country-specific FSCF provides Title II applicants with the recommended objectives, approaches and institutional partnerships for effective use of DCHA/FFP Title II resources to reduce food insecurity in that country and is intended for use by Title II applicants in preparing their proposals for funding for Title II food security activities in the specific country.

In Project Year One, FANTA-2 completed assessments and developed FSCFs for Bangladesh, Burkina Faso, Liberia, and Sierra Leone. In Project Year Two, FANTA-2 will develop FSCFs for a number of DCHA/FFP priority countries. These countries will include DRC and Zambia, and possibly Afghanistan, Ethiopia and Mozambique. FANTA-2 will undertake an initial desk review for the selected countries and conduct consultations with DCHA/FFP, GH, the USAID Bureau for Economic Growth, Agriculture and Trade (EGAT) and regional bureaus, as appropriate. FANTA-2 will then conduct country visits to obtain current information on the food security situation, trends and underlying factors, which will involve meeting with a wide range of stakeholders, including the USAID Missions, governments, NGOs and other stakeholders. The FSCFs will be available in report form and each will present country-specific findings and recommendations for food security programming.

1.1.2 EWR Systems

Development relief – an approach that simultaneously addresses both chronic and transitory food insecurity – is central to DCHA/FFP’s Fiscal Year (FY) 2006-2010 Strategy. A critical component of this approach is EWR systems integrated into MYAPs targeting food-insecure populations subject to recurrent shocks. FANTA-2 and DCHA/FFP identified a small number of priority countries in which to strengthen the EWR systems within MYAPs, including trigger indicators (TIs). FANTA-2 will work closely with Title II Awardees to assist in EWR system design (e.g., TI selection), implementation (e.g., data collection and management, decision making for changing use of food resources in MYAPs) and institutional coordination (e.g., communicating and sharing of information with Missions, the USAID Famine and Early Warning Systems Network [FEWS NET] and national food security and early warning stakeholders). In Project Year One, countries for this activity included Haiti.

In Project Year Two, FANTA-2 will continue to provide technical support to Missions and Awardees on TIs. Countries for this activity may include Afghanistan, DRC, Haiti, Madagascar, Malawi, Mali and Niger.

1.1.3 M&E

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

In Project Year Two, FANTA-2 will carry out the following TA activities:

- FANTA-2 will support the development of M&E plans for new MYAPs through regional workshops and ensure that Awardees report on indicators required by USAID Missions, United States Department of State Office of the Director of Foreign Assistance (F) and DCHA/FFP by providing TA to Missions and the Awardees. M&E workshops are expected to be held for new MYAPs in Bangladesh, Burkina Faso, Liberia, Sierra Leone and Southern Sudan. FANTA-2 will also strengthen its support to new MYAPs in those countries by providing TA for the design and implementation of high quality baseline surveys.
- FANTA-2 will continue work to improve Mission oversight and assessment of the quality of Title II programs in the field through training in the Layers approach: a computerized food aid program monitoring system that allows DCHA/FFP Officers to assess the performance of Title II activities at a representative number of sites using standard questionnaires and personal digital assistants (PDAs). In Project Year Two Layers is scheduled to be introduced in Burundi, Malawi, Mauritania and Niger. Layers roll out will continue in Guatemala, Mali and Uganda.

IR 1.2 MCHN Program Design, Implementation and M&E Improved

The 2008 *Lancet* Series on Maternal and Child Undernutrition highlights and deepens the evidence base for what program implementers and public health professionals have long known: Malnutrition is the single largest contributor to child mortality. USAID has made significant strides over the past decade in addressing malnutrition, not only through Title II programs but also through integrating nutrition into broader health programs. FANTA-2 works with sub-recipients to integrate proven approaches into national health systems, while continuing to innovate and adapt approaches to maximize impacts in various contexts. FANTA-2 provides specialized technical assistance in new areas, such as nutrition and tuberculosis (TB), supported by IR2 activities to strengthen the evidence-base for intervention design and development of global guidelines.

1.2.1 Integration of CMAM into National Health Systems

Severe acute malnutrition (SAM) affects about 20 million children under 5, contributing to over one million child deaths each year. CMAM has proven to be a highly-effective approach in managing SAM, with both research and program experience attesting to its success. CMAM is frequently implemented as a parallel program, but to be effective and reach national scale it must be integrated into national health systems, a process that is occurring with varying degrees of success in Burkina Faso, Ethiopia, Ghana, Malawi, Mali, Mauritania, Niger and Zambia. To strengthen the capacity of countries to manage acute malnutrition in children, FANTA-2 works with Missions and national governments to introduce, integrate and scale up CMAM services. Support includes program design, strategic planning, drafting national guidelines, and training and mentoring to build implementation and M&E skills. FANTA-2 also provides support in coordination with the United Nations Children's Fund (UNICEF) and private sector sub-recipients to facilitate national production of ready-to-use therapeutic food (RUTF). (See **Ghana, Southern Sudan and Sudan**. In Project Year Two, FANTA-2 may also provide TA in this area in **Bangladesh**.)

1.2.2 Outcome Monitoring (OM)

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

1.2.3 Community-Based Nutrition Program Approaches

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

1.2.4 National Nutrition Policies

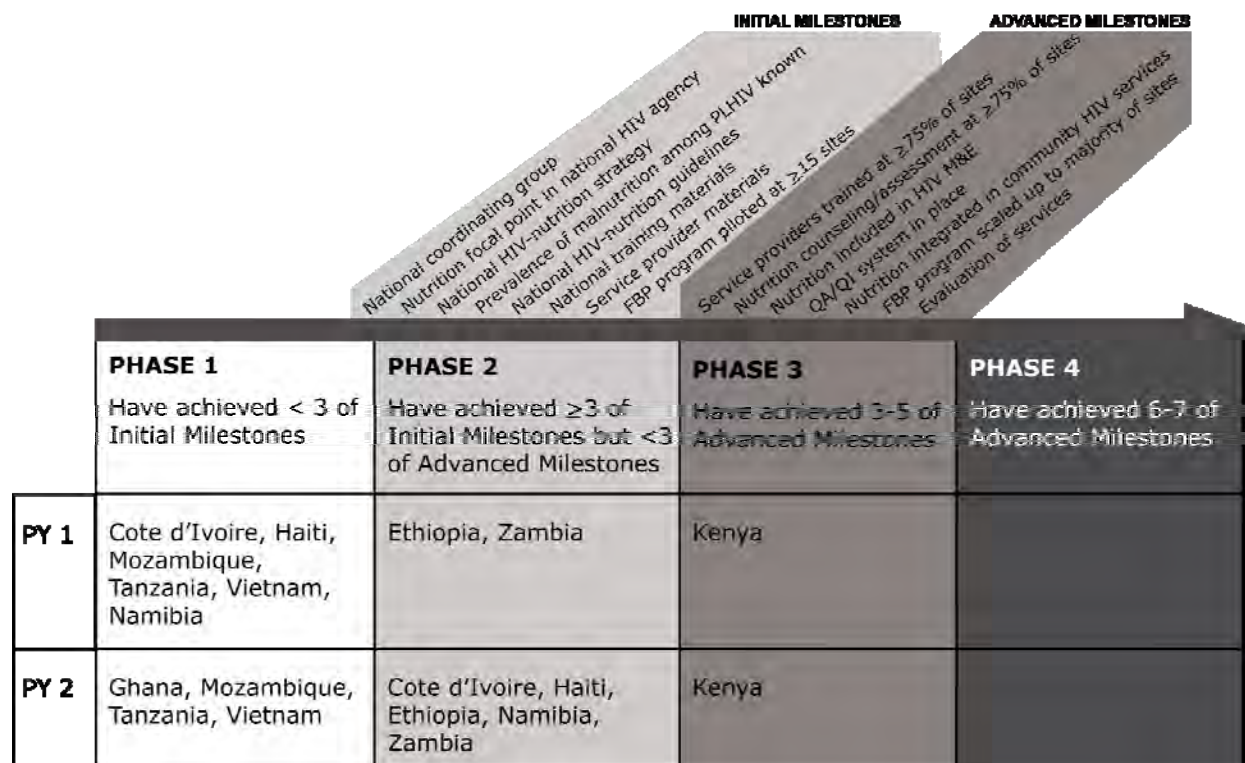
FANTA-2 provides technical input and facilitation to governments in preparing nutrition policies and implementation strategies. Policy dialogues often revolve around resource allocation and policymakers often require concrete data to justify investments in nutrition. FANTA-2 updates and applies data-based tools, such as PROFILES for advocacy; conducts nutrition situation assessments; and provides TA to support policies and action planning. Another challenge with government structures is the lack of human-resource capacity in nutrition. FANTA-2 helps to address this through the establishment of nutrition focal points (FPs), pre-service and in-service training, and TA. (See **Bangladesh, Southern Sudan, Sudan and Uganda**.)

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

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

A number of countries, including a majority of PEPFAR focus countries, have begun integrating food and nutrition into HIV responses, but they are at different stages and have varying human and institutional capacities. **Figure 2** organizes the 10 countries in which FANTA-2 is working on nutrition and HIV into four phases that categorize progress and identify steps needed. FANTA-2 will continue to provide TA to many of these countries in Project Year Two, including Côte d'Ivoire, Ethiopia, Ghana, Haiti, Kenya, Mozambique, Namibia, Tanzania, Vietnam and Zambia.

Figure 2. Phases of Integration of Nutrition into National HIV Response



1.3.1 National Nutrition and HIV Policies and Strategies

An enabling policy environment is critical for effective nutrition and HIV services. However, in many countries, the influx of considerable HIV resources and the pressure to rapidly roll out treatment services have made it difficult for governments to engage in the systematic, long-term and multi-pronged approach needed to integrate nutrition into HIV policies and services.

To integrate nutrition into a more coordinated and cohesive national HIV response, FANTA-2 works closely with partners to help organize technical working groups (TWGs), establish nutrition FPs at the national level, and prepare national nutrition and HIV strategies and guidelines. (See **Côte d'Ivoire, Ethiopia, Ghana, Haiti, Kenya, Mozambique, Namibia, Vietnam and Zambia.**)

1.3.2 Nutrition and HIV Capacity

As recognition of the critical role food and nutrition play in HIV care and treatment has grown, a clear need has emerged to strengthen Ministry of Health (MOH) and IP capacities in nutrition assessment, counseling and the provision of specialized food products. To strengthen these competencies, FANTA-2 adapts existing resources to develop and roll out national nutrition and HIV training materials and materials to support nutrition assessment and counseling, and to adapt materials to country contexts. FANTA-2 also works closely with PEPFAR Partners and government facilities to provide on-site TA in the integration of nutrition assessment and counseling into appropriate client flow systems, information

systems and protocols at HIV treatment and care facilities and in community programs. (See **Côte d'Ivoire, Ethiopia, Ghana, Haiti, Kenya, Mozambique, Namibia, Tanzania, Vietnam and Zambia.**)

1.3.3 FBP Programming

FBP was initiated in a PEPFAR/Kenya program and has become an effective and replicable approach for meeting the nutritional needs of malnourished PLHIV in clinical settings, significantly enhancing the care and treatment provided. With PEPFAR support, the FBP approach is being adapted and replicated in several countries. To better enable food provision programs to meet the needs of HIV-affected individuals, such as clinically-malnourished adult PLHIV and pregnant/lactating HIV-positive women, FANTA-2 provides support to the design of and guidelines for FBP programming; for assessing progress, challenges, results and gaps in ongoing programs; and for supporting scale-up where appropriate. (See **Côte d'Ivoire, Ethiopia, Namibia, Tanzania and Zambia.**)

1.3.4 Assuring the Quality of Nutrition Care Services

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

1.3.5 Harmonization and Coordination of CMAM and HIV Programs

CMAM programs and nutrition and HIV programs share some common objectives and approaches and differ in others. Harmonization and coordination of the two programs is needed at the country and global levels. FANTA-2 works with UNICEF, WHO and other partners to support the harmonization of protocols and identification of opportunities for synergies and linkages between CMAM and nutrition and HIV services.

In Project Year Two, FANTA-2 will provide TA in Mozambique to SC/US and UNICEF in piloting an integrated CMAM and nutrition support for PLHIV program. FANTA-2 will support developing the protocol, training, and documenting the implementation process and lessons learned. (See **Mozambique.**)

IR 1.4 ER&S Nutrition and Food Security Program Assessment, Design, Implementation and M&E Improved

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

1.4.1 CMAM in Emergency Contexts

SAM is an urgent problem in many ER&S settings, and CMAM has proven to be a highly effective approach for managing SAM during and after emergencies. To strengthen capacity for inpatient care, outpatient care and community outreach for CMAM, FANTA-2 assesses existing CMAM programs, develops capacities of national governments, and conducts tailored training workshops for MOH and IP health managers and health care providers. This training is augmented by in-service training and other TA in conjunction with national training and research institutions. FANTA-2 also assists countries with developing national CMAM guidelines, job aids, training materials, and monitoring and reporting (M&R) tools.

In Project Year One, FANTA-2 initiated these activities in Africa, focusing on vulnerable countries, disasters and complex humanitarian situations where high malnutrition rates exist. FANTA-2 will continue CMAM training in Africa in Project Year Two, again focusing on these issues. Additional learning opportunities for CMAM will emerge through national workshops that discuss lessons learned from reviews. Moreover, CMAM guidelines will be completed and design, planning, training and M&R tools will be further refined and adapted to country contexts to enhance QA/QI (see **Southern Sudan** and **Sudan**). FANTA-2 will also review CMAM implementation in Burkina Faso, Mali, Mauritania and Niger to inform DCHA/OFDA programming and strategy (see also **IR 2.1.4**, *Review of CMAM in West Africa*).

IR 1 MISSION-SUPPORTED COUNTRY ACTIVITIES

Figure 3. Matrix of Planned Country Activities in Project Year Two

Countries	1.1.1 Food Security Assessments and Country Frameworks	1.1.2 Early Warning and Response Systems	1.1.3 M&E Regional Workshops	1.1.3 High-Quality Baseline Surveys	1.1.3 Final Evaluations/Documentation of Lessons Learned	1.2.1 Integration of CMAM into National Health Systems	1.2.2 Outcome Monitoring	1.2.3. Community-Based Nutrition Program Approaches	1.2.4. National Nutrition Policies	1.2.4 National Nutrition Program Approaches	1.3.1 National Nutrition and HIV Capacity Building	1.3.2 Nutrition and HIV Capacity	1.3.3 Food by Prescription Programming	1.3.4 Assuring the Quality of Nutrition Programming	1.3.5 Harmonization and Coordination of CMAM and HIV Programs	1.4.1 CMAM in Emergency Contexts	1.4.1 CMAM Implementation Review
Afghanistan	x																
Bangladesh		x	x				x	x	x								
Burkina Faso		x	x														x
Burundi				x													
Côte d'Ivoire										x	x	x					
Democratic Republic of Congo	x	x															
Ethiopia										x	x	x	x				
Ghana					x					x	x						
Guatemala				x	x												
Haiti	x									x	x						
India				x													
Kenya										x	x		x				
Liberia		x	x														
Madagascar						x											
Malawi	x			x													
Mali	x			x													x
Mauritania				x													x
Mozambique										x	x		x	x			
Namibia										x	x	x					
Niger	x			x													x
Sierra Leone		x	x														
Southern Sudan		x	x		x			x	x								x
Sudan					x				x								x
Tranzania											x	x	x				
Uganda				x			x	x	x								
Vietnam										x	x		x				
Zambia	x									x	x	x					
TBD	x	x			x												

Bangladesh

IR 1.2 MCHN Program Design, Implementation and M&E Improved

USAID/Bangladesh has requested TA from FANTA-2 to advocate for nutrition programs in Bangladesh, identify opportunities to integrate nutrition into existing programs and services that currently do not address nutrition, and strengthen collaboration in nutrition across partners towards a shared vision of reducing malnutrition in Bangladesh. An initial assessment by GH/HIDN identified four potential areas of collaboration for and support to the Mission to achieve the broad goals outlined above: policy engagement, behavior change strategies, CMAM and food security. Potential partners and stakeholders include the Government of Bangladesh and its National Nutrition Program; the Smiling Sun Franchise (a group of local NGOs); Title II Awardees; the International Center for Research on Diarrheal Disease, Bangladesh (ICDDRDB); LAMB; Alive and Thrive (a Gates-funded Initiative); Bangladesh Rural Advancement Committee (BRAC); and others.

As a first step in this collaboration, FANTA-2 will work with the Mission to identify priority activities for Project Year Two. FANTA-2 will then initiate an acceptability and effectiveness study in Bangladesh comparing the effectiveness of LNS for the prevention of chronic malnutrition to the effectiveness of similarly-used multi-micronutrient powders (MNPs). The potential benefit of maternal supplementation with LNS during pregnancy and lactation will also be investigated. (See also **IR 2.1.2.**)

Côte d'Ivoire

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Côte d'Ivoire, currently a phase 2 country on the integration of nutrition into national HIV response scale (see **Figure 2**), had approximately 420,000 PLHIV in Côte d'Ivoire and a national HIV prevalence among adults (15-49 years) estimated at 3.9 percent in 2007. As of March 2008, 39,700 individuals were receiving ART with support PEPFAR support.¹ According to Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates, 450,000 children were orphaned by AIDS in 2006.² Côte d'Ivoire also suffers from high rates of malnutrition: 34 percent of children under 5 are stunted, 20 percent are underweight and 6.9 percent are wasted.³

In Project Year One, FANTA-2 placed a nutrition and HIV specialist in Abidjan, completed development of the National Guidelines on Nutrition Care of PLHIV, developed nutrition counseling materials for PLHIV, carried out an assessment of nutrition and HIV programming needs, prepared the design for a FBP strategy, and provided TA to USG PEPFAR Implementing Agencies to strengthen program design, implementation and M&E of nutrition and HIV activities, including the provision of specialized food products.

In Project Year Two, FANTA-2 will carry out the following activities:

- FANTA-2 will produce and launch the National Guidelines. Once the National Guidelines have been approved by the MOH, FANTA-2 will work with the National Nutrition Program (PNN) and Nutrition and HIV TWG to develop a national dissemination plan for the Guidelines. FANTA-2 also will support printing of 2,000 copies.
- FANTA-2 will produce the nutrition counseling materials for PLHIV developed in Project Year One. FANTA-2 will work with PNN and the Nutrition and HIV TWG to develop a national

¹ The Power of Partnerships: Latest PEPFAR Results (June 2008) <http://www.pepfar.gov/press/106290.htm>.

² Data is taken from http://abidjan.usembassy.gov/hiv/aids_situation.html.

³ Multiple Indicator Cluster Survey (MICS) 2006, re-analyzed by UNICEF, April 2007. Malnutrition data available at <http://www.childinfo.org/undernutrition.html>.

dissemination plan for the nutrition counseling materials and will support production of 1,000 copies.

- FANTA-2 will work with PNN and the Nutrition and HIV TWG to develop a TOT module and conduct TOTs to prepare central- and regional-level master trainers who will be charged with providing ongoing training to health care providers on the use and implementation of the National Guidelines and counselors in health facilities and PLHIV associations on nutrition counseling and use of the nutrition counseling materials. FANTA-2 will also assist PNN to develop a nation-wide training plan for training the counselors.
- FANTA-2 will adapt the French-language version of the Food and Nutrition Technical Assistance Project's (FANTA's) *Nutrition and HIV: A Training Manual* to Côte d'Ivoire context for pre-service training in faculties such as medicine, nursing, nutrition and social work, and for in-service training of health care providers.
- FANTA-2 will provide ongoing TA to PEPFAR/Côte d'Ivoire and PEPFAR Partners on the implementation of the FBP strategy developed in Project Year One.
- FANTA-2 will conduct an assessment of specialized food products for use in FBP programs. This assessment will include acceptability testing of recommended specialized food product combinations for acceptability among targeted beneficiaries, refinement of recommended nutrient specifications for those combinations of specialized food products found acceptable, assessment of the potential for specialized food product procurement at the national and regional levels, and identification of potential sources of non-PEPFAR funding for the procurement of specialized food products.

Ethiopia

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Ethiopia, currently a phase 2 country on the integration of nutrition into national HIV response scale (see **Figure 2**), has an estimated 1,116,216 PLHIV and a predicted prevalence of 2.3 percent in 2009. The HIV epidemic in-country is generalized with high prevalence in urban and peri-urban areas. Ethiopia is among the countries with the highest malnutrition rates, with a 47 percent stunting rate in children under 5. The prevalence of malnutrition in PLHIV is also expected to be high. Given the high rates of malnutrition in Ethiopia and the demonstrated links between HIV and nutrition, USAID/Ethiopia supports the integration of food and nutrition interventions into HIV care and support programs.

In Project Year One, FANTA-2 provided TA to the Federal HIV/AIDS Prevention and Control Program (FHAPCO) and the Federal Ministry of Health (FMOH) to strengthen human resource capacity, establish nutrition and HIV services, and develop plans to take them to scale. FANTA-2 has also supported USAID's Management Sciences for Health/HIV Care and Support Project (MSH/HCSPP) in initiating integrated clinical nutrition care services through TA and training of HIV service providers from health centers in the five most-populous regions in the country.

In Project Year Two, pending further discussion and agreement, FANTA-2 will carry out the following activities:

- FANTA-2 will continue to work with the FMOH Medical Service Directorate (MSD), FHAPCO and PEPFAR Partners to further scale up and strengthen integrated clinical nutrition care services for PLHIV in Ethiopia. In support of this, FANTA-2 will post a full-time nutrition and HIV advisor in Ethiopia to strengthen FMOH/MSD capacity and assist coordination.

- FANTA-2 will support the FMOH/MSD in strengthening the National Nutrition and HIV Sub-Committee under the Palliative Care TWG through assistance in the development of an activity and implementation plan, provision of updated materials, seminars, workshops and expert inputs. Under the FMOH/MSD, FANTA-2 will facilitate partner involvement and, in collaboration with FBP partners and other IPs, will organize a food, nutrition and HIV program review workshop.
- FANTA-2 will further scale up the training on clinical management of malnutrition in PLHIV by supporting the training of 350 service providers from HIV treatment facilities supported by MSH/HCSF in urban and peri-urban areas, including clinical mentors from the regions and IPs. Resource persons trained in Project Year One will serve as trainers, and FANTA-2 will conduct additional TOTs to address the need to decentralize trainings to regions and IPs.
- Continuing work begun in Project Year One, FANTA-2 will complete the anthropometric equipment needs assessment and, in consultation with UNICEF, will facilitate the selection, procurement and distribution of standard equipment. FANTA-2 will also train clinical mentors and health workers on harmonized anthropometric measurement and interpretation.
- FANTA-2 will support IPs in developing tools for site-level assessment of integration of food and nutrition programs, evaluation of service providers' knowledge and skills in assessment and classification of nutritional status, and management of nutrition-related issues of PLHIV. FANTA-2 will also prepare facility-level presentations in key selected topics in clinical management of malnutrition in adults and children, and assist in mentoring. FANTA-2 will also conduct joint supportive supervisions with regional health bureaus and IPs at selected sites and will provide feedback on promising practices and gaps in program implementation.
- FANTA-2 will work with the FMOH, medical and nursing schools, and the FBP program IP to develop materials for integrating nutrition and HIV into pre-service training for clinicians and other health care workers and provide input to the curriculum content.
- FANTA-2 will work with the FMOH and PEPFAR Partners to integrate nutrition into community-based HIV care and support services. This support may include adapting existing regional training materials for community-based care (CBC) and home-based care (HBC) providers, developing simple tools that target CBC providers and making field visits to help identify and refine systems for including nutrition in the community services.
- As the PEPFAR/Ethiopia FBP program begins in late 2009, FANTA-2 will provide TA to help the program establish patient flow, data collection and other M&E systems, and ensure the technical soundness of training. FANTA-2 will draw on and share experience from FBP programs in other countries to help support the Ethiopia program. As part of its support to program M&E, FANTA-2 will assist the program in documenting successes and challenges in initial implementation.
- FANTA-2 will work with the FMOH and FHAPCO to explore options for integrating indicators on nutrition and HIV into the national health management information system (HMIS). Support will include helping to define and complete indicators, supporting advocacy efforts to incorporate them into the national system, and integrating the information into data collection systems.
- Continuing work begun in Project Year One, FANTA-2 in collaboration with URC, will introduce QA/QI methods into the nutrition care components of HIV services. Building on other QA/QI approaches being used, such as those URC has introduced in HIV and other health care settings in Rwanda and Uganda, FANTA-2 and URC will help partners integrate nutrition components into existing QA/QI systems and as needed introduce enhanced QA/QI approaches.

Ghana

IR 1.2 MCHN Program Design, Implementation and M&E Improved

Ghana has the world's fifteenth-highest burden of severe wasting, however the management of SAM and the CMAM approach are relatively new to Ghana. Since FY 2008, at the request of USAID/Ghana, FANTA/FANTA-2 has been providing technical support to the Ghana Health Services (GHS) to integrate CMAM into the Ghanaian health system. In FY 2008, FANTA activities focused on initiating the CMAM integration process, which included introducing CMAM, putting appropriate structures in place, and fostering understanding and buy in for CMAM. In Project Year One, FANTA-2 continued to work with the GHS and partners to support the integration and scale up of CMAM into the health system, and further established health system structures to manage CMAM scale-up and integration.

In Project Year Two, pending further discussion and agreement, FANTA-2 will carry out the following activities:

- Through the GHS SAM Support Unit (SAM SU), FANTA-2 will strengthen the enabling environment for CMAM by developing a memorandum of understanding (MOU) between the GHS, FANTA-2 and UNICEF; strengthening the GHS national technical leadership role and national coordination role for CMAM; coordinating the integration of CMAM into health and nutrition policies and initiatives; working with the Regional Health Directorates to scale up CMAM in Upper West, Upper East, Northern, Central and Greater Accra Regions according to the national strategy and plan for scaling up CMAM in Ghana; and convening a national workshop on the integration of CMAM into the Ghanaian health system. The national workshop will present lessons learned from CMAM integration and effectiveness, which will be generated from a review of the existing nutrition rehabilitation centers to gain a better understanding of their role in nutrition within the GHS. Moreover, strategies for integrating the management of MAM will be explored.
- FANTA-2 will strengthen CMAM in-service training by mentoring the regional CMAM Support Teams (CMAM STs), which plan, manage and provide technical support (i.e., training, monitoring and supervision, CMAM data management) at the regional and district levels. FANTA-2 will also mentor health managers and health care providers, supporting the learning sites for inpatient care, outpatient care and community outreach to accommodate trainees for learning visits and internships. Activities will include building CMAM ST capacity for CMAM planning, implementation, supervision and M&R; ensuring that new knowledge is generated and used to inform the scale-up process; facilitating the development of a pre-service training curricula for CMAM for health professionals at various levels; strengthening opportunities for sustainable CMAM training at national teaching institutions; documenting experiences from learning sites; strengthening information sharing through interactive CMAM learning fora with linkages to global information fora; and exploring research opportunities with national research initiatives.
- FANTA-2 will improve access to CMAM services by supporting regional SAM STs and partners in the gradual, two phase scale-up of CMAM services. FANTA-2 will explore and refine strategies to integrate CMAM into ongoing health and nutrition initiatives, such as Integrated Management of Childhood Illness (IMCI) and Accelerated Child Survival, paying special attention to community outreach and linkages with the informal health system. Moreover, field testing the new Semi-Quantitative Evaluation of Access and Coverage tool (SQUEAC) will contribute to strengthening the community outreach strategies.
- FANTA-2 will improve access to CMAM supplies at the national level through facilitating the Nutriset Plumpyfield Network and Athena Foods to initiate national RUTF production. The SAM SU will monitor the progress of national RUTF production and the transfer of production technology, and will report to the SAM Technical Committee (SAM TC), USAID/Ghana and partners. Furthermore, the SAM SU will advocate for and support the appropriate use of RUTF in-

country in line with the National Interim CMAM Guidelines, and explore additional opportunities for ready-to-use food (RUF) for MAM and other new LNSs that might be socially marketed for the prevention of undernutrition (see **IR 2.1.2**).

- FANTA-2 will improve the quality of CMAM services by strengthening support and supervision; promoting adherence to the National Interim CMAM Guidelines (including the treatment protocols) within the early phase of scale-up in the regions; assessing existing capacity and needs for the introduction of CMAM in new districts; and strengthening the effectiveness of CMAM services by ensuring that an efficient, harmonized M&R system is used and a national CMAM data repository exists.
- FANTA-2 will field test CMAM coverage and capacity-assessment tools in Ghana (see **IR 2.2.11**).

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

In 2008, Ghana, currently a phase 1 country on the integration of nutrition into the national HIV response scale (see **Figure 2**), had 236,000 PLHIV, a national HIV prevalence of 1.7 percent and three regions with prevalence rates greater than 3 percent. Recognizing the critical role of food and nutrition in effective responses to HIV, the Ghana MOH has launched *National Guidelines on Nutritional Care and Support for People Living with HIV*. In addition, USAID/Ghana has requested FANTA-2 to support the integration of nutrition into HIV care and treatment services.

In Project Year Two, FANTA-2 will carry out the following activities:

- FANTA-2 will work with the GHS and MOH to facilitate a mechanism at the central level, such as a TWG, for coordinating and planning nutrition and HIV activities. FANTA-2 will work with partners to identify the structure of the mechanism, develop terms of reference, provide technical input to meetings and follow-up as needed.
- FANTA-2 will carry out an assessment of the current status, needs and opportunities for integrating food and nutrition interventions into HIV care and treatment services. The focus of the assessment will be on identifying priority areas for PEPFAR support, including policy and coordination, capacity strengthening, and service provision, which includes nutrition assessment and counseling, provision of specialized food products and linkages to CMAM services.
- Based on the results of the assessment, FANTA-2 may support the GHS and MOH in developing a national strategy on nutrition and HIV; refining training materials on nutrition and HIV; training HIV service providers; or developing service provider materials such as job aids, counseling materials or nutrition assessment tools. FANTA-2 would collaborate with the Engender Health Quality Health Partners project on these activities.
- Based on the results of the assessment, FANTA-2 may support the design of a FBP program or a related approach for providing nutrition services in clinical HIV care and treatment services. FANTA-2 will examine the feasibility and benefits of linking these services to CMAM services it is supporting the GHS to implement in Ghana.

Guatemala

IR 1.1 Food Security Program Design, Implementation and M&E Improved

Guatemala's FY 2007-2011 MYAPs began in October 2006 and are being implemented by Catholic Relief Services (CRS), Asociación SHARE de Guatemala and Save the Children (SC). These Title II Awardees work in MCHN; water and sanitation; agricultural production; marketing; credit; natural resource management; and strengthening the capacity of local governments in the Departments of Baja Verapaz,

Chimaltenango, Huehuetenango, Quiché and San Marcos to deliver services in those sectors in highly food-insecure areas.

In Project Year One, FANTA-2 provided TA on interpreting the results of the Awardees' first year of program monitoring using LQAS, assisted Awardees in planning for their 2010 Mid-Term Evaluation (MTE) and began the process of rolling out the Layers monitoring system (see **IR 1.1.3** for a description of Layers).

In Project Year Two, FANTA-2 will carry out the following activities:

- Building on support provided to the Awardees in Project Year One, FANTA-2 will assist the Awardees in developing the scope of work for their MTE. Discussions in Project Year One led to the decision to include both a quantitative and qualitative component in the MTE. The quantitative component was carried out in August 2009 and the qualitative component will be carried out in Project Year Two. Previous experiences in providing TA for the development and implementation of MTEs in Honduras and Haiti will guide this work.
- Contingent on further discussion with USAID/Guatemala and the Awardees, FANTA-2 may provide TA to develop a standard method the Awardees can use to document lessons learned and successful experiences in their respective programs.
- FANTA-2 will complete the roll out of the Layers monitoring system by completing the Layers questionnaires, training local partners, collecting data, and generating Layers results for USAID/Guatemala and the Title II Awardees to use to improve MYAP implementation.

IR 1.2 MCHN Program Design, Implementation and M&E Improved

Since FY 2007, FANTA/FANTA-2 has assisted USAID/Guatemala to carry out an OM survey that collects data on a set of basic health and nutrition indicators in the geographic areas covered by USAID/Guatemala's Health, Population and Nutrition program (HPN). FANTA trained personnel of the USAID-funded bilateral health program URC/Calidad en Salud and private firm Centro de Investigaciones en Nutrición y Salud (CIENSA) in the implementation of the 2008 OM Survey. In Project Year One, FANTA-2 provided technical consultation to both organizations for the implementation of the 2009 OM Survey, and will continue in this role in Project Year Two for the implementation of the 2010 OM Survey.

USAID/Guatemala has also requested support to update PROFILES using more recent micronutrient data collected in the 2009/2010 Micronutrient Survey. In Project Year Two, FANTA-2 will assist USAID/Guatemala in this process.

Moreover in Project Year Two, FANTA-2 will initiate an acceptability and effectiveness study in Guatemala. The study will compare the effectiveness of LNS for the prevention of chronic malnutrition with no nutritional supplementation, provided in the context of a community-based growth monitoring (GM) program. (See **IR 2.1.2.**)

Haiti

IR 1.1 Food Security Program Design, Implementation and M&E Improved

Three Title II Awardees – Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance (ACDI/VOCA), CRS and World Vision International (WV) – are implementing MYAPs for the period FY 2008-2012 in Haiti. In Project Year One, FANTA-2 supported USAID/Haiti to strengthen the national EWR system; assisted Awardees to strengthen their M&E systems and complete the MYAP baseline survey; and continued support of Layers implementation, including incorporating environmental quality control indicators.

In Project Year Two, contingent on the availability of funds, FANTA-2 will carry out the following activities:

- To better integrate EWR into MYAPs, FANTA-2 will define the TIs and trigger levels recommended for each MYAP; the steps for collection, validation, sharing, analysis and reporting of TI data for each MYAP; the steps to request emergency resources to be added to a MYAP on the basis of TI data; and response strategies for implementing appropriate emergency response activities in a MYAP area.
- FANTA-2 will assist the Awardees to prepare for the MTE, which is due to be carried out in 2010.
- FANTA-2 will contribute to the planning of measures needed to address the ongoing food price crisis in Haiti. This will include participation in planning meetings and preparation of documents (e.g., talking points, strategies) as needed.

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Haiti, currently a phase 2 country on the integration of nutrition into national HIV response scale (see **Figure 2**), had over 120,000 PLHIV in 2007. High rates of malnutrition in Haiti worsen the impact of HIV and pose significant challenges to care and treatment. To support further progress in integrating nutrition care and support into the national HIV response, USAID/Haiti has asked FANTA-2 to provide assistance to the Ministry of Public Health and Population (MSPP) and PEPFAR Partners to facilitate a coordinated and integrated approach to food, nutrition and HIV activities and strengthen the capacity of health providers, PEPFAR Partners, and community-based service providers to provide nutrition assessment, counseling and palliative care that includes nutrition care and support.

In Project Year One, FANTA-2 provided TA for the design of a FBP program; assisted USAID/Haiti and MSPP in the development of *National Guidelines on Nutrition Care and Support for PLHIV*, developed draft nutrition counseling materials for PLHIV: and translated into French a training manual on food, nutrition and HIV for the training of service providers in food and nutrition care and support, which will be adapted to the Haitian context in Project Year Two.

In Project Year Two, FANTA-2 will also carry out the following activities:

- FANTA-2 will translate nutrition counseling materials into Haitian Creole and work with the Mission, MSPP and the Nutrition and HIV TWG to print and disseminate them to facilities providing care and treatment to PLHIV.
- FANTA-2 will collaborate with the USAID-funded Infant and Young Child Nutrition Project (IYCN) to develop nutrition counseling materials targeting HIV-exposed and infected children under 5. FANTA-2 will provide input to the design and content of the materials.
- Pending further discussion with MSPP and USAID/Haiti, FANTA-2 will collaborate with IYCN to review needs and opportunities for nutrition education and counseling materials targeting women of reproductive age. Based on the results of the review, FANTA-2 may work with partners on the development of materials to meet identified needs and for which programming platforms exist for the materials' use.
- FANTA-2 will support training on the use of the nutrition counseling materials and the *National Guidelines on Nutritional Care and Support for PLHIV* for trainers and service providers at PEPFAR-supported HIV care and treatment sites.

India

IR 1.1 Title II Food Security Program Assessment, Design, Implementation and M&E Improved

India has a large Title II program implemented by Cooperative Assistance for Relief Everywhere (CARE) and CRS. CARE's Integrated Nutrition and Health Program III (INHP III) supports the Government of India's Integrated Child Development Services program (ICDS) in providing MCHN services to pregnant women and young children. The CRS program includes an MCHN component, a Food for Education (FFE) component and an agriculture component focused on watershed management.

The India Title II program is exiting, and USAID has requested FANTA-2 support to document the exit strategies used. USAID/India has also requested FANTA-2 continue support FANTA provided to CARE in replicating effective practices into the larger ICDS program area, which is not supported through the CARE program. In Project Year One, FANTA-2 reviewed and documented the exit approaches being used, developed an internal audit system for the practices being replicated, initiated documentation of the replication process, and identified M&E indicators to measure the replicated practices.

In Project Year Two, FANTA-2 will continue TA through the following activities:

- FANTA-2 will pilot the internal audit system for replicated practices in Andhra Pradesh. The system includes a nutrition and health day, a home visit planner, sector meeting tools, a supervisor checklist and commodity management systems. FANTA-2 will document pilot results and refine the audit tools accordingly.
- FANTA-2 will complete documentation of the replication process to support ICDS state offices and other donors in replicating these practices.
- FANTA-2 will work with CARE and the Ministry of Women and Child Development and National Institute for Public Cooperation and Child Development (NIPCCD) to establish a National Resource Center with information on effective ICDS implementation, including the practices developed through the Title II program.
- FANTA-2 will support ICDS in incorporating indicators related to the replicated practices into the existing management information system.
- FANTA-2 will work with Tufts University to document and assess the effectiveness of the exit strategies applied by the India Title II programs implemented by CARE and CRS (see **IR 2.1.1**).

Kenya

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Kenya, currently a phase 3 country on the integration of nutrition into the national HIV response scale (see **Figure 2**), has a national HIV prevalence of 7.4 percent for the age group 15-49 years, while incidence rate remains high at an estimated 200 new HIV infections per day. Only 38-45 percent of those in need of treatment are being reached, with coverage for children much lower at about 15 percent. Approximately 70 percent of PLHIV live in rural areas, but services are concentrated in urban and peri-urban areas. HIV care, treatment and support services are currently being provided through a comprehensive care approach, with nutrition as one of the core services.

In Project Year One, FANTA-2 supported the Kenya National AIDS and STI Control Program (NASCO) and partners in coordinating, implementing and monitoring the integration of food and nutrition into HIV services. Significant progress was made in developing policy and guideline documents; developing

training and Information, Education and Communication (IEC) materials; strengthening the capacity of over 300 service providers; developing M&E tools and research.

In Project Year Two, contingent on the availability of resources, FANTA-2 will carry out the following activities:

- FANTA-2 will support NASCOP and the Nutrition Division of the Ministry of Public Health and Sanitation and the Ministry of Medical Services to review the infant and young child feeding (IYCF) policy guidelines and print and disseminate copies of these guidelines. FANTA-2 will organize a national forum to discuss implementation of these guidelines and to build consensus on emerging issues surrounding uptake of international IYCF recommendations.
- FANTA-2 will respond to NASCOP's request for updated prevention of mother-to-child transmission of HIV (PMTCT)/infant feeding job aids for service providers, including posters and client handout materials. FANTA-2 will support the development and pre-testing of these materials and the harmonization of pre- and post-natal nutrition messages and activities within antenatal care and maternal and child health (MCH) clinics, including services for orphans and vulnerable children (OVC) and where FBP is available. NASCOP has also requested support in training of more national and provincial TOTs, which FANTA-2 will provide in partnership with UNICEF.
- FANTA-2 will partner with tertiary learning institutions that offer nutrition courses to integrate nutrition and HIV into their curricula and to support training of pre-service trainers. These institutions will include Kenya Medical Training College (KMTTC) – the largest provider of paramedics within public health facilities – and public universities, including Kenyatta, Egerton, Jomo Kenyatta and Nairobi.
- FANTA-2 will establish new partnerships with the National AIDS Control Council (NACC) and the Ministry of Agriculture (MOA) to mainstream food security, nutrition and HIV into other sectors. FANTA-2 proposes to support the review of the draft Food and Nutrition Security Policy, paying particular attention to the HIV-food security content. FANTA-2 will work with NACC, MOA and NASCOP to define a food security and HIV strategy with an operationalization plan.
- FANTA-2 will work closely with NACC and NASCOP to strengthen nutrition services within community-based HIV programs. FANTA-2 will build on the activities carried out in Project Year One (i.e., the community assessment, the development of training manuals) by supporting NGOs and community-based organizations to define and harmonize the food and nutrition activities within their HIV programs. FANTA-2 will also support the establishment of a structured M&E system by identifying nutrition-HIV indicators, developing or adapting harmonized tools, and providing TA for integrating this M&E system into the programs.
- FANTA-2 will support NASCOP to print the nutrition and HIV registers and the facility and district summary indicator forms, and to disseminate these to over 450 comprehensive care centers (CCCs) and PMTCT clinics. FANTA-2 may then provide TA to NASCOP to streamline the information collection and flow (from government, NGO and private health institutions), carry out data analysis, and report using the data. NASCOP has also requested that FANTA-2 support the development of a nutrition and HIV counseling algorithm chart for use by service providers within CCCs. This chart will guide the provider in counseling the client based on his/her specific nutrition needs and will also be used to judge the quality of counseling provided.

Madagascar

IR 1.2 MCHN Program Design, Implementation and M&E Improved

USAID/Madagascar's HPN office is supporting a variety of interventions aimed at improving the health and nutrition of the population of Madagascar. In 2008, USAID/Madagascar began a new round of health activities through the SanteNet 2 project in 800 communes located in 16 regions of Madagascar's six provinces. USAID/Madagascar-funded programs provide health services and products in the technical areas of malaria, child survival, child nutrition, reproductive health, family planning, neonatal/maternal health, sexually transmitted infections (STIs) and HIV.

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

Mozambique

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Mozambique, currently a phase 1 country in integrating nutrition into national HIV response (see **Figure 2**), had over 1.5 million PLHIV in 2007. In Project Year One, FANTA-2 placed a Senior Nutrition and HIV Specialist in Mozambique; developed a three-year Nutrition, Food and HIV Strategy for USAID/Mozambique to define its approach to nutrition care and support in the context of HIV; provided TA to the Government of the Republic of Mozambique (GRM) to evaluate the nutrition and HIV component of the Action Plan for the Reduction of Absolute Poverty 2006-2009 (PARPA II); established a MOU with the International Training and Education Center on HIV (I-TECH) to improve pre-service and in-service training for health professionals for the care and treatment of PLHIV; and revised the Mozambique national protocol for treatment of acute malnutrition for children and adults in accord with new international guidelines on the treatment of acute malnutrition and nutrition care for PLHIV.

In Project Year Two, FANTA-2 will carry out the following activities:

- FANTA-2 will support the MOH (Ministério da Saúde [MISAU]) Nutrition and HIV TWG by assisting the MISAU Department of Nutrition to host a partner meeting to build consensus and collaboration in the area of nutrition and HIV and to solicit new partner participation in the TWG. FANTA-2 will also provide the MISAU/Department of Nutrition with administrative support (e.g., calling meetings, ensuring minutes are shared in a timely manner, creating a workplan).
- FANTA-2 will work with the MISAU Nutrition, Food and HIV TWG to develop and/or update the national guidelines for the nutrition care and support of PLHIV, produce copies of the guidelines, assist with dissemination and provide orientation on their use. The guidelines will include recommendations and information on appropriate nutrition support for PLHIV to harmonize programming and services based on sound technical recommendations and established clinical norms and practices.
- FANTA-2 will work with the MISAU Nutrition, Food and HIV TWG to develop Volume 2 of the National Manual for the Treatment of Malnutrition (*Manual de Tratamento e Reabilitação Nutricional*), which will provide detailed protocols for treating malnutrition, and for nutrition care of PLHIV and TB in adults over 18 years, including pregnant and lactating women. This activity builds on FANTA-2's support for updating Volume 1 of the manual, which contains protocols for treating malnutrition in infants, children and adolescents 0-18 years.

- FANTA-2 will work with the MISAU Nutrition, Food and HIV TWG to identify the job aids and training materials necessary for health care providers in Mozambique, develop and update the job aids based on health care providers' input, field test the job aids, reproduce them and support training on their use. This support will help ensure PLHIV and OVC receive nutrition assessment and, based on anthropometric results, are classified and treated according to MISAU protocols in the National Manual for the Treatment of Malnutrition.
- In collaboration with SC/US and UNICEF, FANTA-2 will provide technical support to the Provincial Department of Health (DPS) and USG partners for an integrated CMAM and nutrition for PLHIV program in one or two provinces. The basis for the integrated program will be the National Manual for the Treatment of Malnutrition, which integrates protocols for the treatment of acute malnutrition for children and protocols for treatment of children and adults with HIV. Based on further discussion and partner agreement, FANTA-2 TA may include assessing infrastructure, supplies and equipment; mapping health facilities and IPs in the province; training provincial and district-level health staff, community-based workers, community leaders and traditional healers; and supporting M&E and QA systems. FANTA-2 will work with partners to document the implementation process and lessons learned to share with other provinces in Mozambique and other countries.
- FANTA-2 will support the Mozambique Nutrition and Food Security Association (ANSA) and the Mozambique National Association of Nurses (ANEMO) in developing nutrition and HIV training materials for HBC volunteers and community health workers (CHWs). FANTA-2 also will support ANSA and ANEMO to conduct three regional trainings using the materials.
- Based on a request from the central-level MISAU, FANTA-2 will update and improve a flipchart and counseling guide on nutrition and HIV developed in Mozambique by the Manica DPS, Sofala DPS, Health Alliance International (HAI), Helen Keller International (HKI) and PEFPAR/Mozambique for use by health service providers and CHWs. The MISAU/Department of Nutrition will provide input to the revision process and approve the final versions of the flip chart and counseling guide for national use.
- As part of the process to improve the flipchart and counseling guide, an "Illustration Bank" of realistic drawings and photographs that could be used for the flipchart and counseling guide as well as for future educational materials will be created. The photographs will come from the three main regions of the country – south, central and north – so that different geographic areas and cultural groups are represented.
- FANTA-2 will support the development of nutrition and HIV modules for the MISAU CHW Programme (*Agentes Polivalentes Elementares de Saude* [APE]).
- Currently there are only about 50 nutritionists working in the MISAU in a country of 21 million people. Training of new nutritionists over the past couple years has been delayed due to the need for a revised nutrition curriculum and lack of human resources to complete the revisions. Contingent on FANTA-2 discussions with the MISAU and with MISAU priorities and timelines, FANTA-2 may support the development of the nutrition and HIV modules for the curriculum used in the national nutrition technician training program.
- In collaboration with I-TECH, FANTA-2 will support the improvement of the pre-service and in-service training of health professionals in nutrition aspects of the care and treatment of PLHIV. I-TECH is the lead partner in developing curricula and training health professionals in HIV care and treatment for the MISAU. FANTA-2 will provide TA to I-TECH for the pre-service training of physicians' assistants (*técnicos de medicina* [TM]) in the AIDS/TB/Oppportunistic Infections/Malaria/Malnutrition (ATOMM) curriculum, for the in-service training of TM in pediatric ART (TARV in Portuguese) and nurses in PMTCT, and for a TOT for nurses who counsel through mothers-to-mothers groups.

- FANTA-2 will plan and sponsor a study tour for GRM and PEPFAR/Mozambique staff to the Kenya Nutrition and HIV Project (NHP) and the Academic Model for Prevention and Treatment of HIV/AIDS (AMPATH) to learn about their successes and challenges, and bring back lessons that can be applied to possible nutrition and HIV programs in Mozambique.
- FANTA-2 will support the coordination and links among USG-supported HIV care and treatment programs, community-based programs and livelihood/food security programs, including the USAID Strengthening Communities Through Integrated Programming initiative (SCIP) and MYAPs in Nampula and Zambezia provinces. FANTA-2 will organize and facilitate a workshop on nutrition, HIV and livelihoods to strengthen integrated programming and will provide follow-up to participants to review and discuss progress, plans, facilitators and barriers to implementation, and to brainstorm adaptations to overcome barriers.

Namibia

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Namibia is currently a phase 2 country on the integration of nutrition into national HIV response scale (see **Figure 2**). Its estimated adult HIV prevalence rate of 15.3 percent⁴ is one of the highest in the world. The high rates of HIV infection are likely to impinge on the nutritional status of a significant proportion of the population, negatively affecting their quality of life, productivity and longevity. Although more than half of the PLHIV in Namibia are receiving ART, many suffer from undernutrition or overnutrition.

In Project Year One, FANTA-2 worked with the Ministry of Health and Social Services (MOHSS) to refine and print job aids and IEC materials, and plan a FBP program to treat clinically-malnourished PLHIV in seven pilot sites. FANTA-2 also worked with the MOHSS and I-TECH to train regional health managers and I-TECH regional trainers in the FBP approach.

In Project Year Two, FANTA-2 will carry out the following activities:

- To strengthen Government of the Republic of Namibia (GRN) coordination and guidance of nutrition, food and HIV activities and provide access to expert opinion and input, FANTA-2 will provide financial and capacity strengthening support for a Nutrition and HIV Advisor to coordinate nutrition and HIV activities, facilitate partner involvement and manage FANTA-2 activities in-country.
- FANTA-2 will support the MOHSS in completing, printing and disseminating the *Operational Guidelines for a National Nutrition Programme for People Living with HIV in Namibia*.
- FANTA-2 will provide TA to the MOHSS for the national FBP program. FANTA-2 will work with I-TECH and the MOHSS to support training of health care providers at FBP sites in nutrition assessment, counseling and FBP protocols. FANTA-2 will also support the MOHSS in monitoring program components, facilitating coordination among partners (i.e., government facilities, IPs, private sector food manufacturers, community support groups), and documenting lessons from the program.
- FANTA-2 will support the development and printing of counseling cards on nutrition and HIV for adult PLHIV.
- To ensure adequate supervision and support of trained ART clinic staff, FANTA-2 will work with I-TECH, the MOHSS, the Centers for Disease Control and Prevention (CDC)/Namibia, USAID/Namibia and HIVQUAL/Namibia to develop and pilot a system for regional health workers

⁴ UNAIDS 2007.

to follow-up, mentor and supervise health care providers in clinical nutrition assessment, counseling on nutrition and HIV for ART clients and safe IYCF, expanded education on managing HIV symptoms, and effective nutrition management with ART

- FANTA-2 will collaborate with Pact to provide TA for food security and livelihood activities for HIV-affected populations. FANTA-2 support will focus on assessing food security and livelihood needs and opportunities, and linking food security services to nutrition support at facility and community levels.
- FANTA-2 will provide TA to the MOHSS to link MCH services, including PMTCT, to nutrition interventions by developing a model to strengthen nutrition assessment and counseling in PMTCT sites and postnatal support for infants 0-6 months. FANTA-2 will document the PMTCT continuum of care in the FBP sites and recommend measures to follow mother-infant pairs to help ensure that HIV-positive women receive nutrition assessment and counseling, seek ART and implement chosen infant feeding methods safely. FANTA-2 will also assist the MOHSS in collecting data on the prevalence of SAM and MAM among HIV-infected and -affected infants and young children in the pilot FBP sites to support the procurement of specialized food products.

Southern Sudan

IR 1.2 MCHN Program Design, Implementation and M&E Improved

Malnutrition rates have soared in Southern Sudan as a result of the long civil war, destroyed infrastructure, poor water and sanitation conditions, and high poverty levels. The 22 percent prevalence of global acute malnutrition (GAM) (weight-for-height [WFH] Z-score \leq -2) in children 6-59 months⁵ is significantly higher than the WHO 15 percent threshold for nutrition emergencies. The prevalence of GAM is reported to have decreased since the signing of the Comprehensive Peace Agreement in 2005, but data have not been compiled to substantiate this improvement. Additionally, although few data exist on the prevalence of vitamin and mineral deficiencies, such deficiencies are almost certainly widespread given the general malnutrition situation. Information gaps also exist on possible underlying factors associated with malnutrition, such as practices and beliefs related to IYCF, use of diversified foods, hygiene practices and health-seeking behaviors.

In January 2008, the MOH established the Directorate of Nutrition (DN). The MOH/DN is currently continuing efforts to improve nutrition services for malnourished individuals, as stipulated in the Interim Health Policy. The aim is to increase access to nutrition services at all levels, from the community to health facilities, and to integrate those services into the Basic Package of Health Services (BPHS). Additionally, the MOH, in its new health policy, has begun to require that all primary health care providers integrate direct nutrition interventions into their services. Strategies for how this will be done will be developed over the remainder of 2009.

In Project Year One, at the request of USAID/Sudan/Juba, FANTA-2 began providing TA to the MOH/DN to develop and strengthen health and nutrition policies and systems, coordination for nutrition and the management of SAM. FANTA-2 facilitated a three-day nutrition convention on April 6-9, 2009, bringing together national health and nutrition stakeholders, and helped the MOH re-establish coordination mechanisms, including the Nutrition TWG and Integrated Management of SAM (IM-SAM)⁶ Thematic Group. FANTA-2 also provided TA to strengthen IM-SAM capacities, including completing the national IM-SAM guidelines, developing job aids and training senior clinicians in the treatment of SAM in inpatient care. As part of the process, FANTA-2 posted a short-term nutrition advisor in the MOH/DN to help guide capacity strengthening activities.

⁵ Sudan Household Health Survey 2006.

⁶ IM-SAM is the name for CMAM in Southern Sudan.

In Project Year Two, FANTA-2 will carry out the following activities:

- FANTA-2 will enter into a MOU with the MOH and UNICEF/Sudan/Juba to delineate collaboration and responsibilities in the nutrition policy and strategy development process and in the CMAM scale-up and integration process.
- FANTA-2 will establish the IM-SAM ST, which will develop a strategic framework and workplan for integrating IM-SAM into health services in a phased manner. FANTA-2 will also coordinate the completion of the national IM-SAM guidelines and job aids. National- and state-level advocacy and awareness-raising workshops in line with the strategic framework and implementation plan will accompany this process.
- FANTA-2 will strengthen capacities of the MOH/DN and partners through posting a full-time nutrition advisor to support the MOH/DN in coordinating nutrition activities, provide ongoing nutrition-related TA to MOH/DN and IPs, and play an advisory role to the IM-SAM ST.
- FANTA-2 will develop a multi-year strategic plan for food and nutrition activities within the health sector-wide strategy; support a state-level dialogue and nutrition analysis covering each of the 10 states; and define, outline, operationalize and publish the package of essential nutrition services within the BPHS.
- FANTA-2 will strengthen capacities for IM-SAM through posting a full-time clinical IM-SAM specialist as a mentor in the Juba Teaching Hospital. FANTA-2 will conduct facilitators training of clinicians, and facilitate the establishment of learning sites for inpatient care, outpatient care and community outreach. FANTA-2 will ensure a qualified clinical mentor is available, put in place harmonized protocols and M&R tools, and improve access to equipment and supplies.
- FANTA-2 will conduct a review of lessons learned from IM-SAM implementation in Southern Sudan to-date to translate into actionable recommendations. FANTA-2 will also collaborate with AUW in Khartoum to strengthen capacities of the MOH, IPs and national training institutions; adapt CMAM planning, capacity development and QA tools; and facilitate the establishment of learning sites.
- FANTA-2 will pilot integrating IM-SAM into the BPHS in one learning site in a selected county with an emphasis on strengthened and sustainable community outreach services. At the same time, FANTA-2 will work to strengthen M&R, and will facilitate a national IM-SAM repository linked with the national health information system.

Sudan

IR 1.4 ER&S Nutrition and Food Security Program Assessment, Design, Implementation and M&E Improved

The need and demand for CMAM in Sudan will undoubtedly increase over time due to the protracted emergency and the prevailing aggravating factors for acute malnutrition, such as suboptimal IYCF and caring practices, lack of clean water, internal displacement, drought and flooding in greater Darfur and other states. Disaster risk reduction activities are necessary to sustainably strengthen national capacity within Sudan; reduce dependency on external agencies to rapidly respond to nutrition crises, which are endemic in the country; and manage the chronically-high levels of malnutrition during non-crisis times. Since 2004, many agencies have been involved in community-based nutrition interventions and a diverse range of selective feeding programs with varying protocols and quality implemented across Greater Darfur and few other states in Northern Sudan. The *Interagency Review of Selective Feeding Programs in Greater Darfur*⁷ highlighted the need to strengthen the community-based management of children with

⁷ USAID/ UNICEF/WFP/FANTA March 2008.

SAM without medical complications in outpatient care, as well as strengthen inpatient care for children with SAM with medical complications and community outreach for improving community involvement, early case finding and referral.

In Project Year One, DCHA/OFDA requested that FANTA-2 provide TA to the FMOH Nutrition Directorate (ND) to strengthen health and nutrition policies and systems, improve nutrition coordination and strengthen national capacity for the management of SAM. In partnership with the FMOH, UNICEF/Sudan/Khartoum and the National Advisory Committee (NAC) for CMAM, which provides guidance for CMAM activities, FANTA-2 contributed to the national strategic framework for a phased integration and scale-up of CMAM⁸ into the national health system, developed national CMAM guidelines and job aids, and initiated a community outreach assessment, which will be completed in Project Year Two.

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

- FANTA-2 will formalize its collaboration with the FMOH and UNICEF/Sudan/Khartoum through a MOU, which will outline roles and responsibilities in line with the national strategic framework for a phased integration and scale-up of CMAM in Sudan and the five-year CMAM implementation plan.
- FANTA-2 will support the CMAM ST by placing a CMAM specialist as a mentor in the FMOH to guide the strategic planning for strengthening capacities and scaling up CMAM implementation. Through the mentor, FANTA-2 will facilitate the establishment and functioning of the CMAM ST.
- FANTA-2 will provide TA for implementing and scaling up CMAM services, with an emphasis on strengthened and sustainable community outreach services. FANTA-2 will develop operational guidelines for different levels of health care providers based on the national CMAM guidelines and job aids. At the same time, FANTA-2 will facilitate national- and state-level advocacy and orientation workshops in the early implementation states. FANTA-2 will also facilitate a national CMAM M&R repository linking with the existing health and nutrition information systems (e.g., the greater Darfur nutrition information system).
- FANTA-2 will strengthen national CMAM capacity by developing and adapting training materials for facilitators training and health managers and health care providers, by developing training curricula, and by co-facilitating training at the national and state levels. FANTA-2 will facilitate the establishment of learning sites and enhance the development of centers of excellence by strengthening the capacities of health care providers and creating learning opportunities with a qualified mentor (e.g., inviting interns, learning visits). Additionally, FANTA-2 will strengthen capacities for the use of planning and M&R tools for QA. Reviews of different aspects of CMAM implementation and operational research on various ways to integrate CMAM into existing health platforms (see discussion of collaboration with AUW below) will contribute to expanding the CMAM knowledge base in the Sudanese context. FANTA-2 will also assist with establishing a national- and state-level M&R system, and facilitate national RUTF production.
- Disaster risk reduction activities carried out through AUW would aim to sustainably strengthen national capacity within Sudan and East and Central Africa. In addition to north Sudan, AUW will be in a position to contribute to strengthening national institutional and human resource capacities for CMAM in Southern Sudan, not only through training Southern Sudanese nutritionists and health care providers, but also through knowledge transfer with the Juba University academic cadre (see **Southern Sudan**). AUW will strengthen its collaboration with Juba University, which is

⁸ According to the phased integration, CMAM is first scaled up and integrated into the health system in early implementation states. Based on lessons learned in early implementation states, scale-up and integration subsequently take place in later-phase implementation states.

temporarily based in Khartoum and in the process of being transferred to Juba. The experience of the AUW academic cadre in strengthening training and research activities for CMAM and emergency nutrition will enhance the replication of these experiences in other national training institutions, such as Khartoum University, Juba University and the University of Africa.⁹ Proposed Project Year Two FANTA-2 activities in collaboration with AUW's Nile Center for Technical Researches (NCTR) and UNICEF/Sudan/Khartoum include the following:

- o FANTA-2 will prepare and sign a MOU with AUW/NCTR and UNICEF/Sudan/Khartoum reflecting the one-year, mutually agreed-upon workplan, including timeline and budget.
- o FANTA-2 will identify and place a half-time national CMAM trainer and researcher in AUW/NCTR who will be equally co-funded by AUW. The CMAM trainer and researcher will support and strengthen CMAM pre-service training, co-facilitate CMAM in-service training and support the establishment of CMAM learning sites to create opportunities for internships.
- o FANTA-2 will assist AUW/NCTR to evolve into a center for excellence for enhanced learning and research for CMAM and emergency nutrition. FANTA-2 will facilitate, initiate and/or conduct operational research activities through AUW, which will not only achieve research goals but also strengthen CMAM capacity in both Sudan and Southern Sudan. Examples of operational research include conducting CMAM reviews to document and apply lessons learned from implementation, and research on how to integrate MUAC into IMCI and Expanded Program of Immunization (EPI) and how to make the best use of existing community programs as platforms for integration.
- o FANTA-2 will review the Sudan anthropometry dataset. FANTA-2 will work with AUW/NCTR to develop a Sudan population-specific profile of MUAC for estimating the prevalence of severe and moderate wasting among children 6-59 months and its relationship with WFH (as defined by the National Center for Health Statistics [NCHS] references and WHO standards).

Tanzania

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Tanzania, currently a phase 1 country in integrating nutrition into national HIV response (see **Figure 2**), has an estimated HIV prevalence of seven percent and had 1,400,000 PLHIV in 2007. USAID/Tanzania is beginning a FBP program and, in Project Year One, requested FANTA-2 TA in designing the program and strengthening site capacities and service provider competencies to implement the program. FANTA-2 worked with TFNC to develop a FBP training manual for physicians, nurses, dieticians, and counselors in care and treatment centers, translate it into Swahili, and provide training to care and treatment center health care providers.

In Project Year Two, FANTA-2 will carry out the following activities:

- FANTA-2 will provide TA to TFNC and PEPFAR Partners to implement FBP at eight sites. TA will include site visits to support service providers and client flow, support for M&E, refresher trainings and troubleshooting. FANTA-2 will also work with TFNC and PEPFAR Partners to expand the program to 12 new sites, which will be identified jointly with UNICEF and USAID. RUTF will be provided by UNICEF and fortified-blended food (FBF) by USAID.
- FANTA-2 will train 300 health workers from 150 care and treatment centers/PMTCT sites in nutrition and HIV. The national training materials will be used to train service providers in nutrition assessment, counseling, care for malnourished clients and key nutrition practices for PLHIV.

⁹ All three institutions are based in Khartoum and are linked to or collaborating with AUW on CMAM and other initiatives.

- In partnership with COUNSENUITH, FANTA-2 will carry out a rapid assessment of the Ministry of Health and Social Welfare (MOHSW) Reproductive and Child Health Services (RCHS) to collect information on services provided; quality of services; follow-up of clients in PMTCT services; client flow; and client attendance in antenatal care, growth monitoring and promotion (GMP) and other RCHS services.
- FANTA-2 will complete and print nutrition and HIV job aids, including some TFNC/URC infant feeding materials, and a client card to support and improve the quality of nutrition interventions in PMTCT and reproductive and child health (RCH) services. FANTA-2 will also procure MUAC tapes for use at RCH services and community services for OVC.
- FANTA-2 will provide technical support in coordination with PEPFAR Partners to strengthen nutrition assessment, counseling, patient flow and information systems in PMTCT and RCH services. FANTA-2 will also provide TA to post-partum follow-up of HIV-exposed children in pilot FBP sites.
- FANTA-2 will train community-based volunteers in follow-up and referral of malnourished and nutritionally-vulnerable OVC, including HIV-exposed children, to RCH services.

Uganda

IR 1.1 Food Security Program Design, Implementation and M&E Improved

There are two MYAP programs in Uganda. ACDI/VOCA's FY 2006-2011 MYAP operates in the sub-regions of Lango, Acholi and Teso in northern and eastern Uganda, and aims to improve food production and utilization by providing training in nutrition and hygiene, farming methods, post-harvest handling, group savings mobilization and management, benefits of hybrid seeds and inputs, and Farming as a Business. The MYAP also provides food rations to PLHIV and their families and other highly food-insecure groups, and implements MCHN in internally displaced person (IDP) camps and resettled communities. Mercy Corps' FY 2008-2013 MYAP focuses on improving food production, consumption and sales among smallholder farming households; health and nutrition among pregnant/lactating women and children under 5; and water, sanitation and hygiene practices in the Kitgum and Pader districts of Northern Uganda.

In Project Year One, FANTA-2 began the process of rolling out the Layers monitoring system (see **IR 1.1.3** for a description of Layers). In Project Year Two, FANTA-2 will complete Layers roll out, which includes completing the Layers questionnaires, training local partners, collecting data, and generating Layers results for USAID/Uganda and the Title II Awardees to use to improve MYAP implementation.

IR 1.2 MCHN Program Design, Implementation and M&E Improved

USAID/Uganda Population, Health and Nutrition (PHN) SO8 prioritizes reducing child and maternal mortality through, among other approaches, the promotion of breastfeeding and appropriate complementary feeding, and growth promotion. In support of this work, USAID/Uganda has requested FANTA-2 provide TA to build political interest in MCHN in Uganda and to develop a community-based nutrition program approach to reduce undernutrition among women and children. In Project Year One, FANTA-2 provided TA to USAID/Uganda and the MOH on an on-going basis, resulting in the MOH articulating a clearer vision for nutrition policy and programming in Uganda. FANTA-2 played a pivotal role in re-establishing a sub-committee on nutrition. FANTA-2 TA has increased the level of interest in nutrition at the MOH, and this has resulted in their hiring more nutrition staff at various levels in the health system. In addition, for the first time, a nutrition indicator has been included in the National Development Plan, enabling increased visibility and monitoring of improvements in nutrition.

In Project Year Two, FANTA-2 will carry out the following activities:

- FANTA-2 will complete a comprehensive situation analysis report that will inform the development of the national nutrition operational plan, national nutrition communication strategy and the community-based nutrition model.
- FANTA-2 will complete a review of current BCC materials and programs, identifying key elements of successful programs and barriers to behavior change, and making recommendations for improving BCC programming in Uganda.
- Building on the previous activities, FANTA-2 will collaborate with USAID/Uganda, the MOH, UNICEF/Uganda and other stakeholders to develop a community-based nutrition program approach based on the ENA to be implemented in two selected districts in Northern Uganda. FANTA-2 and Title II-funded International Medical Corps (IMC) in the North will complete formative assessments; engage in community dialogue; develop and pilot the community-based nutrition program in Northern Uganda; and develop a document describing a community-based approach, including community-level strategy, a training and supervision plan, and the prioritization of interventions and implementation approaches.
- FANTA-2 will support the MOH National Sub-Committee on Nutrition (NSCN) to coordinate programs; identify gaps in programming; advocate for nutrition and provide technical updates; develop an advocacy strategy for nutrition with the MOH; actively participate in national meetings; and support senior MOH staff participation in international technical meetings on nutrition, as agreed upon and approved by USAID/Uganda.
- FANTA-2 will continue to provide TA to the MOH/Nutrition Section to review the technical quality of policies, guidelines, strategies and other Nutrition Section documents, and support the development of national nutrition policies and documents as needed.
- FANTA-2 will provide TA to strengthen the capacity of newly-hired MOH nutrition staff in selected nutrition topics, and support the MOH in the M&E of nutrition indicators, ensuring that they are compiled and integrated into reporting.
- FANTA-2 will provide other technical input to USAID/Uganda for the development of nutrition-related strategies, programs and policies, as requested.

Vietnam

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Vietnam, currently a phase 1 country in integrating nutrition into national HIV response (see **Figure 2**), had 290,000 PLHIV in 2007, the majority of whom were reported to be intravenous drug users and commercial sex workers. HIV prevalence in the general population was estimated at only 0.53 percent in 2007, but transmission is increasing in this country of 86 million people. In addition, a large percentage of HIV-affected children under 5 have nutritional deficiencies. PEPFAR/Vietnam supports ART and PMTCT at hospitals and outpatient clinics and HBC and community outreach for PLHIV and OVC.

In Project Year One, FANTA-2 reviewed nutrition and HIV assessment and counseling tools for adults and children, standard operating procedures, and training materials on nutrition and HIV. FANTA-2 worked with Boston University and NIN to develop a protocol for an assessment of infant feeding practices of HIV-positive women in two sites, and also began the process of establishing a sub-agreement with NIN, the focal point responsible for improving the nutritional status of the population and implementing the National Nutrition Strategy.

In Project Year Two, FANTA-2 will carry out the following activities:

- FANTA-2 will provide technical and capacity-strengthening support to NIN to support coordination and implementation of a National Nutrition Program for PLHIV.
- FANTA-2 will recruit a Program Coordinator to strengthen capacity in nutrition and HIV and manage FANTA-2 activities in-country.
- FANTA-2 will support NIN in establishing a Nutrition and HIV TWG to coordinate nutrition and HIV activities, mobilize support for these efforts and facilitate multi-stakeholder involvement.
- FANTA-2 will work with NIN and the MOH to develop national guidelines on nutrition and HIV. To support operationalization of the guidelines and strengthen the capacity of health care workers, FANTA-2 will work with NIN and other stakeholders to design and implement a national nutrition and HIV training plan for health service providers.
- FANTA-2 will support nutrition assessments to inform the development of guidelines and materials, including working with Boston University on an assessment of infant feeding practices among HIV-exposed infants.
- FANTA-2 will develop counseling and BCC materials to support nutrition assessment and counseling in clinics and HBC sites, particularly in optimal IYCF in the context of HIV.
- In collaboration with PEPFAR/Vietnam, NIN and USG PEPFAR Implementing Agencies, FANTA-2 will prepare a design for a nutrition and food support program for HIV-affected infants and young children and HIV-positive adults.

Zambia

IR 1.3 HIV Nutrition and Food Security-Related Program Design, Implementation and M&E Improved

Zambia, currently a phase 2 country on the integration of nutrition into national HIV response scale (see **Figure 2**), has a high HIV prevalence, with 1.1 million PLHIV in 2007, as well as high rates of malnutrition. Government, donor and private voluntary organization (PVO) stakeholders recognize the critical role of nutrition care and support in an effective response to HIV.

In Project Year One, FANTA-2 worked with the MOH and the National Food and Nutrition Commission (NFNC) to develop guidelines, training materials and job aids for a national FBP program for malnourished PLHIV and OVC; train service providers using the manual; and provide TA to USG PEPFAR Implementing Agencies to roll out the FBP program in initial sites. FANTA-2 also facilitated the establishment of a national Sub-Committee on Nutrition, Food and HIV/AIDS.

In Project Year Two, pending the availability of resources and agreement with USAID/Zambia, FANTA-2 will carry out the following activities:

- FANTA-2 will provide TA to the MOH and NFNC to implement and scale up the national FBP program. Through regular site visits and consultation with the Government of the Republic of Zambia (GRZ) and PEPFAR partners, FANTA-2 will work to ensure adherence to FBP guidelines, food protocols and quality standards. FANTA-2 will also work with PEPFAR Partners to support at least one national FBP review meeting for health care providers from all participating sites to share experiences and identify recommendations for future FBP programming.
- FANTA-2 will support the roll out of national training in nutrition and HIV for service providers. FANTA-2 will support the reprinting of national training and counseling materials, and the roll out

of training to additional HIV care and treatment facilities. Building on initial nutrition and HIV training for service providers conducted in Project Year One, FANTA-2 will scale up training using the national four-day course to reach an additional 50 nurses, clinicians and CHWs at 25 additional HIV treatment sites.

- FANTA-2 will support the review and reprinting of the National Guidelines for Nutrition for PLHIV, nutrition and HIV counseling materials, and FBP Guidelines. FANTA-2 will support the updating of these materials based on results of initial training and implementation, and current global nutrition and HIV guidelines. FANTA-2 will also support the printing of additional copies of these materials using local printers and suppliers, and their dissemination to GRZ sites and treatment and care sites supported by PEPFAR Partners.
- FANTA-2 will support the training of CHWs in nutrition and HIV. FANTA-2 will work with the MOH, NFNC, PEPFAR Partners and the Sub-Committee on Nutrition, Food and HIV/AIDS to adapt existing community nutrition and HIV training materials to the Zambian context, such as the 2008 *Nutrition Care for People Living with HIV and AIDS: Training Manual for Community and Home-Based Care Providers* developed by FANTA and RCQHC.
- FANTA-2 will provide technical support to the Sub-Committee on Nutrition, Food and HIV/AIDS by assisting the Sub-Committee to coordinate priority activities, such as pre-service training in nutrition and HIV and integration of nutrition into the HMIS for HIV services.

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

In consultation with USAID, FANTA-2 carries out priority R&D activities and develops innovative methods and tools to strengthen the design and implementation of nutrition and food security interventions in both development and emergency/reconstruction/stabilization contexts. FANTA-2 studies and validates approaches that are relevant to implementation at different levels (e.g., regional, national, community) to expand the evidence base, while supporting and promoting the release of global standards by international organizations. FANTA-2 also helps USAID incorporate R&D results, country program lessons and global normative standards into policy and guidelines, and increases IP competencies through capacity-strengthening activities at the central level that link to and interact with IR 1 country activities.

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

IR 2.1 EVIDENCE BASE FOR EFFECTIVE PROGRAM APPROACHES EXPANDED

In Project Year Two, FANTA-2 will continue its consultative process with USAID, IPs and other stakeholders to establish priority areas for research, given the amounts and sources of available funding. To gain input and consensus, FANTA-2 will expand its outreach efforts to the specific communities of practice to determine which research areas are most relevant. FANTA-2 will collaborate with existing mechanisms, such as the Inter-Agency Standing Committee (IASC) Nutrition Cluster, the PEPFAR Food and Nutrition Technical Working Group (F&N TWG), the CORE Group, and the Title II Technical and Operational Performance Support (TOPS) Awardee(s). Research areas that will be maintained and/or explored in Project Year Two include food security, MCHN programs, and nutrition and HIV, and may include nutrition interventions in the context of infectious diseases.

2.1.1 Effective Program Approaches for Title II

Refinement of Title II MCHN Program Components

PM2A is a food-assisted approach to prevent child malnutrition by targeting a package of health and nutrition interventions to all pregnant women, mothers of children 0-23 months and children under 2 in food-insecure program areas, regardless of nutritional status. PM2A provides three core services to participants: conditional¹⁰ food rations; preventive and curative health and nutrition services for children and women, according to national protocol; and BCC.

The FANTA/IFPRI/WV studies in Haiti showed that PM2A is effective in preventing child undernutrition by targeting all children under 2. However, the relatively-high program cost of PM2A remains an issue. Two multi-year studies to examine ways of reducing operational costs while maintaining impacts in the context of DCHA/FFP's large PM2A investment in Guatemala and Burundi (roughly US\$10 million per year in each country for five years) will begin in Project Year Two. USAID requested FANTA-2 to undertake further research to identify the most effective and cost-effective packages of interventions and delivery approaches to strengthen Title II MCHN programs and maximize their impact on nutrition. Following initial discussions with IFPRI and the Title II PM2A Awardees in Guatemala and Burundi, FANTA-2 will prepare a research protocol and begin to conduct a set of cluster randomized trials to further refine PM2A approach, looking at the impact of different types and duration of individual rations and the need for the

¹⁰ "Conditional" ration indicates that beneficiaries must participate in behavior change interventions and attend and receive a minimum package of preventive health services in order to receive the ration. Each MYAP will define the specific behavior change and health service requirements for participation based on program context.

household ration. The research in Burundi and Guatemala will have four and five research arms, respectively:

Burundi

1. Standard PM2A until child reaches 24 months
2. Standard PM2A until child reaches 18 months (reduced duration of participation)
3. PM2A without rations during pregnancy
4. Control group – no PM2A

Guatemala

1. Standard PM2A
2. PM2A without the household ration
3. PM2A plus multiple MNP / no individual ration
4. PM2A plus LNS / no individual ration
5. Control group – no PM2A

Effective Exit Strategies for Title II MYAPs

One of the persistent challenges of development programs is to ensure that the benefits of their interventions are sustained after the program ends. All Title II MYAPs must incorporate a specific exit strategy into their design that describes how the program intends to withdraw from the program area, while assuring that the achievement of development goals is not jeopardized and that further progress toward these goals continues to be made.

A review of documented experiences with Title II program exit strategies conducted under FANTA¹¹ found little rigorous evidence on the effectiveness of different types of exit strategies. This represents a critical gap in knowledge about program design and implementation; filling this gap is essential to provide guidance on the design of effective exit strategies.

To explore the effectiveness of exit strategies and to provide guidance to future programs on how to incorporate exit strategies into their program designs to ensure sustainability of benefits after they have exited their implementation areas, FANTA-2, in Project Year One, initiated multi-year studies in three countries (Honduras, Bolivia and Kenya) where Title II programs are phasing out. FANTA-2 is considering including a fourth country (India) in the study during Project Year Two, taking advantage of USAID/India and Title II Awardees' interest and willingness to co-fund the data collection effort in that country. Each country study protocol calls for a review of Awardees' planned exit strategies and their implementation of that strategy during the final MYAP year, followed by a qualitative review one year after the MYAP has ended to understand processes of change and in-depth qualitative and quantitative assessments two years after exit to assess the extent to which the impacts of the MYAP were maintained or improved, and to understand factors of success or failure in the specific exit strategies that were used. In Project Year Two, FANTA-2 will organize a workshop to review the progress made during Project Year One and complete the research protocols, for example, by evaluating whether the qualitative assessment one year after MYAP exit is necessary in all locations.

EWR Capacity of MYAPs

In Project Year One, FANTA-2 began to document lessons learned in the course of providing TA to Title II Awardees to strengthen MYAP EWR systems (**IR 1.1.2**) for the development and refinement of technical reference, training and guidance materials, and Title II guidelines, and for the evaluation of the TI mechanism. Training and materials were developed for use in the DCHA/FFP M&E workshops.

In Project Year Two, FANTA-2 will continue to document evidence regarding both the technical considerations and institutional processes for selecting TIs, defining TI thresholds, collecting and validating the data (including engaging community structures), identifying appropriate follow-up steps when trigger levels are reached, and operationalizing the TI mechanism (i.e., shifting resources towards/away from emergency distributions). FANTA-2 will also continue to assist DCHA/FFP in establishing and documenting the internal policies and procedures to operationalize the development

¹¹ Rogers and Macías 2003.

relief approach and respond to early warning information from MYAPs. FANTA-2 will research key operational questions to build the evidence base and identify promising methods. This includes working directly with Awardees to learn from their experiences and strengthen field competencies related to nutrition M&E and EWR. FANTA-2 will also conduct a workshop with DCHA/FFP and Awardees to share experiences and review findings of the global review, present and refine case studies, and review and complete DCHA/FFP guidance on operationalizing TIs.

Updating the 2005 Food Aid and Food Security Assessment (FAFSA)

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

In Project Year Two, FANTA-2 will conduct the Food Aid and Food Security Assessment II (FAFSA-2). FANTA-2 will undertake a global review and/or meta-analysis of data provided by Title II Awardees (MTEs and final evaluations, mainly) to summarize and explore their individual and aggregate performance between 2002 and 2009. FANTA-2 will conduct a desk review and carry out field visits and stakeholder consultations to qualitatively evaluate the strengths, weaknesses, opportunities and challenges facing the Title II program as perceived by its main stakeholders.

2.1.2 Using LNS to Prevent Chronic Malnutrition

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

LNS Effectiveness Studies

Building on work carried out in Project Year One, in Project Year Two, FANTA-2 will identify program settings in two countries (Guatemala and Bangladesh) where effectiveness studies on the impact of LNS for the prevention of chronic malnutrition in children could be carried out and develop preliminary research designs for each setting. FANTA-2 and the University of California at Davis (UCD) will initiate acceptability and effectiveness studies in both countries. In Bangladesh, the effectiveness of LNS for the prevention of chronic malnutrition will be compared to the effectiveness of MNP used similarly. The potential benefit of maternal supplementation with LNS during pregnancy and lactation will also be investigated. In Guatemala, the effectiveness of LNS for the prevention of chronic malnutrition will be compared to no nutritional supplementation, provided in the context of a community-based GM program. Both effectiveness studies will evaluate the impact of the different approaches on nutrition, health and developmental outcomes and the relative and absolute cost and cost-effectiveness of each approach

Poor growth and severe childhood stunting is very common in rural Malawi and elsewhere in Sub-Saharan Africa. To-date, few interventions have proven successful in promoting linear growth in early childhood. Preliminary results from Malawi suggest that a year-long daily complementary feeding of infants with a ready-to-use high-energy, micronutrient-fortified spread may markedly reduce the incidence

of severe stunting before the age of 18 months. In Project Year Two, FANTA-2 and Washington University in St. Louis (WU) will initiate a multi-year randomized, controlled, single-blind, parallel-group clinical trial in a rural area in Mangochi district, Malawi, with a high prevalence of infant stunting and underweight, poor food security and a holoendemic malaria transmission pattern. Six-month old healthy infants will be identified through community surveys in the study area and randomized into receiving the following intervention between 6 and 18 months of age: 1) standard treatment, i.e., no extra food supplements (but will receive dietary supplementation between 18 and 30 months of age); 2) “standard” fortified spread with milk-powder as the protein source; 3) modified fortified spread with soy-powder as the protein source; or 4) fortified maize-soy flour (likuni phala). The families will receive the food supplements at two-week intervals, and the participants will undergo an anthropometric evaluation and laboratory analyses at 12-week intervals. Program impact measurements will be done at 18 and 36 months of age.

LNS Social Marketing Programs in Ghana and Tanzania

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

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

Social marketing is commonly defined as a technique inspired from traditional marketing that is used to achieve specific behavioral changes and to sometimes market products that support the behavioral change desired. In Project Year Two, FANTA-2 and Nutriset will carry out the first phase of a study of the feasibility and potential of social marketing to prevent malnutrition in children under 2 in Ghana and Tanzania by making a ready-to-use LNS accessible to a low-income target population using effective marketing methods and delivery channels. Social marketing techniques will be applied to customize the product (taste, name, and packaging), price, distribution channels and promotion/communication tools to the needs and preferences of the given country target population. FANTA-2 will also provide support for a technology transfer for local manufacturing of the product if adaptation is needed (e.g., for different packaging), test promotion/communication tools and conduct a market test.

2.1.3 Testing the Safety of Emergency Food Products

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

From 2001 to 2005, USAID collaborated with the United States Department of Defense (DOD; specifically the United States Army Natick Soldier Systems Center [SSC]), the United States National Academy of Sciences Institutes of Medicine (IOM) and FANTA to develop specifications and prototypes and test the acceptability of cost-effective, high-energy, nutrient-dense EFP. The IOM-recommended specifications were published in *High-Energy, Nutrient-Dense Emergency Relief Food Product*, in March 2001 (see www.nap.edu/catalog/10347.html).

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

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

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

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

Figure 4. Key Domains of CMAM Integration



Review of CMAM in West Africa

DCHA/OFDA requested FANTA-2 support to help identify DCHA/OFDA 2010 and 2011 program priorities, including where DCHA/OFDA investment should be directed to support CMAM institutionalization and promising practices in West Africa. In Project Year Two, FANTA-2 will conduct a review of the overall status of CMAM implementation in Burkina Faso and Mali, and, if the political situation on the ground allows, Niger and Mauritania. FANTA-2 will analyze the relevance of DCHA/OFDA-funded activities and the extent they are contributing to viable national health systems; identify challenges, opportunities, gaps and lessons learned in CMAM implementation in each country; and make recommendations to DCHA/OFDA on how to address challenges, pursue opportunities, fill identified gaps and build on lessons learned in the region and globally.

The CMAM West Africa review is intended for DCHA/OFDA program planning purposes and also potentially as an advocacy tool to guide other donors in planning CMAM support in the region. The aim is not to conduct a comprehensive evaluation of CMAM programs, but rather to have a good overview of the majority of CMAM programs with an emphasis on opportunities and needs for DCHA/OFDA investment. An examination of existing CMAM implementation, integration and performance information from the selected programs will be conducted to understand the CMAM programs' context, structure, performance and opportunities.

Following desk review of background information, FANTA-2 will visit each country. CMAM implementation will be reviewed at the national, sub-national, district and community levels to document how implementation is occurring in terms of access to services and supplies, quality of services and staff competencies. Emphasis will also be placed on integrating CMAM into health systems and community institutions, the enabling environment for such integration and the development of strategies for replication.

Studies to Broaden the Evidence Base on the Use of MUAC

WHO, UNICEF and other major CMAM stakeholders have recently adopted new admission and discharge criteria for CMAM based on the 2006 WHO Growth Standards. It is anticipated that MOH will begin adopting them at the national level. As these new standards are being adopted, there are important implications for CMAM planning and programming and for certain assumptions and procedures that were based on previous cutoffs and growth references. It will, therefore, be important to understand how these new cutoffs and growth standards affect the outcomes of current protocols and promising practices.

In Project Year Two, FANTA-2 will collaborate with Valid International to broaden the evidence base for simplifying CMAM protocols. The operational study will document if children with SAM progress well and maintain their nutritional status (do not relapse) when CMAM programs use only MUAC for screening, admission, monitoring and discharge. The study will provide evidence on operationalizing MUAC for monitoring and discharge without increasing the risk of mortality. The study duration will be 10 months and follow a cohort of children with SAM during treatment, including three months of supervision to monitor children who relapse.

To inform promising practices for scale-up of CMAM, FANTA-2 will also test the safety and sensitivity of admission and discharge criteria based on new MUAC cutoffs. In 2009, WHO released a joint United Nations (UN) agency recommendation that MUAC less than 115 millimeters (mm) be used as the threshold for admission into therapeutic feeding programs;¹² however, the sensitivity of a MUAC cut-off less-than 115 mm for identifying children under 5 at high risk of death is not yet well established. To assess the empirical basis for the revised CMAM admission criteria recommendation, FANTA-2 will conduct secondary data analysis of existing prospective data sets to assess the sensitivity of a MUAC

¹² WHO and UNICEF. 2009. *WHO child growth standards and the identification of severe acute malnutrition in infants and children: A Joint Statement by the World Health Organization and the United Nations Children's Fund*. Geneva: WHO. <http://www.who.int/nutrition/publications/severemalnutrition/9789241598163/en/index.html>.

cut-off of less-than 115 mm as compared with other potential anthropometric criteria for identifying children under 5 at a high risk of death.

2.1.5 Management of MAM

Testing Alternative Formulations for Treatment of MAM

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

Because the current FBF have proved inadequate for treating malnourished children and animal-source foods have been shown to be helpful for the children's recovery and growth, the World Food Programme (WFP) has embarked upon an effort to improve the formulation of FBF for the treatment of MAM. The alternative now promoted by WFP is milk-fortified CSB, with 10 percent milk powder, additional micronutrients, vegetable oil and sugar added, and dehulling of the soy to reduce antinutrients. While milk-fortified CSB may have improved nutrient content when used as directed, it is substantially different in several properties when compared to RUF. FBF must be prepared and are often added to other foods.

Before this improved, milk-fortified CSB can be recommended for treatment of MAM, it is critical to know the recovery rates that can be achieved with the improved CSB and cost implications in an operational setting, in comparison to existing RUFs. In Project Year Two, FANTA-2 will begin a randomized controlled effectiveness study in Malawi among children 6-59 months with MAM to assess the relative rate of recovery of WFP's improved milk-fortified CSB and two RUFs (a soy-peanut fortified spread and Supplementary Plumpy[®]).

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

The success of ART for treating PLHIV in developing countries is hampered by the late presentation of adults for treatment. While cluster of differentiation 4 (CD4) counts are a key clinical measure by which to assess disease progression and eligibility for ART, the measure requires that adults present at a health facility to have blood drawn and tested. An alternative indicator of disease progression that could be easily collected outside of health clinics could facilitate earlier identification of PLHIV and eligibility for ART, thereby possibly improving treatment outcomes. In light of the widely recognized correlation between wasting and disease progression and the increasing adoption of MUAC to screen for acute malnutrition during community outreach, it may be possible to use MUAC in high HIV prevalence areas to screen adults for referral for HIV testing, counseling and assessment for ART eligibility. However, the relationship between MUAC and CD4 counts is not yet well established. In Project Year Two, FANTA-2 will examine the extent to which MUAC and CD4 counts are correlated and explore the potential of MUAC as a predictor of disease progression by analyzing two existing data sets. If a meaningful correlation between MUAC and CD4 counts is found, FANTA-2 may follow up with a more in-depth prospective study, which would allow for closer examination of the question.

2.1.7 Breastfeeding Replacement Feeding Study

The current WHO recommendations regarding infant feeding practices for HIV-infected mothers state that unless an acceptable, feasible, affordable, sustainable and safe (AFASS) replacement feed is available, HIV-infected mothers should practice exclusive breastfeeding for the first 6 months of life. At 6 months, continuation of breastfeeding and introduction of complementary foods is recommended if an AFASS solution is still not available, but breastfeeding should stop once a nutritionally adequate and safe diet

without breast milk can be provided. Rapid cessation of breastfeeding is not recommended because of possible negative effects on the mother and infant.

There are several issues relating to infant feeding practices after 6 months of age that are not addressed by these recommendations. In settings where it can be safely used, commercial powdered infant formula milk is a suitable alternative to breastfeeding; however, in settings where the use of powdered formula milk is not safe or feasible, there is no clear guidance regarding what feeding options would be feasible and would support satisfactory infant growth for HIV-infected mothers who have breastfed their infants during the first 6 months of life but who want to stop breastfeeding in order to reduce the risk of HIV transmission through breast milk.

RUTF and enriched weaning porridges, such as those with whole milk powder and LNS, are possible replacement feeds that could assist HIV-infected mothers to safely stop breastfeeding at 6 months because both will provide macronutrients and micronutrients equivalent to breast milk. In addition, both are likely to be culturally acceptable and feasible. In Project Year Two and contingent on funding and discussions with WU, FANTA-2 and WU will conduct a study in Malawi to assess whether HIV-exposed infants adapt better to RUTF or a weaning porridge enriched with milk powder and LNS as substitutes to breastfeeding between 6 and 12 months of age, and determine which better supports satisfactory growth when given as replacement feeds to HIV-exposed infants between 6 and 12 months of age.

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

In Project Year Two, FANTA-2 will engage in a consultative process with USAID, IPs and other stakeholders to establish priority areas for developing M&E methods and tools, taking into account the amounts and sources of available funding. To gain input and consensus, FANTA-2 will reach out to the specific communities of practice for which method and tool development are relevant, as in IR 2.1.

2.2.1 Tools and Approaches to Improve Title II Programming

LQAS for Title II Program Monitoring

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

2.2.2 Nutrition Surveillance

The global food price and economic crises have underscored the need for better data about the distribution, trends and determinants of malnutrition in crisis-affected countries. In Project Year One, FANTA-2 provided technical input into the planning and design of a nutrition surveillance project called Listening Posts, to be piloted by an inter-agency group consisting of Save the Children United Kingdom (SC/UK), SC/US and ACF/France. The objective of the Listening Posts project is to develop a cost-effective and replicable surveillance system that can demonstrate in real-time the nutritional impact of food security changes as a result of economic and natural shocks on children. As part of the activity, Listening Posts will contribute to improving promising practice in defining and analyzing key indicators and thresholds in food security and nutrition surveillance. In Project Year Two, FANTA-2 will provide additional technical support to Listening Posts by providing technical input into developing and refining the surveillance methodology, and technically reviewing guidance and training materials. Depending on funding availability, FANTA-2 may also provide financial support to the project.

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

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

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

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

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

In Project Year Two, FANTA-2 will continue dissemination of the WDDP research. This will include preparing seven articles for publication in a Special Supplement to the *Journal of Nutrition* to report on the determinants and measurement of micronutrient adequacy in women's diets. In addition, collaborating researchers from the WDDP will present results at the 19th International Congress of Nutrition on October 4-9, 2009, in Bangkok, Thailand.

2.2.5 Household Hunger Scale (HHS)

To follow up on FANTA's multi-year research initiative to develop an experience-based measure of food insecurity for cross-cultural use, FANTA-2 conducted a study to assess the internal, external and cross-cultural validity of the Household Food Insecurity Access Scale (HFIAS). A total of seven HFIAS data sets were used for the validation study, representing diverse populations and geographic settings. Across the data sets, HFIAS data were collected from both urban and rural populations, from HIV-affected and non-HIV-affected households, and from populations living in conflict and non-conflict areas. The results of the study indicated that a modified scale using a reduced set of questions and a revised tabulation method from that recommended for the HFIAS could achieve the aim of a culturally-invariant scale at the population level. The reduced set of questions all focus on the experience of food deprivation and, therefore, the name of the scale was changed from the HFIAS to the HHS. The results of the study were presented at the Latin American and Caribbean Conference on Food Security Measurement in Brazil on September 2-4, 2009, and will be presented at the International Congress on Nutrition in Thailand on October 4-9, 2009. Also in Project Year Two, a technical report describing the results of the validation study and a data collection and tabulation guide for the new scale will be published. FANTA-2 will also work with DCHA/FFP to assess the potential desirability of requiring reporting of the HHS as part of the standard Title II MYAP indicators.

2.2.6 Indicators for Assessing IYCF Practices

To support the adoption of the new WHO breastfeeding and IYCF indicators, FANTA-2 translated *Indicators for assessing infant and young child feeding practices - Part I: Definitions* (2008) into French and Spanish and coordinated a working group to develop operational guidance for the collection and tabulation of the indicators. This operational guidance document will be completed, published and translated into multiple languages in Project Year Two. FANTA-2 will also conduct workshops with USAID, the CORE Group and Title II Awardees to raise awareness of the new WHO breastfeeding and IYCF indicators and provide direction on how to use the operational guidance document developed to collect, report and interpret the indicators.

2.2.7 OPTIFOOD Tool

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

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

In Project Year Two, FANTA-2 and WHO will design Optifood, a simple, robust and “user-friendly” software based on the linear programming approach to enable public health professionals to rapidly formulate and test population-specific food-based recommendations, and identify nutrients that cannot easily be provided in adequate amounts by the local food supply. Public health professionals should be able to operate the software without requiring a high level of computer skills or purchasing software licenses. Results from the software will help inform the decision-making process in nutrition programming planning. The results could also be used for advocacy purpose.

With Optifood, users will be able to:

- Formulate food-based recommendations
- Identify locally-available nutrient-dense foods that are important for improving dietary quality
- Test food-based recommendations to determine whether they are likely to ensure a nutritionally adequate diet if they are successfully adopted
- Identify key problem nutrients, i.e., those which the local food supply are unlikely to provide in adequate amounts
- Compare alternative food-based strategies on the basis of cost and likely reduction in the prevalence of nutrient inadequacies
- Identify the lowest-cost nutritionally adequate diet

2.2.8 Quality Assurance and Quality Improvement (QA/QI)

Assuring the quality of program implementation is key to program impact, especially in areas of rapid expansion, such as food and nutrition for PLHIV and the use of specialized food products for HIV and CMAM. FANTA-2 will collaborate with URC to adapt QA/QI principles in the priority areas FANTA-2 supports. QA/QI packages might include descriptions of the critical components of food and nutrition services, criteria for assessing and improving quality, and algorithms or job aids for supervisory support.

Global tools and methods developed under IR 2 will be informed by, adapted and applied to country programs supported under IR 1.

In Project Year Two, FANTA-2 will carry out the following activities:

- In collaboration with URC, FANTA-2 will conduct a situational assessment of the integration of QA/QI into nutrition and HIV services in Ethiopia. Based on assessment results, FANTA-2 will plan and facilitate the implementation of QA/QI in nutrition and HIV services and document and share experiences (see **Ethiopia** for more details).
- Based on demand and availability of resources, FANTA-2 will work with URC in other countries where FANTA-2 is providing nutrition and HIV support and plan steps for integrating QA/QI into facility- and community-based nutrition and HIV programs (specific countries yet to be determined).
- Based on demand and opportunities, FANTA-2 will examine options for QA/QI of MCHN, CMAM and food security programming, including identification of quality standards in service delivery and support of supervision and mentorship at facility (as applicable) and community levels.

2.2.9 Sampling Guide

In Project Year Two, FANTA-2 will begin revising the *FANTA Sampling Guide* (1999) to expand the discussion of key issues related to sampling and an explanation of appropriate sampling methods for mid-term assessments and annual monitoring. A discussion on alternative sampling designs and LQAS will be incorporated into the *Sampling Guide*.

2.2.10 Alternative Sampling Designs

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

FANTA, working with CRS, the Ohio State University, SC/US and a team of statistical experts at Harvard School of Public Health, developed, tested and validated three alternative sampling designs that are proven to be more time- and resource-efficient than the 30x30 cluster survey: the 33x6, the 67x3 and the sequential design. All three are hybrid designs, combining aspects of cluster sampling and analysis with LQAS analysis. Articles reporting on the alternative sampling work were published in the *International Journal of Epidemiology* (2007), *Emerging Themes in Epidemiology* (2008) and *The Journal of Royal Statistical Society Series A* (2009). In Project Year One, FANTA-2 published *Alternative Sampling Designs for Emergency Settings: A Guide for Survey Planning, Data Collection and Analysis* (2009).

Need and demand continue to grow for additional thresholds to be addressed by the alternative sampling designs. The IASC Nutrition Cluster has now recommended the adoption of the WHO standards for emergency settings, which will lead to higher SAM prevalence levels being reported and make the detection of low levels of SAM (5 percent) useful in almost all emergency settings. Additional institutions have adopted the alternative sampling design approach; for example, WFP intends to begin using it in the near future and the Food Security Analysis Unit/Somalia is using the designs as their standard methodology. In addition, ACF is both scaling up the use of the designs within countries (e.g., to national levels in the case of Southern Sudan) and expanding the use of the designs for sentinel site surveillance to additional countries (e.g., Kenya, Uganda).

FANTA-2 will continue to improve the relevance and utility of the alternative sampling designs for application in emergency settings. This will include statistical modeling and simulations to explore how the

designs can most effectively be used for nutrition surveillance and validation of LQAS analysis for additional thresholds of acute malnutrition and alternative measures of acute malnutrition, such as SAM and MUAC.

2.2.11 CMAM Integration Support Tools

Building on the three-country (Ethiopia, Malawi and Niger) review of integration of CMAM services carried out by FANTA in 2008 and the growing evidence base on the performance, impact, integration and scale-up of CMAM (see **IR. 2.1.4**), FANTA-2 will continue to further develop a series of tools to facilitate planning, capacity and M&R for CMAM.

- *CMAM Costing Tool*: In FY 2007-2008, FANTA developed a draft tool to assist MOH and IPs to plan and cost CMAM services/programs. In the second phase of the process, in Project Year One, FANTA-2 field tested the tool in Ghana, further refined the tool and drafted the accompanying guide. In Project Year Two, the revised tool will be field tested, completed and disseminated.
- *CMAM Capacity Assessment Tools*: To better guide countries introducing and integrating CMAM programs into their national health systems, FANTA consolidated and refined draft CMAM capacity assessment tools. FANTA-2 will field test the draft tool in Ghana and other potential contexts, and will draft a simple user's guide which will also be field tested.
- *CMAM Coverage Tool*: SQUEAC is a simple approach to facilitating the frequent and ongoing evaluation of program coverage and barriers to access through the routine collection, analysis and use of CMAM program planning and evaluation data. In Project Year One, FANTA-2 planned and initiated work with Valid International to refine and operationalize the SQUEAC approach for assessing and improving the quality and coverage of CMAM services. In Project Year Two, the tool will be completed, including training materials with exercises and teaching aids developed, field tested, refined and reproduced. Teaching aids could include video materials and other visuals as appropriate.

2.2.12 Costing Tool for Nutrition and HIV Activities

In Project Year Two, FANTA-2 will begin developing a tool that can be used to estimate the costs involved in nutrition care and support for PLHIV. The costing tool will use the activity-based costing (ABC) centers approach and can be used by governments, donors and IPs to plan activities and determine resource requirements associated with each activity. ABC centers will include policy-level components, such as the development of national strategies, guidelines and TWGs on nutrition and HIV; capacity strengthening components, such as training and counseling and assessment materials; and program implementation components, such as equipment, nutrition counseling and assessment, provision of specialized food products, M&E, and supervision and QA/QI efforts.

2.2.13 HIV Nutrition and Food Security Screening Tool

To support nutrition counseling of PLHIV and screen clients for eligibility for nutrition and food security interventions, including specialized food product provision, micronutrient supplementation, and referral for livelihood and household food support, FANTA-2 will complete and publish *Guide to Screening for Nutrition Interventions among Adult PLHIV*. The Guide is designed for use by HIV program managers and service providers who are responsible for designing and implementing nutrition assessment, counseling and eligibility protocols for food provision. In Project Year One, FANTA-2 revised the draft of the Guide based on comments from USAID, WHO and FANTA-2. A field review questionnaire was then developed. The Guide and review questionnaire were shared with HIV care and treatment service providers in Kenya, Mozambique and Zambia, and with other HIV care and treatment service providers during the Africa Forum in Malawi in June 2009. In Project Year Two, the Guide will be published and disseminated, and field experiences using the Guide will be documented.

IR 2.3 PROMOTING GLOBAL NORMATIVE STANDARDS IN NUTRITION AND FOOD SECURITY

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

2.3.1 Global-Level Normative Standards

Global codification of state-of-the-art, innovative, proven approaches through statements, policy and guidelines issued by international organizations such as the Food and Agriculture Organization of the United Nations (FAO), UNICEF, WFP and WHO is essential to enable widespread and sustainable uptake. A number of new approaches and methods pioneered by USAID, such as CMAM, the IYCF summary indicator and HFIAS, have been endorsed by the international community through consensus-building meetings led by international organizations with active participation and technical input from USAID. FANTA-2 builds on its relationships with key international organizations to facilitate the uptake of FANTA-2 outputs, and supports global collaboration to further guidance and training materials and to build the evidence and operational research base in relevant project focus areas. FANTA-2 also translates research and programmatic evidence into standards and guidance, and works to promote their adoption by the international community.

IASC Global Nutrition Cluster (GNC) and the Nutrition in Emergencies (NiE) Community

Since the inception of the Cluster Approach in 2005, as part of the Humanitarian Reform to strengthen humanitarian response, FANTA has participated in the IASC GNC meetings and activities as an active member of the NiE Community. In Project Year One, FANTA-2 supported and collaborated with the GNC's Improving Training for NiE: The University Network Initiative. FANTA-2 also helped review proposals and plan strategy, and actively engaged in GNC meetings and teleconferences. In Project Year Two, FANTA-2 will continue supporting and collaborating with GNC activities and participating in assessment and capacity-development working group activities. Participation in the cluster activities enables FANTA-2 to be better positioned to provide support to NiE activities. FANTA-2 will collaborate with technical experts, cooperating agencies and IPs, DCHA/OFDA and GH/HIDN to share NiE technical information and strategies. FANTA-2 expects to provide technical input to and participate in meetings on the management of MAM, nutrition benchmarks for emergencies, training for the Standardized Monitoring and Assessment of Relief and Transitions Initiative (SMART), review of the Sphere manual and the NiE training network.

LNS Research Network (LNSRN)

In Project Year One, FANTA-2 participated in the LNSRN, an electronic roundtable to share information about LNS research and contribute to the dissemination of knowledge about formulation, production, ongoing research and use of LNS products for the prevention of malnutrition among children and other target groups, such as PLHIV and pregnant and lactating women. In Project Year Two, FANTA-2 will continue to be an active participant in LNSRN activities, including participation in LNSRN meetings, continuing contribution to the LNSRN webpage and compilation of information on on-going and pending research projects and programs using LNS.

Complementary Feeding Working Group

FANTA-2 participates in the UNICEF/WHO working group on the revision of the IYCF Planning Guide and tools for complementary feeding assessment, analysis and programming. In Project Year One, FANTA-2 facilitated working group sessions on the Process for the Promotion of Child Feeding (*ProPAN*), a tool for formative research and program planning in IYCF, and presented on IYCF activities and potential tools for an IYCF toolkit, including IYCF BCC strategy development, the *Nutrition Design Assistant* being developed by the CORE Nutrition Working Group (NWG), determinants and key factors of behavior

change (BEHAVE Framework and CORE Designing for Behavior Change [DBC] Curriculum), and an ABC tool for CMAM. The working group agreed upon a list of needs, priorities and immediate action points for developing the toolkit for child feeding programming, and objectives for the group. In Project Year Two, FANTA-2 will remain involved in the working group and provide feedback on products it produces as they are developed (see **IR 2.2.7**).

Nutrition and HIV Indicators

Building on work begun in Project Year One, FANTA-2 will work with PEPFAR, WHO and other partners to refine globally harmonized indicators on nutrition and HIV and incorporate them into global indicator systems, such as the United National General Assembly Special Session (UNGASS) indicators that countries collect and report on, and the indicator directory maintained by the UNAIDS Monitoring and Evaluation Reference Group (MERG). FANTA-2 will support the documentation of these indicators and the development of guidance to support their use.

Nutrition Care for PLHIV

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

TB and Nutrition

TB is one of the leading causes of mortality and morbidity across all age groups in developing countries. Malnutrition and co-infection with HIV each increase the risk that latent TB develops into active disease and, in turn, malnutrition can be a consequence of TB infection. A review of the literature on nutrition and TB completed in 2008 by USAID's Africa's Health in 2010 identified knowledge gaps in the relationship between nutrition and TB and the impact of nutrition interventions on disease outcomes. In Project Year Two, FANTA-2 will participate in a State of the Art (SOTA) meeting organized by the CORE Group TB Working Group and HIV Working Group and may facilitate a session on TB and nutrition. FANTA-2 will also participate in a consultation on nutrition and TB convened by WHO in Geneva on November 2-4, 2009, which will build upon this work to further review the evidence, provide expert input and identify priority actions for integrating nutrition into TB prevention and treatment. Based on the consultation outcomes and discussions with WHO and other stakeholders, FANTA-2 may support follow-up efforts to strengthen nutrition components of TB prevention and treatment.

Additional Global Level Collaboration

In Project Year One, FANTA-2 participated in the WHO informal consultancy meeting on dietary requirements for MAM and provided technical advice during the consultation and reporting, helping to ensure that discussions would lead toward future adoption of evidence-based promising practices. In Project Year Two, FANTA-2 will continue to participate in this process and will actively participate in follow-on meetings, including a Consultation on the Programmatic Aspects of the Management of Moderate Malnutrition in Geneva on December 2-4, 2009.

2.3.2 Strengthening USG Policies and Guidelines

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

GH/OHA and PEPFAR TWGs

In Project Year Two, FANTA-2 will assist GH/OHA and the PEPFAR TWGs (F&N and OVC) with updated information on the evidence base, promising implementation practices, cost implications and other issues as input to policy guidance, programming tools, M&E approaches and recommendations to the United States Department of State Office of the Global AIDS Coordinator (OGAC). FANTA-2 will also disseminate and share key evidence, methods and approaches with the wider HIV community (e.g., PEPFAR Partners, the Global Fund, UNICEF, WFP, WHO, private foundations) through strategically-targeted forums.

DCHA/FFP Policies, Guidelines and Performance Management

FANTA-2 assists DCHA/FFP to strengthen policies and guidelines in key areas of FANTA-2 competencies. FANTA-2 supports these central offices by reviewing, commenting on, drafting and/or providing training in policies and guidelines in the areas of strategic planning, research, performance management, reporting and M&E. For example, FANTA-2 annually reviews and revises the Title II Program Policies and Proposal Guidelines and the Annual Results Report Guidelines, drafts Food for Peace Information Bulletins (FFPIBs) containing guidance for Title II Awardees on M&E, provides inputs for central office reporting, develops and revises reporting forms used by Awardees, tabulates the DCHA/FFP indicators based on Awardee data, reviews and comments on Awardee indicators and M&E systems, and oversees the DCHA/FFP data quality assessment (DQA) exercise. FANTA-2 also provides technical information and language for responses to Congress, Executive Branch and GAO inquiries and interactions with other stakeholders, such as WFP.

MYAP Reviews

As part of its support to DCHA/FFP, FANTA-2 participates in the evaluation of Title II MYAP proposals. FANTA-2 reviews, scores and provides written comments on proposals submitted to DCHA/FFP each year for MYAP funding. FANTA-2's input focuses on strengthening the assessment of vulnerabilities, the design of interventions, and the proposed results framework, indicators and overall M&E system. In Project Year Two, MYAP proposals will be reviewed for Bangladesh, Burkina Faso, Liberia, Sierra Leone and Southern Sudan.

DCHA/FFP Performance Management

FANTA-2 will assist DCHA/FFP in meeting its reporting requirements and in using performance information to inform program policies and guidelines. FANTA-2 will provide TA in the ongoing improvement and tabulation of standard indicator data submitted by Title II Awardees, the implementation of a DQA exercise, the updating of the DCHA/FFP Performance Management Plan, and reporting to the United States Office of Management and Budget (OMB) and other USG stakeholders.

USAID Commodity Reference Guide (CRG)

DCHA/FFP's CRG is used widely by USAID, Title II Awardees, UN agencies and the private sector to understand the food aid commodity list and determine the selection and size of food rations for food aid programming purposes. Contingent on further discussion with DCHA/FFP regarding the timeline of other ongoing activities which are addressing the nutritional quality of USAID food aid commodities, in Project Year Two, FANTA-2 may begin to provide TA and support for updating the CRG, which is both web-based and distributed in hard copy. Through dialogue with DCHA/FFP, FANTA-2 will identify the process to address priority areas, including the following, which have already been identified:

- Updating nutrient values for current commodities
- Incorporating approaches for the targeting, design and duration of ration benefits for the preventive and recuperative approaches

- Updating the MCHN section to incorporate the WHO IYCF Guiding Principles
- Incorporating approaches for addressing HIV which are consistent with guidance provided in the USAID/WFP/FANTA guide *Food Assistance Programming in the Context of HIV* (2007)
- Discussing the use of Title II commodities versus RUTF when children are malnourished; for example, current Title II commodities are not appropriate for the rehabilitation of severely acutely malnourished children but are often used by field programs for that purpose
- Providing guidance on formulating household rations
- Providing calculators that can assist with the design of Food for Work (FFW) rations (payment in food which is equivalent in value to a daily wage)

Integrating Gender into Program Activities

Integrating gender considerations into program activities being undertaken in food security and nutrition is increasingly seen as essential to how programs operate in developing countries. As a first step, in Project Year One, FANTA-2 provided TA to DCHA/FFP/Washington to review, revise and integrate gender considerations into proposal guidelines for upcoming MYAPs. In Project Year Two, FANTA-2 will identify and recommend a framework, with clear stages of integration, to mainstream gender into DCHA/FFP-funded activities and provide training to DCHA/FFP and Title II Awardee staff.

Guidance on EWR in MYAPs

Based on the assistance provided to Title II Awardees (see **IR 1.1.3**) and development of the evidence base and promising practices (see **IR 2.1.1**), FANTA-2 will support DCHA/FFP in the documentation and dissemination of guidelines on EWR and TIs.

Provide Technical Input on FBF's Role in Title II Commodities

FANTA-2 will provide technical input to USAID, the United States Department of Agriculture (USDA), the Food Aid Consultative Group (FACG), WFP and others in their efforts to optimize the formulations of FBF used in Title II programs, if requested.

IR 2.4 COMPETENCIES IN PROBLEM ASSESSMENT AND PROGRAM DESIGN, IMPLEMENTATION AND M&E STRENGTHENED

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

FANTA-2 will disseminate evidence-based nutrition and food security approaches through collaboration with global-level partners and through TOT workshops, technical consultations and dissemination of research findings. FANTA-2 will continue to strengthen IP capacity to apply and adopt new indicators, tools and methods such as IYCF, HHS, LQAS, Layers, OM, FBP and the Women's Dietary Diversity Indicator by developing and making technical resources available to all IPs (see **IRs 2.1, 2.2, and 2.3**).

2.4.1 TSS for Title II

A novel feature of FANTA-2 is the creation of a TSS unit. The key mandate of the TSS is to improve the quality of Title II programming through direct technical support and capacity strengthening of Title II Awardees. The TSS will collaborate with the Awardees and the TOPS program, a to-be-awarded Title II

capacity-strengthening agreement that will be funded by DCHA/FFP, to determine priority areas and activities.

In Project Year Two, FANTA-2 will continue its development of the TSS by conducting an assessment among Awardees to determine specific priority areas they would like FANTA-2 to provide support to and develop a system of collaboration with TOPS. In consultation with DCHA/FFP, Awardees and TOPS, FANTA-2 will develop the specific TSS Project Year Two agenda and action plan and establish a system to provide direct, ad-hoc consultation support. The specific TSS activities will be determined through the consultation and may include conducting workshops, trainings and/or seminars; developing TRMs, training manuals, programming tools and/or a web-based discussion forum; supporting Awardee initiatives; assessing programming promising practices and disseminating guidance.

2.4.2 Title II TRMs

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

In Project Year Two, FANTA-2 will carry out the following activities:

- In Project Year One, FANTA-2 developed a draft of the first TRM, *TRM-01: Preventing Malnutrition in Children Under 2 Approach (PM2A): A Food-Assisted Approach*, which was reviewed by FANTA-2 staff, Awardees, DCHA/FFP and IFPRI. FANTA-2 will complete the PM2A TRM in Project Year Two.
- FANTA-2 will develop the TRM series. In consultation with Awardees and DCHA/FFP, FANTA-2 will identify TRM topics, develop an outline of the TRMs and lay out a time frame for development. Modules will be rolled out progressively and cover areas such as nutrition, MCHN, water and sanitation, sustainable agriculture, livelihood protection and restoration, and HIV. Modules may also be developed for cross-cutting areas such as operations research, quality, conducting assessments, identifying and addressing risk and vulnerability, M&E, and integrating MYAP program activities with each other and with Mission activities.

2.4.3 Supporting the CSHGP

FANTA-2 will continue to support the CSHGP and collaborate with the CORE Group (especially the M&E Working Group and NWG) and the Maternal and Child Health Integrated Program (MCHIP), USAID's US\$600 million five-year project designed to support the introduction, scale-up and further development of maternal, neonatal and child health interventions.

In Project Year Two, FANTA-2 will carry out the following activities:

- In collaboration with the CORE NWG, FANTA-2 will complete the development of the *Nutrition Decision Assistant: A Tool to Help Make Decisions for Nutrition Programs*, a process that began under FANTA in FY 2007. The tool will help nutrition program designers select nutrition interventions and approaches that are appropriate to their contexts, serving as a reference tool for program managers that complements existing resources (e.g., the CSHGP Nutrition TRMs) and Nutrition Essentials. FANTA-2 will continue to provide nutrition technical input as an active member of the steering committee that is guiding the development of the tool, as well as lead its organization, design and layout. FANTA-2 will also collaborate on a field test of the tool.

- FANTA-2 will participate in the CORE Spring and Fall Meetings, making technical presentations and supporting the development of the NWG workplan, taking on specific tasks, as requested.
- FANTA-2 will continue to provide ad-hoc technical guidance to the CSHGP and CORE Group, as requested.
- FANTA-2 will participate in CSHGP Detailed Implementation Plan (DIP) Reviews, TRM updates and the Technical Development Meeting, making technical presentations as requested.
- FANTA-2 will participate in a State of the Art (SOTA) meeting organized by the CORE TB and HIV Working Groups and may facilitate a session on nutrition and TB.

2.4.4 Promoting Quality Implementation of CMAM

To ensure that future CMAM implementers are proficient in the CMAM approach and can benefit from the lessons learned to-date, FANTA-2 will collaborate with partners to develop a capacity-strengthening model for CMAM. The model will include training for CMAM orientation, planning and implementation; M&R for improved QA; and strengthened information systems. Within the capacity strengthening model, opportunities to address recommendations from the DCHA/OFDA-funded three country CMAM program review and the CMAM West Africa review will be explored and integrated, where appropriate.

In collaboration with UNICEF, Valid International and Concern Worldwide, FANTA completed training materials to strengthen capacity in CMAM program design and planning, outpatient care, inpatient care, community outreach, supplementary feeding and M&R (*Training Guide for Community-Based Management of Acute Malnutrition [CMAM]* [2008]). In Project Year One, FANTA-2 developed a strategy for the roll-out of these materials, which includes working with the IASC Nutrition Cluster and the University Network to Improve Training for NiE. In Project Year Two, capacity development efforts will also utilize the CMAM costing tool, CMAM capacity assessment tools and SQUEAC coverage tool (see **IR 2.2.11**).

To support furthering guidance and training materials for CMAM, FANTA-2 will develop a plan for updating the *Training Guide for CMAM*. As additional technical areas and resources emerge for CMAM in FY 2010, additional training modules or module sections will be developed, completed and/or adapted. FANTA-2 will also work to harmonize CMAM guidelines and training materials with HIV nutrition guidelines. In addition, the French translation of the *Training Guide for CMAM* will be completed and disseminated.

Technical Support to DCHA/OFDA IPs

In response to the recent global food crisis, DCHA/OFDA issued an Annual Program Statement (APS) for West Africa in 2008 seeking proposals in three priority sectors: Agriculture and Food Security, the Economy and Market Systems, and Nutrition. FANTA-2 will review CMAM services in four West African countries (Burkina Faso and Mali, and, if the political situation on the ground allows, Niger and Mauritania), which will inform the need to strengthen CMAM integration and scale-up activities awarded through the APS. (See **IR 2.1.4**.)

2.4.5 Support to Research on Supplementary Feeding Programs (SFPs)

FANTA-2 participates in steering groups for research initiatives led by the Emergency Nutrition Network (ENN) and SC/UK related to SFPs. FANTA-2 provides technical input on study designs, field data collection, analysis of results and reports. The two research initiatives FANTA-2 will support during Project Year Two are:

- *Developing Minimum Reporting Standards for Emergency SFPs*: Objectives of the initiative are to develop a set of guidelines and data collection templates, supporting manuals and training materials, and a database application for data entry, analysis and reporting.
- *SFP Defaulting and Access Study*: Objectives of the initiative are to increase the understanding of the role of default in program performance and strategize ways to minimize its occurrence, and increase the understanding of causes of non-response and means of addressing this problem.

2.4.6 Supporting Use of Alternative Sampling Designs

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

IR 2.5 PUBLICATION AND KNOWLEDGE SHARING

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

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

To support these efforts, in Project Year Two, FANTA-2 will:

- Continue developing a project web portal to allow open access to FANTA and FANTA-2 publications, with sub-sites focused on specific priority technical areas, such as the TSS
- Develop new user-friendly publication formats, such as TRMs, to effectively capture and present key technical and program information
- Use online training methodologies, TOTs, workshops, mini-universities and virtual consultations to support outreach to IPs and local and national government partners
- Draft and/or complete and disseminate the publications, tools and materials in **Table 1**

Appendix 1. Publications Under Development in Project Year Two

GUIDES

1. Sampling Guide Update
2. Indicators for Assessing Infant and Young Child Feeding Practices: Part II Measurement

TOOLS

1. Preventing Malnutrition in Children Under 2 Approach (PM2A) in Food-Assisted Nutrition Programs, Title II TRM
2. Nutrition Decision Assistant: A Tool to Help Make Decisions for Nutrition Programs
3. CMAM Costing Tool and User's Guide
4. CMAM Capacity Assessment Tool and Users Guide
5. SQUEAC Coverage Tool and User's Guide
6. Costing Tool for Nutrition and HIV Activities and Users Guide
7. Guide to Screening for Nutrition Interventions Among Adult PLHIV

TRAINING MATERIALS

1. Haiti Pre-Service Training Manual on Nutrition and HIV for Training HIV Care and Treatment Service Providers in Haiti
2. Draft Nutrition Counseling Materials to Strengthen Care and Treatment Services for PLHIV in Haiti
3. Job Aids and Training Materials for Support of Training in Nutritional Assessment and Counseling for Nutrition and HIV in Mozambique
4. Integrated Management of Acute Malnutrition: Food by Prescription Training Manual, Namibia
5. Training guides and materials for CMAM for Ghana, Southern Sudan and Sudan
6. National Training Manual on Nutrition and HIV in Tanzania
7. Counseling Materials on Replacement and Complementary Feeding of HIV-Affected Infants and Young Children in Vietnam

GUIDELINES

1. National Guidelines on Nutrition Care and Support of PLHIV in Haiti
2. National Guidelines on Nutrition Care and Support of PLHIV in Mozambique
3. National Guidelines on Nutrition Care and Support of PLHIV in Vietnam
4. National Guidelines on Nutrition Care and Support of PLHIV in Côte d'Ivoire
5. Draft National Nutrition Policy for Southern Sudan and Framework and Strategic Plan to Operationalize National Nutrition Policy
6. National CMAM guidelines and Job Aids and M&R Tools - Ghana
7. National CMAM guidelines and Job Aids and M&R Tools - Sudan
8. National CMAM guidelines and Job Aids and M&R Tools - Southern Sudan
9. Generic National CMAM Guidelines, Job Aids and M&R Tools

ARTICLES

1. Micronutrient adequacy in women's diets: How can we measure global progress?
2. Low micronutrient intakes among women in resource-poor settings
3. Simple food group diversity indicators predict micronutrient adequacy of women's diets in five diverse, resource-poor settings
4. Are dietary diversity scores related to the nutritional and socio-economic status of women living in urban Mali?
5. Which food groups are associated with probability of adequate intake of 11 micronutrients in the diets of women in urban Mali?

6. Food behavior, nutrient intake and determinants of nutrient inadequacy among women of reproductive age in urban Burkina Faso
7. How do food group diversity indicators derived from a simple qualitative questionnaire perform as compared to the same indicators derived from quantitative 24-hour recalls? A case study amongst West-African urban women and implications for operationalization

TRANSLATIONS

1. Training Guide for Community-Based Management of Acute Malnutrition (French)
2. CMAM Costing Tool (French)
3. CMAM Capacity Assessment Tool (French)
4. CMAM SQUEAC Coverage Tool (French)
5. Indicators for Assessing Infant and Young Child Feeding Practices: Part II Measurement (French, Spanish, Portuguese)

REPORTS

1. Review of CMAM in Ghana
2. Review of CMAM in Southern Sudan
3. Review of CMAM in Burkina Faso, Mali, Mauritania and Niger
4. MUAC and Risk of Death Study Report
5. Global use of RUTF Report
6. Sudan Community Outreach Report
7. Southern Sudan Nutrition Situation Analysis Report
8. Sudan Anthropometry Study Report: Implications of Adoption of 2006 WHO Growth Standards
9. HFIAS validation study: identifying an experience-based measure of household hunger for cross-cultural use
10. Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets: Results from Rural Bangladesh Site
11. Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets: Results from Ouagadougou, Burkina Faso Site
12. Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets: Results from Bamako, Mali Site
13. Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets: Results from Rural Mozambique Site
14. Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets: Results from Metropolitan Cebu, Philippines Site
15. Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets in Resource-Poor Areas: Summary of Results from Five Sites