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Critical Resource Information Brief (CRIB) #4: Selecting FANTA/WFP Indicators for Food Programming in the Context of HIV

Africare Health, Nutrition, and HIV/AIDS Working Groupⁱ

Objective: This Critical Resource Information Brief (CRIB)ⁱⁱ presents a list of the indicators recommended in the Food and Nutrition Technical Assistance project and the World Food Programme guide “Food Assistance Programming in the Context of HIV” for assessing the impacts of food programming on households in HIV-affected areas (FANTA and WFP 2007). This CRIB also briefly presents the most basic factors to consider when developing and selecting M&E indicators for this purpose that are more comprehensively addressed in the FANTA and WFP guide. It is intended to assist in development of key tracking indicators for food programming in the context of HIV as the new round of Africare food security projects are initiated in 2009. This work specifically contributes to Africare’s Institutional Capacity Building grant objective of improving capacity to identify and assist HIV-affected populations and households.ⁱⁱⁱ

Background: One of the foci of the comprehensive guide, Food Assistance Programming in the Context of HIV developed by the Food and Nutrition Technical Assistance project and the World Food Programme (FANTA and WFP 2007) is a set of guidelines on M&E of food assistance programs in areas of high HIV prevalence.^{iv} This guide calls for Cooperating Sponsors to adopt and field test indicators that measure impacts of food assistance programming on PLHIV. Lessons learned from Africare’s Title II program in Rwanda (which recently implemented a pilot project that provides food aid to households with members living with HIV) echo this need for appropriate indicators to assess the impacts of such programs.^v To-date there is little data on the specific impacts of food assistance on households of PLHIV or the PLHIV themselves (FANTA and WFP 2007:162).

This CRIB will be distributed to Africare field program staff and Africare/Rwanda field staff in particular so they can select a number of essential and feasible indicators. The Rwanda program will then field test the selected indicators by incorporating them into their M&E systems for the remainder of the pilot project. The M&E systems should also include a number of indicators for assessing the impact of nutrition education (if such activities exist) for households of PLHIV based on the FANTA recommendations (found in Castelman et al. [2008] and summarized in Africare Health, Nutrition, and HIV/AIDS Working Group [2008, AFSR No. 20]). Following this field test, the Rwanda staff will synthesize the lessons learned from assessing the impact of Africare food programming on HIV/AIDS-affected households using these indicators and will present them in a report with recommendations for future HIV/AIDS M&E systems. This and other feedback on the use of these indicators will inform development of M&E systems for food security and nutrition programming targeting HIV-affected populations. This guide is also to be used to select an initial round of food programming indicators appropriate to the HIV context for the new food security projects beginning in 2009. Once a selection of the indicators have been tested and reported on all the food security projects should add any appropriate indicators (but should keep the original indicators in order to have follow through for the entire project).

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This CRIB is one of a series of published and briefs and papers on lessons learned that are aimed at building capacity for food security programming in the context of HIV (Maslowsky et al. 2008, AFSR No. 11; Sidibé In Press, AFSR No. 13; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 20 [CRIB#1]; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 21 [CRIB#2]; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 22 [CRIB#3]; and Badiel et al. 2008, AFSR No. 24). Africare’s attention to HIV follows the specific directive of the USAID strategic plan to target vulnerable groups (including those affected by HIV) in Title II programming (USAID 2005).

Critical Information:

Field programs should select the indicators that are appropriate given what is known about households of PLHIV and HIV-affected households in the intervention area and the types of activities being implemented to target PLHIV, as well as the purpose behind providing food rations (e.g., to improve nutrition and health of PLHIV and/or to increase participation in antiretroviral therapy (ART) and visitation to HIV treatment service sites or providers and/or to decrease school drop-out rate of orphans and vulnerable children [OVCs]). In addition, consideration should be given to the fit of indicators into the existing M&E systems and whether they can be utilized with existing staff capacity or with targeted training of staff.^{vi}

FANTA explains five categories of indicators that assess different implementation stages of an intervention (input, process, output, outcome, and impact indicators) and recommends selecting at least one of each type of indicator for each activity (see FANTA’s explanation of these in FANTA and WFP 2007: 163 and Bergeron et al. 2006). Africare and other Title II CSs are accustomed to two categories of indicators (monitoring and impact indicators). The first four FANTA indicator categories (input, process, output, and outcome) can be thought of as monitoring indicators and the last category would be impact indicators (although outcome indicators can also be considered impact indicators depending on the situation). This CRIB and the Africare CRIB on nutrition education indicators for PLHIV (Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 20) categorize the FANTA/WFP suggested indicators into the six categories; however, not all of these will be officially reported in the Indicator Performance Tracking Table (IPTT). Please note that many of the indicators that are specifically listed in the CRIB for nutrition and education for PLHIV may also apply to food security intervention activities for PLHIV (Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 20). Please also review that document to determine the most appropriate indicators to use.^{vii}

In addition to the list of indicators below that are reproduced from the FANTA and WFP guide (2007: 167), FANTA and WFP (2007:177) also recommend a number of food access indicators that can be used to better understand the situation of PLHIV and their households including Months of Adequate Household Food Provisioning (MAHFP),^{viii} Household Dietary Diversity Score (HDDS),^{ix} Coping Strategies Index (CSI), Household Food Insecurity Access Scale (HFIAS), and Food Consumption Score (FCS).

Potential Food Assistance Programming Indicators Relevant in the Context of HIV and Recommended for Consideration by FANTA and WFP (2007: 167)^x

Suggested Indicators by Category
<i>Input Indicators</i>
Number or percentage of program sites with functional weighing scales
Number or percentage of program sites with at least one service provider trained in nutritional care and support of PLHIV
Number of staff trained in nutritional care and support for PLHIV
Number of metric tons resourced
<i>Process Indicators</i>
Percentage of food rations distributed on time
Percentage of beneficiaries aware of ration entitlement
Percentage of beneficiaries satisfied with food quality
Number of sensitization sessions conducted to inform beneficiaries about the purpose of the program and the criteria for participation

Suggested Indicators by Category
Percentage of nutrition counseling sessions that meet a fixed criterion for quality (e.g., a counseling quality checklist)
<i>Output Indicators</i>
Number of metric tons of food distributed through each distinct food support activity
Number of OVC (or ART clients or other targeted group members) receiving food
Number of chronically ill individuals receiving food
Percentage care and treatment sites or providers providing nutrition counseling with food
Percentage of planned beneficiaries who actually receive food assistance, disaggregated by sex and age group
Number of HBC groups formed
Number of households affected by chronic illness that are provided inputs and training in labor-saving agricultural production techniques or household gardens
Number or percentage of PLHIV who received nutrition counseling in the past three months
<i>Outcome Indicators</i>
Percentage of PLHIV beneficiaries consuming food the recommended number of times per day on the previous day
Percentage of PLHIV beneficiaries who know appropriate dietary response to symptoms and medication side effects
Percentage increase in enrollment in PMTCT or ART services
Percentage of households affected by chronic illness that are using labor-saving agricultural production techniques or household gardens
Percentage increase in school attendance by OVC
<i>Impact Indicators</i>
Percentage of adult PLHIV beneficiaries with BMI < 18.5
Percentage of new ART clients with BMI < 18.5 that have BMI > 18.5 after 6 months of treatment
Average percentage weight change among adult beneficiaries over the past 3 months
Prevalence of malnutrition (Weight/age) among children < 5 years of age born to HIV mother who were enrolled in PMTCT program
Percentage of beneficiaries still on ART 12 months after initiating treatment
Percentage of beneficiaries performing moderate to intense physical activity (activities to be defined locally and for a fixed period of time e.g., 45 mins) on the previous day
Percentage change in average quality of life (QOL) scores among beneficiaries

Additional Resources:

Africare Health, Nutrition, and HIV/AIDS Working Group. 2008. Critical Resource Information Brief (CRIB) #1: Selecting FANTA Indicators for Nutrition Education for PLHIV. *Africare Food Security Review*, No. 20, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper20>. Washington DC: Africare/Headquarters, Office of Food for Development.

Africare Health, Nutrition, and HIV/AIDS Working Group. 2008. Critical Resource Information Brief (CRIB) # 2: Use of FANTA's Food Assistance Programming in the Context of HIV. *Africare Food Security Review*, No. 21, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper21>. Washington DC: Africare/Headquarters, Office of Food for Development.

Africare Health, Nutrition, and HIV/AIDS Working Group. 2008. Critical Resource Information Brief (CRIB) #3: Selecting Proxy Indicators for Identifying Persons Living with HIV and their Households. *Africare Food Security Review*, No. 22, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper22>. Washington DC: Africare/Headquarters, Office of Food for Development.

Africare. 2007. Guidance: How to Measure Months of Adequate Household Food Provisioning (MAHFP) Based on Participatory Rural Appraisals in Food Security Interventions. *Africare Food Security Review*, No. 1, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper1>. Washington DC: Africare/Headquarters.

BADIEL, Baya Valentin; Jean Parfait DOUMBA; Leah A.J. Cohen; and Manuel TAHYO. 2008. Use of MAHFP to Track Vulnerability in HIV/AIDS-Affected Households in Food Security Programs in Burkina Faso: A Focus on Food Security Status, Household Risk Factors, and Selected Nutritional Concerns Specific to HIV/AIDS. *Africare Food Security Review*, No. 24, July, <http://www.africare.org/news/tech/ASFR-intro.php#paper24>. Washington DC: Africare/Headquarters, Office of Food for Development.

Bergeron, Gilles; Megan Deitchler; Paula Bilinsky; and Anne Swindale. 2006. *Monitoring and Evaluation Framework for Title II Development-Oriented Projects*. Washington DC, Food and Nutrition Technical Assistance, Technical Note No 10, February. Accessed July 2008: http://www.fantaproject.org/downloads/pdfs/TN10_MEFramework.pdf.

Bilinsky, Paula and Anne Swindale. 2007. *Months of Adequate Household Food Provisioning (MAHFP) for Measurement of Household Food Access: Indicator Guide*. Washington DC: Food and Nutrition Technical Assistance Project. Academy for Educational Development. Available September 2008 at http://www.fantaproject.org/downloads/pdfs/MAHFP_Jun07.pdf.

Food and Nutrition Technical Assistance (FANTA) Project and World Food Programme (WFP). 2007. *Food Assistance Programming in the Context of HIV*. Washington, DC: FANTA Project, Academy for Educational Development. Accessed July 2008: <http://www.fantaproject.org/publications/fapch.shtml>.

Hammink, William to USAID/W and Overseas Distribution Lists, FFP Cooperating Sponsors. 8 August, 2007. *Information Bulletin (FFPIB). Memorandum for all Food for Peace Officers and Cooperating Sponsors, New Reporting Requirements for Food for Peace*. Washington DC: DCHA/FFP. Available July 2008 at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/fy08_ffpib_new_reporting.pdf.

Konda, Issa; Ronaldo Sigauque; and Pascal Payet. 2008. Guidance: How to Measure the Number of Months of Adequate Household Food Provisioning (MAHFP) Based on Quantitative Methods and Isolating Food Aid Provisions. *Africare Food Security Review*, No. 17, July <http://www.africare.org/news/tech/ASFR-intro.php#paper17>. Washington DC: Africare/Headquarters, Office of Food for Development.

Maslowsky, Stacey; Sidikiba Sidibé; and Leah A.J. Cohen. 2008. Direct Distribution of Commodities for People Living with HIV/AIDS: Lessons Learned from Rwanda and Burkina Faso. *Africare Food Security Review*, No. 11, March, <http://www.africare.org/news/tech/ASFR-intro.php#paper11>. Washington DC: Africare/Headquarters.

Sidikiba Sidibe. In Press. The Link between Malnutrition, Food Security, and Household Vulnerability in Rwanda. *Africare Food Security Review*, No. 13. Washington DC: Africare/Headquarters, Office of Food for Development.

Swindale, Anne and Paula Bilinsky. 2005. *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide (v. 2)*. Washington DC: Food and Nutrition Technical Assistance Project. Academy for Educational Development. Available September 2008 at http://www.fantaproject.org/downloads/pdfs/HDDS_v2_Sep06.pdf.

USAID/FFP/DCHA (USAID Office of Food for Peace Bureau for Democracy, Conflict and Humanitarian Assistance). 2005. *Strategic Plan for 2006-2010*. Washington DC: USAID. Available July 2008 at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf.

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ⁱ Members of the Health, Nutrition, and HIV/AIDS Working Group include Stacey Maslowsky, Sidikiba Sidibe, Alassane Aguilu, Grace Kamba, Ignatius Kahiu, Valentin Badiel, Mahamat Saleh Radjab, and Pascal Payet. Ignatius Kahiu, project coordinator, Africare/Uganda and Alhassane Aguilu, project coordinator, Africare/Mali identified the need to have a quick reference for the FANTA recommended indicators for assessing food assistance programming in the context of HIV. Leah A.J. Cohen (AFSR managing editor and consultant, Africare/Headquarters) worked with Stacey Maslowsky to produce the text to accompany this list of indicators and finalized the paper. Della E. McMillan (AFSR advisory board member and consultant Africare/Headquarters), Bonaventure Traoré (AFSR advisory board member), and Sidikiba Sidibé (project coordinator for Africare's Title II efforts in Rwanda) provided essential input in the review process of this CRIB.

ⁱⁱ Africare's Critical Resource Information Briefs are designed to provide a forum for Africare working groups to identify and efficiently respond to areas of urgent need in capacity building. The short format ensures that staff in the field can download and incorporate the information quickly and effectively. Another focus of the Africare CRIBs has been to provide as many direct website addresses for additional resources as possible to facilitate reference and readership of those materials from the field.

ⁱⁱⁱ Africare ICB Strategic Objective One: Title II field level impact increased by developing better methodologies for enhancing local capacity to identify and reduce food insecurity in vulnerable groups including HIV/AIDS affected households.

^{iv} For a brief synthesis of the detailed contents of the FANTA and WHO (2007) guide see Africare Health, Nutrition, and HIV/AIDS Working Group (2008, AFSR No. 21).

^v For initial lessons learned from the pilot projects in Africare's Rwanda and Burkina Faso country programs see Stacey Maslowsky et al. (2008, AFSR No. 11).

^{vi} See Maslowsky et al. (2008, AFSR No. 11) for lessons learned from Burkina and Rwanda regarding PLHIV, Sidibe (In Press, AFSR No. 13) for a comparison of HIV and non-HIV households, and Badiel et al. (2008, AFSR No. 24) for a description of how MAHFP relates to socio-economic and household characteristics for households of PLHIV.

^{vii} These two lists have been separated into two CRIBs because many food ration activities do not necessarily accompany nutrition education and counseling for PLHIV and visa versa (although the positive impact on PLHIV and their households will undoubtedly be improved if both types of activities are implemented).

^{viii} MAHFP is required for Title II programs; Africare has a guidance published on assessing MAHFP through food security calendars qualitatively for annual monitoring only (Africare 2007, AFSR No. 1) and is coming out with an MAHFP guidance on the quantitative required indicator that isolates food aid (Konda et al. 2008, AFSR No. 17). FANTA also has and MAHFP guidance (Bilinsky and Swindale 2007).

^{ix} HDDS is also now required for all Title II programs (see FANTA's guide on HDDS, Swindale and Bilinsky 2005).

^x There are a number of indicators listed as required for Title II programs that aim to "help prevent, treat, and mitigate the impact of chronic diseases such as HIV/AIDS and TB (Hammink 2007: 4).