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Strengthening Partnerships, Results,
and Innovations in Nutrition Globally

SPRING/Ghana Annual Report

FY 2015



About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

Disclaimer

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

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Acronyms

BCC	Behavior change communication
CHPS	Community Health Improvement Services
CMAM	Community-based Management of Acute Malnutrition
FY	Fiscal Year
GHS	Ghana Health Service
GoG	Government of Ghana
IFA	Iron–Folic Acid
INGO	International Non Governmental Organization
IRs	Intermediate Results
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
JSI	JSI Research & Training Institute, Inc.
KM	Knowledge Management
LEAP	Livelihood Empowerment Against Poverty
M&E	Monitoring and Evaluation
MNP	Micronutrient Powders
MoFA	Ministry of Food and Agriculture
NGO	nongovernmental organization
PIRS	Performance Indicator Reference Sheet
PMP	Performance Monitoring Plan
POs	Project Objectives
PY	Project Year
QI	Quality Improvement
RING	Resiliency in Northern Ghana
RUTF	Ready-to-Use Therapeutic Food
SARI	Savanna Agricultural Research Institute
SBCC	Social and Behavioral change communication
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WFP	United Nations World Food Programme
ZOI	zone of influence

Executive Summary

SPRING began operating in Ghana in 2014, quickly establishing two offices (Accra and Tamale) and a programmatic presence in all 15 target districts in the Upper East and Northern Regions. Initial effort was focused on building relationships at the district level and engaging stakeholders in project planning processes, inclusive of both district assemblies and line governmental departments.

A major initiative during FY15 was an assessment of the nutrition supply chain done in partnership with USAID/DELIVER and Ghana Health Services (GHS) to assess bottlenecks. Consequently, SPRING initiated the procurement of key nutrition-related commodities including zinc tablets and small equipment, primarily consisting of mid-upper arm circumference (MUAC) tapes and scales. Supply chain capacity was also built through the training of 611 GHS staff in inventory management, routine re-ordering, and receiving and storage of products.

SPRING continued to build capacity in the health system by providing infant and young child feeding (IYCF) training to 1,105 facility-level health staff in the target districts. The existing GHS training package for IYCF was used to reinforce the appropriate use of growth monitoring cards and SPRING improved the roll-out process by placing additional emphasis on better preparing the facilitators. Post-training coaching practices were further improved through the development of a supportive supervision checklist which is used during monthly follow-up visits to participants. SPRING also produced a draft volunteer training curriculum to supplement the original IYCF training manual, as there were no existing community-level training materials.

To improve overall system performance, SPRING is promoting a facility-based quality improvement (QI) process for nutrition in the Northern Region, having obtained national-level buy-in. Facility-based QI began in Kumbungu district through the development of a curriculum and draft training manual for coaches. This initiative will be rolled out further in FY16.

To further focus its many areas of activity, SPRING developed the “1,000-day household” agenda, which attempts to encompass most of the project’s Social and Behavior change communication (SBCC) work across different project areas. Interventions in this area are focused on building the operational capacity of GHS to distribute SBCC materials to health facilities and communities, promoting four key Water, Sanitation, and Hygiene (WASH) behaviors (disposal of feces, hand washing at appropriate times, clean play spaces, and clean water for complementary feeding). This is done through a video drama production which has been filmed and screened in 70 target communities, located in seven of the 15 project districts, and reaching 14,311 community members. A six-episode “first 1,000 days” radio program adapted from a Zambian series that also promotes these behaviors is currently under review by the Central GHS Nutrition Department, and development of a script for a 3-minute radio drama for broadcast during the post-harvest season for preventing aflatoxin contamination and consumption is underway. Additionally, six short videos have been developed for use during IYCF counseling sessions and will be disseminated using the phone-based Whatsapp software for use by health workers and volunteers to reinforce key concepts.

The SPRING project’s original program design emphasized a community lead total sanitation (CLTS) approach, but in the first quarter of FY15 SPRING identified the following four behaviors as key to reducing stunting;

- Safe disposal of human and animal feces
- Handwashing at critical times
- Boiled or treated water for children 6-24 months
- Clean and safe play space for children

Based on these four behaviors, SPRING developed the “WASH 1,000” concept. Under the WASH 1,000 umbrella, the project has built capacity at the district level in CLTS, including government, individuals, and groups, particularly natural leaders and community water sanitation and hygiene committees (WATSAN). WASH 1,000 behaviors were integrated into the standard CLTS agenda as part of the process towards achieving open defecation-free (ODF) status in targeted communities. Through different events, a total of 2,923 people were trained in WASH 1,000, as well as 842 natural leaders and 1,062 WATSAN committee members. To further enable improved handwashing practices, SPRING supported tippy taps installation near latrines in 1,000 day households, with 1,980 households establishing a second tippy tap location. During FY15, 3,480 new latrines were constructed in SPRING communities and 43 communities received “basic” ODF certification during the year.

In FY15 SPRING was particularly focused on reducing aflatoxin levels in groundnuts, which has been shown to significantly impact stunting in Northern Ghana. During FY15, the project developed pre-harvest management training materials and initiated cascade trainings through the regional Ministry of Agriculture to create an effective pool of facilitators supporting agricultural extension agents working within the farmer field school (FFS) approach. To date, 6,620 individuals have been trained on Agriculture related activities, (6620 farmers through the FFS, 223 MOFA staff through pre-harvest training). SPRING has also supported the USAID ADVANCE and Agriculture Technology Transfer (ATT) projects to incorporate aflatoxin management content into their maize production manuals. To further aflatoxin reduction efforts, SPRING is supporting the development of a groundnut testing protocol and procuring rapid aflatoxin test kits to determine the scale of aflatoxin contamination. SPRING has also worked with the Department of Social Welfare and UNICEF to expand the Livelihood Empowerment Against Poverty (LEAP) 1,000 project with activities related to cash transfers for eligible pregnant and lactating mothers to help them meet basic nutritional needs.

Throughout its first year, SPRING defined itself as an advocate for nutrition policy at the national level and through participation in several high-profile activities including the Savannah Accelerated Development (SADA) Zone High-Level Health Forum, in which the Government of Ghana has prioritized specific regions for rapid development, and for which there is a desire to improve general health care delivery and nutrition more specifically. In the area of anemia, SPRING has made efforts to engage the GHS Nutrition Department in prioritizing the anemia control agenda. A landscape analysis report and the development of an anemia training package produced by SPRING have progressed steadily with the concurrence of the GHS but are yet to be completed. SPRING pre-tested a district assessment tool for anemia (DATA) and a draft anemia manual was submitted to GHS for review.

Introduction

Overview

In February 2014, the USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project received a concept note from USAID/Ghana requesting support in achieving their goal of reducing stunting by 20 percent in the USAID Feed the Future (FTF) zone of influence (ZOI): the Northern Region, the Upper East Region, and the Upper West Region. The concept note proposed delivery of a broad range of evidence-based nutrition interventions in up to five districts chosen for their relatively high rates of stunting. The concept note was designed to supplement existing USAID investments in the ZOI, and accelerate progress toward the FTF stunting reduction target. SPRING undertook rapid scoping in the Northern and Upper East Region and developed a work plan in consultation with the mission covering 15 districts. Even though Ghana is considered a middle income country, the North still experiences relatively high levels of stunting. The recent DHS 2014 figures show rates of 19 percent nationally and 33 percent, 14 percent in the Northern Region and Upper East respectively. SPRING/Ghana was asked to engage in a multi--sector program at the district level to contribute to the Feed the Future objective of reducing stunting by 20 percent.

SPRING aims to achieve similar coverage in each of its 15 districts for all interventions; however, the relative emphasis placed on each intervention, and specific delivery mechanisms chosen may differ between districts to accommodate differing epidemiological, demographic, and programmatic realities. To achieve the targeted coverage of these high-impact interventions, the project is organized around five primary objectives:

Objective 1: Improved delivery of high-impact nutrition services.

Objective 2: Increased demand for high-impact nutrition practices and services.

Objective 3: An improved enabling environment for adoption and delivery of high-impact nutrition practices and services.

Objective 4: An enhanced evidence base regarding delivery of selected high-impact interventions.

Objective 5: An enhanced policy environment for delivery of state-of-the-art nutrition interventions.

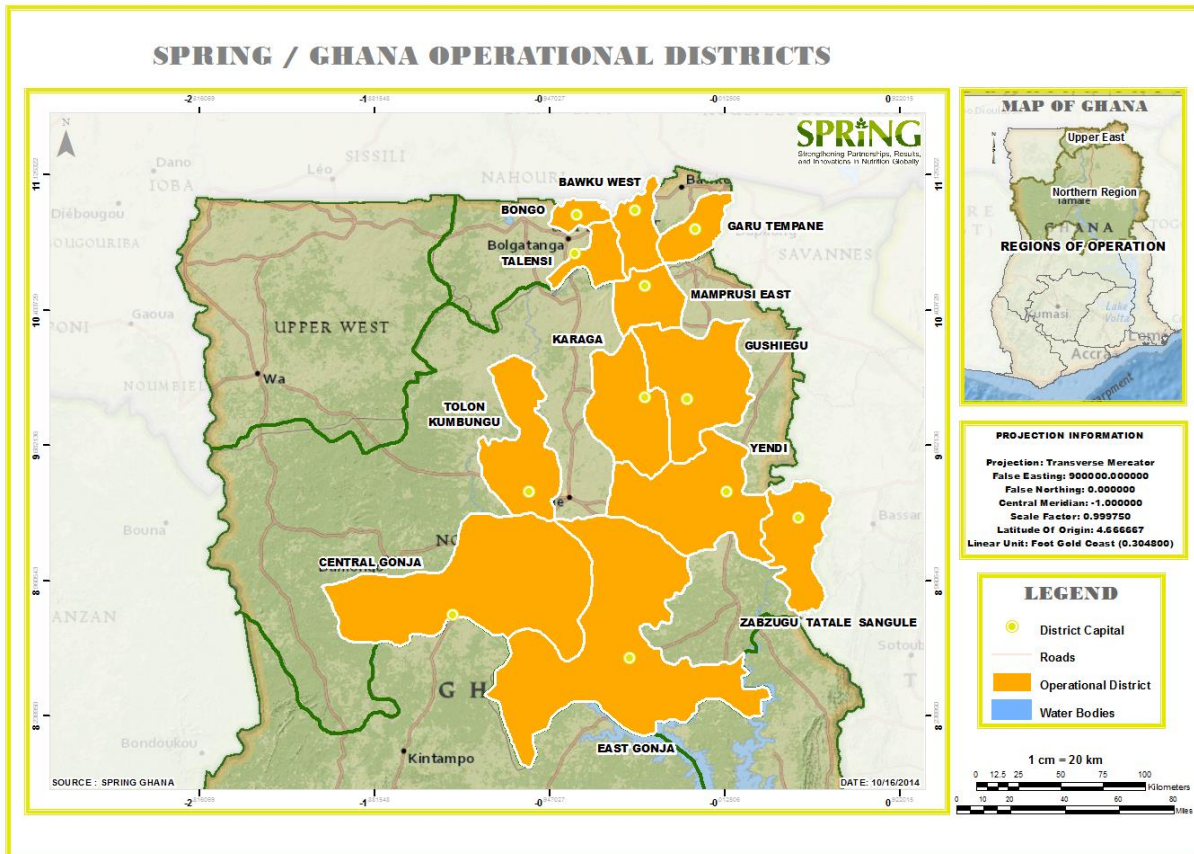
These objectives are consistent with USAID's Feed the Future results framework, with particular reference to Intermediate Result (IR) 3, Improved Nutritional Status of Women & Children.

To achieve these objectives, the project is building capacity of government at the district level, which includes the District Health Management Teams, with a specific focus on the District Nutrition Officers and District Agriculturalist; local government responsible for WASH; Community-based Health Planning Services (CHPS) staff who focus on community engagement activities and are responsible for overseeing nutritional activities and existing community level volunteer networks in Health, Agriculture and WASH; and collaborates with local NGOs with established credibility and experience to support community mobilization and facilitation.

Geographic Coverage

SPRING/Ghana focuses in 15 districts in Northern and Upper East Regions of Ghana. Districts were selected based on population size with a split of 11 and four in the Northern Region and Upper East respectively, as is detailed below:

Region	District	Under 5 Population in District (using new district weighting)
Zone of Influence	All Districts in ZOI	730,502
Northern	Yendi	39,200
Northern	Mion	26,133
Northern	Tolon	37,507
Northern	Kumbugu	20,196
Northern	Karaga	18,987
Northern	Gushiegu	18,513
Northern	Gonja Central	19,273
Northern	East Gonja	24,026
Northern	Mamprusi East	33,739
Northern	TataleSangule	22,805
Northern	Zabzugu	21,911
Upper East	Bongo	12,053
Upper East	Talensi	9,429
Upper East	GaruTempane	21,847
Upper East	Bawku West	10,952
Total/Averages for 15 ZOI Districts		336,571



Key Programmatic Activities and Achievements

Objective 1: Improved delivery of high-impact nutrition services

1.1 Stockouts of key nutrition commodities and supplies reduced

In the first quarter, SPRING/Ghana, USAID|DELIVER, and GHS conducted a nutrition commodities supply chain situational assessment in the Northern and Upper East regions. The survey identified and documented bottlenecks in the current nutrition supply chain which were subsequently used to design specific trainings for the district based staff. Key findings from the assessment were:

1. There is irregular distribution of nutritional commodities leading to frequent stock outs and inadequate supervision, and subsequently poor maintenance of records.
2. There is a Regional Medical Store (RMS) with a dedicated officer and documented guidelines that oversee logistics management (LMIS, inventory management, storage and distribution of health commodities). However, RMS does not supervise lower level personnel involved in logistics management.
3. Logistics reports are present at the regional level and are usually prepared by the RMS. The reports show stock-on-hand, quantity issued to service delivery points (SDPs), losses, adjustments, and quantities received. The reports do not show the stock status (whether facilities have adequate stock or not) at SDPs.
4. Regions lack a written procedure for recording and reporting complaints about product quality.
5. Regions do not have written provisions for re-distribution of over-stocked supplies in the districts.

SPRING/Ghana developed trainer capacity within Ghana Health Service to enable the two project regions to conduct service improvement activities for nutrition commodity supply chain operations. The trainer teams trained health workers on the processes for ordering and receiving supplies, inventory management, storage, and other practices for ensuring effective ordering, delivery, handling, and distribution of nutrition commodities. To date, SPRING/Ghana has trained 611 staff responsible for nutrition commodity management (342 male, 269 female) in target districts. The trainees included district nutrition officers, district pharmacists, district supply officers, deputy directors of public health, deputy directors of pharmaceutical services, disease control officers, community health officers, community health nurses, and enrolled nurses.

In collaboration with DELIVER | Ghana, SPRING/Ghana procured additional nutrition commodities and small equipment that will complement stock gaps and service delivery capacity at health facilities. The first commodity shipment (zinc tablets for treating diarrhea) was received into GHS district storage facilities. Detailed plans have also been drafted for the distribution of consignments of commodities and equipment scheduled to arrive in late September. SPRING/Ghana provided technical oversight of product specifications in conjunction with GHS and UNICEF.

1.2 Training gaps among key nutrition activity providers reduced

In PY1 SPRING/Ghana prioritized IYCF program implementation as a key activity with facility staff in all districts. In order to ensure good facilitation, SPRING staff participated in a training-of-trainers (TOT) course to increase their understanding of the IYCF agenda. GHS staff were identified through district planning processes, including identification of trainers and regional resource persons, and in coordination with the regional GHS office. Initial sessions specifically identified the following key gaps:

1. Growth cards are often incorrectly and incompletely filled out across health facilities. As categorization and targeted counseling depends on information provided in these cards, this misinformation resulted in missed opportunities to identify children at risk for stunting. The problem was shared with regional

nutrition officers, district nutrition officers, and health staff. A module addressing this issue was added to the existing IYCF training package.

2. The training package previously implemented by the GHS did not include pre-training preparation for facilitators. This oversight resulted in poor definition or duplication of roles and disorganized facilitation, as well as poorly prepared training materials. SPRING/Ghana reorganized and strengthened the C-IYCF training package to include a two-day pre-workshop orientation session for existing facilitators. The workshop serves as a refresher course for trainers, reinforcing technical content and providing opportunity to practice their role as facilitators, while also preparing workshop materials for practical sessions. Pre-training preparation has helped to enliven training sessions and refresh the skills of master trainers.
3. Adequate post-training follow-up coaching is required to ensure that the training was effective and to coach and support participants in their work. SPRING/Ghana worked with regional nutrition teams and development partners (USAID, UNICEF, and REACH) to create supportive supervision checklist to ensure that the right results are achieved. SPRING has implemented monthly post-training follow-ups to coach and mentor training participants, during which the check list is used. District health teams have highlighted SPRING's post-training follow-up visits as an example of how to effectively improve key practices.

To date a total of 1,105 health staff have been trained in IYCF at the facility level (567 male, 538 female) across SPRING's 15 districts.

1.3 Quality of high-impact nutrition services improved

With programmatic support from SPRING, district-level GHS health management teams conducted routine supportive supervision visits at health facilities to assess and address performance gaps in service delivery. The teams provided direct support and guidance to providers, giving feedback on how to improve service delivery or care components related to maternal, neonatal, and general child health. This has taken place in nine districts, resulting in a total of 159 visits.

SPRING/Ghana is committed to developing and promoting the application of a quality improvement (QI) model for nutrition services at the health facility level. The GHS supports a QI approach to improving nutrition services and has nominated focal persons for the two SPRING regions (Northern and Upper East). To date SPRING has not been able to identify any existing QI resources and therefore developed a QI nutrition curriculum and draft manual for coaches.

The QI approach will identify small 'doable' changes based on identifying bottlenecks using accessible data, developing solutions in a collaborative manner, and monitoring overall progress as a QI team.

A regional training-of-trainers was conducted and initial training in Kumbungu district took place, with 10 participants from the GHS regional level and seven participants from Kumbungu district. The training will be rolled out in FY16 to additional districts using the training resources that have been finalized for use at the regional level. GHS and UNICEF have indicated a high level of interest in nutritional QI and SPRING is committed to developing and sharing resources to meet this need.

Lessons Learned and Next Steps

1. Lessons learned were effectively included into project implementation as outlined above. The use of growth cards remains a key function in promoting the IYCF agenda and SPRING has helped to reactivate this issue with GHS at all levels. In a recent GHS nutrition review, the Northern Region was able to demonstrate significant improvements in growth card completion and accuracy, as well as in card use

during counseling as compared to other regions. This is subsequently improving targeted nutrition counseling and effective triage of patients at risk.

2. Regular coaching visits at health facilities have been shown to trigger changes in key IYCF practices such as focused counselling, which are then reinforced during technical support visits. SPRING attempted to work with GHS Central Nutrition Department to develop a more holistic approach to supportive supervision, however they were unable to commit to the agenda and SPRING has continued to draft the post-training coaching checklist independently. While a process for developing common supportive supervision guidelines in nutrition was not defined at the national level, SPRING remains poised to support this effort in the future.
3. The C-IYCF facilitators reported that mothers/caregivers do not fully understand the size of their children's stomachs which resulted in improper feeding. When the smaller size of the child's stomach is explained, mothers and caregivers are better meet the child's appropriate nutritional needs.
4. Prior to implementation of SPRING assistance, every mother received IYCF counseling without proper triage, resulting in ineffective and/or incomplete counseling sessions. SPRING's work promoting proper growth card use and IYCF counseling has helped to reduce the number of women who require time intensive consultations.
5. Frequent GHS staff transfers, study leave, and reposting negatively affect the smooth implementation of the SPRING's programmatic activities. Capacity building within health facilities is expected to continue to cover new staff with emphasis on; correct growth charting, triaging of children according to the growth trend for counseling, targeted/individualized counseling, and enabling caregivers to make effective feeding decisions and commit to clearly defined action steps for these decision/s. This will ensure that newly enrolled staff and any untrained frontline staff are properly oriented.
6. The facility QI nutrition agenda is of high interest in Ghana and will be a primary focal point in the first quarter of PY2. SPRING/Ghana needs to ensure that this agenda is inclusive of other partners and the project shares information and materials effectively.

Objective 2: Increased community demand for and use of quality nutrition-related services across sectors (practices and services)

2.1 Improved knowledge, attitudes, and skills regarding priority nutrition interventions

SPRING identified key areas of technical focus and existing materials from other countries that could be adapted for the Ghanaian context. An assessment of the existing materials in Ghana was undertaken, after which SPRING attended a workshop with GHS to review the materials and evaluate how they relate to SPRING's First 1,000 Days agenda. In addition, a communication landscape exercise was completed in each district to identify opportunities and institutions for SBCC work. Finally SPRING completed a desk review of all materials and research conducted in the Northern Region. Targeted activities undertaken this year have been;

Establishment of GHS health promotion unit with SPRING SBCC program: SPRING/Ghana held meetings with the GHS regional health promotion officers in the Upper East and Northern Regions to help them understand SPRING's ongoing SBCC efforts. The meeting revealed that low capacity and budgetary constraints restrict their ability to support health promotion activities, including SBCC. SPRING/Ghana is working to strengthen GHS' operational capacity to facilitate the dissemination of SBCC-related materials to health facilities and communities.

WASH 1,000 promotion drama and recording: SPRING/Ghana developed a creative brief and script to support the promotion of four key behaviors as part of the WASH 1,000 rollout in communities. Technical support from SPRING/Ghana helped five districts to identify and engage available drama groups to perform the resulting drama. Three of these drama groups have been filmed in six of the primary languages of SPRING/Ghana

implementation zone. The videos have been screened by cinema vans in 70 WASH 1,000 target communities in seven districts. A facilitation guide was also developed and staff and partners were trained in its use to encourage more active engagement during video showings. 14,311 community members have been reached through these screenings and partners continue to request copies of the video for use in subsequent events. This approach allows for communities to give feedback on the video and the response to date has been positive.

First 1,000 Days radio program: In the second quarter, SPRING/Ghana began the process of adapting a Zambian nutrition radio series for the Ghanaian context. SPRING reviewed radio scripts covering topics on initiation and exclusive breastfeeding, practicing proper hygiene, tips on successful breastfeeding, and introducing local, nutritious foods in addition to breastfeeding, healthy diets, and caring for infants. The six episodes have been adapted, branded, and translated, and are ready for broadcast by identified radio stations. All six episodes are currently under review by the Central GHS Nutrition Department.

Aflatoxin awareness: SPRING/Ghana began work on communication materials promoting behaviors to prevent aflatoxin contamination and consumption during various harvest stages. A draft script for a 3-minute radio drama has been developed for the post-harvest season.

IYFC short counseling videos: To improve counselling skills on recommended IYCF practices among community health nurses and health volunteers, SPRING/Ghana has developed a series of six short videos to be used during counseling sessions as a visual aid. The videos will be shared and stored on mobile phone devices owned by health workers and volunteers. SPRING conducted a feasibility test using the mobile phone-based WhatsApp application to determine its video dissemination capacity. Results show that most health staff have the media messaging service enabled on their phones so it is a promising way to receive and share video-based counseling aides. The focus of these clips are topics identified by C-IYCF trainees as important (positioning while breastfeeding; attachment; making enriched, thick porridge; and meal diversity).

2.2 Strengthened community-based platforms for nutrition related strategies

In conjunction with regional GHS authorities, SPRING has supported the development of a community IYCF curriculum to accompany the existing manual, since the community IYCF manual used currently did not include a matching curriculum focused on community level volunteers. SPRING produced a draft supplementary curriculum and is currently field testing the material in trainings conducted in each of the districts. Health facilities were asked to select high functioning volunteers who have been proactively assisting health facilities with their outreach activities, and these volunteers were invited to the training. The curriculum highlights best practices for filling out growth cards, their use in triaging child and caregiver needs, and proper counselling methodology. Each of the sessions utilizes pictorial forms and role plays to cover key topics to encourage active learning and increased retention. To date 14,311 volunteers have been trained in CIYCF 15 districts. SPRING will reach out to previously identified community platforms, such mother-to-mother (M2M) groups, after a core of community health volunteers (CHVs) has been trained to ensure effective support and connectivity. This will be a focal activity in the first quarter of PY2.

SPRING/Ghana has identified potential NGOs to implement the project's QI approach for nutrition promotion at the community-level and to accelerate program reach and impact. However, to rapidly deploy and meet the challenge of geographic coverage and simultaneous implementation across diverse communities, organizations with greater capacity may be engaged to take up this role. Hence, the process to identify capable NGOs has been initiated with a call for an initial expression of interest call yielding 34 applications. A second-level review to select the most favorable community based organizations and NGOs is ongoing. This review will identify their suitability

for developing a technical proposal for implementation. Final selection of an implementing organization/s will occur early in PY2.

Lessons Learned and Next Steps

- Recruitment for SBCC positions was challenging and led to a delay in activity engagement, as strong candidates were not willing to locate to Tamale
- The SBCC agenda requires a high level of connectivity with GHS in Accra and Tamale, as well as with the as many USAID programs eager to support the SPRING agenda.
- The number and quality of translation vendors in the North is limited and back translation has been an issue; SPRING now seeks to hold back translation sessions with all original translators in one meeting to allow issues to be addressed directly.
- Volunteers enjoyed the IYCF training and highlighted they had not received such focused attention in their local languages, complete with pictorial and practical content. Many showed improved skills in utilizing growth cards and providing targeted support at child welfare clinics following training. Motivation and participation of volunteers was often higher than health staff.

Objective3: Improved enabling environment for delivery of high-impact nutrition practices and services

3.1 Increased coverage of key WASH- related equipment and infrastructure

SPRING/Ghana is using the caption “WASH 1,000” to communicate the project’s focus on children’s first 1,000 days. It entails the promotion of key household behaviors that, when practiced, reduce infections and fecal-oral contamination.

The original program design focused on CLTS, however, in the first quarter SPRING used recent research to inform a more nutrition-sensitive approach using four key behaviors to target stunting and incorporated them into the CLTS approach. These are;

- Safe disposal of human and animal feces
- Hand washing at critical times
- Boiled or treated water for children 6-24 months
- Clean and safe play spaces for children

These identified behaviors have assisted SPRING to effectively utilize and adapt the current CLTS approach to better target stunting in the Ghanaian context. SPRING/Ghana invested in building district capacity to implement activities under the WASH 1,000 agenda. This involved training personnel from the District Environmental Health and Sanitation Directorate, Department of Community Development, and School Health Education Program staff from Ghana Education Service. Similar investments to develop or revamp community structures were made by highly motivated individuals and groups, including natural leaders and community water sanitation and hygiene committees (WATSAN). CLTS implementation requires support by members of the targeted communities to attain open-defecation free (ODF) status and generally improve sanitation within their own household and the wider community. The four behaviors have been incorporated into trainings for CLTS facilitators.

During PY1, a total of 2,923 people were trained in WASH 1,000 through different targeted community events. Training events highlighted the consequences children face after ingesting chicken feces and provided recommendations to mitigate such occurrences. Trainers participated in hands-on field sessions to practice their

new facilitation skills. The process for declaring a community ODF has been initiated in target districts with the District Inter-Agency Coordinating Committee (DICCS) on Sanitation leading the process.

Development of natural leaders for WASH 1,000 role: Natural leaders are self-motivated people within a community who are passionate about ending open defecation and improving sanitation conditions. SPRING/Ghana identified natural leaders as independent champions of the WASH 1,000 agenda and worked to equip them with the skills and tools to promote the four key aspects of the WASH agenda. 842 natural leaders (576 males, 266 females) were trained during FY15, and played a major role in supporting the development of community WASH action plans and promoting community sanitation and hygiene practices. They also worked with community members and households to construct latrines and build doors/gates to reduce fecal contamination in their compounds. Over the past year natural leaders have been critical in educating the community and maintaining a high level of community motivation.

WATSAN committee member training: WATSAN committees represent the community in matters related to water sources, conservation and safety, sanitation, and hygiene education. As part of the WASH 1,000 promotion agenda, SPRING/Ghana supported the formation and/or reactivation and training of 1,062 WATSAN committee members in 15 districts. WATSAN members are trained on how to facilitate their community's transition through triggering and post-triggering CLTS activities, which are enhanced by the promotion of WASH 1,000 behaviors at the household level. This helps the four key behaviors at the center of CLTS activity and ensure communities develop action plans to complement this agenda.

Handwashing with soap and tippy-tap use promotion: During FY15, hand washing demonstrations were held for 20 school health clubs. Hand washing demonstrations were done in conjunction with tippy-tap construction demonstrations, which led to individuals independently developing similar facilities in communities, households, and schools. Several of these households contain two tippy-tap hand washing stations, one by the latrine and the other in the compound. 2,881 households were documented as having a tippy-tap near the latrine and 1,980 were observed to have a handwashing station at another location within the household (ex: near the kitchen).

Latrine construction: Through SPRING supported demonstrations and promotion of locally available materials, the project recorded 3,480 newly constructed household latrines in PY1. Some latrines in Bongo and Zabsugu have become unstable following heavy rains, however all other latrines remain stable and in use. In some cases the rapid construction of latrines led to poor mortar mixing and poor site selection following effective triggering. Communities are committed to rebuilding latrines and will follow technical advice in the dry season. SPRING will specifically follow up with the affected areas to ensure the technical issues are correctly addressed.

Progress towards ODF: 43 communities have achieved ODF basic certification as a first step to full ODF status. SPRING has supported staff from Environmental Health Office (EHO) to monitor communities to encourage and assist them as they move towards ODF status.

Nutrition and WASH Monitoring: SPRING technical staff are currently conducting joint nutrition and WASH monitoring visits and continue to use growth cards to show that strong WASH practices will result in healthy, growing children. By integrating child feeding messages and WASH messages to create the **3 A's**, or "**food accessibility, acceptability, and absorption**," SPRING has been able to help both district agriculture and environmental health staff understand how WASH and agriculture work in tandem to influence a child's overall nutrition and growth.

3.2 Improved cross-sector coordination and action at the district and community levels

In each district, SPRING met with district assemblies to ensure that activities were focused, facilitated and transparent with work plans and full budgets shared as part of the agenda. In addition, SPRING/Ghana is committed to supporting improved multi-sectoral nutrition coordination using existing district platforms to ensure that activities work in tandem with district plans and include additional development actors such as other NGOs, CBOs and faith organizations. District coordinators worked to make these meetings more effective coordination mechanisms which, in some cases, resulted in the decision to hold these meetings biannually as opposed to quarterly. In other cases, proactive engagement from participating district organizations resulted in cost sharing and more regular meetings across the district assembly and implementing partners.

3.3 Leverage participation learning and sharing among ZOI stakeholders

SPRING/Ghana joined USAID Feed the Future Partners, donor agencies, private sector representatives, government, and other development partners in a two-day meeting called "Collaborating for Results." SPRING/Ghana, through the Africa Leadership Training & Capacity Building Program (AfricaLEAD), and Monitoring, Evaluation, and Technical Support Services in Ghana (METSS) organized this annual meeting. The two-day forum brought together project and thought leaders to foster dialogue on innovative ways to effectively collaborate toward greater results and to facilitate the achievement of the goal of reducing stunting by 20 percent. The SPRING/Ghana team participated in a panel discussion on nutrition linkages, displayed project materials, and discussed SPRING's global areas of technical expertise. This resulted in heightening the nutrition profile within the Feed the Future agenda and helped to form closer linkages with Feed the Future implementing partners.

SPRING/Ghana participated in the Circle of Collaborative Chiefs of Party (CCC), a quarterly meeting hosted by the Resiliency in Northern Ghana (RING) project, during which the Agribusiness Unit of the Ministry of Agriculture presented an overview of the unit and its activities. The unit is conducting a post-harvest infrastructure (PHI) survey to assess the post-harvest infrastructure in Ghana, the results of which will be used to inform policy decisions and promote investment. PHI shared the methodology, expected outputs, budget, and some challenges from the survey. Key next steps include CCC discussion of the PHI survey proposal and a request that CCC members and other USAID projects consider participating in the survey. SPRING/Ghana is deliberating whether to take part in the survey. This meeting is essential to ensure effective coordination and cooperation within the agriculture/nutrition agenda and is enabling SPRING to leverage support from partners such as the Agriculture Technology Transfer project (ATT).

In Karaga district, two U.S. Peace Corps Volunteers (PCVs) are engaged with SPRING to support tippy tap activities and school health clubs. One PCV is also working with nurses and community health volunteers in one of the Community-based Health Planning and Services (CHPs) zones to improve IYCF practices. In Savalugu, although it is not a SPRING focus district, the second PCV has been working with nurses to promote IYCF practices through improving use and understanding of growth cards. SPRING staff have been providing PCVs with technical support from the Tamale office.

In Q3, SPRING/Ghana participated in an agribusiness investment forum organized by FinGAP, a Feed the Future implementing partner. The forum convened USAID-funded projects, agricultural-centered private sector individuals and institutions, and government officials to learn and build partnerships to promote agribusiness.

SPRING/Ghana also engaged with USAID implementing partners such as WASH for Health, Systems for Health, Evaluate for Health (E4H), and others to leverage project resources and avoid programmatic duplication. One key action item currently under discussion is the development of a comprehensive GIS database for implementing partners.

Lessons Learned and Next Steps

- Additional effort is required to ensure regional buy-in of the district agenda, despite the detailed and transparent planning exercise SPRING conducted with district partners, due to the fact that GHS is very centralized.
- A number of steps are required to achieve ODF status and ODF basic certification is often used as the first step to achieving “sanitized community” status. It has also been challenging to work with DICC’s to assess communities as many of the groups are inactive and must be refreshed to start the validation activity.
- Originally SPRING focused on building hand washing stations near latrines; however, given the importance of hand washing before the preparation of complimentary food for young children, the emphasis was shifted to also include messages promoting tippy tap construction near food preparation areas.
- Using existing government platforms for coordination can result in less frequent meetings and a more generic discussions and agenda. This has stayed within SPRING’s agenda due to the multi-sectorial approach.
- In districts where there is some resistance to a greater focus on nutrition, SPRING will instigate a series of “learning events” which will be held between biannual coordination meetings to encourage sharing and learning across the multi-stakeholder platform.
- SPRING will engage with a PCV working in Karaga and East Mamprusi, who will participate in QI training and then support the roll-out process in their target facilities.
- Potential exists for greater PCV engagement in Bongo, Talensi, Tolon, Kumbungu, and Karaga with the incoming health group set to arrive in February, who could be placed in targeted communities and support the SPRING 1,000 Day Household agenda.

Objective 4: Increase use of nutrition-sensitive agriculture practices

4.1 Reduced exposure to and consumption of aflatoxin

SPRING/Ghana focused on aflatoxin mitigation due to the growing body of evidence detailing the ways in which aflatoxin impacts stunting. SPRING/Ghana focuses on reducing aflatoxin levels in two primary crops, groundnuts and maize. The project has developed approaches to reduce the level of aflatoxin products consumed and sold at markets, while also assessing the level present in each crop and how they it changes with the seasons.

SPRING focused on reducing aflatoxin in groundnuts through the implementation of farmer field schools, which are made up of 1,000-day households within each target community. Groundnuts are a primary food source for young children in northern Ghana and are widely known to be affected by aflatoxin. Additionally, it is a crop traditionally grown by women and thus generates income for women when crop surpluses are sold. SPRING has developed a pre-harvest aflatoxin management training curriculum and initiated cascade trainings through the regional Ministry of Food and Agriculture to establish a cadre of facilitators to support Agricultural Extension Agents (AEAs) implementing the Farmer Field Schools. Elements on good agricultural practices have been edited to include modules on pests and diseases, and weed control. A post-harvest processing and storage curriculum was developed in the third quarter to ensure that Ministry of Food and Agriculture (MOFA) staff and AEAs are prepared for the groundnut harvest season. AEAs have also begun monitoring Farmer Field School participants for

follow-up and support. To date, 6,843 individuals were given training in Agric, (6,620 farmers were trained through FFS, and 223 MOFA staff through pre-harvest training).

SPRING also supported the addition of aflatoxin-specific content to a maize production manual facilitated by ADVANCE and ATT programs. In an effort to further define the presence and scale of aflatoxin contamination in maize and groundnuts, SPRING developed a protocol to test a cohort of 42 groundnut farmers, and maize aggregators participating in the ADVANCE project. Contracts with research agencies for this work to begin in the post-harvest season are currently under negotiation. A key issue in the North has been the poor quality of seeds available for groundnut production, resulting in very low productivity. Access to improved groundnut seed is extremely weak and is not currently supported by the Feed the Future agenda in Ghana. Poor quality seed is more susceptible to aflatoxin

SPRING participated in a number of meetings and workshops in FY15 related to the agricultural-nutrition agenda. Of particular note was the Partnership for Aflatoxin Control in Africa (PACA) workshop aimed at creating a multi-country platform to share experiences, and a meeting on biocontrol technology with *Aflasafe*. SPRING has expressed interest in trialing *Aflasafe* if the product is available through the International Institute of Tropical Agriculture (IITA). SPRING/Ghana has included work on biofortified crops in its FY16 operational plan which has been approved by the USAID/Ghana Mission. In support of this new agenda SPRING has developed links too range fleshed sweet potato (OFSP) and biofortified maize through the International Potato Center (IPC) and ATT. At present SPRING/Ghana is seeking a waiver to procure seeds and thus enable not only demonstrations of groundnut varieties, but also provide OFSP cuttings to mother-to-mother groups as a crucial complementary food.

SPRING continues to address the post-harvest period through a memorandum of understanding with the Feed the Future Post-harvest Innovation Lab (PHIL) to trial post-harvest bags, shellers, and locally available technologies. Work continues with post-harvest preparation at the district level, including preparation for expansion into biofortified crops. SPRING will also develop effective nutrition-sensitive and nutrition-specific messages to be integrated into Farmer Field Schools, expanding the existing community-based platform.

During the second day of post-harvest training for Farmer Field Schools, the SPRING Nutrition, WASH and SBCC Advisors worked with MOFA staff to develop a nutrition-sensitive agriculture training curriculum for female groundnut farmers groups emphasizing five critical behaviors of 1,000 days households. MOFA staff will pilot this draft curriculum in a few farmer groups and finalize the training package after receiving feedback from participants.

4.2 Expand LEAP cash transfer activities to eligible pregnant and lactating mothers

Throughout PY1 SPRING helped to design the LEAP 1,000 initiative supported by USAID as part of the government of Ghana's social protection program and hosted a meeting between the Department of Social Welfare, UNICEF, and SPRING staff to ensure its effective engagement. SPRING district staff members have found it challenging to enter discussions with the social welfare groups in their geographical areas because the central government did not issue a directive on LEAP 1,000, and there was no clear connection between beneficiaries and improved services supported by SPRING. Through contact with LEAP 1,000 leadership, districts were asked to liaise with SPRING staff members. Within the month of September, SPRING was given a list of targeted LEAP 1,000 beneficiaries to which initial payments from the Government of Ghana were due in early October. The Government of Ghana has sent letters to the districts requesting that they invite SPRING to LEAP 1,000 meetings

and include SPRING on committees; this has happened in most districts. SPRING will use the beneficiary list to ensure communities targeted for PY2 include those with a concentration of LEAP 1,000 beneficiaries.

Lessons Learned and Next Steps

- The number of agricultural extension agents was smaller than originally anticipated due to the MOFA decentralization to the district assemblies, and a significantly greater focus by commercial farms operating out grower schemes reducing the need for public extension services. This resulted in lower training numbers than originally planned
- Seed quality and supply is an issue and may be an additional challenge for groundnut interventions as farmers are anxious to only grow crops with good yield returns and poor seed reduces yield. Some farmers were reluctant to join farmer field schools upon learning that seeds are not provided as they had previously dropped groundnut production and have no access to seeds.
- A greater focus on pest and disease control was more important than originally planned due to the groundnut rosette virus being more prevalent than in other years

Objective5: An enhanced policy environment for delivery of state-of-the-art nutrition interventions

Overview

SPRING has engaged with actors across multiple agendas over the course of this year. Significant events are highlighted below:

Savannah Accelerated Development (SADA) Zone High-Level Health Forum: The three Northern Regions and sections of two neighboring districts are of particular interest to the GOG and have been marked for alternative platforms of rapid development. The forum in quarter three brought partners together to discuss the particular challenges and solutions for delivering health care in this zone. Nutrition was an area of specific concern.

CHPS conference: The CHPS conference, titled “Best Practices and Innovations Powering Scale Up” and organized by the USAID Maternal and Child Survival Program, was a major stakeholder forum in which SPRING/Ghana participated. CHPS, a major strategy by the GOG to expand access to the primary health care package delivered at the community level, has seen a recent shift toward clinical and curative care and away from preventive components (including nutrition). The forum sought to redirect policy objectives and to explore and adopt the best working mechanisms toward achieving these objectives.

Anemia: SPRING has made great efforts to engage the GHS Nutrition Department in prioritizing the anemia control agenda. A landscape analysis report on anemia prevention and control and the development of an anemia training package, both produced by SPRING have progressed steadily with the concurrence of the GHS but are yet to be completed. SPRING has developed a District Assessment Tool for Anemia and its field test was conducted in Kumbungu district in Northern Ghana. A draft training manual on anemia for health facility and community workers was submitted to GHS for review.

GHS/FHD annual performance review: This meeting was organized to review all program components for maternal and child health, reproductive health, and nutrition conducted in the previous year. It was attended by health managers, partners, and organizations. SPRING/Ghana used the opportunity to provide an update on project activity.

Lessons Learned and Next Steps

Ensuring GHS ownership of the anemia agenda has slowed the activity considerably, however GHS maintains a high level of interest. The draft anemia training manual and landscape analysis have proven to be cornerstones in sustaining interest and continuing to advance the agenda.

Administration and Management

Finance and operational activities grew in parallel with the expansion of program activities. 45 staff members were hired during FY15, including the following F&O staff: a Partners and Grants Manager, Finance and Administration Manager, Human Resources Manager, Office Cleaner, and three drivers. In addition, 15 bank accounts were opened to support operations in all 15 SPRING districts.

As the year progressed, it was apparent that the size and structure of the Finance and Operations division needed to change dramatically in order to better support the rapid increase of program activities. The Deputy Chief of Party for Finance and Operations (DCOP - F&O) position was created and the position filled in June. A complete restructuring of F&O took place upon arrival of the new DCOP. Old positions were modified and new ones created with the recruitment process beginning in July. Three significant F&O staff members, the Director of Finance and Administration, the Finance and Administration Manager, and the Finance and Administration Assistant, resigned shortly before or after the DCOP -F&O came on board, adding further urgency to putting new F&O structure into place. The F&O division now expects to finish recruitment for all positions and be fully staffed at the end of November.

Monitoring and Evaluation

In Q1, SPRING/Ghana developed a draft Activity Monitoring and Evaluation Plan (AMEP), which was reviewed by both Evaluate for Health (E4H) and the Monitoring, Evaluation, and Technical Support Services (METSS) Project to ensure coherence to FTF and Global Health indicators and M&E standards. The AMEP was finalized and approved in Q3

The AMEP includes both output indicators collected through routine monitoring, and outcome indicators measured through surveys. Baseline surveys were carried out by METSS in support of both RING and SPRING projects, and by E4H health in support of the broader USAID health agenda, and reports for both surveys were completed in Q3. Since both surveys included areas where SPRING does not work, both METSS and E4H have been asked to provide additional analysis focusing specifically on the SPRING ZOI. SPRING has district level baseline data from these surveys for most indicators, which will help to make programmatic decisions about which nutrition aspects, and which districts, need the greatest attention.

To measure routine indicators, SPRING developed a series of simple data collection forms, most of which are captured on a monthly basis. Data flows from SPRING District Coordinators to the M&E staff in Tamale, where it is managed in a project database.

Where possible, SPRING is attempting to use existing data sources in order not to create new and parallel reporting systems. For example, SPRING has been able to capture the number of children under five reached with nutrition services through the health system, and number of children under five who receive Vitamin A, using the District Health Information Management System (DHIMS), managed by GHS. Challenges exist in accessing data from DHMIS, but SPRING hopes to be able to continue to use this data source in the future for the two key indicators mentioned above.

SPRING progress with respect to routine indicators is shown in the table below. The table shows all routine indicators that SPRING collected during FY15, with achievements show by quarter beginning in quarter 2, when most activities commenced. The table also shows the target for the year, the percentage of the target that the achievement represents, and comments in cases where the achievement was either >10 percent higher or > 10 percent lower than the initial target.

Routine indicators, with targets and achievements, are shown in the table below:

Indicator name and FTF number, if applicable	FY15 Targets	Achievements				Variance: Percent of Target Achieved	Comments (including explanations for achievements which are >10% above or below target)
		Q2	Q3	Q4	Total FY15		
3.1.9-15 Number of children under five reached by USG-supported nutrition programs	87,708	32,968	175,338	201,698	410,002	467	This number refers to contact events (children receiving nutrition services at facilities) as opposed to children reached in households. Information is received from DHIMS for facilities that meet criteria signifying a significant level of support from SPRING. Children under five could potentially be counted more than once if they receive services multiple times during the period.
3.1.9.2-3 Number of children under five who received Vitamin A from USG-supported programs	108,734	0	0	10,611	10,611	10	As above, information is received from DHIMS for facilities meeting criteria indicating significant SPRING support. Due to the prolonged delivery time of vitamin A, the product was only delivered in September; hence FY15 data is only for the month of September 2015. The remainder of the product will be provided in PY2 for children at the facilities receiving vitamin A
4.5.2-13 Number of rural households benefiting directly from USG interventions	184,398	32,968	175,338	201,698	410,002	222	Using the National Population Census 2010 Spring estimates each HH contains on average fewer than one child under 5. Therefore by applying the DHIMS data set - 410,002 households had a contact event support through SPRING
No of households benefiting directly through SPRING target community activities	184,398	0	6,370	473	6,843	4	This number incorporates the households present in the SPRING target communities which have direct benefit from a range of activities.
4.5.2-14 Number of vulnerable households benefiting directly from USG assistance See two different interpretations below							According to Ghana Living Standards survey 2013 extreme poverty affects 8.4 of the national population definition 'living standard is insufficient to meet their basic nutritional requirements. However in the northern Savannah Zone extreme poverty is quoted at 27.3 percent which refers to the SPRING zone of influence and nutritional vulnerability. SPRING has calculated this indicator using both poverty percentages, as seen in the next two rows.

Indicator name and FTF number, if applicable	FY15 Targets	Achievements				Variance: Percent of Target Achieved	Comments (including explanations for achievements which are >10% above or below target)
		Q2	Q3	Q4	Total FY15		
Applying national 8.4 percent criteria	34,575	2,769	14,728	16,943	34,440	100	Application was originally estimated at 15 percent however the recent survey mentioned above provides more specific data to apply
Applying the Northern Savannah zone 27.3 percent	34,575	9,000	47,867	55,064	111,931	324	Application was originally estimated at 15 percent however the recent survey mentioned above provides more specific data to apply
Number of people trained by SPRING through USG-supported programs	16,455	1,180	8,741	2,715	12,636	77	The shortfall reflects the fact that trainings were not taken to community groups in mother to mother or the QI agenda as planned
3.1.9-1 Number of people trained in child health and nutrition through USG-supported programs	7,500	1,180	1,461	1,942	4,583	61	As above
4.5.2-7 Number of individuals who have received USG supported short term agricultural sector productivity or food security training	6,300	0	6,370	473	6,843	109	
Number of communities with clearly articulated CLTS action plans being implemented with SPRING support	150	0	128	20	148	99	
Number of communities certified as "open defecation free" as a result of USG assistance	60	0	0	43	43	72	Challenges exist in activating the government mechanisms to review communities- this certification only refers to " ODF basic"
Number of community support groups supporting nutrition strategies in their communities	450	0	0	51	51	11	Again SPRING did not engage significantly in forming support groups at the community level during this year

Indicator name and FTF number, if applicable	FY15 Targets	Achievements				Variance: Percent of Target Achieved	Comments (including explanations for achievements which are >10% above or below target)
		Q2	Q3	Q4	Total FY15		
Number of district nutrition coordination meetings conducted	45	6	21	14	41	91	This number is inclusive of the multiple stakeholder nutrition planning meeting convened by the District assemblies to assist SPRING inception
Number of facilities that are implementing a nutrition QI action plan	106	0	0	0	0	-	Spring was unable to expand this activity beyond initial training in the reporting period
Number of supportive supervision and monitoring visits	492		60	99	159	32	AS activates did not commence in some districts until the last two quarters the number of visits was limited until actual trainings and engagement had taken place

In the last quarter of PY1 work started on the GIS mapping to be completed in the next quarter. It is being done in close collaboration with E4H and METTS to ensure all existing data sets are utilized.

The SPRING home office SI advisor visited the Ghana program in September 2015 to review the M&E system and identify lessons learnt and changes pertinent to PY2.

Appendix 1. Success Story

CLEAN COMMUNITIES, GOOD HEALTH

"NaabaIssifu is my name. I have engaged in open defecation for the past 42 years."

This is how NaabaIssifu, chief of the Piyaligo village in the Garu-Tempene district in the Upper East Region of northern Ghana, introduces himself. Until recently most of the village's 98 homes lacked latrines, forcing the 600+ villagers to defecate in the open.

"My family and I could not plant beans and other vegetables like 'alefu' and 'berra' around my house or on the farm because the children, my wife and myself eased ourselves there...only three houses [in the community] had latrines. Hand washing with soap or ash with clean running water was not a practice in

this community," Naaba said.

These practices began to change after SPRING staff and Government of Ghana environmental health officers began conducting weekly visits to the village in May 2015. They promoted the four key behaviors of SPRING's WASH 1,000 agenda: safe disposal of feces, handwashing with soap, boiled or treated water for children 6-24 months, and clean play spaces for children.

Today almost all the houses in Piyaligo community have latrines and many also boast tippy taps. Naaba says that there is a now stigma associated with open defecation and that the community is aware of its negative consequences. This year his family is able to enjoy bean leaf soup from their garden and are even able to sell extra produce at the market. "Hand washing after visiting the latrine, before eating, before feeding our children and covering our food is now like a competition in my home and the community at large," he says.

As the village chief, Naaba and other elders worked with SPRING to develop a community action plan which they will continue to implement. They are also in the process of creating community by-laws to cement the villagers' commitment to sustaining cleanliness and sanitation efforts in Piyaligo.

"Through the intervention of SPRING, my house and my community are now clean, free from feces all over. I now also enjoy a variety of soup because I can now plant vegetables on my farm which my wife uses to prepare soup for the family. As chief of the community, I no longer feel embarrassed when we have visitors because my community is now clean and free from the stench of feces."



A latrine constructed after WASH 1,000 interventions

Appendix 2. AMEP

Please see attachment.



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