



Institutional Capacity Statement

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Who We Are

FHI Solutions (FHIS) is an international non-profit with experts in social behavior change, data for decision making, technical innovations, advocacy, and sustainable development – working for a world with optimal nutrition for everyone. We want to see everyone reach their highest, greatest potential.

As a member of the [FHI 360](#) family, we achieve positive change through action, learning, and sharing. We operate through principles of agility, shared power, and trust. We are home to three initiatives, working across the impact cycle: [Alive & Thrive](#); [Intake](#), Center for Dietary Assessment; and [1,000 Days](#). Together, our initiatives drive our impact network.

Over the years, we have implemented projects or provided technical assistance in 30 countries across Africa and Asia. FHI 360's technical and geographical footprint has allowed us to sustainably grow our network.

For nearly two decades, at global and country level, we have worked across the impact cycle - from program ideation and design, implementation, monitoring and evaluation, implementation research to policy and advocacy. Our approach to innovation management has enabled lasting benefit to the communities that we partner with.

Our Values are our Compass

People are at the heart of who we are. We strive to understand human behavior, we are willing to change course, and we value compassion. We take a diligent approach to risk, which means that we bet on creative and novel solutions, rigorously testing them before adapting and scaling. At FHI Solutions,

we learn and innovate through conversation – information is always an exchange. And our optimism that solutions, technology, and innovations can be scaled to reach those who need it most drives us to keep expanding our network.

Our Approach

Together with our partners, we find root cause solutions for system wide challenges. Our solutions and innovations cut across sectors, such as health, food, agriculture, and social protection. Our broad 360 perspective helps us to better understand how innovations and solutions operate within families, communities, and as integrated components of national systems. We specialize in innovation management for nutrition, making sure that pilots are rigorously tested before they are adapted and that local knowledge drives change.

Our impact network is driven by **three core principles:**

- 1 | **We approach systems change through panoramic vision.**
- 2 | **We specialise in innovation management.**
- 3 | **We use a lean start-up model – we test, adapt, replicate.**

Our Initiatives

Our three initiatives provide a platform across the impact cycle that offers in-depth expertise and collaborations with best-in-class global actors. Originally seeded by the Bill & Melinda Gates Foundation, FHI Solutions has a range of partners – from large multilaterals to country specific family foundations to local community organizations.

Alive & Thrive (A&T) – Nourish, Nurture, Grow.

Through [A&T](#), FHI Solutions works to achieve large-scale improvements in breastfeeding, complementary feeding, and adolescent and maternal nutrition in partnership with global multilateral institutions, governments, private sector, civil society, and other stakeholders. A&T demonstrated that rapid improvements in infant and young child feeding (IYCF) are possible in diverse settings and has since expanded its geographic and technical scope, strengthening the integration of nutrition interventions into health, food, and social

protection systems in over 19 countries. A&T has developed innovations and approaches, generating evidence to improve the delivery of maternal, adolescent, infant, young child, and adolescent nutrition (MAIYCAN) interventions. At the same, our model provides continuous learning on how to strengthen systems to support the quality, scale up and sustainability of these programs. Since our method is grounded in data, it fuels our national and global advocacy.

Intake - Building foundations for good nutrition through data.

Through [Intake](#) (a Center for Dietary Assessment), we increase the availability, quality, reliability, comparability, and use of dietary data and metrics. Intake provides flexible, on-demand technical assistance for the collection, analysis, and use of dietary intake data for evidence-based decision making. Intake also supports research to advance

dietary assessment methods and the development of validated metrics of diet quality. Intake is currently providing technical assistance to eight national or large-scale dietary surveys in low- and middle-income countries: Ethiopia, Jordan, Kenya, Niger, Nigeria, Senegal, Viet Nam, and Zambia.

The 1,000 days between pregnancy and a child's 2nd birthday set the foundation for all the days that follow.

Improving nutrition during the critical [1,000-day](#) window between pregnancy and a child's second birthday is one of the best investments donors and countries can make. 1,000 Days advocates for increased nutrition investments for all women and

their babies in the United States and around the world. At the global level, 1,000 Days influences policy, practice, and public awareness through coalition building, translating technical information into actionable recommendations for government.

What We Do

Each initiative strives for impact by building expertise across the following four core capacities.

Innovation management, implementation learning, and systems strengthening

At Intake and A&T we identify opportunities to test solutions to nutrition delivery and data challenges in different contexts, and we innovate to address entrenched socio-cultural and other barriers to improved nutrition behaviors.

A&T offers evidence-based technical assistance to governments and their partners to develop, deliver, and sustain quality MAIYCN services at scale. We take a comprehensive systems approach by strengthening service delivery at the facility, community and household levels. Examples of our approach include working with medical colleges to integrate MAIYCN into the curriculum; developing e-learning tools and digital applications for health workers to guide counseling and data collection; using implementation research results to guide school-based delivery of adolescent nutrition interventions; and supporting all levels of governments to advocate for nutrition funding.

While A&T focuses on MAIYCN services, Intake develops technology tools, and provides technical support for the collection, analysis, and use of actionable data on diets, which in turn, can provide value feedback and metrics for MAIYCN behavior and norm change. Quantitative 24-hour dietary recall data, collected at scale at the individual level, provides a robust means for obtaining data on the foods and quantities consumed. National dietary data is central for informing positive food systems actions oriented toward better nutrition, health, agriculture, and climate outcomes. As such, quality dietary data is critical for informing programmes and policies across many sectors, including nutrition, agriculture, health, social welfare, and economic sectors. 24-hour dietary recall surveys are also important for the design of large-scale food fortification programmes and policies, which are a cost-effective way of reaching large segments of at-risk populations.

A&T also conducts effectiveness studies, implementation science, operations research, impact evaluations, and cost-effectiveness studies. Implementation science has a broad research scope which can lead to novel delivery platforms, innovations in social behavior change (SBC), and advances in the state-of-the-art of policy and program delivery at scale. Through our global network, and through targeted advocacy led by 1,000 Days, we ensure that key lessons from implementation research reach decision makers. Across all initiatives, we provide flexible and responsive approaches to meet ongoing challenges to systems strengthening posed by disruptions like pandemics, civil-unrest, and climate change. Examples of our outcomes and impact include:

- In Burkina Faso, improved supervision mechanisms and reduced iron folic acid (IFA) stockouts due to implementation research on the integration of maternal nutrition interventions into antenatal care services.
- In Burkina Faso, technical assistance to develop a concept note to secure World Bank funding for nutrition.
- In Indonesia, developed a package of knowledge products to support the government's National Strategy to Accelerate Stunting Reduction 2018-2022 using results from formative research.
- In Ethiopia, collaborated with the government to develop workplans for six regional health bureaus detailed actions needed to achieve the Government of Ethiopia National Nutrition Plan II 1,000 Days targets.
- In Ethiopia, collaborated with government to integrate of nutrition into agriculture plans and budgets in five regions.

Social behavior and norm change

We are perhaps best known for our work in Social Behavior Change (SBC). A&T works in 19 countries on SBC programs, while our global and U.S. focused work, driven by 1,000 Days, often contains elements of SBC. As such, we are adept at contextualizing interventions for new geographies using proven strategies, tools, and approaches.

Our expertise spans interpersonal communication (IPC), community mobilization, and mass media. Within health facilities, our counseling has focused on improving practices around iron folate acid uptake, weight gain during pregnancy, diet quality and breastfeeding. Current work includes costing exercises to provide guidance to governments and donors on implementation. Activities involve improving the performance of frontline workers taking account of workload expectations, skills needed to counsel, ways to ensure frequent direct contacts, and mechanisms to motivate and recognize good performance.

We have expertise in methods for monitoring IPC, community mobilization, and mass media interventions to ensure effectiveness and maximum coverage. We have executed numerous behavior-change campaigns - from Nigeria to Nebraska - on a wide range of nutrition issues. Our communications are data driven and deployed through multiple methods from direct engagement to social and mass media.

A&T has yielded statistically significant results, yielding lessons within and beyond the nutrition sector. Our methods have improved feeding practices at scale in Bangladesh, Burkina Faso, Ethiopia, and Viet Nam and maternal nutrition in Bangladesh:

- In Bangladesh, a 37% percent increase of infants under 6 months were exclusively breastfed in areas that received the complete intervention package. The proportion of children who consumed a diverse diet increased by 30 percent (2010-2014).
- In Ethiopia, early initiation of breastfeeding improved by 15%, exclusive breastfeeding by 9%, and minimum dietary diversity by 5% (2010-2014).
- In Viet Nam, the prevalence of exclusive breastfeeding nearly tripled in areas where A&T initiated high quality interpersonal counselling services in health facilities along with a mass media campaign (2010-2014).
- In Bangladesh, pregnant women who received counseling on diet diversity increased from 30%-82%. Delivery of IFA supplements increased from 44% to 97%, and the delivery of calcium supplements increased from 32% to 96%. Minimum diet diversity increased by over 28 percentage points (2015-2017).
- In Burkina Faso, early initiation of breastfeeding increased from 9% to 37% in intervention communes and exclusive breastfeeding for the first six months from 33% to 93% (2014-2017).
- Across the United States, we work to make nutrition relevant for families and caregivers to increase healthy diets and improve feeding practices. Through a suite of multi-media, parent education materials in multiple languages, we have reached over 5 million parents (2017-2019).
- Technical assistance to the Islamic Development Bank and World Bank on social behavior change and Monitoring, Learning and Evaluation.

Improving data value chains for nutrition

Through Intake, we provide technical assistance and capacity building to plan and design large-scale quantitative 24-hour dietary recalls surveys. We work with governments to collect, analyze, interpret, and use the data for evidence-based policy and program design. Our capabilities span across all phases of survey work including statistical services, pre-survey work, training for survey implementation, data processing and cleaning, analysis, presentation, and interpretation.

We develop technology tools for data collection, alongside providing technical support for the use of these tools. We also develop and validate global metrics to facilitate the evidence-based assessment, monitoring, and evaluation of diets at the population-level. Combined, these efforts build national data capabilities, which in turn, can drive broader policy change.

Building capacity to use data strategically is essential for problem assessment and for designing and targeted nutrition interventions; in particular, to better understand where, what, and how to implement, and for monitoring and evaluation. Improved data for decision making can inform a wide range of policies from food-based dietary guidelines and consumer education materials to assessing the human exposure to chemicals in foods to identifying potentially healthy foods for agriculture investment.

Across our initiatives, we are supporting partners with opinion leader research for policy advocacy; qualitative and quantitative formative research to guides SBCC; situational analyses on health service provision; incorporating real-time monitoring into systems; and creating rigorous process and impact evaluations to guide implementation and measure impact. Examples of our outcomes and impact include:

- 1,000 Days developed a [first-of-its-kind analysis](#) that demonstrated paid leave can improve the health of mothers and babies, save lives, promote breastfeeding and enable children to get a strong start to life.

- In Bangladesh, a novel method to strategically use data to improve MIYCN services was incorporated into the national Comprehensive Competency Training on Nutrition. It was first tested by A&T in health facilities at the Upazila level.
- A&T advocated for the integration of new MIYCN indicators into Health Management Information Systems (HMIS) DHIS2 in several countries, including Burkina Faso. Subsequently, data timeliness, completeness, and accuracy of reporting were assessed at 94%.
- Intake developed and validated the Global Diet Quality Score (GDQS) in collaboration with its partners, Harvard University and the National Institute of Public Health, Mexico (INSP). The GDQS is the first comprehensive metric of diet quality validated for global use that is designed to assess a diet that is both adequate in nutrients and also protective against diet-related non-communicable disease risk outcomes.
- Intake developed the GDQS app, a simple, streamlined technology-assisted data collection system to facilitate population-level data collection. Intake provides technical assistance for use of this app to users in six countries: Cameroon, DRC, Kenya, Lebanon, Nigeria, and Thailand.
- Intake is host to the INDDX24 Dietary Assessment Platform, which includes an online repository for dietary reference data and a technology-assisted data collection tool (the mobile app) for the collection of quantitative 24-hour dietary data collection data. Intake provides technical assistance for use of the mobile app to users in four countries: Burkina Faso, Niger, Nigeria, and Viet Nam.
- Intake has worked closely with technical staff within national institutions in Niger, Nigeria, and Zambia to strengthen capacity for the compiling of dietary reference data and use of that data for dietary data processing.

Advocacy and knowledge management

Strategic advocacy raises the priority of nutrition among decision makers. Our technical expertise spans a spectrum of issues within national systems. As such, we use data and local learning to improve policy and regulatory environments and support implementation. Going forward, FHI Solutions aims to provide partners with impactful advocacy products and equip influential individuals to champion nutrition.

Across all three initiatives, we take a strategic approach to research dissemination, translating complex technical findings into compelling, evidence-based program guidance. Over the last decade, we have published more than 100 articles in peer-reviewed journals that have framed the issues and driven the global conversation on maternal and infant young children nutrition. Today, we are committed to taking this learning further through our global networks.

Girls and women's nutrition is a cross-initiative advocacy priority for FHI Solutions. Working with partners in both nutrition and gender communities, we are building a global Action Agenda to increase and prioritize investment for program interventions and policies required to guarantee strong nutrition outcomes for women and girls. Our focus at the country and regional level is in India, Nigeria, Ethiopia, and Southeast Asia. Country experience will be used to influence a cohesive global response.

In the US, 1,000 Days engages stakeholders within the nutrition sector and beyond to build consensus around goals and strategies, creating evidence-based narratives and arguments for policy change. In the US and at global level, 1,000 Days influences policy, practice, and public awareness for interventions that improve the nutrition of mothers and babies from pregnancy to age two. We have been instrumental in leading the International Coalition for Nutrition, prioritizing the greatest

opportunities engaging governments to support their citizens, particularly in the lead to global Summits such as [Nutrition for Growth](#).

A&T has developed and evaluated a systematic process (now a model) for effective policy advocacy, which introduces new ways to achieve policy change through media engagement, a broadened partner base, and strengthening the capacity of influential individuals and journalists to champion MAIYCN practices. At the local level, A&T is building capacity of local women leaders to drive dialogue, awareness and action on key policy issues that affect MAIYCN.

Effective advocacy can be supported by knowledge management. Our desire to nurture solutions comes from a larger desire to witness systemic change. We are committed to disseminating our research and tailoring our communications to provide decision makers, advocates, and practitioners with access to cutting edge technical, operational, and actionable knowledge and information. We seek to use novel communications methods to reach the right people so that the right solutions to malnutrition can be scaled. Our advocacy and knowledge management efforts with partners have contributed to the following:

- A multi-media campaign on beverage consumption contributed to the inclusion of recommendations for the first-time ever for pregnancy women and babies up to 24 months (e.g., the 1,000-day window) in the USDA Dietary Guidelines 2020. The campaign included materials to parents and caregivers, video demonstrations, influencers, and media.
- The Cost of Not Breastfeeding tool determines future economic losses of low- and middle-income countries accrued from lack of breastfeeding. Developed by A&T, it is widely used to generate investments and can generate estimates for numerous countries.

- Cambodia, Myanmar, Thailand, and Viet Nam have strengthened their national Breastmilk Substitute Codes and/or oversight boards. Laos, Myanmar, Thailand, and Aceh province in Indonesia strengthened maternity protections policies (including longer leave, lactation spaces, and childcare spaces).
- \$60 million new donor funding for IYCF in Bangladesh. In Viet Nam, provincial budgets included support for IYCF services.
- The National Strategic Plan for Action for Nutrition, the promotion of the Baby-Friendly Hospital Initiative, and resources for increasing maternity entitlements are being rolled out and implemented in Nigeria's Lagos and Kaduna States.
- \$95 million annual increase in U.S. government funding for global nutrition between 2009 and 2019 and increased investment in the Women, Infants and Children (WIC) and Supplemental Assistance Nutrition Programs including support for the WIC Breastfeeding Peer Counselor Program, which received full funding for the first time in 2020.
- 1,000 Days led the dissemination of *The Lancet Series on Maternal and Child Undernutrition Progress* (March 2021) through marketing and media materials, including graphics, a microsite, and a two-hour webinar with six authors attended by more than 2,000 people worldwide.