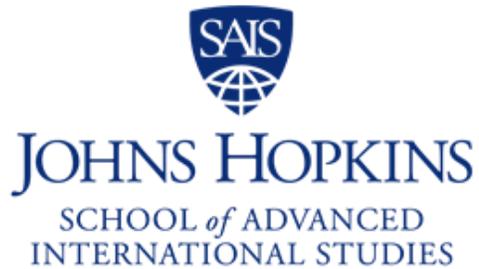


SAIS International Development Program Practicum: FEMSA Foundation Team Final Report

Mary Kate Battle, Rebecca de Guttery, David Ehle, Jennifer Majer

April 29, 2015



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Terms of Reference Signed Agreement

Terms of Reference

Nutritional Education in Mexico and Latin America

The purpose of this Terms of Reference (ToR) is to outline the requirements for the consultancy of David Ehle, Jennifer Majer, Mary Kate Battle, and Rebecca de Guttry, referred to, henceforth, as the Practicum.

1. Background

Latin America has been enjoying an extended period of social and economic progress. Nevertheless, persistent income inequalities are hindering the development of large swaths of the population. Mexico and other Latin American countries are undergoing a significant nutrition transition: undernutrition is declining, although at a slow pace, while rates of obesity, type 2 diabetes, anemia, and high blood pressure are becoming serious public health concerns. Changes in diet, physical activity, and health are the source of the problem.

About Fundación FEMSA

Fundación FEMSA was established in 2008 with the mission of being a social instrument that supports the conservation and sustainable use of water resources and the improvement of quality of life in communities through applied education, science and technology. Fundación FEMSA envisions being a responsible and cutting-edge social investor, valued by its strategic partners as an organization whose contributions and programs are an international reference in their fields of work. It seeks to establish strategic alliances with national and international organizations to multiply its social impact and focus its efforts in creating solutions that bring about sustainable, permanent changes that will benefit communities.

Fundación FEMSA operates by providing funding and support to a variety of organizations within the programmatic areas of Sustainable Development and Quality of Life. It strives to channel its funds where they can yield the most impact but it is constrained by a lack of uniformity across implementing organizations in monitoring and evaluation (M&E) methods. It has therefore prioritized revising the reporting requirements of the organizations it supports and strengthening the M&E tools. It also seeks to expand its partnerships to new organizations and be at the frontline in the adoption of best practices, particularly in the area of nutritional education.

About the Johns Hopkins School of Advanced International Studies (SAIS) IDEV Program

The SAIS International Development (IDEV) Program provides an interdisciplinary approach to the study of developing countries, with the aim of preparing students for careers in development. Students in the IDEV Program receive rigorous academic training that helps them better conceptualize the development process in its economic, political and social dimensions.

About the IDEV Practicum

In order to expand the opportunities to work directly with public, private and non-governmental organizations, IDEV offers a Practicum, a two-semester class to second year students for credit. The Practicum is a course designed to provide students the tools and opportunity to work with

an external client on a development problem or opportunity. For the AY 2014-2015, Fundación FEMSA engaged with the IDEV Practicum to receive consulting services and was assigned a team comprised of 2nd year IDEV students David Ehle, Jennifer Majer, Mary Kate Battle, and Rebecca de Guttry.

2. Objectives

In support of Fundación FEMSA's priorities, the Practicum will provide technical advice in the following areas: 1) monitoring and evaluation, 2) global nutrition education best practices, 3) a general methodology to measure the social return on investment in its current projects, and 4) stakeholder/partner identification and analysis. The tools and advice provided by the Practicum will enable Fundación FEMSA to measure the social return on investment in its current projects. The Foundation will be able to provide technical guidance to its implementing partners regarding program requirements and evaluation methods.

Tasks

The Practicum will provide concrete technical support and tools for Fundación FEMSA to strengthen its programming and enhance its understanding of its present impact on nutrition outcomes. Consultants will perform the following tasks:

1. **Conduct a literature review on nutrition education best practices.** This will encompass desk research on global interventions and possible interviews with international organizations in the sector.
2. **Perform an analysis of potential funders and implementers of nutrition education programs in Latin America.** This will include desk reviews of relevant organizations. Depending on their location, it may further encompass in-person or phone interviews with these organizations in January to further ascertain their interests and ability to partner with FEMSA.
3. **Perform an assessment of current M&E tools used by FEMSA Foundation's Mexican Food Bank Association projects.** These will be evaluated against the stated nutrition objectives.
4. **Create a set of standard M&E tools.** The Practicum will develop a set of standard tools encompassing surveys, indicators, and interview guides. The tools will be developed initially based on findings from the literature review and assessment of current Food Bank M&E practices. The Practicum will further refine these methods and potentially develop additional tools through fieldwork in January that will include interviews with implementing partners. The M&E toolkit will enable Fundación FEMSA to better guide implementing partners in future evaluation of projects and may assist the Foundation and its partners in measuring social returns to investment. The Practicum can provide a presentation to Fundación FEMSA of the M&E toolkit and a brief training in use of the tools.
5. **Develop a train-the-trainers (TOT) manual to strengthen FEMSA's guidance to implementing partners regarding required M&E methods and rules for reporting.** The manual will be designed to standardize the Foundation's approach to M&E,

communicate its requirements to partners, and roll out a training program. The manual will emphasize the Foundation's goal to achieve and measure the social return on its funded projects and provide some techniques that may help partners in gathering this information. The TOT manual will include an introduction to Fundación FEMSA, requirements for partnering with the Foundation, M&E standards and methods, and reporting indicators. The Practicum will work with Fundación FEMSA to standardize their approach to M&E after interviews with its project implementers and observations of the projects in January. Once the TOT manual is developed, the Practicum can provide a presentation and training guidelines to the Foundation.

Deliverables

The Practicum will produce the following deliverables on a time frame detailed in the work plan (see brief timeline in Section 3):

1. Literature review (15-20 pages)
2. Donor analysis report (10 pages)
3. M&E toolkit
4. Presentation to FEMSA of the M&E tools accompanied by an annotated M&E toolkit
5. Train-the-trainers (TOT) manual (20 pages)
6. Presentation to FEMSA Foundation of the TOT manual

3. Engagement Timeline

The activities detailed in Section 22 will occur between the months of October 2014 and May 2015 according to the following timetable (a more detailed Gantt chart will be provided):

October

- Finalize Terms of Reference.
- Start literature review.
- Collect all materials for Review from FEMSA.
- Get in touch with Food Banks with whom we will visit.

November

- Continue literature review.
- Begin stakeholder analysis.
- Begin assessment of M&E.
- Book plane tickets.

December

- Finish literature review.
- Finalize travel and field work plans, arrange interviews.

January

- Field work.
- Continue stakeholder analysis and M&E assessment.
- Begin developing training manual.

February

- Complete first draft of the literature review and stakeholder analysis.
- Potential interviews with other Food Banks / organizations for best practices.

Finalize M&E assessment.

Continue training manual.

March

Finalize training manual.

April

Complete deliverables.

4. Requirements

Reporting

The Practicum team will report to the Fundación FEMSA Quality of Life Program Managers. Written deliverables will be submitted electronically to maria.villarreal@femsa.com.mx, eva.fernandez@femsa.com.mx, and sindy.gonzalez@femsa.com.mx.

Period of Performance

This project consists of unpaid work to be performed on a part-time basis for a period of approximately nine months. The work period will begin 29 September 2014 and will not extend beyond 1 May 2015.

Financial Contribution & Support

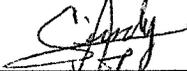
The services provided by the Practicum team constitute an unpaid consultancy for which team members will receive no remuneration. However, the project described above involves field work to be conducted in Mexico, for which Fundación FEMSA agrees to cover all project-related in-country costs, including transportation, meals and lodging. Through SOS provided by SAIS, the Practicum Team will cover their medical insurance while traveling. Fundación FEMSA will also provide the background information, introduction to implementing partners, and documents that the Practicum team needs for the completion of the project.

Confidentiality of Information

The Practicum team agrees not to publish, and /or disclose information considered confidential except under the written permission of FEMSA Foundation.

5. Signatures

FEMSA Foundation:



Sindy A. González Tijerina

Date:

12 Nov 2014

SAIS Practicum:



Mary Kate Battle

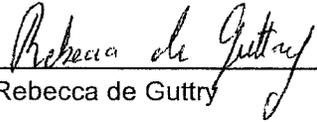
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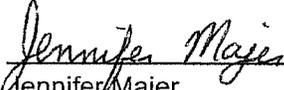
David Ehle

10 Nov 2014



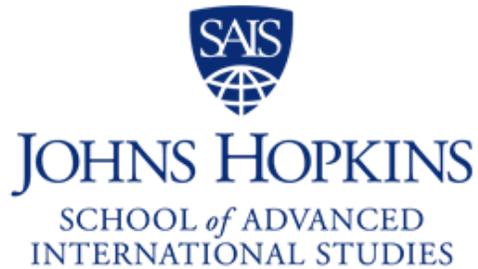
Rebecca de Guttry

10 November 2014



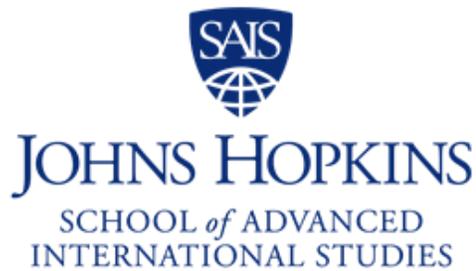
Jennifer Majer

10 November 2014



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Literature Review, Field Report, & Practitioner Interviews



FEMSA Foundation

Literature Review, Field Report, & Practitioner Interviews

Prepared by: Johns Hopkins SAIS International Development
Practicum Team

Mary Kate Battle, Rebecca de Guttry, David Ehle, Jennifer Majer
4/26/2015

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Part 1: Literature Review: An Initial Review of Nutritional Education, Food Bank Best Practices, & Community Education Outreach

This section presents the findings of our initial literature review conducted before our field visit to Mexico. It is organized in three sections which address nutritional education, food bank best practices, and community education outreach. Each section begins with a summary, and then presents the findings of the individual articles reviewed.

Section 1: Nutritional Education

Summary 1.1

This section identifies best practices and trends in nutrition education globally. Case studies include Timor Leste, South Africa, Brazil, Romania, and Mexico. Organizations conducting the research range from academic researchers to UNESCO, Save the Children, Education International, USAID, and the United Nations. The topics covered include behavior change methods, pedagogical approaches for delivering nutritional education to low-income audiences, monitoring and evaluation thematic indicators in nutrition, behavior change tactics for children, training of health care professionals, school-based nutrition programs, nutritional marketing techniques, obesity determinants, and general teaching methods.

The following ten implications emerge from the literature that apply to the work of FEMSA Foundation:

1. Active learning techniques work best for nutrition education retention rates; this finding holds for the teaching of children, youth, and adults.
2. Nutrition programs should be developed using a preliminary assessment of local context in an effort to adapt topics covered to the local context and the specific nutrition challenges faced by communities. In some communities, the emphasis may need to be on reducing sodium or sugar intake, while in other communities, nutrition messaging might require greater focus on reducing overall portion sizes.
3. The method of communication enlisted in nutrition education campaigns is essential for its success. The methods must be diverse and sustained in order to be effective in reaching the various targeted populations of the program. Regardless of the region, diversifying programs, using multiple programs as complements, and bringing them all to scale, prove effective in promoting better nutrition and behavior change.
4. Integrating maternal and child nutrition education allows for increased community knowledge and beneficiary numbers.
5. Fruit and Vegetable Campaigns have proven successful globally in achieving improvements in nutritional intake on a wider societal level.

6. There is a need to investigate what really influences the food bank beneficiaries' behavior change, as results can be limited or mixed depending on the context, such as the region and its specific programming.
7. Active monitoring and evaluation are important, both to track the progress of existing programs and for guidance in effective scaling up of pilot projects.
8. Building up local capacity (e.g. of community food banks) is important for the success of individual projects and sector-wide campaigns.
9. Reversing the health burden of malnutrition and obesity requires a portfolio of strategic and diversified programs all brought to scale in their respective regions.
10. Nutrition instructors must be highly trained for their positions and continually update their knowledge and skills with the most up-to-date nutrition findings. The literature consistently shows that educators lacking specialized nutrition training can cause damage to beneficiaries' health by teaching false and/or outdated information.

Article 1.1.1: "Behavior Change Communication Strategy for Child Health: Timor Leste Report" by Mario Mosquera, Rafael Obregon, and Rocio Lopez

Mosquera, Mario, Rafael Obregon, and Rocio Lopez. "Behavior Change Communication Strategy for Child Health: Timor Leste Report". Dirasaun Nacional Saude Comunitaria, 2008.

Summary: Timor-Leste's National Development Plan (2008-2012) and strategy for health promotion and reproductive health acknowledge the role of Behavior Change Communication (BCC) in achieving national development. The BCC strategy for child health summarized in this document is one of a series of such strategies that have been developed in the past two years. Its overall goal is to promote and increase the practice of key behaviors that support the main components of child health, including: EPI (Expanded Program on Immunization), nutrition, newborn health, hygiene and Integrated Management of Childhood Illnesses (IMCI). The strategy is intended to be implemented by the Ministry of Health (MOH), in collaboration with NGOs on the ground and UN agencies such as UNICEF, WHO and UNFPA, and with the support of communities.

The design of this strategy was highly participatory, and included input from MOH staff from Dili, DPHOs, national and international staff of partner organizations, and community health volunteers. The foundation for this strategy comes from evidence-based public health recommendations. Key features of this behavior-centered strategy include the following:

- Promoting a core set of messages aimed to promote specific changes in practices related to five key child health areas: EPI, newborn health, IMCI, nutrition and hygiene
- Using a variety of communication channels that reinforce one another: person-to-person, print, community mobilization, entertainment-education, and mass media and advocacy
- Employing communication interventions that, working together, reach the largest audience

- Linking communication with actions that make it easier for people to carry out the various practices promoted in each area of child health
- Linking activities in the child health communication strategy with other child-health- related communication strategies (nutrition, reproductive health), to benefit all areas
- Actively monitoring the strategy’s impact on changes in behavior and in child health
- Building local capacity to manage and implement the strategy under the leadership of the MOH.

The concluding proposal of the paper for the partners to consider is to implement the strategy intensively for one year in two or three districts, and then to use that experience to modify the strategy, if needed and to use those districts to inspire and teach other districts to also implement the strategy intensively. The MOH, supported by the BCC Working Group in Child Health, will coordinate M&E activities at the national level and will assist Department of Human Services, if requested, in simpler monitoring at the district level.

Implications for FEMSA Foundation:

- The method of communication enlisted in nutritional education campaigns is essential for its success. The methods must be diverse and effective to reach the various targeted populations of the program.
- Active monitoring and evaluation are important to track progress, and for guidance in effective scaling up of pilot projects.
- Building up local capacity is important for the success of individual projects and sector wide campaigns.

Article 1.1.2: “CSU Best Practices” by Baker, Auld, MacKinnon, Ammerman, Hanula, Lohse, Scott, Serrano, Tucker, and Wardlaw.

Baker, S; Auld, G; MacKinnon, C; Ammerman, A; Hanula, G; Lohse, B; Scott, M; Serrano, E; Tucker, E; and Wardlaw, M. “Best Practices in Nutrition Education for Low-Income Audiences”. Colorado State University, 2014.

Summary: This article presents best practices in nutrition education as developed through a study by the Food and Nutrition Service of the United States Department of Agriculture. They study produced twenty-eight best practices identified within five domains. The authors argue that the most effective interventions must be delivered through multiple levels of the Social Ecological Model (SEM). While no program has encompassed all 28 best practices, program designers should strive to incorporate as many as possible. Programs should be adequately tailored to effectively target the desired populations in a way that is respectful of their particular cultural context and level of literacy. The 28 best practices are listed below, classified by their thematic areas.



Implications for FEMSA Foundation:

- FEMSA programs already include many of these 28 practices. The list would be useful for the individual programs to evaluate what they currently enlist, and what is feasible to adopt as the programs grow.
- Following the recommendations of this article, FEMSA programs are highly respectful of cultural contexts and literacy capabilities of its beneficiaries. It is important to maintain this program nature as programs begin to scale up.

Article 1.1.3: “Monitoring and Evaluation Guidance for School Health Programs Thematic Indicators – Supporting FRESH (Focusing Resources on Effective School Health)” by UNESCO, Save the Children, Education International, et al.

UNESCO, Save the Children, Education International, et al. “Monitoring and Evaluation Guidance for School Health Programs Thematic Indicators – Supporting FRESH (Focusing Resources on Effective School Health)”. June 2013.

Summary: The first topic this paper discusses is Food and Nutrition. The education system offers a unique opportunity to improve children’s nutritional status and develop healthy nutrition behaviors, which in turn can improve the nutrition of girls, future mothers and the next generation of children. School-based micronutrient supplementation is a highly cost-effective strategy to address the “hidden hunger” of micronutrient deficiencies, particularly iron deficiency anemia. WHO recommends intermittent supplementation with iron amongst preschool and school-age children where the prevalence of anemia is over 20%.

School feeding interventions typically provide school meals, snacks or take-home rations to support equitable access to education among the most vulnerable and food-insecure population groups. School feeding can help increase school enrolment and attendance and improve concentration. School meals

have shown to produce a small, but significant effect on weight gain and can also help reduce micronutrient deficiencies through the use of fortified foods. If the food is produced locally, it may also benefit local farmers, producers and processors. Nutrition education in schools provides learners with the knowledge, skills and motivation to make wise dietary and lifestyle choices, building a strong basis for a healthy and active life. Nutrition education in schools should be participative, practical, skills building and adapted to the local context and resources available. School gardens can be a powerful tool to improve the effectiveness of nutrition education by providing an opportunity for children to learn how to grow healthy food and how to use it for better nutrition. The indicators used for food and nutrition include:

- Percentage of students who know specific facts about nutrition and healthy life styles related to a balanced diet and how to ensure safe consumption of food and water.
- Percentage of students who usually ate vegetables/fruit three or more times per day during the past 30 days.
- Percentage of students who usually drank carbonated soft drinks less than once per day during the past 30 days.
- Improved caloric intake in school.
- Improved micronutrient intake in school.
- Percentage of students who report having improved their diet and lifestyle.
- Prevalence of thinness/ wasting (low BMI forage). (<-2 BMI for age Z-scores), (>=+2 BMI for age z score)
- Prevalence of overweight/obesity
- Prevalence of micronutrient deficiencies (e.g. anemia).

The second topic covered is the importance of physical activity. Physical inactivity is the fourth leading risk factor for global mortality, and is becoming increasingly prevalent in middle-income countries, due to rapid economic development, urbanization and industrialization. Childhood obesity; overweight children are more likely to remain obese into adulthood and to develop NCDs. Schools provide an excellent setting to increase activity levels among children. Current WHO physical activity recommendations for children and adolescents include at least 60 minutes of moderate to vigorous-intensity physical activity daily. Schools can support these recommendations by modifying school policies and the curriculum to allow for more physical activity during the day, and creating or improving physical activity spaces and equipment. The indicators used for this program are:

- Percentage of students participating in at least 60 minutes of physical activity per day during the past 7 days.
- Percentage of students who went to physical education class on three or more days each week during the school year.
- Percentage of students who spent three or more hours per day during a typical or usual day doing sitting activities (excluding hours spent sitting at school and doing homework).
- Percentage of students who walked or rode a bicycle to or from school during at least 3 of the past 7 days.

Implications for FEMSA Foundation:

- The indicators listed for nutrition are largely the same as FEMSA already uses in its M&E.
- The section on physical activity indicators is particularly relevant for the Sanos y Activos program.

Article 1.1.4: “Behavior Change Interventions and Child Nutritional Status” by USAID and IYCN.

USAID and IYCN. “Behavior Change Interventions and Child Nutritional Status”. USAID’s Infant and Young Child Nutrition Project, 2011.

Summary: A review of nutrition behavior change interventions as part of USAID’s Infant and Young Child Nutrition Project assessed strategies that proved successful in promoting improved child feeding practices globally, including in Bangladesh, Nicaragua, Iran, Brazil, and Vietnam. These practices revolved around communications, training, pedagogical activities, and service or policy changes. Some of the effective teaching methods common across countries included group based education with cooking demonstrations and community meetings. Flipcharts were another effective teaching tool.

Formative research may be needed to determine the exact interventions that will be most successful in a given population. The messages communicated – including the types of foods promoted – must be tailored for the particular cultural and socio-economic context. A common finding was that clear and specific messages were most frequently absorbed and applied, such as messaging around types of food, quantities, and preparation techniques. Finally, the general nutritional status of the population will best determine what interventions are needed to address particular micro/macronutrient deficiencies or overconsumption.

Implications for FEMSA Foundation:

- Formative research may be needed to determine what really influences the food bank beneficiaries’ behavior change. What incentives do they have, what are their existing attitudes and preferences? What social and other barriers (e.g. food availability, food preparation knowledge, etc.) are there to behavior change?
- Consider integrated maternal and child nutrition education activities. The food banks’ nutrition education should emphasize practices for caregivers that improve prenatal, infant, and child nutrition outcomes.

Article 1.1. 5: “An Evaluation of South Africa’s Primary School Nutrition Programme” by Child Health Unit

Child Health Unit. “An Evaluation of South Africa’s Primary School Nutrition Programme.” Health Systems Trust: Durban, 1997.

Summary: The Primary School Nutrition Programme (PSNP) was introduced as a Presidential Lead Project of the Reconstruction and Development Programme (RDP), on 24 May 1994. It has been funded from the RDP with a total annual budget of R 496 million. As a lead RDP project it was envisaged to have the following principles: Community involvement and empowerment; a holistic approach, linking school nutrition activities to other initiatives to improve education quality, and to other community development and health initiatives; a multi-sectoral and interdisciplinary intervention, jointly managed by the Education and Health Departments; and Sustainability.

The specific aims of the PSNP were to: improve education by enhancing active learning capacity, school attendance and punctuality by providing an early morning snack; improve health through micro-nutrient supplementation; improve health through parasite control/eradication; improve health through providing education on health and nutrition; and enhance broader development initiatives, especially in the area of combating poverty.

The evaluation finds that primary school health and nutrition programmes are increasingly seen as a priority area of child health in developing countries. Therefore, having a school nutrition programme to improve the general health and learning capacity of primary school children is a worthy aim. However, the infant and pre-school child is the priority target group for interventions designed to prevent or treat malnutrition. The authors recommend that the program develop stringent targeting criteria for school feeding, improve the management system for school feeding, and optimize the quality and quantity of school meals.

Implications for FEMSA Foundation:

- Partnering with primary schools could prove an effective means to reach children and improve their nutrition levels.
- It is important to assure that FEMSA programs include mothers and their infant and pre-school age children, as they are a priority population highly susceptible to long term effects from malnutrition.
- Stringent nutritional goals are best for evaluation and effective management of food nutrition programs.

Article 1.1.6: "The need to advance nutrition education in the training of health care professionals and recommended research to evaluate implementation and effectiveness" by Penny Kris-Etherton, Sharon Akabas, Connie Bales, et al.

Kris-Etherton, Penny, Sharon Akabas, Connie Bales, et al. "The need to advance nutrition education in the training of health care professionals and recommended research to evaluate implementation and effectiveness". *The American Journal of Clinical Nutrition*, 2014.

Summary: Health care workers play an important role in transmitting nutrition information to patients as part of their preventive care responsibilities. In the United States, there are several associations that

provide nutrition education standards and guidelines, though none have been universally adopted by medical school accreditation bodies.

The Intersociety Professional Nutrition Education Consortium, the Obesity Society, the National Heart, Lung and Blood Institute (NHLBI), and the Nutrition Academic Award (NAA) program are among several associations that have developed teaching tools and curricula and advocated for greater incorporation of nutrition education in clinical training programs. The researchers recommended that the NHLBI and the American Society for Nutrition create a common nutrition curriculum that can be adopted across various clinical disciplines. They emphasized the importance of incorporating active learning and problem based pedagogy through a sequence of nutrition courses during each year of study.

Implications for FEMSA Foundation:

- Nutrition education in medical schools involves problem based learning; case based learning, behavioral methodologies, and role playing. These active learning techniques can be applied in nutrition education programming in food banks to encourage active engagement and retention of the material.
- Health workers will be important stakeholders in nutrition programming, and food banks may want to develop linkages or partnerships with primary care facilities. This article speaks to the importance of training a broader cross-section of health care workers in nutritional determinants of health. Their participation is critical in promoting better nutrition for prevention of NCDs.

Article 1.1.7: “Evaluation of knowledge in nutrition habits and food intake in physical education professionals in the town of Guarapuava.-Paraná.” by Cíntia Ballard, Reis Ballard, et al.

Ballard, Cíntia, Reis Ballard, et al. “Avaliação de conhecimentos em nutrição e de hábitos alimentares por profissionais educadores físicos no município de Guarapuava –Paraná”. Revista Brasileira de Nutrição Esportiva São Paulo. V.8 n.43 p. 65-73. Jan/Fev 2014.

Summary: A study conducted in Brazil suggests that the majority of physical education teachers and trainers do not have the proper knowledge about nutrition to advise their students or clients, or even themselves. The study consisted of a combination of questionnaires and anthropometric measurements of the teachers themselves. The findings have implications for programs that seek to improve public health by influencing behavior change in both nutrition and education.

The qualitative study focused on physical education teachers aged 21-37 in Brazil. In total, 30 individuals were interviewed, 40% of which were physical education instructors in schools and 60% of which were personal trainers. Participants’ height and weight were measured and their BMIs calculated. Additionally, participants were administered a series of questionnaires: one to measure nutritional practice, one to evaluate consumption, and one to analyze nutritional knowledge.

The study found that 40% of instructors were overweight or obese. Only 30% were considered to have a healthy Body Mass Index, despite the fact that 94% train more than three times per week. In the consumption evaluation it was found that, while the consumption of cereals, legumes, fats, oils and sugars was generally considered adequate, the consumption of fruits, vegetables, and dairy products was not. Additionally, consumption of proteins, such as meats and eggs was on average 2.9 times higher than the recommended amount, a discrepancy that is likely due to the perception that higher protein intake leads to greater muscle mass.

They also scored poorly on the nutritional knowledge questionnaire. The questionnaire included questions about which nutrients are responsible for amino acid formation, which food groups correspond to which foods, and what nutrients are the main sources of energy. No participants scored 100% and 77% of participants scored between 50-66% correct. 60% of the participants were found to teach nutrition to their students or clients in addition to physical activity.

Implications for FEMSA Foundation: This finding has implications for nutrition education programs, as it suggests that many professionals who may seem qualified to instruct people about nutrition in fact are not. The authors have cited other studies of a similar nature that yielded similar results. In one such study, only 16.7% of Phys. Ed. instructors were found to have what would be considered a healthy diet.

Article 1.1.8: “Impact of nutrition education workshops in the nutritional profile of children inserted in the integrated school program” by Ferreira Zanirati, Viviane, Danielle Vasconcelos de Paula, Lucila Pires Botelho, Aline Cristine Souza Lopes, and Luana Caroline dos Santos

Ferreira Zanirati, Viviane, Danielle Vasconcelos de Paula, Lucila Pires Botelho, Aline Cristine Souza Lopes, and Luana Caroline dos Santos. “Impact of nutrition education workshops in the nutritional profile of children inserted in the integrated school program [Portuguese].” *Revista De Atencao Primaria A Saude* 2011, 14, no. 4: 408-416.

Summary: The objective of this paper is to evaluate the impact of nutrition education workshops in the nutritional profile of children inserted in the Integrated School Program (ISP), compared to students in Traditional School (TS) in Brazil. The study looks at anthropometric, socioeconomic, demographic and food consumption data of children (6-10 years) participants of ISP and TS in a Municipal School of Belo Horizonte. A nutritional intervention was developed only among students of the ISP.

Among the 115 individuals assessed, overweight was identified in 27.6% of ISP children and in 18.2% in those of the TS ($p=0.72$). Dinner seemed to be the only meal for which there was no significant difference between the groups as for the food taken. One change observed in the ISP, after the intervention, was an increased intake of fruit juice ($p = 0.01$) for lunch. There were not many positive results, probably due to the short time of intervention. However, it is noteworthy that the ISP plays an important role in the diet of school children through the provision of food and the opportunity to develop educational activities.

Implications for FEMSA Foundation:

- Nutritional education programs geared toward children can aid in improving the nutritional profile of children, even though results may not be present at significant levels in the initial years of the program
- Active learning techniques are important for children's comprehension levels of nutritional education

Article 1.1.9: "Researching the Gap between Foodstuff's Attractiveness and Real Nutritional Profile—Prerequisites for Strengthening Nutritional Education and Consumer Rights Protection" by Bogdan Cristian Onete, Lelia Voinea, Alina Filip, and Răzvan Dina

Onete, Bogdan Cristian, Lelia Voinea, Alina Filip, and Răzvan Dina. "Researching the Gap between Foodstuffs Attractiveness and Real Nutritional Profile – Prerequisite for Strengthening Nutrition Education and Consumer Rights Protection." *Amfiteatru Economic*, Vol. XVI, No. 36, May 2014.

Summary: Consumer's health protection has become a major concern of global public policies, given that overweight and obesity have alarmingly increased, particularly among children and teens. The paper addresses one of the current problems caused by globalization, namely the obvious tendency of young people to choose food products based on organoleptic features and to disregard nutritional quality, with negative consequences on health. With industrialization, food has become more processed, sacrificing quality for quantity, which has been accompanied by use of artificial taste, color, and texture. The situation is the nutritional equivalent of inflation, with consumers having to eat more to get the same amount of essential nutrients. Food based on quantity instead of quality, has led to a new type of consumer: overfed and malnourished at the same time. An exploratory marketing research was conducted among students for identifying the perceived importance of the sensorial dimension of food products and understanding key dimensions of buying decision process among youth.

SAIN–LIM method was used to determine the nutritional profile of foodstuffs with special organoleptic features. The SAIN indicator summarizes the favorable aspects of foodstuff and estimate the average percentage of the recommended daily intake for essential nutrients with benefit on health, so called positive nutrients. The LIM indicator summarizes the adverse aspects of food and is based on nutrients that must be limited (saturated fatty acids, added sugars, sodium or salt).

An exploratory marketing research was conducted for finding out the perceived importance of the sensorial dimension of unbalanced foodstuffs and for understanding key dimensions of the buying decision process among the new generation of consumers. This consisted in a sensorial analysis of two categories of foodstuffs, chocolate and biscuits, based on aspect, color, consistency, flavor, and taste, each with different weights. The research sample included 150 Romanian students, from the Faculty of Commerce of The Bucharest University of Economic Studies.

More well-known brands were given higher scores, as students associate brand reputation with a higher level of quality. Research results clearly show that in industrial foodstuff there is a gap between product

attractiveness, which is based on exceptional sensorial properties, perceived by young consumers and real nutritional value of foods, which frequently translates into unbalanced nutritional profiles.

An explanation of young consumers' preference for industrial food, could be the mental association of this alimentary behavior with the idea of independence and fun with friends; eating healthy foodstuffs being associated with parents' control. Another argument that supports this trend is that the new generation of consumers is generally accustomed to eat industrial foodstuffs. To have a balanced diet and a healthy lifestyle, young consumers need to be informed that a tasty and good looking foodstuff is not necessarily healthy. The paper highlights the necessity for improving the nutrition education of the new generation of consumers in Romania and also the necessity of acquiring practical skills for the objective assessment of foodstuff quality.

Implications for FEMSA Foundation:

- The article covers a very relevant topic, i.e. the disconnect between nutritional value and attractiveness of products. Its validity is questionable due to its experimental design.
- Only some of the recommendations raised by this article are applicable to FEMSA:
 - Nutrition education should cover essential nutrients in foods, the daily recommended quantity, the methods of calculating the daily required energy, the basic principles of healthy eating, the nutritional advantages and disadvantages of the main food groups, the assessment methods of foods' nutritional profile, the nutritional and sanogenetic benefits, the risks arising from the new diversification trends of food supply, and the use of nutritional information of foods' labels in the context of the daily diet.
 - As it is evident that the new generation of consumers tends to develop behaviors closely related to the social media, we recommend the development of an IT platform or website in order to support the nutrition education campaign.
 - The SAIN-LIM method could also be useful for nutrition profiles of various products.

Article 1.1.10: “How the world could better fight obesity” by Richard Dobbs, Corinne Sawers, Fraser Thompson, James Manyika, Jonathan Woetzel, Peter Child, Sorcha McKenna, and Angela Spatharou

Dobbs, Richard, Corinne Sawers, Fraser Thompson, James Manyika, Jonathan Woetzel, Peter Child, Sorcha McKenna, and Angela Spatharou. “How the world could better fight obesity.” McKinsey Global Institute, November 2014

Summary: This is a study on the global obesity epidemic, and improved manners to combat its effects. Existing evidence indicates that no single intervention is likely to have a significant overall impact. A systemic, sustained portfolio of initiatives, delivered at scale, is needed to reverse the health burden. Almost all the identified interventions (exhibit) are cost effective for society—savings on healthcare costs and higher productivity could outweigh the direct investment required by the intervention when

assessed over the full lifetime of the target population. In the United Kingdom, for instance, such a program could reverse rising obesity, saving the National Health Service about \$1.2 billion a year.

Education and personal responsibility are critical elements of any program aiming to reduce obesity, but they are not sufficient on their own. Other required interventions rely less on conscious choices by individuals and more on changes to the environment and societal norms. No individual sector in society can address obesity on its own—not governments, retailers, consumer-goods companies, restaurants, employers, media organizations, educators, healthcare providers, or individuals. Capturing the full potential impact requires engagement from as many sectors as possible. Successful precedents suggest that a combination of top-down corporate and government interventions, together with bottom-up community-led ones, will be required to change public-health outcomes. Moreover, some kind of coordination will probably be required to capture potentially high-impact industry interventions, since any first mover faces market-share risks.

Implementing an obesity-abatement program on the required scale will not be easy. We see four imperatives: (1) as many interventions as possible should be deployed at scale and delivered effectively by the full range of sectors in society; (2) understanding how to align incentives and build cooperation will be critical to success; (3) there should not be an undue focus on prioritizing interventions, as this can hamper constructive action; and (4) while investment in research should continue, society should also engage in trial and error, particularly where risks are low.

Implications for FEMSA Foundation:

- FEMSA’s diversity of programs is an asset in its work to counter growing obesity rates.
- FEMSA’s partnership model of funding NGOs to operationalize programs embraces the multi-sector approach necessary for combatting obesity on a societal level.
- It is important to not place undue priority on any one program, as this works against the asset of the diversity of programs. At the same time, reaching scale for all programs is important, along with trial and error to see what programs should be scaled up.

Article 1.1.11: “Las Buenas Prácticas en Programas de Información, Comunicación y Educación en Alimentación y Nutrición (ICEAN)” by Ana Bertha Pérez Lizaur

Pérez Lizaur, Ana Bertha. “Las Buenas Prácticas en Programas de Información, Comunicación y Educación en Alimentación y Nutrición (ICEAN).” Organización de las Naciones Unidas para la Alimentación y la Agricultura, 2011.

Summary: Mexico is a country undergoing a polarization; people exist on one side with malnutrition while the other side faces chronic degenerative diseases as a result of obesity. The current situation requires actions with regard to all the determinants of obesity, especially in changing behaviors with regard to food choices.

Mexico is also a country with a long tradition of education in nutrition; including the Institute of Medical Sciences and Nutrition Salvador Zubirán, the National Institute of Public Health, as well as private and

state universities, and industry. Over the decades, civil society organizations have developed, and now play an important role in guiding the population in healthy feeding practices, nutrition and hygiene.

Amidst civil society groups, they have reached an agreement to assure the quality of their work on a national level. The Agreement requires not only financial resources but human resources who are qualified to implement best practices (BP) in communication and education food and nutrition (ICEAN). In Mexico there is a large number of programs that meet the appropriate characteristics to be considered successful in BP; however, not enough. It is necessary to improve the training of nutritionists, the health personnel, marketing and agronomy in methods, techniques and skills for the Programs ICEAN to make the impact more effective. In addition to this training, the agreement requires that programs are sustainable in the long term and be part of strategies aiming to modify environments holistically.

Implications for FEMSA Foundation:

- It is likely FEMSA already qualifies as certified underneath this agreement; it would be useful to research as the certification would increase credibility with new partners.
- Focusing on behavior change is not only important for evaluation and results, but also for certification in certain situations.

Article 1.1.12: “Promoting healthy diets through nutrition education and changes in the food environment: an international review of actions and their effectiveness” by Corinna Hawkes

Hawkes, Corinna. “Promoting healthy diets through nutrition education and changes in the food environment: an international review of actions and their effectiveness”. Rome: Nutrition Education and Consumer Awareness Group, Food and Agriculture Organization of the United Nations, 2013.

On a global level, the number of campaigns specific to fruit and vegetables has grown considerably over the past 20 years. The WHO and FAO are supportive of national fruit and vegetable campaigns. A key global advocate for the development of these campaigns is the International Fruit and Vegetable Alliance (IFAVA), an organization with a membership of national campaigns groups and an internal board of directors. IFAVA aims to encourage and foster efforts to increase the consumption of fruit and vegetables globally for better health by supporting national initiatives, promoting efficiencies, facilitating collaboration on shared aims and providing global leadership.

According to IFAVA, these national and regionally based programs specializing in fruits and vegetables tend to be structured and delivered by four core models: public, private, NGOs and public/NGO private partnerships. The majority appear to be some form of public-private initiative. It appears that over the past 20 years, not only have more campaigns been developed to promote fruits and vegetables, but, in some countries at least, they have become more sophisticated.

In addition, a review of the evidence base on all media and educational campaigns conducted by Mozaffarian et al., concluded that the weight of evidence suggests that sustained, focused media and educational campaigns, using multiple channels focused on increasing consumption of specific healthful foods (e.g. fruits and vegetables, as well as other “eat more” foods, as reviewed below) are likely to be effective.

Implications for FEMSA Foundation:

- FEMSA’s current focus on fruits and vegetables in many of the nutritional education programs could hold a significant and positive effect on overall health levels.
- Enlisting multiple channels of communication and methods of nutritional education is important to maintain an effective program.
- IFAVA could prove a valuable reference/ resource in pilot projects and scaling processes in the future.

Section 2: Food Bank Best Practices

Summary 1.2

This section reviews some of the existing literature around best practices for food banks, recognizing that FEMSA’s existing nutrition education programs are implemented mainly through local food banks. This information can inform both FEMSA in finding future partners and prove useful for their current partner organizations. The three articles completed by various university research teams include global trend evaluations and a case study based in Ottawa, Canada. The topics covered include a PhD dissertation on supply chain issues influencing food bank performance, a process evaluation on reaching food insecure populations in distribution of food resources, and best practices for transportation planning.

The following four lessons emerge that apply to the work of FEMSA Foundation:

- 1) It is important to encourage implementing partners to conduct outreach and raise awareness of their services. This will aid in reaching the “missing middle” of food insecure populations.
- 2) To maximize the effect of nutritional education programs, organizations must assess the nutritional quality of food provided through food banks to ensure it aligns with the guidance provided during nutrition courses. This will also ensure the nutrition classes are more relevant.
- 3) Food banks should be encouraged to evaluate beneficiaries’ satisfaction with services provided by the food bank.
- 4) The three articles outline potential solutions regarding the following shared challenges faced by FEMSA’s partners:
 - a. Time constraints imposed by the perishability of fresh produce items often dictate feasible service areas and the use of food bank services. Strategic truck schedules for delivery to rural areas can reduce this spoilage.

- b. A sparsely populated network or clusters and extreme points can create similar logistical and planning challenges, which food banks have attempted to address through deliveries and the use of mobile food banks.

Article 1.2.1: “Essays on Food Banks: Operational Issues and the Role of Supply Chain Integration” by Çiğdem Ataseven

Ataseven, Çiğdem. “Essays on Food Banks: Operational Issues and the Role of Supply Chain Integration.” University of South Carolina PhD Dissertation, 2013.

Summary: Food banks are humanitarian aid organizations that collect, organize, and deliver food to the communities in need. In pursuit of achieving their social goal of alleviating hunger, food banks work with other non-profit member agencies such as soup kitchens, food pantries and shelters. Matching supply of funds and donated food with demand in this context is subject to unique challenges, which remain unaddressed in operations and supply chain literature.

This dissertation presents three essays to gain deeper insights into critical operational and supply chain issues influencing the performance of food banks, and the impact of supply chain integration on food bank performance. To conduct an in-depth examination of supply chain integration in food banks, the first essay undertakes an extensive review and a meta-analytic investigation of the literature focusing on supply chain integration. The essay aids in discerning the association of integration practices with performance and in identifying potential moderating variables. The second essay utilizes secondary data merged with primary data to test a model covering key activities of food banks. The results of the model illuminate the importance of supply chain integration for enhancing food bank performance. Utilizing the insights gained from the meta-analytic study and the second essay, the third essay employs survey data collected from food banks, and examines the antecedents of food bank supply chain integration and its performance implications.

Implications for FEMSA Foundation:

- This dissertation is a great resource for logistical and economic challenges faced by the food banks with which FEMSA works.
- This essay explains how education campaigns fit within the structure of food banks in various food bank models, a useful comparison for ideas for FEMSA’s programs.

Article 1.2.2: “Bon Appétit! A Process Evaluation of a Campus Based Food Bank” by Andrea Azurdia, Emily Lecompte, and Emily Sibbald

Azurdia, Andrea, Emily Lecompte, and Emily Sibbald. “Bon Appétit! A Process Evaluation of a Campus-Based Food Bank” *Journal of Hunger & Environmental Nutrition*, 2011

Summary: This report is a program evaluation of the Bon Appétit food bank system on the University of Ottawa Campus. Food “hampers” are available once per month to students who meet criteria for food insecurity. The researchers interviewed 52 recipients of food “hampers” and 15 volunteers. The main finding of the report was the need to increase awareness of the food bank among students who may be food insecure. In terms of quality of food provided, the food banks were low in provision of protein and high in carbohydrates. When recipients of supplementary food were asked to rate their satisfaction with the food bank, the quality of food was rated lower relative to their satisfaction with services and quantity of food provided. Recommendations arising from the evaluation were to provide more fresh produce and high quality whole grain, to raise awareness of the food bank’s services around campus, and to provide additional training to volunteers and program coordinators.

Implications for FEMSA Foundation:

- Encourage implementing partners to conduct outreach and raise awareness of their services. This will increase reaching the “missing middle.”
- Assess the nutritional quality of food provided through the food bank to ensure it aligns with the guidance provided during nutrition courses.
- Food banks should be encouraged to evaluate beneficiaries’ satisfaction with services provided by the food bank in the same way the campus food bank carried out its own evaluation.

Article 1.2.3: “Scheduling food bank collections and deliveries to ensure food safety and improve access” by Lauren Davis, Irem Sengul, Julie Ivy, Luther Brock III, Lastella Miles

Davis, Lauren, Irem Sengul, Julie Ivy, Luther Brock III, Lastella Miles. “Scheduling food bank collections and deliveries to ensure food safety and improve access.” *Socio-Economic Planning Sciences* 48, 2014.

Summary: Food banks function as aggregators and distributors of donated food supply from various private and federal sources. They are privately-owned non-profit organizations responsible for the receipt, processing, storage, and distribution of food items to charitable agencies. These charitable agencies in turn distribute food to individuals at risk of hunger. Food banks receive donated food from national and local sources, such as supermarkets. Local sources with frequent high- volume donations justify the use of food bank vehicles for collection. Food bank vehicles are also used to deliver food to rural charitable agencies that are located beyond a distance safe for perishable food to travel without spoilage.

Agencies face the barriers of distance and limited access to refrigerated vehicles for transporting food. Food banks are actively seeking distribution strategies in an effort to increase the access to donated food, particularly for agencies located in remote parts of the service area. Some strategies employed are direct delivery to charitable agencies from retail donors, establishing mobile food pantries in remote counties, and offering delivery services.

Delivery services involve direct delivery of food to agencies that are unable to shop at a food bank due to distance (e.g., rural) and/or resource (i.e. transportation) constraints. Only a limited number of agencies may be able to take advantage of this service, as food banks often charge a small fee to recover the cost associated with fuel and vehicle usage. Providing access to donated food in an equitable manner can result in significant operational costs when the service area is large and agencies are distributed throughout the service area. Furthermore, providing regular and frequent delivery to rural agencies can be difficult if food bank vehicles are also used for collections.

The development of efficient transportation schedules is not only influenced by the distribution strategy and network topology, but also the characteristics of food items donated and the specifications of the donor. For example, highly perishable food items have short lead times and must be distributed quickly due to perishability. In contrast, food items with a longer shelf life, such as uncooked meats received from supermarkets, can be stored and distributed at a future date. Most perishable items are considered unsafe and must be discarded if left unrefrigerated (above 40 F) for more than 2 h.

This paper develops transportation schedules that enable the food bank to both (i) collect food donations from local sources and (ii) to deliver food to charitable agencies. These are the food delivery points (FDPs), satellite locations where agencies can receive food deliveries. A distinguishing feature of an FDP is that it is a site where an existing collection also occurs (i.e., collection and delivery sites are co-located). A set covering model is developed to determine the assignment of agencies to an FDP. Both vehicle capacity and food spoilage constraints are considered. Using the optimal assignment of agencies to FDPs (*through undecipherable modeling*), they identify a weekly transportation schedule that addresses collection and distribution of donated food and incorporates constraints related to food safety, operator workday, collection frequency, and fleet capacity.

Implications for FEMSA Foundation:

- Some interesting, unique, and challenging characteristics of the Food Bank's problem include: time constraints imposed by perishability that dictate feasible service areas, a sparsely populated network with clusters and extreme points, different schedules associated with line hauls (those receiving donations) and backhauls (the donors), and requirements that line haul and backhaul customers share physical space but cannot have comingled product.
- The recommendation of transforming some collection points into FDPs, which also act as distribution outlets, depends on the assumptions of a food bank that receives and distributes food in great quantities (receiving from big donor supermarkets and distributing to large beneficiary charities). The model they develop to assign charities to FDPs and to create a schedule is therefore not very applicable to FEMSA or the BAMX food banks.

Section 3: Community Education Outreach

Summary 1.3

This section reviews community education outreach methods on a general level, recognizing that for FEMSA's nutrition education programs to reach community members, they must be communicated and shared in effective manners. The five articles include case studies on Thailand, Ghana, South Africa, and

Latino communities in the United States. The topics covered include sustaining behavior change to enhance micronutrient intake levels, culturally and linguistically centered education programs about health in Mexico-Texas border towns, and school building designs to enhance their capacity to host community education programs.

The following five themes emerge that apply to the work of FEMSA Foundation:

- 1) The Thailand Women's program, a program very similar to "Comer en Familia", introduces interesting evaluation methods for bloodwork tests and questionnaires that can indicate successful and sustained levels of behavior change in communities.
- 2) The Southern Texas study shows that delivering messages in a way that is adapted to the local cultural context is of critical importance in both knowledge retention and causing positive behavior changes.
- 3) Using schools as 'development hubs' introduces possibilities for either the expansion of the "Sanos y Activos" program or incorporation of schools into existing nutrition programs implemented by food banks. This would expand engagement with local communities and ensure sustained, diverse sources of nutrition messaging.
- 4) The participatory model used in the "Hazlo Bien" program could inform all community education programs funded by FEMSA, particularly the early community assessments.
- 5) Students demonstrate increased capacity when taught through direct service learning and through a focus on practical skills, such as label reading. Incorporating service learning into FEMSA's existing programs can improve beneficiaries' nutrition practices, while maximizing program impact by increasing their outreach and engagement with local communities.

Article 1.3.1: "Sustaining Behavior Change to Enhance Micronutrient Status: Community- and Women-Based Interventions in Thailand" by Sakorn Dhanamitta and Suttalak Smitasiri

Dhanamitta, Sakorn and Smitasiri, Suttalak. "Sustaining Behavior Change to Enhance Micronutrient Status: Community- and Women-Based Interventions in Thailand". International Center for Research on Women. 1999.

Summary: Sustaining behavior change with relation to the consumption of micronutrients is an important concern for development projects focused on nutrition. In the following article, a quasi-experimental research design was used to measure the impact of women-led, community-based interventions on micronutrient consumption in a region of northeast Thailand.

The region in which the intervention was carried out is largely agricultural and has an alarming rate of micronutrient deficiencies, particularly Vitamin A, Iron and Iodine. Previous studies had found that 80% of schoolchildren, 75% of pregnant women and 82% of lactating mothers had low Vitamin A intake. Likewise, 40% of pregnant women and 18% of schoolchildren had iron deficiency anemia.

The intervention sought to increase the intake of these three micronutrients through changes in knowledge and attitudes and improved dietary practices. Survey questionnaires were used to measure the awareness, knowledge and attitudes concerning the use of particular nutrients and food groups. Twenty-four hour recall interviews were also used, in which participants were asked to recall what foods they ate in the 24-hours prior to the interview being conducted. Nutrient intake was also measured using biochemical analyses for schoolchildren (logistically, it would have been very difficult to track down working adults to obtain necessary samples), and in some cases with researchers actually assessing the contents of a household's kitchen.

In-depth interviews were also held with various representatives of the primary target groups, community leaders, local government officers, and other community members who were deemed likely to influence the adoption of new behaviors and practices in order to ensure a community based intervention. Focus groups with women community leaders, mothers, and schoolgirls were also held to assess the factors that might influence women's active participation in such an intervention.

Implications for FEMSA Foundation: The methods used in this study present a model that can be followed in monitoring and evaluating nutrition education programs in Mexico. Results measured both nutrition outcomes; such as prevalence of iron deficiency anemia, biometric indicators and biochemical analyses, and changes in knowledge and attitudes, which are indicative of sustained behavioral change. Results from survey and biometric and biochemical analyses were compared to data collected using other methods (24-hour recall interviews, household kitchen inspections) in order to confirm trends and improve validity.

Article 1.3.2: “Promotora Nutrition Empowerment Initiative: A Culturally and Linguistically Centered Education Program for Promotoras De Salud (Community Health Workers) to Foster Community Health Education and Outreach in Texas Border Colonias” by B.D. Bustillos, J.A. St. John, J.R. Sharkey, and M Castillo

Bustillos, B.D., J.A. St. John, J.R. Sharkey, and M Castillo “Promotora Nutrition Empowerment Initiative: A Culturally and Linguistically-Centered Education Program for Promotoras De Salud (Community Health Workers) to Foster Community Health Education and Outreach in Texas Border Colonias.” *The American Journal of Clinical Nutrition*, 2014.

Summary: Seven Promotora-researchers in the Comidas Saludables & Gente Sana en las Colonias del Sur de Tejas (Healthy Food and Healthy People in South Texas Colonias) research and outreach program have been engaged in nutrition and health disparity reduction activities for several years. Promotora-researchers expressed the need for nutrition-related information and education to better equip them in the Texas border colonias they serve, where food insecurity and overweight/obesity are critical problems to Mexican-origin individuals.

With input from promotora-researchers, the goals of this initiative were to develop and evaluate evidence- based, culturally and linguistically-centered education and skill building modules to: 1) increase knowledge of nutrition and nutrition-related topics; 2) empower promotoras to educate the

community; 3) encourage outreach, 4) increase self-efficacy; and 5) provide initiative tools to other promotoras in communities with similar needs. These training sessions focused on a variety of nutrition-based health and wellness topics, including weight management, nutrition marketing, herbal therapies, physical activity, and disease management.

Each session provided four hours of didactic education per month and training to accommodate various learning styles. Pre-post training session surveys for each session were administered to assess nutrition knowledge. At the sixth and twelfth training sessions, formal focus groups were conducted to: 1) assess strengths and weaknesses of training and module content; 2) discuss potential changes in community needs; 3) refine objectives and strategies; 4) identify problems and barriers; and 5) assess perceived self-efficacy. Next steps include development of similar modules centering on other health and wellness topics identified by team promotora-researchers.

Implications for FEMSA Foundation:

- Delivering messages in a way that is adapted to the cultural context is of critical importance.

Article 1.3.3: “School building design for feeding programmes and community outreach: Insights from Ghana and South Africa” by Ola Uduku

Uduku, Ola. “School building design for feeding programmes and community outreach: Insights from Ghana and South Africa.” *International Journal of Educational Development*, Volume 31, Issue 1, January 2011.

Summary: This article investigates how school building design can support primary school feeding programmes in low- and middle-income countries. Furthermore it argues for schools to become community “development hubs”; incorporating both local access to education and also to programmes for nutrition, ICT, health education and other services, outside of school hours.

It reviews the literature on school feeding programmes. Data from field research on schools in Ghana and South Africa is used to identify the key design issues for schools delivering feeding programmes. It considers how national education policies can affect school planning and building priorities. The article concludes by calling for the evolution of a new school design model, in which the school site becomes a “development hub”, supporting children, education, associated support activities including school feeding, and importantly also, integrated community development outreach activities.

Implications for FEMSA Foundation:

- Schools following this design could prove partners for nutritional education and other programming. “Sanos y Activos” could particularly benefit from this partnership as it targets this population of young children.

Article 1.3.4: “¡Hazlo Bien! A Participatory Needs Assessment and Recommendations for Health Promotion in Growing Latino Communities” by Lindsay Cencula

Cencula, Lindsey, et al. “¡Hazlo Bien! A Participatory Needs Assessment and Recommendations for Health Promotion in Growing Latino Communities”. *American Journal of Health Promotion, Inc.* 2013.

Summary: In Hazlo Bien!, a research team sought to identify the greatest barriers to leading a healthy lifestyle in Latino communities in the US through a participatory approach involving questionnaires and focus groups with open ended questions and chances for participants to voice concerns not addressed in the study design. The results indicate a number of factors that prevent people from eating healthy and exercising that cover a large range of areas.

The study took place in a local community in Ohio that has experienced a large increase in its Latino population over the last few decades. Most of the people interviewed were first generation migrants who had been born in another country. The majority of participants were from Mexico or of Mexican origin. Other participants were of Central or South American origin.

The project followed a participatory approach in which local community members were involved in the research design, data collection efforts, dissemination and action planning. Research was conducted by a partnership involving a community based non-profit, a social service agency specifically targeting Latino residents, and faculty from a large academic medical center. The main tool of the research was a two page survey designed to collect data on demographic information, overall health status, occurrence of specific health concerns in the community, health related behaviors and barriers to living a health life. Nondirective, open-ended focus groups were conducted to provide support for the findings of the questionnaire.

In the community where the study took place; there were significant deficiencies in what would be considered healthy lifestyles. 43.3% of participants were found to be overweight and 28.6% were obese. Other common maladies included anxiety (15.7% of participants), depression (15.0%) high blood pressure (11.5%) and oral health concerns (23.0%). Such concerns are often untreated, as participants commonly claimed barriers to access to health care due to immigration status, as well as perceived discrimination and poor satisfaction with services in the past preventing them from seeking treatment.

The high proportion of overweight and obese residents may be explained in part by dietary habits. Findings from the questionnaire and focus groups indicated that 83.3% of participants ate fast food at least once a week, and 36.9% ate it three or more times a week. Likewise, 45.4% reported drinking two or more sodas a day. In addition to poor eating habits, nearly 80% of participants reported participating in 30 minutes of moderate physical activity fewer than three days per week.

Common themes that prevented participants from living healthier lifestyles included financial barriers, exhaustion from working many hours, and changes in families’ diet and exercise habits since moving from their countries of origin. Time was a major concern, as 47.7% of participants cited time to prepare

meals as a barrier to eating healthier and 61.9% cited time as a barrier to exercising. Knowledge of how to prepare healthy meals was also found to be a significant barrier affecting 47.4% of participants and the cost of joining a gym was a major barrier for 45.5%. The cost/lack of access to insurance, language and communication difficulties and dissatisfaction with care received were also found to impact how Latinos addressed their health concerns.

Implications for FEMSA Foundation: The Hazlo Bien study has implications for nutrition education programs in Mexico as it presents a participatory model that was very successful. The findings of the study can now be used to design targeted interventions that are focused on the specific concerns of the community. It also provided an opportunity for the local community to get involved in the implementation of the study, giving them a sense of ownership over the project, raising awareness of health concerns, and allowing for concerns to come to light that otherwise may not have been thought of had the project been carried out by a group of outsiders.

Article 1.3.5: “Implementing Service Learning: From Nutrition Education into Community Action” by Lana Zinger, Alicia Sinclair

Zinger, Lana and Alicia Sinclair. “Implementing Service Learning: From Nutrition Education into Community Action”. *Journal of College Teaching & Learning*, 2008.

Summary: Queenborough Community College in the United States utilized a service learning pedagogical approach to nutrition education and found it increased student retention and utilization of nutrition information. To carry out this project, the class first participated in an educational “tour” of a grocery store. The tour consisted of several active learning techniques in which the students were asked questions, played games, completed tasks, and received samples. They received information on healthy foods and learned how to read labels to assess food items’ nutritional value. Students were also encouraged to purchase food items using a voucher. Students actively applied the information learned in the grocery store by training other community members in the information they learned. Students were required to reflect on their experiences in a journal throughout the class.

The students reported greater understanding of nutrition topics as a result of the service learning activity. Other studies have similarly emphasized the benefits of the service learning approach, finding it empowers people to take action based on what they have learned. It has the dual benefits of reinforcing class teachings for beneficiaries as well as creating spillover knowledge in the broader population that receives information.

Implications for FEMSA Foundation:

- Nutrition education from the food bank should focus on similar types of practical skills, such as the reading of food labels and understanding layouts of grocery stores. This will be especially valuable for families graduating from food bank assistance.

- Reflection journals were deemed useful tools during the nutrition class because they encouraged students to actively assess their own learning. Beneficiaries who take part in food bank nutrition classes could be encouraged to keep journals discussing how they have applied the teachings to their decision making around food and cooking.

Part 2: Field Report: A Review of Means to Overcome Current Constraints Faced by FEMSA Foundation

During our visit we spoke with beneficiaries, nutritionists, food bank managers, BAMX headquarter personnel, and FEMSA foundation staff. All of the above stakeholders shared certain current constraints they are facing in the implementation of their work. In an effort to aid these various stakeholders, we researched specific solutions upon returning from our field visit to address their present constraints. This section will present these constraints, along with potential solutions present in the literature. It is organized by the various types of stakeholders involved in FEMSA's nutritional education programs.

Section 1: Challenges Faced by Beneficiaries

During the January field visit, beneficiaries shared that they faced challenges in engaging with and applying the nutrition education program in terms of the short shelf life of fresh food, the higher cost of healthy food, and their minimal knowledge of local healthy foods.

In regards to the first challenge of the short shelf life of fresh food, the result of fast spoiling food is somewhat inevitable as it is in the nature of fresh food. The director of the Southern Maryland Food Bank, Brenda DiCarlo, explains this phenomenon in greater detail in her comments in section 3.1 of this document. Potential actions to improve the situation are assuring food preservation and cleaning are one of the first topics presented in the nutrition educational curriculum. While this will not eradicate the issue, it will minimize its effects on the healthy food participants have access to.

The second and third issues shared by beneficiaries of the high cost of healthy food and lack of general knowledge of local healthy foods can be addressed by various articles from section 1.1 of this document and an additional book written by Damien de Walque on risky health intervention techniques. Onete et al argue that "food based on quantity instead of quality, has led to a new type of consumer: overfed and malnourished at the same time"¹. In sum, many young people including young mothers preparing meals for family confuse quality of nutrition with the quality of a brand name. By focusing on brand names this introduces higher costing food and on average less nutritious food. Assuring the inclusion of distinguishing quality low price food and high cost high brand food in initial classes could help alleviate both issues.

In terms of knowledge of local healthy food, the studies of Ballard et al² and Kris-Etherton et al³ demonstrate the importance of perception of nutritional expertise and training of nutritional educators

¹ Onete, Bogdan Cristian, Lelia Voinea, Alina Filip, and Răzvan Dina. "Researching the Gap between Foodstuffs Attractiveness and Real Nutritional Profile – Prerequisite for Strengthening Nutrition Education and Consumer Rights Protection." *Amfiteatru Economic*, Vol. XVI, No. 36, May 2014.

² Ballard, Cíntia, Reis Ballard, et al. "Avaliação de conhecimentos em nutrição e de hábitos alimentares por profissionais educadores físicos no município de Guarapuava –Paraná". *Revista Brasileira de Nutrição Esportiva* São Paulo. V.8 n.43 p. 65-73. Jan/Fev 2014.

³ Kris-Etherton, Penny, Sharon Akabas, Connie Bales, et al. "The need to advance nutrition education in the training of health care professionals and recommended research to evaluate implementation and effectiveness". *The American Journal of Clinical Nutrition*, 2014.

to communicate and educate the communities about these topics. First, evidence shows that it is common to perceive physically fit persons as nutritionally knowledgeable as well. The same studies show that these persons rarely have factual nutritional knowledge, and often share false information unknowingly. To begin to increase beneficiary's knowledge of local healthy foods, educators must first assure they are attaining their knowledge from credible sources. In addition to credible sources of information, it is important to remember that nutrition is a dynamic field. Therefore, educators must follow the trends actively to make sure they are sharing the correct and up to date information with their beneficiaries. Lastly, Damien de Walque⁴ finds that while government mandates work well in regulating consumption of unhealthy foods in the short term, long term knowledge attainment and changing behaviors with regard to local healthy foods is most commonly found through public education efforts.

Section 2: Challenges Faced by Nutritionists

During the January field visit, nutritionists shared that they faced challenges in teaching and engaging in the nutrition education program in terms of creating a steady base of students for courses, maintaining student base in communities, and lack of means for collaboration of active learning techniques among nutritionists in different regions.

In terms of addressing the first two challenges of creating a steady base of students for courses and maintaining the student base in communities, our interviews with local food bank and nutritional specialists confirmed that this is a universal challenge in nutritional education. Various recommendations on both topics are provided by Susan Gross of Johns Hopkins University and Brenda DiCarlo of Catholic Charities of the Archdiocese of Washington in Part 3 of this report. Their recommendations include basic techniques such as visual aid handouts in food package distribution and incentivizing participation. All of these are explained in detail in Part 3 of the report.

In terms of addressing the final issue facing nutritionists of a lack of means for collaboration of active learning techniques among nutritionists in different regions, two articles from the first part of the report offer potential solutions. First, the article by Kris-Etherton et al on the training of health care professionals affirms the added value of collaboration among nutritionists and the effective nature of active learning techniques:

“The Intersociety Professional Nutrition Education Consortium, the Obesity Society, the National Heart, Lung and Blood Institute (NHLBI), and the Nutrition Academic Award (NAA) program are among several associations that have developed teaching tools and curricula and advocated for greater incorporation of nutrition education in clinical training programs...they emphasized the

⁴ Walque, Damien de, Ed. *Risking your health: Causes, consequences and interventions to prevent risky behaviors*. Washington DC: World Bank, 2014.

importance of incorporating active learning and problem based pedagogy through a sequence of nutrition courses during each year of study”⁵

Following this affirmation, Colorado State University researchers Baker et al⁶ find that the best practices in the training of nutritional educators includes quality initial training, continued ongoing training, and observation of educators. Adapting the FEMSA model to this could include an initial training as is in local districts, complemented by a central training for the ongoing continued education component. This method would follow best practices findings, reduce the travel needs of management to travel for extra trainings, and provide an avenue for the nutritionists to share their knowledge on different active learning techniques they have found successful.

Section 3: Challenges Faced by Food Bank Managers

During the January field visit, food bank managers shared that they faced challenges in starting and managing the nutritional education program in terms of dynamic donation levels, maintaining participation in nutrition programs, and incentivizing participation (in terms of coordinating with the ‘dispensa’ distribution).

The first concern of food bank managers of managing dynamic donations levels is a universal concern of food banks. As Brenda DiCarlo of Catholic Charities of the Archdiocese of Washington explains in greater detail in her comments in part 3 of this document, food banks by definition are salvage centers of food. They rely on donations both in kind and monetary. As a salvage-based organization, they will always face dynamic food levels. In his dissertation “Essays on Food Banks: Operational Issues and the Role of Supply Chain Integration”⁷, Ataseven describes in great detail various methods to deal with specific challenges involved in supply chain integration. As each method is specialized to the exact issued he addresses, this document recommends that instead of adopting general solutions from this document, they use it as a general resource for food bank managers facing issues.

In terms of the second two challenges faced by food bank managers of maintaining participation in nutrition programs and incentivizing participation in terms of coordinating with the ‘dispensa’ distribution, both the practitioners and literature offer several items of advice. First, practitioners affirmed that this is a top challenge for all nutritional programs. While their specific suggestions explained in detail in part 3, they unanimously agreed that dispensa distributions should always be the same day and location as nutrition education classes.

The literature offers various tips in terms of incentivizing and maintaining participation. Baker et al describe best practices for program design, program delivery, and educator characteristics in terms of best engaging and maintaining the student audience. These are summarized on page 5 of this

⁵ Kris-Etherton, Penny, Sharon Akabas, Connie Bales, et al. “The need to advance nutrition education in the training of health care professionals and recommended research to evaluate implementation and effectiveness”. *The American Journal of Clinical Nutrition*, 2014.

⁶ Baker, S; Auld, G; MacKinnon, C; Ammerman, A; Hanula, G; Lohse, B; Scott, M; Serrano, E; Tucker, E; and Wardlaw, M. “Best Practices in Nutrition Education for Low-Income Audiences”. Colorado State University, 2014.

⁷ Ataseven, Çiğdem. “Essays on Food Banks: Operational Issues and the Role of Supply Chain Integration.” University of South Carolina, PhD Dissertation, 2013.

document under the article summary for “Best Practices in Nutrition Education for Low-Income Audiences”⁸. In their study of Timor Leste, Mosquera et al⁹ find that participatory activities are the best method of increasing knowledge and behavior change. The report issued by USAID¹⁰ states that nutrition education enrollment and retention of students is highest with group based education, cooking demonstrations, and community meetings. Dobbs et al¹¹ concludes that education and personal responsibility are critical in nutritional education, especially in combatting obesity. Lastly, Bustillos et al¹² argue that assuring that nutritional programs are both culturally and linguistically relevant are important elements to assure program success.

Section 4: Challenges Faced by BAMX Headquarter Office

During the January field visit, BAMX headquarter staff shared that they faced challenges in starting and supporting the nutritional education program in terms of the large travel component involved in evaluations and training efforts, and the non-integrated evaluation system. The non-integrated evaluation system will soon be resolved through the launching of a new integrated online system, but the large travel involved in training remained unaddressed.

The large travel component involved in training and evaluation efforts can be addressed in the same way that was suggested for creating streamlined ongoing education for nutritional educators in Section 2 on nutritional educators. By providing centralized continued trainings in addition to launching the new online evaluation system, travel time can be greatly decreased. Initial trainings and observation will still require travel, but it will improve the previous system in terms of the burden on BAMX staff of constant travel.

Section 5: Challenges Faced by FEMSA Foundation

During the January field visit, FEMSA Foundation staff shared that they faced challenges in funding and managing the nutrition education programs in terms of non-comparable evaluation methods used by different sites and measuring the social impact of their programs.

Baker et al¹³ state that best practices in evaluation of nutritional education include formative evaluation, process evaluation, outcome evaluation, impact assessment, sustained behavioral change, goals and objectives, and a social ecological model. The importance of each is described in detail, in the article in its summary on page five. The current specific challenges of FEMSA Foundation are not in identifying

⁸ Baker et al. “Best Practices” (2014)

⁹ Mosquera, Mario, Rafael Obregon, and Rocio Lopez. “Behavior Change Communication Strategy for Child Health: Timor Leste Report”. Dirasaun Nacional Saude Comunitaria, 2008.

¹⁰ USAID and IYCN. “Behavior Change Interventions and Child Nutritional Status”. USAID’s Infant and Young Child Nutrition Project, 2011.

¹¹ Dobbs, Richard, Corinne Sawers, Fraser Thompson, James Manyika, Jonathan Woetzel, Peter Child, Sorcha McKenna, and Angela Spatharou. “How the world could better fight obesity.” McKinsey Global Institute, November 2014.

¹² Bustillos, B.D., J.A. St. John, J.R. Sharkey, and M Castillo “Promotora Nutrition Empowerment Initiative: A Culturally and Linguistically-Centered Education Program for Promotoras De Salud (Community Health Workers) to Foster Community Health Education and Outreach in Texas Border Colonias.” *The American Journal of Clinical Nutrition*, 2014.

¹³ Baker et al. “Best Practices” (2014)

best practices they should enlist, but rather focusing and coordinating their evaluation methods. Both challenges of non-comparable evaluation methods and measuring social impact are addressed in the work of the practicum team in collaboration with the FEMSA team to create a results chain and evaluation toolkit. While measuring social impact will take time, the steps to accomplish this are outlined in the evaluation toolkit as well. To reference the details of this section of the project, please reference the results chain and measurement toolkit documents.

Part 3: Practitioner Interviews: A Review of Best Practices in Nutritional Education with Global Practitioners

In an effort to address the current constraints faced by FEMSA Foundation from more than an academic perspective, we held interviews with food bank practitioners here in the United States upon return from our field visit. The goal is that the practical advice offered in this section will complement the academic advice offered in the previous section, and FEMSA in turn will have a range of options in addressing their current constraints.

Section 1: Catholic Charities of the Archdiocese of Washington Southern Maryland Food Bank

Organization: Catholic Charities of the Archdiocese of Washington (<http://www.catholiccharitiesdc.org/>)

Project: Southern Maryland Food Bank (<http://www.catholiccharitiesdc.org/page.aspx?pid=430>)

Project Summary: As the only bulk food supplier in Calvert, Charles and St. Mary's counties, the Southern Maryland Food Bank supports the vital work of local food pantries, shelters, soup kitchens and group homes in feeding those who cannot afford food. The Southern Maryland Food Bank only distributes food to food pantries—they cannot assist walk-ups. In an effort to best aid their over 40 partners in the tri-county area, Southern Maryland Food Bank also provides nutrition education through both literature and active learning seminars to its beneficiaries.

Staff Member Interviewed: Brenda DiCarlo, Director

Advice for FEMSA: Brenda shared that her organization faces many of the same challenges that FEMSA does. She stated that when addressing any of these challenges, one must remember two things about the nature of food banks and their beneficiaries. First, food banks by nature are salvage organizations. They work with food that is donated or salvaged by local organizations. There will therefore always be challenges in terms of the nutritional value of the food available and the diminished shelf life of food already having been processed by several locations in its route to food banks. Food banks must work to create the most nutritional and balanced food packages possible within this system. Second, beneficiaries seeking food from a food bank are functioning in 'emergency mode'. One does not arrive at a food bank by choice, but rather in a state of emergency. It is important to recognize this and work with this mentality in the distribution of food and supplementary nutrition programs. With these two contexts in mind Brenda offered the following pieces of advice for FEMSA's work in Mexico:

- For food package distribution:
 - Include handouts from the nutrition classes in the food packages. In her experience, people return with questions, and then tend to attend nutrition education classes.
 - Include posters from nutrition classes on the walls where distributions are handed out, this also peaks curiosity, and increases attendance at nutrition education classes.
- For addressing short shelf life of fresh food:

- In nutrition education classes, be sure to include how to preserve and clean food as one of the first topics covered. This will help beneficiaries maximize the shelf life of their food.
- Be sure to support the needs of food bank managers and other staff to assure the time between food's arrival at the food bank and its arrival at the homes of beneficiaries is minimized.
- Use the following website to check the perishability of food when not marked properly: www.stilltasty.com.
- For nutrition education classes:
 - Always have classes the same day as food package distribution, at the same time. This will grab the attention of beneficiaries in 'emergency mode' as described earlier, whereas another trip to attend a class will not.
 - Make sure classes are fun. While this sounds very simple, people are often lost in the technicalities and forget that people will only continue attending if the class is fun.
 - Active teaching methods are important for comprehension and behavior change. Smaller groups within large classes for activities also help improve comprehension levels.
 - Provide incentives for attending class correlated with the topic. This will both increase attendance and aid in behavior change. For example, in a class on fruits and vegetables, give out peelers and colanders. This will incentive attendance for the free supplies and provide a physical reminder in their home to clean their fruits and vegetables properly.
 - For food cooking demonstrations, contact local celebrity chefs to see if they would consider teaching a special one-time course at a central location. This could raise awareness of the program in terms of beneficiaries and donors.

When asked if she had any final comments, Brenda wanted to share that it sounded as if FEMSA was doing great work, and was grateful to hear that the fight to address food insecurity was such a priority in Mexico across public and private sectors.

Section 2: Catholic Charities of the Archdiocese of Washington SHARE Food Network

Organization: Catholic Charities of the Archdiocese of Washington (<http://www.catholiccharitiesdc.org/>)

Project: SHARE Food Network (<http://www.catholiccharitiesdc.org/SHARE>)

Project Summary: Thousands of families count on SHARE each month for affordable, nutritious groceries that are sold through volunteer-run locations throughout the Washington metropolitan area. Monthly value packages cost just \$20 and include \$40-\$50 worth of basic and healthy groceries, typically made up of 4-5 pounds of frozen protein products, 1-3 grocery items, and 8-9 pounds of fresh produce. Anyone and everyone may buy as many SHARE packages as they'd like by registering through a location convenient to their office or home neighborhood.

SHARE is an innovative program that works throughout the country. It is innovative in that it intentionally works through existing community centers such as schools and churches, it requires beneficiaries to volunteer in the preparation of the packages, and its economic structure guides those in need towards the healthiest grocery options. This program is highly respected in the field of nutrition education and demonstrates above average participation and consistent participation levels among beneficiaries.

No one from SHARE was available to interview for this report, but we believe their website and general model could prove useful to FEMSA Foundation.

Section 3: Women, Infants, & Children (WIC) Program in Baltimore

Organization: WIC (Women, Infants, & Children) (<http://www.fns.usda.gov/wic/women-infants-and-children-wic>)

Project: WIC Baltimore (<http://health.baltimorecity.gov/node/171>)

Project Summary: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. The Baltimore program we looked at specifically is a local branch of this national program.

Staff Member Interviewed: Susan Gross, Assistant Scientist, Johns Hopkins University

Most of Dr. Susan M. Gross's career has been dedicated to research related to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Dr. Susan M. Gross has been a part of the evaluation team for the Evaluation of the Maryland WIC Breastfeeding Peer Counselor Program at the Johns Hopkins Bloomberg School of Public Health. She served as co-investigator for numerous research initiatives related to WIC, including the Breastfeeding Promotion among Low-income Urban WIC Participants and a Literature Review of the Effectiveness of Nutrition Education for Pregnant Women, Breastfeeding Women and Caretakers of Infants.

Advice for FEMSA: Susan Gross works on research and evaluation in coordination with the Baltimore chapter of the nationally funded WIC program. As an expert on health evaluation programs, much of her advice from the interview has been incorporated in the Evaluation Toolkit deliverable which will be finalized in mid-April. In terms of logistics and other challenges currently faced by FEMSA she offered the following items of advice:

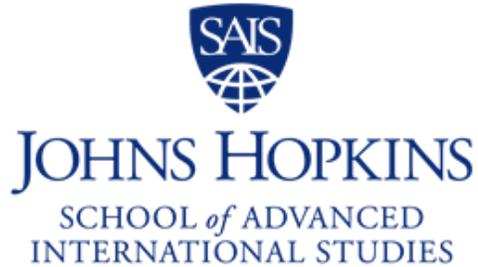
- Assure that food packages are provided on the same day as the nutrition education program. In the WIC program, it is actually mandatory to attend at least part of the class before receiving their voucher.
- Within classes, make sure the topics directly address issues that affect the target audience. For example, if working with pregnant women, be sure to address the various prenatal dietary needs they are facing based on their progression into the pregnancy.

- There is potential for incentivizing attendance and continued participation by offering increased food packages to those who attend more classes. The extra food could coordinate with the topics of the course and could be handed out at the end of classes.
- Due to the various literacy rates among populations, highly wordy handouts and manuals are not the best approach to conveying nutrition knowledge. Instead, handouts and manuals should complement interactive and active learning activities.
- Women targeted in nutrition programs tend to rely heavily on their social networks. It is thus very important investigate what their support networks and family members are telling them before the classes start. This will allow nutritionists to address cultural taboos and explain to the support systems their end goal of improving their collective livelihoods. This open communication can potentially increase levels of respect and subsequent behavior change in the women preparing the food.

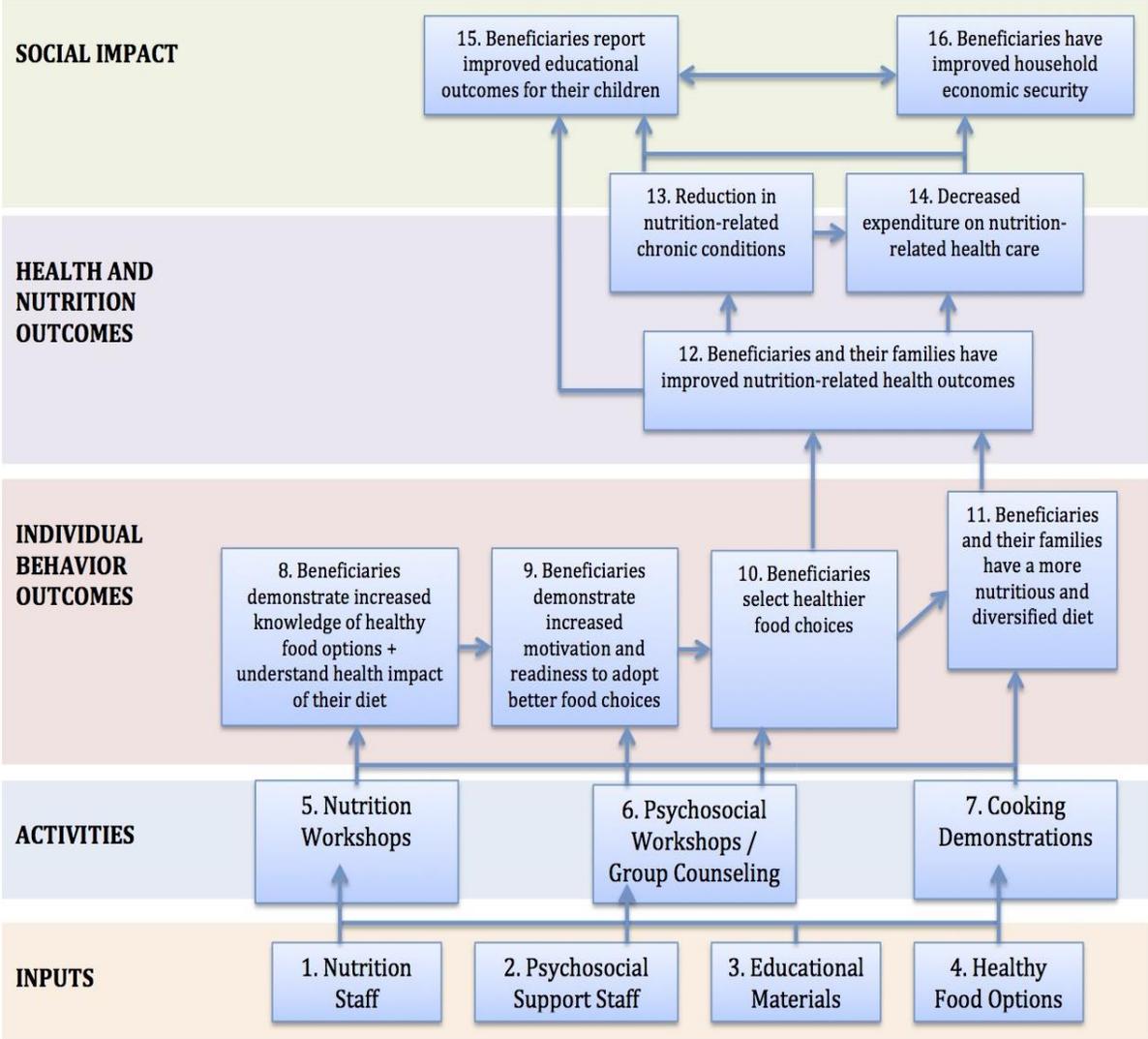
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Measurement Plan



RC Box	Results Chain	Indicator	Indicator Type	Measured? (Y/N)	Disaggregation	Data collection schedule	Data source/ responsible entity	Data collection considerations
1	Nutrition Staff	Number of formal meetings arranged between nutritionists for exchange of experiences and strategies	Process; Quantitative	Y	N/A	Annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	
		Review of teaching methods	Process; Qualitative	Y	Location	Bi-annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	Criteria must be developed to assess methods and desired pedagogy
		Number of nutrition staff per beneficiary	Process; Quantitative	Y	Location	Annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	
2	Psychological Support Staff	Number of formal meetings arranged between psychosocial support staff for exchange of experiences and strategies	Process; Quantitative	Y	N/A	Annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	
		Review of teaching methods	Process; Qualitative	Y	Location	Bi-annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	Criteria must be developed to assess methods and desired pedagogy
		Number of psychosocial support staff per beneficiary	Process; Quantitative	Y	Location	Annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	
3	Educational Materials	Annual review of new literature on best practices in nutrition education	Process; Qualitative	Y	N/A	Annually	Nutrition education literature / FEMSA Foundation or consultant	
		Annual review and updating of educational materials	Process; Qualitative	Y	N/A	Annually	BAMX or other implementing partners' pedagogical materials for modules and activities / FEMSA Foundation or consultant	
4	Healthy Food Options	Average percentage of shelf space containing canned or processed foods	Process; Quantitative	Y	Location	Bi-annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	
		Average percentage of shelf space containing fresh produce	Process; Quantitative	Y	Location	Bi-annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	
		Average percentage of food basket containing fresh produce	Process; Quantitative	Y	Location	Bi-annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	
		Average percentage of food basket containing meat or foods rich in protein	Process; Quantitative	Y	Location	Bi-annually	Project management reporting documents and observations / FEMSA Foundation or Food Bank Management	

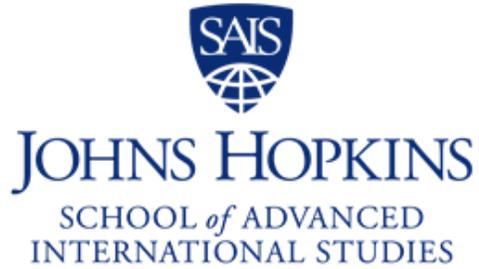
5	Nutrition Workshops	Number and percentage of food bank beneficiaries participating in nutrition workshops	Output; Quantitative	Y	Income level; location	Quarterly	Project management reporting documents / FEMSA Foundation or Food Bank Management	The number will fluctuate between workshops, so the average participation rate across all completed sessions should be used.
		Number and percentage of participating students who attend at least 5 of 7 workshops	Process; Quantitative	Y	Income level; location	Quarterly	Project management reporting documents / FEMSA Foundation or Food Bank Management	
		Number and percentage of classes using active learning methods	Process; Quantitative	Y	Location	Annually	Project management reporting documents / FEMSA Foundation or Food Bank Management	Criteria should be developed to help assess through direct observation.
		Average duration (in minutes) of workshops	Process; Quantitative	Y	Location	Bi-annually	Project management reporting documents / FEMSA Foundation or Food Bank Management	The number will fluctuate between workshops, so the average duration should be computed across all nutrition workshops.
		Number and percentage of beneficiaries reporting the nutrition classes are useful and relevant to their daily lives	Process	Y	Location	Bi-annually, mid-term	Project management reporting documents / FEMSA Foundation or Food Bank Management	
6	Psychosocial Workshops / Group Counseling Sessions	Number and percentage of food bank beneficiaries participating in psychosocial classes	Output	Y	Income level; location	Quarterly	Project management reporting documents / FEMSA Foundation or Food Bank Management	Will need to take average of participation rate across all sessions.
		Number and percentage of participating students who attend at least 4 of 6 workshops	Process	Y	Income level; location	Quarterly	Project management reporting documents / FEMSA Foundation or Food Bank Management	
		Number and percentage of classes using active learning methods	Process; Qualitative	Y	Location	Annually	Project management reporting documents / FEMSA Foundation or Food Bank Management	Criteria should be developed to help assess through direct observation.
		Average duration (in minutes) of workshops	Process; Quantitative	Y	Location	Bi-annually	Project management reporting documents / FEMSA Foundation or Food Bank Management	The number will fluctuate between workshops, so the average duration should be computed across all psychosocial workshops.
		Number and percentage of beneficiaries reporting the psychosocial classes are useful and relevant to their daily lives	Process	Y	Location	Bi-annually, mid-term	Project management reporting documents / FEMSA Foundation or Food Bank Management	
		Number and percentage of beneficiaries who describe using a lesson from the workshops at home	Process; Qualitative	Y	Income level; location	Bi-annually, mid-term	Project management reporting documents / FEMSA Foundation or Food Bank Management	
7	Cooking Demonstration	Number and percentage of food bank beneficiaries attending cooking demonstrations	Output	Y	Income level; location	Quarterly	Project management reporting documents / FEMSA Foundation or Food Bank Management	If there are multiple cooking demonstrations, this number will fluctuate, so the average participation rate across all completed sessions should be used.
		Number and percentage of attending beneficiaries who report using the recipes at home	Process	Y	Income level; location	Bi-annually, mid-term	Project management reporting documents / Food Bank Management	

8	Beneficiaries demonstrate increased knowledge of healthy food options and understand health impact of their diet	Average overall knowledge score	Outcome (Knowledge)	Y	Income level; location	Baseline, endline, and mid-term	Knowledge exam / Food Bank staff	
		Number and percentage of participants who improve their overall knowledge score by at least 10 percentage points on the endline knowledge exam	Outcome (Knowledge)	Y	Income level; location	Baseline, endline, and mid-term	Knowledge exam / Food Bank staff	
		Number and percentage of participants who improve their food group/nutrient knowledge score by at least 10 percentage points on the endline knowledge exam	Outcome (Knowledge)	Y	Income level; location	Baseline, endline, and mid-term	Knowledge exam / Food Bank staff	
		Number and percentage of participants who can describe 3 consequences of malnutrition	Outcome (Knowledge)	Y	Income level; location	Baseline, endline, and mid-term	Knowledge exam / Food Bank staff	
		Number and percentage of participants who can describe the main strategies to improve their diets	Outcome (Knowledge)	Y	Income level; location	Baseline, endline, and mid-term	Knowledge exam / Food Bank staff	
		Number and percentage of beneficiaries who can use food labels	Outcome (Knowledge)	Y	Income level; location	Baseline, endline, and mid-term	Knowledge exam / Food Bank staff	
		9	Beneficiaries demonstrate increased motivation and readiness to adopt better food choices	Average food preference score of beneficiaries	Outcomes (Attitudes)	Y	Income level; location; age	Baseline, endline, and mid-term
Average feelings/self-confidence score of beneficiaries	Outcomes (Attitudes)			Y	Income level; location; age	Baseline, endline, and mid-term	Attitudinal survey / Food Bank staff	
Number and percentage of beneficiaries indicating preference for nutritious snacks over high-sodium or high-calorie options	Outcomes (Attitudes)			Y	Income level; location; age	Baseline, endline, and mid-term	Attitudinal survey / Food Bank staff	
Number and percentage of beneficiaries reporting confidence in their ability to cook healthy food options at home	Outcomes (Attitudes)			Y	Income level; location	Baseline, endline, and mid-term	Attitudinal survey / Food Bank staff	
Number and percentage of beneficiaries who believe that taking up a healthier diet is difficult or somewhat difficult	Outcomes (Attitudes)			Y	Income level; location; age	Baseline, endline, and mid-term	Attitudinal survey / Food Bank staff	
Number and percentage of beneficiaries reporting they believe cooking healthy is important for their family	Outcomes (Attitudes)			Y	Income level; location; age	Baseline, endline, and mid-term	Attitudinal survey / Food Bank staff	
Number and percentage of beneficiaries reporting they enjoy cooking healthy	Outcomes (Attitudes)			Y	Income level; location; age	Baseline, endline, and mid-term	Attitudinal survey / Food Bank staff	
Number and percentage of beneficiaries reporting confidence in their ability to convince family members to consume healthy food	Outcomes (Attitudes)			Y	Income level; location	Baseline, endline, and mid-term	Attitudinal survey / Food Bank staff	
10	Beneficiaries select healthier food choices	Number and percentage of beneficiaries who report consuming fruit and/or vegetables more than once per day as a snack	Outcome (Practice)	Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	Practices section of monitoring questionnaire and exam
		Number and percentage of beneficiaries who consumed at least one iron-rich food source the previous	Outcome (Practice)	Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
		Number and percentage of beneficiaries who consumed at least one protein-rich food source the	Outcome (Practice)	Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
		Number and percentage of beneficiaries who consumed at least two vitamin-A-rich foods sources the	Outcome (Practice)	Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
		Average number of 8-ounce glasses of water consumed per day	Outcome (Practice)	Y	Income level; location	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
		Average number of carbonated soft drinks consumed per day	Outcome (Practice)	Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
		11	Beneficiaries and their families have a more nutritious and diversified diet	Number and percentage of beneficiaries consuming 2 or more servings of fruit per day	Outcome (Practice)	Y	Income level; location; age	Every two months (workshop)
Number and percentage of beneficiaries consuming 3 or more servings of vegetables per day	Outcome (Practice)			Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
Number and percentage of beneficiaries who consume appropriate portion sizes in at least 50% of meals	Outcome (Practice)			Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
Number and percentage of adults who consumed foods from 4 or more food groups per day in last 2-day time period	Outcome (Practice)			Y	Income level; location	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
Average number of varieties of foods within each food group	Outcome (Practice)			Y	Income level; location; food group	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
Number and percentage of children who consumed foods from 4 or more food groups per day in last 2-day time	Outcome (Practice)			Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	
Number and percentage of beneficiaries reporting they eat breakfast at least 4 times per week	Outcome (Practice)			Y	Income level; location; age	Every two months (workshop)	Food frequency questionnaire / Food Bank staff	

RC box	Result	Indicator	Cumulative Projections	Assumptions	Baseline	Source	Results achieved					
	<i>Results Chain Box Description</i>	<i>For indicators disaggregated by gender, age, location, etc., by sure to specify projections, baseline, and results for each population group.</i>	<i>This column should contain cumulative projections for the end of project. Adjust based on baseline results.</i>	<i>This box contains the 'assumption' based on which projections may have been made or contextual factors necessary for success</i>	<i>The column documents the baseline for each box.</i>	<i>This column documents the source of baseline</i>	<i>These columns contain the cumulative actual achievement of the intervention (validated)</i>					
							2015-Q1	2015-Q2	2015-Q3	2015-Q4	2016-Q1	2016-Q2
1	Nutrition Staff	Number of formal meetings arranged between nutritionists for exchange of experiences and strategies	3 per year			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
		Review of teaching methods	1 per year			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
		Number of nutrition staff per beneficiary	1:25			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
2	Psychological Support Staff	Number of formal meetings arranged between psychosocial support staff for exchange of experiences and strategies	3			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
		Review of teaching methods	1 per year			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
		Number of psychosocial support staff per beneficiary	1:25			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
3	Educational Materials	Annual review of new literature on best practices in nutrition education	1 per year			Nutrition education literature / FEMSA Foundation or consultant						
		Annual review and updating of educational materials	1 per year			BAMX or other implementing partners' pedagogical materials for modules and activities / FEMSA Foundation or consultant						
3	Healthy Food Options	Average percentage of shelf space containing canned or processed foods	40%			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
		Average percentage of shelf space containing fresh produce	25%			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
		Average percentage of food basket containing fresh produce	25%			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
		Average percentage of food basket containing meat or foods rich in protein	30%			Project management reporting documents and observations / FEMSA Foundation or Food Bank Management						
4	Nutrition Workshops	Number and percentage of food bank beneficiaries participating in nutrition workshops	75%			Project management reporting documents / FEMSA Foundation or Food Bank Management						
		Number and percentage of participating students who attend at least 5 of 7 workshops	60%			Project management reporting documents / FEMSA Foundation or Food Bank Management						
		Number and percentage of classes using active learning methods	100%			Project management reporting documents / FEMSA Foundation or Food Bank Management						
		Average duration (in minutes) of workshops	1 hour			Project management reporting documents / FEMSA Foundation or Food Bank Management						
		Number and percentage of beneficiaries reporting the nutrition classes are useful and relevant to their daily lives	90%			Project management reporting documents / FEMSA Foundation or Food Bank Management						
		Number and percentage of food bank beneficiaries participating in psychosocial classes	75%			Project management reporting documents / FEMSA Foundation or Food Bank Management						
		Number and percentage of participating students who attend at least 4 of 6 workshops	60%			Project management reporting documents / FEMSA Foundation or Food Bank Management						

5	Psychosocial Workshops / Group Counseling Sessions	Number and percentage of classes using active learning methods	100%			Project management reporting documents / FEMSA Foundation or Food Bank Management							
		Average duration (in minutes) of workshops	1 hour			Project management reporting documents / FEMSA Foundation or Food Bank Management							
		Number and percentage of beneficiaries reporting the psychosocial classes are useful and relevant to their daily lives	90%			Project management reporting documents / FEMSA Foundation or Food Bank Management							
		Number and percentage of beneficiaries who describe using a lesson from the workshops at home	90%			Project management reporting documents / FEMSA Foundation or Food Bank Management							
6	Cooking Demonstration	Number and percentage of food bank beneficiaries attending cooking demonstrations	75%			Project management reporting documents / FEMSA Foundation or Food Bank Management							
		Number and percentage of attending beneficiaries who report using the recipes at home	75%			Project management reporting documents / Food Bank Management							
7	Beneficiaries demonstrate increased knowledge of healthy food options and understand health impact of their diet	Average overall knowledge score	80%			Knowledge exam / Food Bank staff							
		Number and percentage of participants who improve their overall knowledge score by at least 10 percentage points on the endline knowledge exam	90%			Knowledge exam / Food Bank staff							
		Number and percentage of participants who improve their food group/nutrient knowledge score by at least 10 percentage points on the endline knowledge exam	90%			Knowledge exam / Food Bank staff							
		Number and percentage of participants who can describe at least 3 consequences of malnutrition	85%			Knowledge exam / Food Bank staff							
		Number and percentage of participants who can describe the main strategies to improve their diets	90%			Knowledge exam / Food Bank staff							
		Number and percentage of beneficiaries who can use food labels to determine nutritional content and appropriate portion sizes	85%			Knowledge exam / Food Bank staff							
8	Beneficiaries demonstrate increased motivation and readiness to adopt better food choices	Average food preference score of beneficiaries	80%			Attitudinal survey / Food Bank staff							
		Average feelings/self-confidence score of beneficiaries	80%			Attitudinal survey / Food Bank staff							
		Number and percentage of beneficiaries indicating preference for nutritious snacks over high-sodium or high-calorie options	90%			Attitudinal survey / Food Bank staff							
		Number and percentage of beneficiaries reporting confidence in their ability to cook healthy food options at home	90%			Attitudinal survey / Food Bank staff							
		Number and percentage of beneficiaries who believe that taking up a healthier diet is difficult or somewhat difficult	20%			Attitudinal survey / Food Bank staff							
		Number and percentage of beneficiaries reporting they believe cooking healthy is important for their family	90%			Attitudinal survey / Food Bank staff							
		Number and percentage of beneficiaries reporting they enjoy cooking healthy	90%			Attitudinal survey / Food Bank staff							
9	Beneficiaries select healthier food choices	Number and percentage of beneficiaries who report consuming fruit and/or vegetables more than once per day as a snack	75%			Food frequency questionnaire / Food Bank staff							
		Number and percentage of beneficiaries who consumed more than three iron-rich vegetables the previous day	70%			Food frequency questionnaire / Food Bank staff							
		Number and percentage of beneficiaries who consumed at least one protein-rich food source the previous day	70%			Food frequency questionnaire / Food Bank staff							
		Number and percentage of beneficiaries who consumed at least one vitamin-A-rich fruit the previous day	70%			Food frequency questionnaire / Food Bank staff							
		Average number of 8-ounce glasses of water consumed per day	8			Food frequency questionnaire / Food Bank staff							
		Average number of carbonated soft drinks consumed per day	1			Food frequency questionnaire / Food Bank staff							
		Number and percentage of beneficiaries consuming 2 or more servings of fruit per day	70%			Food frequency questionnaire / Food Bank staff							

10	Beneficiaries and their families have a more nutritious and diversified diet	Number and percentage of beneficiaries consuming 3 or more servings of vegetables per day	70%			Food frequency questionnaire / Food Bank staff							
		Number and percentage of beneficiaries who consume appropriate portion sizes in at least 60% of meals	70%			Food frequency questionnaire / Food Bank staff							
		Number and percentage of adults who consumed foods from 4 or more food groups per day on average in last 7-day time period	80%			Food frequency questionnaire / Food Bank staff							
		Average number of varieties of foods within each food group	4			Food frequency questionnaire / Food Bank staff							
		Number and percentage of children who consumed foods from 4 or more food groups per day on average in last 7-day time period	80%			Food frequency questionnaire / Food Bank staff							
		Number and percentage of beneficiaries reporting they eat breakfast at least 4 times per week in last 7-day time period	85%			Food frequency questionnaire / Food Bank staff							
11	Beneficiaries and their families have improved nutrition-related health outcomes	Number and percentage of beneficiaries who are anemic based on hemoglobin level	25%			Baseline and endline assessments / Food Bank staff							
		Number and percentage of adult beneficiaries with BMI between 18.5 and 24.9	70%			Baseline and endline assessments / Food Bank staff							
		Number and percentage of children under 2 years old with weight-for-age below WHO's 5th percentile or above 97.7th percentile	15%			Baseline and endline assessments / Food Bank staff							
		Number and percentage of beneficiaries age 2 to 20 years old with BMI-for-age between 5th and 85th percentile	85%			Baseline and endline assessments / Food Bank staff							
		Number and percentage of beneficiaries with healthy blood pressure	70%			Baseline and endline assessments / Food Bank staff							
		Number and percentage of beneficiaries with healthy level of cholesterol (self-report)	70%			Baseline and endline assessments / Food Bank staff							
12	Reduction in nutrition-related chronic health conditions	Number and percentage of beneficiaries with cardiovascular disease (self-report)	15%			Baseline and endline assessments / Food Bank staff							
		Number and percentage of beneficiaries with diabetes (self-report)	15%			Baseline and endline assessments / Food Bank staff							
13	Decreased expenditure on nutrition-related health care	Average annual expenditure by government on secondary tertiary health care				Government reports							
14	Improved educational outcomes for beneficiaries' children	Average number of missed school days per semester due to ear infections	2			Baseline and endline assessments, beneficiary household surveys / Food Bank staff							
		Average number of missed school days per semester due to respiratory infections	2			Baseline and endline assessments, beneficiary household surveys / Food Bank staff							
		Student score on PLANEA national exam	80%			Baseline and endline assessments, beneficiary household surveys / Food Bank staff							
		Average number of minutes per day of moderately strenuous physical activity	60			Baseline and endline assessments, beneficiary household surveys / Food Bank staff							
		Level of cognitive functioning				Anthropometric assessments / Food Bank staff							
15	Improved household economic security	Average household income of beneficiaries	1			Baseline and endline assessments / Food Bank staff							
		Number and percentage of beneficiaries living below the poverty line of 2,114 pesos per month	80%			Baseline and endline assessments / Food Bank staff							
		Number and percentage of beneficiaries living below the extreme poverty line of 978 pesos per month	40%			Baseline and endline assessments / Food Bank staff							
		Average food share proportion of expenditures per beneficiary household	25%			Baseline and endline assessments / Food Bank staff							
		Number of days of work missed per month due to personal illness	1			Baseline and endline assessments / Food Bank staff							
		Number of days of work missed per month due to caring for sick children or relatives	2			Baseline and endline assessments / Food Bank staff							



FUNDACIÓN
FEMSA

Measurement Tools

Bancos Alimentarios: Programas de Nutrición Informe del Cuarto

Fecha	
Nombre del banco alimentario/ proyecto	
Nombre del coordinador del banco	

Parte 1 - Información General

1.1 Número total de beneficiarios del banco	Individuos: Hogares:
1.2 Número total de empleados del banco	Tiempo completo: Tiempo parcial: Voluntarios:
1.3 Porcentaje de espacio en los estantes dedicado a los productos frescos	
1.4 Porcentaje promedio de canastas de alimentos beneficiarios que contiene productos frescos	
1.5 Porcentaje promedio de canastas de alimentos beneficiarios que contienen carne, pescado, queso o frutos secos	

Parte 2 – Información General del Programa de Nutrición

2.1 Número total de beneficiarios que están asistiendo el programa de nutrición	
2.2 Número de nutricionistas trabajando con el banco	

Parte 3 – Información de los Talleres Específicas

Por favor, complete esta tabla para el número de talleres realizados hasta hoy. Adjunte una lista de asistencia para cada taller.

Sesión / Nombre del Taller	Nombre de la comunidad	Nombre del nutricionista / miembro de personal que dirigió el taller	Asistencia (Número de participantes en el taller)	Duración del Taller (minutos)
Sesión #1 Nombre:				
Sesión #2 Nombre:				
Sesión #3 Nombre:				
Sesión #4 Nombre:				
Sesión #5 Nombre:				
Sesión #6 Nombre:				
Sesión #7 Nombre:				
Sesión #8 Nombre:				
Sesión #9 Nombre:				
Sesión #10 Nombre:				
Sesión #11 Nombre:				
Sesión #12 Nombre:				
Sesión #13 Nombre:				

Parte 4 – Dudas/ Comentarios:

Si usted tiene otros comentarios o dudas, favor de escribirlos aquí:

LINEA BASE:

*Mediciones Antropométricas –
Altura
Peso
Hemoglobina
Cognitiva*

NO TOCAR: Sólo para personal del banco de alimentos	
X1. Nombre del administrador(a) de la encuesta	
X2. Fecha de la encuesta	____ (año) / ____ (mes) / ____ (día)
X3. Banco de Alimentos	
X4. Comunidad	
X5. Clase de comunidad (elige uno)	____ (urbano) ____ (rural)
X5. Número de participante (si aplicable)	

1. Madre o Cuidadora

Nombre(s)	
Apellidos(s)	
Sexo (elija uno)	_____ (hombre) _____ (mujer)
Fecha de nacimiento	_____ (año) / ____ (mes) / ____ (día)

ANTROPOMETRÍA

Medición	Iniciales Observador
Peso (kg):	_____ . _____
Talla (cm):	_____ . _____
Circunferencia de la cintura (cm):	_____ . _____
Hemoglobina:	
Glucosa (si es aplicable):	
Presión de la Sangre (si es aplicable):	_____ / _____
Cognitiva:	

NO TOCAR: Sólo para personal del banco de alimentos	
Índice de Masa Corporal (IMC)	
Anémico? Elija uno.	Sí No
Presión mayor a 120/80? Elija uno.	Sí No

2. Niño 1

Nombre(s)	
Apellido(s)	
Sexo (elija uno)	_____ (hombre) _____ (mujer)
Fecha de Nacimiento	_____ (año) / ____ (mes) / ____ (día)

ANTROPOMETRÍA

Measurement	<u>Iniciales</u> <u>Observador</u>
Peso (kg):	_____ . _____
Talla (cm):	_____ . _____
Circunferencia de la cintura (cm):	_____ . _____
Hemoglobina:	
Glucosa (si es aplicable):	
Presión de la Sangre (si es aplicable):	_____ / _____
Cognitiva:	

NO TOCAR: Sólo para personal del banco de alimentos	
Índice de Masa Corporal (IMC)	
Percentil de Peso para la Edad (Estándares de Crecimiento de la OMS)	_____ %
Percentil de IMC para la Edad (Estándares de Crecimiento de la OMS)	_____ %
Anémico? Elija uno.	Sí No
Presión indica hipertensión o pre-hipertensión para la edad/altura? Elija uno	Sí No

3. Niño 2

Nombre(s)	
Apellido(s)	
Sexo (elija uno)	_____ (hombre) _____ (mujer)
Fecha de Nacimiento	_____ (año) / ____ (mes) / ____ (día)

ANTROPOMETRÍA

Measurement	<u>Iniciales</u> <u>Observador</u>
Peso (kg):	_____ . _____
Talla (cm):	_____ . _____
Circunferencia de la cintura (cm):	_____ . _____
Hemoglobina:	
Glucosa (si es aplicable):	
Presión de la Sangre (si es aplicable):	_____ / _____
Cognitiva:	

NO TOCAR: Sólo para personal del banco de alimentos	
Índice de Masa Corporal (IMC)	
Percentil de Peso para la Edad (Estándares de Crecimiento de la OMS)	_____ %
Percentil de IMC para la Edad (Estándares de Crecimiento de la OMS)	_____ %
Anémico? Elija uno.	Sí No
Presión indica hipertensión o pre-hipertensión para la edad/altura? Elija uno	Sí No

4. Niño 3

Nombre(s)	
Apellido(s)	
Sexo (elija uno)	_____ (hombre) _____ (mujer)
Fecha de Nacimiento	_____ (año) / ____ (mes) / ____ (día)

ANTROPOMETRÍA

Measurement	<u>Iniciales</u> <u>Observador</u>
Peso (kg):	_____ . _____
Talla (cm):	_____ . _____
Circunferencia de la cintura (cm):	_____ . _____
Hemoglobina:	
Glucosa (si es aplicable):	
Presión de la Sangre (si es aplicable):	_____ / _____
Cognitiva:	

NO TOCAR: Sólo para personal del banco de alimentos	
Índice de Masa Corporal (IMC)	
Percentil de Peso para la Edad (Estándares de Crecimiento de la OMS)	_____ %
Percentil de IMC para la Edad (Estándares de Crecimiento de la OMS)	_____ %
Anémico? Elija uno.	Sí No
Presión indica hipertensión o pre-hipertensión para la edad/altura? Elija uno	Sí No

Encuesta Intermediaria:

Comentario de los talleres; Conocimientos, Actitudes y Prácticas

NO TOCAR: Sólo para personal del banco de alimentos	
X1. Nombre del administrador(a) de la encuesta	
X2. Fecha de la encuesta	_____ (año) / ____ (mes) / ____ (día)
X3. Banco de Alimentos	
X4. Comunidad	
X5. Clase de comunidad (elige uno)	_____ (urbano) _____ (rural)
X5. Número de participante (si aplicable)	

Introducción

Propósito y Temas

Gracias por participar en la encuesta intermediaria para el programa de nutrición comunitaria de **BAMX/Caritas**. El propósito de esta encuesta es determinar si nuestros talleres están cumpliendo con sus expectativas. Usando sus conocimientos actuales y sus comentarios sobre los talleres, podemos mejorar la calidad de la programación que ofrecemos. Para que podamos cumplir con sus necesidades, favor de responder a todas las preguntas con exactitud. Sus respuestas no serán usadas para calificar o juzgar a Ud.

Esta evaluación se tratará de los siguientes temas:

- Sus experiencias con los talleres
- Sus conocimientos actuales de temas de nutrición
- Los hábitos actuales de consumo en su hogar
- Las preferencias de su familia con respeto a los alimentos

Declaración de Confidencialidad

Su nombre y datos personales así como los del menor no serán revelados en ningún reporte de este estudio. Toda la información personal recolectada del estudio permanecerá confidencial.

Acuerdo

Este acuerdo sostiene que Ud. ha recibido una copia de este consentimiento informado. Su participación es completamente voluntaria. Ud. puede suspender su participación en cualquier parte del estudio, o retirarse por completo del estudio en cualquier momento. No se prevé ningún riesgo. Su firma en la parte inferior indica que Ud. está de acuerdo en participar en este estudio.

Yo estoy de acuerdo en formar parte en este estudio.

Nombre de Participante: _____

Firma: _____ **Fecha:** _____

1. Información de la participante

Nombre(s)	Apellido(s)
¿A cuántos talleres ha asistido Ud.?	

2. Opiniones del Programa

Marque con una la respuesta que más corresponde

		Muy en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Muy de acuerdo
1.	En general estoy satisfecha con el programa de educación nutricional del banco de alimentos	<input type="checkbox"/>				
2.	Los talleres de psicología han sido útiles para mí	<input type="checkbox"/>				
3.	Las actividades que realizamos en los talleres de psicología me han ayudado a captar la materia	<input type="checkbox"/>				
4.	He podido aplicar las lecciones de psicología en mi vida cotidiana	<input type="checkbox"/>				
4 ^a .	Si respondió sí, dé un ejemplo, o si no, díganos por qué					
5.	Los talleres de nutrición/cocina han sido útiles para mí	<input type="checkbox"/>				

		Muy en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Muy de acuerdo
6.	Las actividades que realizamos en los talleres de nutrición me han ayudado a captarla materia	<input type="checkbox"/>				
7.	He podido aplicar las lecciones de nutrición/cocina en mi vida cotidiana	<input type="checkbox"/>				
7 ^a .	Si respondió sí, dé un ejemplo, o si no, díganos por qué					

Favor si tiene algún comentario o sugerencia para los talleres, sus profesoras, o personal del banco de alimentos, escríbalo aquí. Puede incluir actividades o temas que Ud. piensa que serían útiles en el futuro.

NO TOCAR: Sólo para personal del banco de alimentos	
2.1 Calificación de Opiniones sobre el programa	_____ / _____ %
2.2 Los talleres de psicología han beneficiado a la participante?	Sí No
2.3 Los talleres de nutrición han beneficiado a la participante?	Sí No

3. Actitudes

Marque con una la respuesta que más corresponde

		Muy en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Muy de acuerdo
1.	Considero que los buenos hábitos de alimentación como el reducir los alimentos ricos en grasa son importantes para mantener la salud.	<input type="checkbox"/>				
2.	Tengo confianza que puedo preparar comidas nutritivas para mi familia	<input type="checkbox"/>				
3.	Cuando me lo propongo, soy capaz de evitar que los niños consuman comida chatarra.	<input type="checkbox"/>				
4.	Me gusta complacer a mi esposo cocinando todo lo que me pida, aunque sea poco saludable.	<input type="checkbox"/>				
5.	Me gusta aprender nuevas maneras de prepara los mismos alimentos	<input type="checkbox"/>				
6.	Me gusta aprender a preparar alimentos que antes no conocía	<input type="checkbox"/>				

NO TOCAR: Sólo para personal del banco de alimentos

3.1 Calificación de Actitudes	_____ / _____ %
3.2 Reconoce la importancia de tener una buena nutrición?	Sí No
3.3 Demuestra confianza en su capacidad de promover una dieta nutritiva en su casa?	Sí No
3.4 Está abierta a aprender cosas nuevas?	Sí No

4. Prácticas

Marque con una la respuesta que más corresponde

	Siempre	Casi siempre	Algunas veces	Pocas veces	Es raro	Nunca
1. Cocino en casa	<input type="checkbox"/>					
2. Entre comidas yo como verduras y frutas	<input type="checkbox"/>					
3. Leo las etiquetas en los alimentos que compro	<input type="checkbox"/>					
4. Yo preparo las comidas que mis hijos quieren comer, aunque no sea comida nutritiva	<input type="checkbox"/>					
5. Yo compro alimentos procesados, embutidos o ahumados	<input type="checkbox"/>					

6.	¿Con qué frecuencia usted toma bebidas azucaradas como refrescos o jugos embotellados?	<input type="checkbox"/> No tomo bebidas azucaradas	<input type="checkbox"/> No más de una vez al día	<input type="checkbox"/> Dos o tres veces al día	<input type="checkbox"/> Más de tres veces al día
7.	¿Con qué frecuencia usted sirve desayuno en la casa?	<input type="checkbox"/> No sirvo desayuno	<input type="checkbox"/> de una a dos veces a la semana	<input type="checkbox"/> de tres a cuatro veces a la semana	<input type="checkbox"/> más de cuatro veces a la semana
8.	¿Cuántos vasos de agua usted toma al día?	<input type="checkbox"/> No tomo agua	<input type="checkbox"/> de uno a tres vasos	<input type="checkbox"/> de cuatro a siete vasos	<input type="checkbox"/> ocho vasos o más
9.	¿Con qué frecuencia usted consume verduras?	<input type="checkbox"/> de una a tres veces por semana	<input type="checkbox"/> de cuatro a seis veces por semana	<input type="checkbox"/> de una a dos veces al día	<input type="checkbox"/> tres veces o más al día
10.	¿Con qué frecuencia usted consume frutas?	<input type="checkbox"/> de una a tres veces por semana	<input type="checkbox"/> de cuatro a seis veces por semana	<input type="checkbox"/> de una a dos veces al día	<input type="checkbox"/> tres veces o más al día

11. ¿Con qué frecuencia usted consume carne (incluso carne de res, pollo, pescado o puerco)	<input type="checkbox"/> de una tres veces por semana	<input type="checkbox"/> de cuatro a seis veces por semana	<input type="checkbox"/> de una a dos veces al día	<input type="checkbox"/> tres veces o más al día
--	--	---	---	---

NO TOCAR: Sólo para personal del banco de alimentos	
4.1 Calificación de Prácticas	_____ / _____ %
4.2 Demuestra conciencia del valor nutritivo de los alimentos que prepara para la familia?	Sí No
4.3 Demuestra buenos hábitos de consumo líquido e hidratación?	Sí No
4.4 Demuestra consumo adecuado de frutas y verduras?	Sí No

5. Conocimientos

Escriba en el espacio sus respuestas

1.	Identifique 3 causas de desnutrición	1. 2. 3.
2.	Identifique 3 estrategias para mejorar su dieta	1. 2. 3.
3.	Identifique 3 consecuencias de tener una mala nutrición	1. 2. 3.

Marque con una la respuesta que más corresponde

4.	Carne, pollo, pescado, huevos, frijoles y nueces son ejemplos de comidas que tienen alta cantidad de _____	<input type="checkbox"/> carbohidratos	<input type="checkbox"/> proteína	<input type="checkbox"/> Vitamina B	<input type="checkbox"/> fibra	<input type="checkbox"/> vitamina D
5.	¿Cual grupo de alimentos es el que da más energía?	<input type="checkbox"/> Cereales	<input type="checkbox"/> Lácteos	<input type="checkbox"/> Verduras	<input type="checkbox"/> Frutas	<input type="checkbox"/> Carnes
6.	¿Cual de las siguientes vitaminas es importante para la formación y mantenimiento de huesos y dientes?	<input type="checkbox"/> Vitamina A	<input type="checkbox"/> Vitamina C	<input type="checkbox"/> Vitamina B	<input type="checkbox"/> Vitamina E	<input type="checkbox"/> Vitamina D
7.	¿Cuántas porciones de verduras debes comer al día?	<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 2-3	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-11
8.	¿Cuál es la cantidad de consumo de agua ideal diaria?	<input type="checkbox"/> Nada	<input type="checkbox"/> Menos de un litro	<input type="checkbox"/> De 1 a 2 litros	<input type="checkbox"/> De 2 a 3 litros	<input type="checkbox"/> Más de 3 litros
9.	¿Cuál de los siguientes alimentos tiene alta cantidad de sal?	<input type="checkbox"/> Alimentos ahumados y embutidos	<input type="checkbox"/> Hierbas y especias	<input type="checkbox"/> Frutas frescas	<input type="checkbox"/> Verduras frescas	<input type="checkbox"/> Jugos

NO TOCAR: Sólo para personal del banco de alimentos

5.1 Calificación de Conocimientos	_____ / _____ %
5.2 Entiende las consecuencias de mala nutrición?	Sí No
5.3 Entiende cómo mejorar su salud?	Sí No
5.4 Ha podido identificar tres causas de desnutrición?	Sí No
5.5 Demuestra un conocimiento de las vitaminas y sus funciones?	Sí No
5.6 Sabe el consumo recomendado de agua?	Sí No
5.7 Sabe el consumo recomendado de verduras?	Sí No

Gracias por su tiempo y su participación!

Formulario de Observación – Clase de Educación Nutricional

Parte 1 – General

1.1 Nombre del observador	
1.2 Fecha de la observación	
1.3 Nombre del proyecto	
1.4 Nombre del instructor	
1.5 Nombre del sitio/comunidad	
1.6 Número / Módulo de la clase	

Parte 2 – Observación de la clase

2.1 Durada de la clase:

Hora de inicio:

Hora de término:

2.2 Número de participantes:

2.3 Se recordó la asistencia?

Sí

No

Quién lo hizo y cómo?

2.4 Proporción de participantes que se quedaron para toda la clase (aproximación):

2.5 Ubicación

Cubierto

Al aire libre

2.6 Idoneidad del espacio (presencia de sillas, tamaño del espacio, el instructor se ve y se oye):

Adecuado

Bastante adecuado

Inadecuado

Notas:

2.7 Notas sobre la presencia de mensajes contradictorios o de soporte (ej.: pósteres, publicidad):

2.8 Al comienzo de la clase, se presentó el tema del día?

Sí

No

2.9 La introducción captó la atención de los participantes?

Sí

No

2.10 Métodos utilizados:

- Presentación del instructor
- Discusión con los participantes
- Discusión entre los participantes
- Juegos / juegos de rol
- Otras (*especifique*):

Notas:

2.11 Auxiliares didácticos utilizados:

- Póster
- Video
- Volantes
- Comida
- Libro de ejercicios
- Etiquetas de información nutricional
- Ninguno
- Otros (*especifique*):

2.12 Material distribuido:

- Recetas
- Folletos de información
- Otros (*especifique*):

2.13 Nivel de participación de los participantes:

- Alto
- Medio
- Poco
- Ninguna participación

Notas:

2.14 El instructor demostró entusiasmo y confianza.

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

Notas:

2.15 El instructor explicó los conceptos de una manera simple y clara.

- Muy de acuerdo
- De acuerdo

- En desacuerdo
- Muy en desacuerdo

Notas:

2.16 El instructor utilizó ejemplos concretos para clarificar y demostrar los conceptos.

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

Notas:

2.17 El instructor fomentó el debate y la participación.

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

Ejemplos:

2.18 El instructor hizo referencia a conceptos y temas enseñados anteriormente.

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

Notas:

2.19 El instructor enfatizó los conceptos más importantes.?

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

Notas:

2.20 El instructor utilizó todo los auxiliares didácticos previstos por el plan de lección.

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

2.21 El instructor comunicó toda información técnica con precisión?

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

2.22 El instructor contestó a todas las preguntas con precisión?

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

2.23 El instructor contestó a todas las preguntas con precisión?

- Muy de acuerdo
- De acuerdo
- En desacuerdo
- Muy en desacuerdo

2.24 El instructor se movió alrededor del salón para aclarar, ayudar, y animar a los participantes?

- Sí
- No

2.25 El instructor hizo preguntas abiertas para fomentar la discusión?

- Sí
- No

2.26 Con base en sus respuestas anteriores, cual es su opinión del uso de técnicas de aprendizaje activo durante esta sesión?

- Excelente
- Bueno
- Regular
- Malo

2.27 Se recordó la asistencia? Quién lo hizo y cómo?

Parte 3 – Preguntas al instructor

3.1 Que proporción del material en el manual logró presentar para este módulo?

- Todo
- Casi todo
- Una minoría

3.2 Desvió del manual?

- Sí
- No

3.3 (Si contestó sí) Qué es lo que hizo diferentemente?

3.4 Porqué decidió hacer estos cambios para la clase de hoy?

3.5 Hubo algo que le hizo difícil de enseñar la lección como había planeado? Qué?

3.6 Qué recomendaciones tiene para mejorar este módulo?

Parte 4 – Otras Notas de su Observación de la Clase

Guía para Grupos Focales con Beneficiarios

1. Nombre del facilitador	
2. Fecha del grupo focal	
3. Nombre del proyecto	
4. Nombre del instructor	
5. Nombre del sitio/comunidad	
6. Número de participantes	
7. Número de módulos que ya se enseñaron	

Introducción

Bienvenidos! Mi nombre es _____, estoy aquí con mi colega _____. Antes de todo, quiero agradecerles mucho por tomar el tiempo para participare a este grupo focal. El objetivo de hoy es de recoger informaciones sobre su experiencia y su satisfacción con el programa. Utilizaremos esta información para ofrecer recomendaciones para como se pueda mejorar el programa para mejor servir personas como ustedes en comunidades come esta.

Todo lo que nos dirán será confidencial y nada de los que nos dirán será vinculado a su nombre. Sus nombres no aparecerán en ningún documento. Nada de lo que nos dirán perjudicará los servicios que recibe por parte del banco de alimentos.

Antes de empezar, quiero repasar algunos detalles sobre nuestra conversación:

- Su participación es voluntaria. Están libres de irse en cualquier momento.
- No hay respuestas correctas ni incorrectas.
- Recuérdense que no trabajamos con el banco ni con los nutricionistas/instructores, así que siéntense libre de expresar lo que piensan.
- Está bien de tener ideas u opiniones diferentes el uno del otro. Queremos escuchar el punto de vista de todos.
- La discusión durará aproximadamente 2 horas.

Quiero recordarles una vez más que todo lo que nos dirán es confidencial, no será vinculado a su nombre en ningún momento, y no perjudicará los servicios que recibe de este programa o de cualquier otro programa.

1. Cómo se enteraron la primera vez de este programa de educación nutricional?
2. Porqué decidieron participar?
3. Por favor, tomen un minuto para pensar a lo que se podría hacer para animar más personas como ustedes a participar.
4. Cuales piensan que fueron los aspectos más y menos útiles de las clases? Cuales fueron las cosas más importantes que aprendieron a lo largo de este tiempo?
5. Cuales fueron los aspectos que más y menos les gustaron de las clases? Porqué?
6. Cual fue el módulo / la clase que más les gustó?
7. Cual es el módulo / la clase que les resultó más difícil de entender?
8. Suponga que usted fuera encargado del proyecto, y que pudiera hacer una cosa para mejorar el programa. Que haría?
9. Qué temas que le habría gustado aprender no fueron tratados en las clases?
10. Creen que el instructor/nutricionista proporcionó la información de una manera sencilla y clara?
11. A cuantas de las clases asistieron?
 - Si no asistieron a todas:
 - a. Porqué no consiguieron asistir a todas?
 - b. Qué les habría ayudado a asistir a más clases?
12. Creen que la durada de las clases fue adecuada, demasiado larga o demasiado corta?
13. Tomen su tiempo para pensar en la próxima pregunta: hubo cambios importantes en su vida a causa de estas clases? Cuales?
 - Si necesario, dar ejemplos cómo:
 - a. Cambios en la comida que compran?
 - b. Cambios en la comida que comen cuando comen fuera de la casa?
 - c. Cambios en el nivel de actividad física?
 - d. Cambios en su salud?
 - e. Cambios en como se siente en general?

14. Cuales son los obstáculos que les impedían o les impiden consumir alimentos mas saludable?

- a. Lo que aprendieron en estas clases les ayudó a superar estos obstáculos? Cómo, por ejemplo?

15. Antes de terminar, hay alguna cosa que quieren compartir sobre el programa que nos podría ayudar en mejorarlo?

Muchísimas gracias por su participación a este grupo. Aprendimos mucho de sus experiencias y recomendaciones. Que tengan un buen día.

Cuestionario de Consumo Alimentario:

*Consumo alimentario
de los últimos 48 horas*

NO TOCAR: Sólo para personal del banco de alimentos	
X1. Nombre del administrador(a) de la encuesta	
X2. Fecha de la encuesta	_____ (año) / ____ (mes) / ____ (día)
X3. Banco de Alimentos	
X4. Comunidad	
X5. Clase de comunidad (elige uno)	_____ (urbano) _____ (rural)
X5. Número de participante (si aplicable)	

Introducción

Propósito y Temas

Gracias por participar en el cuestionario de consumo alimentario para el programa de nutrición comunitaria de **BAMX/Caritas**. El propósito de este cuestionario es evaluar sus prácticas alimentarias en su hogar. Usando esta información, podremos determinar si nuestro programa de educación nutricional está teniendo el efecto que queremos. Favor de completar el formulario con exactitud y honestidad. Sus respuestas no serán usadas para calificar o juzgar a Ud.

Instrucciones

- Escriba en el espacio todos los alimentos que Ud. y su hijo/hija mayor consumió los últimos dos días
- Escriba de una manera detallada, incluyendo todos los alimentos que pueda, incluso ingredientes intermediarias
- Cuando pueda, incluya cantidades exactas de los alimentos
- Cuando no pueda, incluya cantidades aproximadas
- Escriba sólo la cantidad **consumida por Ud. y su hijo/hija**

Declaración de Confidencialidad

Su nombre y datos personales así como los del menor no serán revelados en ningún reporte de este estudio. Toda la información personal recolectada del estudio permanecerá confidencial.

Acuerdo

Este acuerdo sostiene que Ud. ha recibido una copia de este consentimiento informado. Su participación es completamente voluntaria. Ud. puede suspender su participación en cualquier parte del estudio, o retirarse por completo del estudio en cualquier momento. No se prevé ningún riesgo. Su firma en la parte inferior indica que Ud. está de acuerdo en participar en este estudio.

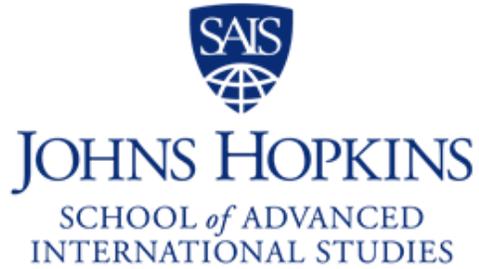
Yo estoy de acuerdo en formar parte en este estudio.

Nombre de Participante: _____

Firma: _____ **Fecha:** _____

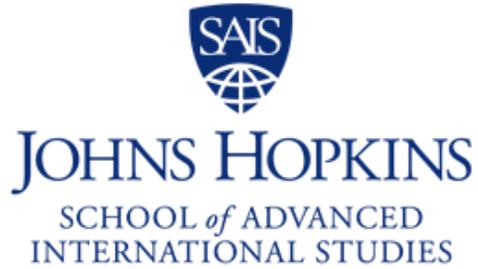
NO TOCAR: Sólo para personal del banco de alimentos

Ambos la madre/cuidadora e hijo consumieron por lo menos un alimento rico en hierro cada día?	Sí No
Madre/cuidadora consumió por lo menos un alimento rico en proteína cada día?	Sí No
Ambos madre/cuidadora e hijo consumieron un alimento rico en Vitamina A cada día?	Sí No
Vasos de agua consumidos por la madre/cuidadora cada día	— — — —
Bebidas azucaradas consumidas por la madre/cuidadora cada día	— — — —
Madre/cuidadora e hijo consumieron por lo menos dos porciones de frutas cada día?	Sí No
Madre/cuidadora e hijo consumieron por lo menos tres porciones de verduras cada día?	Sí No
Madre/cuidadora e hijo consumieron tamaño de las porciones adecuadas en al menos el 50% de las comidas cada día?	Sí No
Madre/cuidadora e hijo consumieron alimentos de por lo menos cuatro grupos distintos cada día?	Sí No



FUNDACIÓN
FEMSA

Training Manual



Monitoring & Evaluation Manual

FEMSA Foundation Nutrition Programs

I. Introduction

As an emerging leader in nutrition education work in Latin America, FEMSA Foundation seeks excellence in all of its programs. In an effort to monitor the progress of our diverse portfolio of investments in nutrition programs that aim to decrease malnutrition and undernutrition, FEMSA has adopted a standardized monitoring and evaluation (M&E) system. This system will aid both FEMSA and their numerous partners in ensuring their work is reaching populations in need and reducing malnutrition and undernutrition among these targeted populations.

This manual is meant to serve as a guide to the basic monitoring and evaluation requirements that must be carried out for nutrition projects receiving funding from FEMSA Foundation. We recognize that our partners deliver programs in different ways, and unique approaches are valuable in helping them meet specific needs and context of their communities. However, it is also important to track progress across these programs using certain standard measures. This manual will educate our partners about this system, its rationale, and how to implement the various surveys and tools.

It is important to note that while this manual provides an overview of surveys and tools required of partners, follow up meetings and trainings with FEMSA's Monitoring and Evaluation staff should also be arranged before program implementation begins. This manual is meant to provide general information for program managers to understand what capacities their organization should have or seek to develop in order to successfully undertake the required M&E functions. The manual should be viewed as a starting point, from which FEMSA and partner organizations can work together to ensure it is successfully operationalized and utilized in the field.

II. Purpose for Evaluation of FEMSA-Funded Nutrition Programs

A large number of nutrition education programs are implemented worldwide, but not all are equally effective in meeting their objectives of reducing malnutrition and undernutrition. The purpose of FEMSA's M&E requirements are to ensure our investments meet organizational and individual program objectives to the fullest extent possible. Without a standard M&E system across programs, both FEMSA and our partners will be unable to assess the extent to which we are contributing to better health, nutrition, and other social outcomes in our communities.

It is important to state that FEMSA views this evaluation system as a means of both tracking progress towards our goals of eliminating malnutrition and undernutrition, as well as a way to support our partner organizations. We view this system first as a way of assessing how far we have come in reaching core short-term and long-term goals (described in Section III and illustrated in the Results Chain). Second, we view this system as a way to help our partners assess their own processes and quality of implementation of various projects. A successful M&E system can provide useful feedback to instructors, program managers, and other stakeholders. This will help partners to both identify and correct any problems as they arise, as well as to capitalize and expand on particularly successful tactics that emerge from ongoing monitoring.

III. Description of Monitoring & Evaluation Methods and Requirements for Implementing Partners

Comprehensive, high quality information is required to continually improve nutrition education programs and the overall services provided to community members. To this end, FEMSA Foundation requires our implementing partners to have (or rapidly develop) sufficient capacity to undertake rigorous monitoring and evaluation of programs receiving funding from FEMSA. The Foundation has two main M&E requirements, which are detailed in this section:

- Frequent **process monitoring** during the period of the nutrition project, using mixed methods.
- Collection of baseline and endline data necessary for **non-experimental process evaluations** of changes achieved between the beginning and end of the project.¹

Partners should incorporate these M&E tasks into their program work plan. For M&E systems to be most effective, they must be planned for in advance and integrated into the program design. There is flexibility in the timing of monitoring activities; however, all implementers must plan to conduct a **baseline assessment** prior to the start of the program and an **endline assessment** following completion of the program.

The requirements for M&E are discussed more below.

Monitoring²

The purpose of monitoring is to assess whether a program is being implemented according to the original proposed design, to determine whether the program is on track to meet its original objectives, and to identify areas for improvement in the delivery of the program. To this end, FEMSA Foundation requires **continuous and periodic surveillance of nutrition program inputs, processes, and progress in achieving intended nutritional and behavior change outcomes**. In order for partners to have sufficient time to correct any problems and overcome obstacles to meeting objectives, it is important to collect data on a number of key indicators during the course of the project. FEMSA Foundation requires ongoing monitoring to determine the extent to which:

- Beneficiaries' nutritional knowledge, attitudes, and practices have improved
- Workshops are meeting beneficiaries' needs given limited time and resources
- Beneficiaries are satisfied with the services being delivered

¹ At this time FEMSA Foundation does not request that our partners employ control groups for the purpose of impact evaluation. However, the Foundation plans to pursue more rigorous experimental or quasi-experimental methods with our partners within the next several years. This is discussed in more detail in Section VI.

² Monitoring is an integral part of a management information system. It is defined as "a continuing function that...helps organizations track achievements by a regular collection of information to assist timely decision making, ensure accountability, and provide the basis for evaluation and learning." The World Bank Group: <http://siteresources.worldbank.org/INTBELARUS/Resources/M&E.pdf>

- Workshops are practical and effective in imparting nutritional knowledge and encouraging behavior change

To monitor changes in these indicators, implementers should plan to conduct focus group discussions with beneficiaries and other stakeholders; observations of workshop delivery; information gathering on beneficiaries' current nutrition practices (e.g. food frequency questionnaires); a comprehensive mid-line assessment; and anthropometric data collection to assess short-term changes in health indicators. Other monitoring activities can be proposed and carried out to collect information that will improve program delivery.

The data collected from monitoring activities should be compared against baseline measures and used to determine what changes, if any, should be made to the program to accelerate progress in meeting its targets. This analysis can be done by either trained program staff or nutrition educators. Partners are required to **regularly update FEMSA Foundation on program progress and findings** from these monitoring activities.

Evaluation³

FEMSA Foundation requires partners to collect information on nutrition programs it funds that enables a comprehensive and holistic evaluation. The aim of the evaluation is to determine the extent to which the program has achieved its objectives and to assess the program's effectiveness, impact, and sustainability in promoting nutritional behavior change. **The evaluation ultimately helps determine the scale of changes observed in participants' health and behavior that are associated with the nutrition programs.**

Baseline and endline assessments, which use a pre- and post-exam, are key to the evaluation. These comprehensive questionnaires are designed to assess beneficiaries' nutritional knowledge, attitudes, and practices. These questionnaires are discussed further in **Section IV**. The baseline and endline assessment must also measure health indicators using anthropometric data on weight, height, cognitive ability, and other measures depending on the resources available to the food bank and as agreed upon in the contract with FEMSA.

Exams should be administered by nutrition staff and preliminary analysis done by them using an answer key provided. Anthropometric data should be collected only by trained health or nutrition staff using the resources available.

Standard Food Bank Reporting Requirements

FEMSA Foundation asks our food bank partners to complete a short form on a quarterly basis, reporting on information including as staff composition, the number of workshops held to date, their duration,

³ Evaluation is defined as "the systematic and objective assessment of an on-going or completed project, program, or policy, and its design, implementation and results."

and attendance rates. This form helps us track characteristics of the food bank relevant to the inputs provided to the nutrition program, program processes, and take-up among beneficiaries.

To obtain the highest quality information on our programs, FEMSA Foundation encourages our implementing partners to use a mix of qualitative and quantitative tools (detailed below) to collect data on the outcomes of our programs and the feedback of community members.

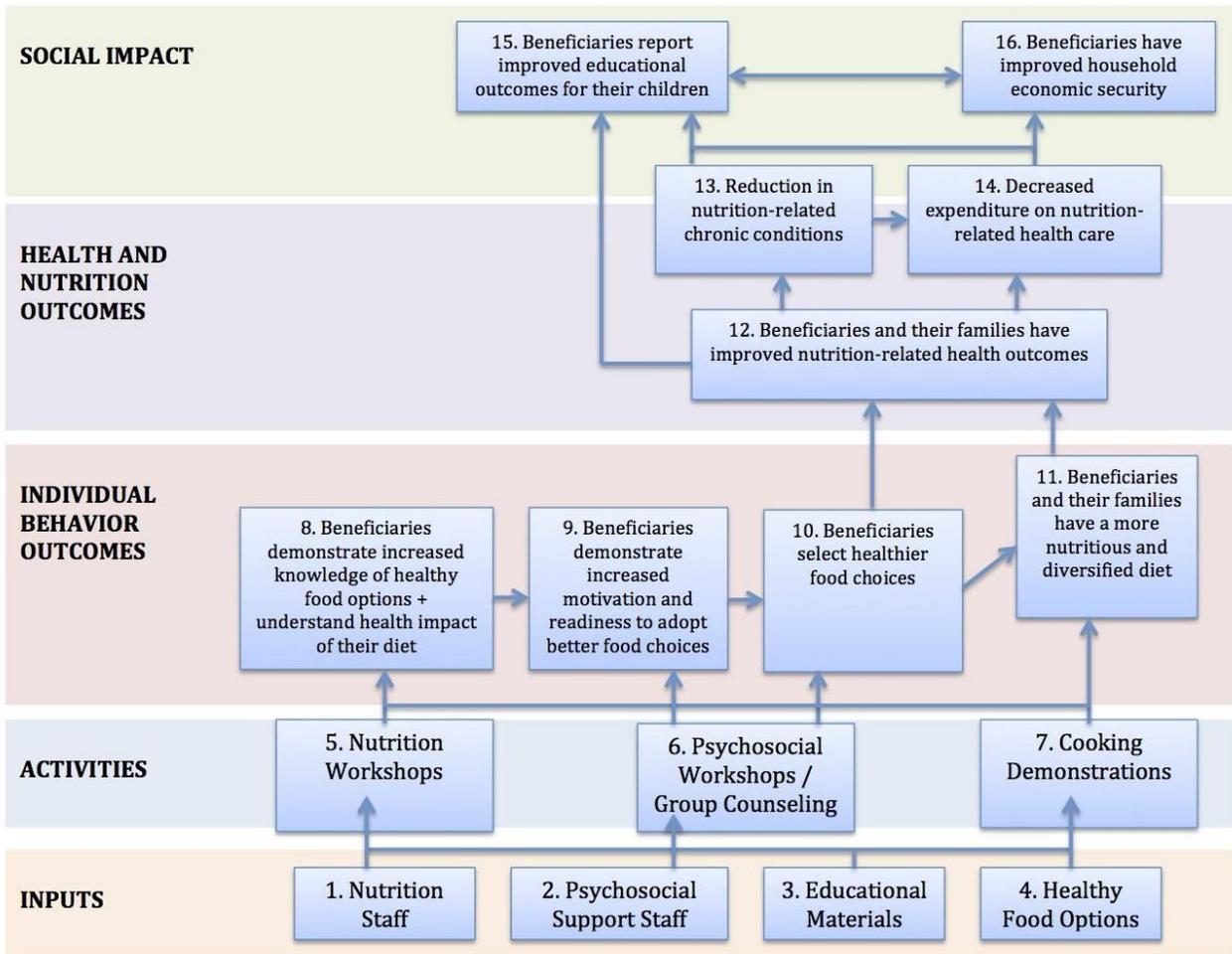
IV. Using Measurement Tools

This section discusses the tools available for our implementing partners to use in conducting M&E, strategies for collecting data, and brief guidance on data analysis.

Measurement Plan

FEMSA Foundation's goals for a project M&E system are contained within a comprehensive **Measurement Plan**, which partners may draw upon for their own M&E planning purposes. The information contained in our nutrition program Measurement Plan provides the basis of a suggested monitoring and evaluation system.

The **Results Chain** (presented below and provided in Tab 1 of the Measurement Plan) is a graphical representation of the underlying **theory of change** by which the programs funded by FEMSA Foundation will achieve higher level nutritional and health goals, as well as broader social impact. The theory of change clearly identifies program objectives and the channel(s) by which the program is expected to meet those objectives.



The **Indicators** presented in Tab 2 of the Measurement Plan provide clear means of measuring achievement along the Results Chain, and several indicators are provided for each Results Chain box. For each indicator, FEMSA suggests a data collection plan and an instrument that can be used to measure the level and changes in the indicator. Please note that some indicators are required, while others are suggested. Partners should consult with FEMSA Foundation to determine which indicators they will be required to collect data.

Types of Tools

The measurement tools available to FEMSA’s partners are described in this section in roughly the order they are intended to be used.⁴ Partners should discuss with FEMSA’s Monitoring & Evaluation staff which tools are required and which are not. Partners must demonstrate that any alternative

⁴ FEMSA Foundation has these tools available and would like our partners to use them to the extent possible. They are designed to track progress against standard indicators that are important measures of nutritional outcomes. However, as contexts tend to vary greatly, FEMSA is open to discussion about modifying indicators and measurement tools to better suit individual projects to the extent possible and without compromising information quality.

measurement instruments they propose are still able to measure each of the standard indicators required by FEMSA.

1. Baseline Survey

- **What:** The baseline survey is a comprehensive assessment of beneficiaries' 1) knowledge of nutrition, 2) attitudes toward food and nutrition, 3) nutrition practices and food consumption, and 4) household socio-economic characteristics.
- **Why:** The baseline survey is a critical component of program M&E because it provides the initial data upon which to develop targets, benchmark outcomes, and evaluate progress.
- **When:** Before the first nutrition workshop. Program participants must take the exam at the same time.
- **Who:** Nutrition educators or food bank program staff should deliver and assess the baseline exam using an answer key provided. They should complete information on levels of key indicators as given in the red boxes of the surveys.

All partners are required to implement a baseline survey. FEMSA has a comprehensive baseline survey available for partners to use; however, partners may shorten and revise it as needed, in consultation with FEMSA Foundation. They may alternatively use a baseline survey they have developed as long as it sufficiently measures required indicators and has been agreed upon with FEMSA Foundation.

2. Anthropometric and Health Tools

- **What:** Anthropometric data provides information on beneficiaries' weight, height, and other body size measures. This is complemented by measures of hemoglobin, glucose levels, and cognitive functioning. The number of anthropometric and health measures that are recorded will be dependent on individual food bank resources and availability of qualified staff (particularly for blood count measures). However, weight and height measures should be included at minimum, and others may be discussed and agreed upon with FEMSA Foundation.
- **Why:** Anthropometric and blood cell measures data are commonly used to provide objective information about the health and nutrition status of a population. High levels of weight-for-height are indicators of overweight, while low hemoglobin level is a key indicator of anemia/iron deficiency.
- **When:** Anthropometric data must be collected for all nutrition program participants and their children in tandem with the baseline and endline assessments, at minimum. Partners may choose to collect information on some or all of the anthropometric indicators on a more frequent basis to assess the progress of their program in achieving better health outcomes.
- **Who:** Anthropometric data should only be collected by staff properly trained and qualified to collect this personal information.

FEMSA Foundation has a form available for reporting beneficiaries' anthropometric and health data. It must be signed by the qualified individual conducting the health measure, and the information must be stored securely.

3. Food Bank Standard Reporting

- **What:** This form is designed to provide information on various aspects of the food bank and its nutrition program, including food products available, staff composition, beneficiary participation, and workshop completion.
- **Why:** The information requested on this form is an important part of program quality assurance and process monitoring. It allows FEMSA Foundation to assess the inputs that are provided across different projects and the human resources available to our partners.
- **When:** The document should be completed and returned to FEMSA Foundation on a quarterly basis or within a time frame agreed upon with the Foundation.
- **Who:** The food bank's manager or program staff should complete the document and return it to FEMSA Foundation. All partners are required to complete the reporting document.

4. Process Observations and Focus Groups

- **What:** These are qualitative tools for monitoring that include workshop observation guides and focus group discussion guides, among other possible instruments. Since process monitoring emphasizes operational issues, these tools help program management and FEMSA Foundation determine whether the program is being delivered as intended, whether program participants are satisfied with the services being provided, and whether improvements are recommended for any aspects of the program.
- **Why:** These tools help elicit qualitative information about program processes and program outcomes. They provide a holistic picture of the quality of the program by focusing on the effectiveness of instruction (e.g. whether active learning techniques are employed) and beneficiaries' own views of how the program has affected their lives.
- **When:** Qualitative and informal process monitoring should be conducted periodically over the course of the program to provide timely information to management of any changes that should be considered to the delivery of workshops. FEMSA Foundation recommends focus groups be conducted with beneficiaries and other stakeholders on a bi-annual basis. Workshop observations should be done more frequently, and partners should ensure they observe each workshop facilitator at least twice over the duration of the program.
- **Who:** Focus groups should be conducted by food bank trained program staff or, ideally, by an independent third party who is trained in facilitating focus group discussions. FEMSA Foundation may also conduct focus groups independently. Workshop observations should be conducted by food bank program staff, and FEMSA Foundation may also periodically observe workshops.

FEMSA Foundation has a workshop observation guide and a beneficiary focus group discussion guide available to assist with process monitoring. These are only some of many possible tools. FEMSA

Foundation encourages our partners to develop additional focus group discussion guides and key informant interview guides according to the needs of their specific program.

5. Food Frequency Questionnaires

- **What:** Food frequency questionnaires (FFQs) are designed to elicit detailed information about current household consumption habits. FEMSA's forms ask beneficiaries to list the food, drink, and quantity consumed by the main caretaker and their oldest child over the most recent 48 hour time period.
- **Why:** Nutritionists can use the information given on FFQs to determine the extent to which beneficiaries are achieving appropriate dietary diversity, dietary quality, and portion size standards. The data provided on FFQs are important, objective measures of whether nutrition practice has improved since the start of the project.
- **When:** FFQs are incorporated into the baseline and endline surveys. They should also be delivered on a periodic (quarterly or more often) basis during the course of the program. This will allow nutritionists and management to determine whether the program is having the expected effects on nutrition practices.
- **Who:** Nutritionists should deliver and assess the FFQs, using the accompanying guide on foods that are rich in key nutrients. Nutritionists should then complete information on key indicators as given in the red boxes of the questionnaire.

6. Midline Survey

- **What:** The midline survey is a consolidated version of the baseline in terms of the questions asked. It aims to measure the knowledge of nutrition topics that beneficiaries have acquired to date, as well as capturing any effects on food preferences and household consumption habits.
- **Why:** A midline survey helps food bank program staff and nutrition educators understand how well the program is attaining its objectives so that changes can be proposed and implemented to the delivery.
- **When:** The midline survey should be delivered after the first half of the program is complete. Beneficiaries must take the exam at the same time.
- **Who:** Nutrition educators or food bank program staff should deliver and assess the midline exam using an answer key provided. They should complete information on levels of key indicators as given in the red boxes of the surveys.

7. Endline Survey

- **What:** The endline survey mimics the baseline in the questions asked. It is a comprehensive assessment of beneficiaries' 1) knowledge of nutrition, 2) attitudes toward food and nutrition, 3) nutrition practices and food consumption, 4) household socio-economic characteristics.
- **Why:** The endline survey provides the final data upon which changes in behavior and health outcomes can be assessed compared to the baseline.

- **When:** Endline surveys should be delivered at the end of the final workshop. Beneficiaries must take the exam at the same time.
- **Who:** Nutrition educators or food bank program staff should deliver and assess the endline exam using an answer key provided. They should complete information on levels of key indicators as given in the red boxes of the surveys.

All partners are required to implement an endline survey because it is the final critical component of the program evaluation. FEMSA has a comprehensive endline survey available for partners to use; however, partners may shorten and revise it as needed, in consultation with FEMSA Foundation. They may alternatively use an endline survey they have developed as long as it sufficiently measures required indicators and has been agreed upon with FEMSA Foundation.

Additionally, implementers may work with FEMSA Foundation to develop other measurement tools that will be helpful in assessing progress towards meeting program targets. These will be specific to workshop themes, locations, and stakeholders. Examples of other M&E tools might include:

- Pre- and post-workshop beneficiary assessments
- Focus group discussions with nutritionists, youth, and beneficiaries' children
- Structured or semi-structured, in-depth interviews with food bank managers, school administrators, teachers, and community leaders
- Satisfaction surveys to gauge participants' perceptions of the program and application of workshop lessons in the home

Data Collection

Since these programs are small in terms of the number of participants, FEMSA Foundation does not advise partners to use sampling methods for data collection. Data should be collected for all beneficiaries participating in the nutrition program for the baseline, midline, and endline surveys, as well anthropometric information.

For **focus group discussions**, partners are free to use **convenience sampling** (i.e. whomever is available at a given time), but groups should be representative. Focus groups with younger women should be complemented by focus groups with older women. Partners should strive to include different women in focus groups and not use the same person(s) in more than than one focus group. Partners are strongly advised form groups of beneficiaries of similar ages and gender.

For **process observations** of workshop facilitation, this should also be done in a representative manner by spreading observations over the course of the year. Partners should ensure they observe each nutritionist and psychosocial support staff member at least twice over the course of the program. These observations should not be pre-announced.

Data Management and Analysis

Partners should plan to store and keep track of data on key indicators, including disaggregations (gender, age, etc.) where applicable. They can either develop their own systems or use Tab 3 of FEMSA Foundation's Measurement Plan to store data for their community. This information must be stored securely and kept confidential.

Full analysis of the program data should be done by trained program staff and/or FEMSA Foundation as agreed upon in the contract. Unless specifically required in the contract, FEMSA does not expect a final project evaluation using the data.

V. Best Practices for M&E Human Resources and Training

FEMSA's monitoring and evaluation system will only reach its goals of accurately measuring progress towards diminishing malnutrition and undernutrition and supporting the work of partner organizations if implemented properly. While each survey contains its own specific instructions and requirements, the following represents a summary of the basic human resources requirements and best practices necessary to properly operationalize the monitoring and evaluations system.

- **Evaluation tools must always be administered by an appropriate staff member.** This is outlined in the previous section based on the topic covered in the survey. The goal here is that all surveys are conducted in an objective and complete manner.
- **Inform the beneficiaries about the purpose of the survey and create an environment of openness and honesty.** Beneficiaries should be informed that these surveys are not to be treated as exams, and in this sense there is no "correct answer". Staff must convey to them before any questions are asked that these surveys are meant to collect honest information to help FEMSA and its implementing partners continually improve programs to best meet the needs of the beneficiaries.
- **When conducting focus groups, it is important to both allow the conversation to flow to allow open commentary,** but also guide the conversation towards topics of which information is required by the evaluation system.
- **When recording data, especially from the baseline and endline surveys, it is very important that it is recorded honestly and saved in a secured and reliable location.** This objective data is essential in determining whether FEMSA and its partners are meeting their goals of diminishing malnutrition and undernutrition. If baseline data is lost, or endline data is not collected, the progress made during the program will not be possible to measure. Most importantly, the personal information of participants must always be kept secure and confidential. This will retain their trust in our programs by protecting their privacy.

If any questions arise about specific surveys, or the system as a whole, please feel free to contact FEMSA. Our staff greatly appreciates your help in collecting this information, and is always happy to help you in your efforts to track our collective progress to eliminate hunger and malnutrition in our communities.

VI. Impact Evaluation and Measuring Social Outcomes

What is an Impact Evaluation?

An impact evaluation is designed to assess what changes can be attributed to particular programs and interventions. It is a rigorous type of evaluation that requires a valid counterfactual - namely, a control group to which program participants can be compared. The main purpose of implementing this more resource-intensive evaluation is to establish a **causal link** (rather than mere association) between an intervention and changes arising from this intervention.

Rigorous impact evaluations are most useful for measuring **complex outcomes and social impacts** that may be only indirectly related to the intervention in question. The social impact of a program is the effect that program has on social and environmental factors, either through direct or indirect means, within the communities of interest. These effects extend beyond the individual participants of the program and influence society on a higher level.

It is the goal of FEMSA Foundation to measure the broader social impact of the nutrition education programs we fund. However, a full impact evaluation in the context of FEMSA Foundation's programs would require the use of control groups with multiple waves of data collection. Since this type of assessment is both logistically and ethnically difficult, FEMSA Foundation does not at this time require full-blown impact assessment of programs. FEMSA does, however, require measurements of certain outcome indicators in order to measure higher level effects of nutrition education programs. This can be done within the regular M&E system.

What outcomes are expected?

1. Health

In the short term, nutrition education programs aim to change dietary behaviors among participating households. In the longer term, these changes in dietary habits should lead to overall better health in the communities that have received the intervention. The incidence of diet-related illnesses such as diabetes, obesity and high blood pressure should be reduced as participants and their families eat healthier foods and exercise regularly. The changes in health indicators range from medium to long-term.

2. Education

In addition to improved health outcomes, it can be expected that children with better nutrition and dietary practices will be more successful in school. Better nutrition is shown to boost school attendance, as well as increase cognitive functioning due to better micronutrient intake, improved attention span, and increased alertness and energy. Greater household economic security achieved through better health may also lead to higher investments by households in their children's education, or other human capital investments. Education indicators are very long term effects, and notoriously difficult to measure due to the many factors that influence education outcomes. Cognitive ability tests are preferred to test

scores, since test scores are heavily influenced by the quality of teaching in individual schools and classrooms, age at which students started school, and many other factors.

3. Economic security/productivity/wages

In the very long run, we can expect that a combination of improved health and education will lead to a more productive workforce. This can be measured by average wage rates within communities. Improvements in health conditions should also lead to greater household economic security, further increasing the impact of the intervention. This can be accomplished in two ways; households will have a lower overall expenditure on health care, and individuals will miss fewer days of work or school due to illness. The latter effect would have spillover effects to the rest of the community, as it will lead to greater economic output and a more educated workforce. It should be noted that the timeframe for these effects to become apparent is very long, and FEMSA Foundation may or may not require these outcomes to be measured as a part of the evaluation data collected.

How to Measure Health and Other Social Outcomes

The baseline and endline surveys provided by FEMSA Foundation include indicators for health, education and other socioeconomic factors. For some indicators, effects will not be observable until many months or even years after the intervention has ended. For example, while some dietary diseases and anthropometric measures will begin to improve relatively soon after the start of an effective intervention, others will not see a noticeable change for several months or even years.

Partners should therefore work with FEMSA Foundation's Monitoring & Evaluation staff to **determine which indicators and sections of the surveys are feasible to implement**. Follow-up surveys may be administered to beneficiaries long after the program has ended in order to capture these very long-term effects. They may also be used to determine if changes in practices and attitudes that were observed throughout the duration of the program have been sustained after the program has ended.

As has been mentioned, a pure control cannot be made in this context. However, partners can create a control group based on food bank beneficiaries that do not participate in nutrition workshops. Non-participants in each community should be surveyed along with participants for comparison purposes. Due to selection bias, it will not be possible determine full causality using this approach. However, it can yield a closer approximation of the association between the program and outcomes than without any control group.

VII. Additional Resources

Developing a monitoring and evaluation work plan:

[http://www.fhi360.org/sites/default/files/media/documents/Monitoring%20HIV-AIDS%20Programs%20\(Facilitator\)%20-%20Module%203.pdf](http://www.fhi360.org/sites/default/files/media/documents/Monitoring%20HIV-AIDS%20Programs%20(Facilitator)%20-%20Module%203.pdf)

Training staff for monitoring and evaluation:

http://www.globalhealthcommunication.org/tool_docs/63/m&e_training_manual.pdf

UNDP Handbook on Planning, Monitoring, and Evaluating for Results:

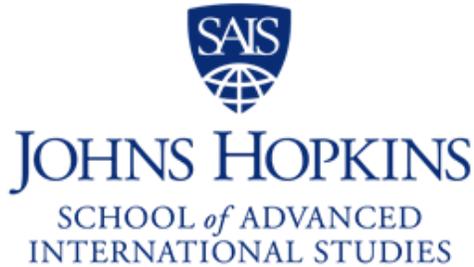
<http://web.undp.org/evaluation/guidance.shtml#handbook>

Designing and Conducting Focus Group Interviews:

<http://www.eiu.edu/~iheec/Krueger-FocusGroupInterviews.pdf>

USAID Technical Note on Impact Evaluations:

http://www.usaid.gov/sites/default/files/documents/1870/IE_Technical_Note_2013_0903_Final.pdf



Analysis of Potential Co-Investors

Columbia, Philippines,
& Brazil

Analysis of Potential Co-Investors for FEMSA Foundation:

Colombia

Snapshot of Nutrition in Colombia

PNSAN. Like other countries in the region, Colombia is facing a nutrition transition: the incidence of under-nutrition has decreased but has not been eliminated, while overweight and obesity rates are quickly increasing. In 2012, Colombia launched the National Plan of Food and Nutritional Security (*Plan Nacional de Seguridad Alimentaria y Nutricional*, PNSAN), which set the goals, strategies, and actions that will guide national policy until 2019. PNSAN promotes the active engagement of the private sector and civil society in its management, financing, monitoring, and evaluation. Efforts related to children and youth will be centered on nutrition education interventions aimed at establishing healthy nutrition habits, in particular physical activity, increased fruit and vegetable consumption, and reduced consumption of sugary products and products with preservatives and artificial coloring.

ENSIN. The National Survey of the Nutrition Situation (*Encuesta Nacional de Situación Nutricional*, ENSIN) is the most comprehensive study of the nutrition issues in the country; it identifies the social determinants, indicators, and trends in this area. Published in 2005 and 2010, it covers 32 departments in addition to Bogotá. Given its large sample size (50,670 households), the survey holds potential for being used both as a tool for identifying the regions and populations most in need and as a baseline in the evaluation of possible projects in the country. An executive summary is available to the public, whereas access to the raw data can be easily requested by sending an application to the Colombian Institute of Family Wellbeing (*Instituto Colombiano de Bienestar Familiar*, ICBF). A new survey will be published this year and will include, among others, anthropometric and biochemical data, and information on the level of food security and on nutrition and physical education practices.

Anthropometric indicators. ENSIN 2010 shows that 13.2% of children under 5 are stunted and 3.4% are malnourished. These rates are considered low based on international standards and are, respectively, the 3rd lowest and the lowest in Latin America. Among children and adolescents between 5 and 17 years old, instead, 10% are stunted and 17.5% are overweight or obese (a 26% increase in the last five years). Half of Colombian adults are overweight or obese and the problem is becoming more prevalent. Prevalence of stunting is particularly high among poor or indigenous households and those with less educated mothers, with 6 or more children, or living in rural areas, particularly in the regions of Atlántica, Amazonia, Orinoquia, and Pacífica. Overweight and obesity, instead, are more common in urban areas, especially in the regions of San Andrés and Guaviare, in older age, and among wealthier households. Additionally, 20% of overweight or obese Colombians perceive themselves as normal or thin.

Biochemical indicators. Anemia affects 28% of children under 4, 8% of children between 4 and 12 years old, 11% of adolescents and 17% of pregnant women. Anemia is more common in rural areas and in poorer households. About 25% of children between 1 and 4 years old are affected by Vitamin A deficiency and 50% are affected by zinc deficiency.

Nutrition practices, food security, and physical activity. The diet of Colombians is far from balanced: 39% of the population does not consume dairy products daily, 14% meat or eggs,

33% fruit, and 72% vegetables. Worryingly, 25% consume fast food weekly, 33% eat candy or sweets daily, and 22% consume sodas and soft drinks daily. Furthermore, 60% of households in the lowest income bracket face food insecurity. Finally, only one of two Colombians meets the physical activity requirements for a healthy lifestyle, whereas 62% of children and adolescents watch the television or play videogames for more than 2 hours a day.

Potential Co-Investors

1.  Fundación nutresa
2.  fundación éxito®
nutrimos vidas
3.  Fundación Fraternidad Medellín
4.  FUNDACIÓN CAVELIER LOZANO
CREEMOS • APOYAMOS • COMPARTIMOS
5.  Fundación Bancolombia
6.  Fundación Berta Martínez de Jaramillo
7.  Corbanacol
Fundación Social Banacol
Cultivando un mejor futuro social
8.  Sofía Pérez de Soto fundación
9.  FUNDACIÓN NELLY RAMÍREZ MORENO
10.  FUNDACION CAICEDO GONZALEZ RIOPAILA CASTILLA
Compromiso social desde 1957
11.  Fundación Colombina
12.  Nestlé
Creating Shared Value
Nutrition | Water | Rural Development
13.  FUNDACIÓN MARIO SANTO DOMINGO
Por el Desarrollo Social de Colombia



1. Fundación Nutresa

Grupo Nutresa¹. With close to US\$ 11 million in market capitalization, Grupo Nutresa is the fourth largest food company in Latin America. Its history dates back to 1920, when the Compañía Nacional de Chocolates Cruz Roja was founded. Over the years, the company has expanded to the cold cuts, biscuits, coffee, ice cream and pasta markets, and it now holds a portfolio of over 70 brands. The Group is headquartered in Medellín, but operates in most of Central and South America as well as the USA and Malaysia, employing 30,000 people. Its products are sold in 65 countries in 5 continents.

Focus. The Group has created Fundación Nutresa to manage its social investments. The Foundation focuses on 4 areas: nutrition, education, income generation and entrepreneurship, and support to the arts and culture. It set as its objective to implement one thousand capacity building projects. The Foundation is increasingly focusing in the area of nutrition. In 2013, in fact, projects in this area made up about half of the Foundation's efforts, whether measured by people benefitted, institutions supported, or funds channeled.

Operations and budget. In 2013, the Foundation made an investment of COP 20.5 billion (US\$ 7.6 million), close to a 50% increase with respect to 2012. It benefitted around 5,000 organizations and over 5.5 million people in the region. As previously mentioned, around half of these efforts were directed to the area of nutrition through a US\$ 2.7 million investment that benefitted over 2,600 institutions and 2.5 million people. The Foundation also relied on the work of 7,000 corporate volunteers from the Group, who in 2013 donated over 20,000 hours of work and US\$ 250,000 in support of the social operations.

Examples of projects. In 2013 the Foundation formed the Alliance for Nutrition with UNICEF and the World Food Program, which is aimed at developing a nutrition strategy that will promote healthy lifestyles and identifying possible improvements in the government's national strategy. Among others, the alliance resulted in the creation of vegetable gardens in 15 rural communities, which will improve the nutrition of pregnant women, children, and families. The Foundation also works closely with food banks, both in Colombia, as well as in

¹ Grupo Nutresa is currently operating a joint venture with Alpina Productos Alimenticios S.A., whose foundation is already known to Fundación FEMSA.

² No annual report is yet available for 2014, but the Foundation invested a total of COP 18.5 billion, benefitting

various countries where the Group works (including Mexico, Guatemala, US, and Costa Rica). Apart from delivering US\$ 1.6 million worth of products of the Group, it has collaborated with the Colombian Association of Food Banks (*Asociación de Bancos de Alimentos de Colombia*, ABACO) with the objective of transferring manufacturing and distribution best practices to 20 food banks. Grupo Nutresa was among the founding firms of ABACO.

2. *Fundación Éxito*

Grupo Éxito. Founded in 1949, Grupo Éxito was originally operating in the textile market, but has since expanded to become one of the largest retail companies in South America. It currently employs 37,000 people and includes brands such as Almacenes Éxito (the largest supermarket chain in Colombia), Carulla, Surtimax, Super Inter and Viva.

Focus. Fundación Éxito, the nonprofit arm of Grupo Éxito, was founded 31 years ago. It does not manage programs directly, but rather sponsors projects implemented by other organizations. It has set as its objectives to enable the first generation with zero malnutrition – *Gen Cero* – to be born in 2025 and to eradicate chronic malnutrition among children 0-5 by 2030. Its main focus is in fact on early childhood nutrition, and in particular on improving nutrition and care during the first 1,000 days of each child’s life. It also works closely with food banks, donating food to 24 food banks in the country and sponsoring projects by ABACO (*Asociación Nacional de Bancos de Alimentos de Colombia*), which it helped founding. It has a strong focus on the generation of knowledge, and especially on the monitoring of anthropometric measures of children across the countries.

Operations and budget. In 2013 the Foundation co-financed the work of 247 social organizations and public administrations, thus benefitting over 36,000 children and 2,600 families with pregnant women in 72 cities and 23 departments throughout Colombia. Its work is financed by a variety of sources, including Grupo Éxito’s grants (48%), including the revenues from the sales of recyclable solid waste from the commercial operations of the company, proceeds from the Foundation’s equity investments (14%), donations from customers of Grupo Éxito (29%), and donations by employees and suppliers (9%). Its total investment was COP 19 billion (over US\$ 7 million), a 14% increase with respect to 2012².

Examples of projects. In 2013, the Foundation signed two agreements with the National Government of Colombia towards its “De Cero a Siempre” initiative, aimed at improving early childhood care. Under this alliance (*Alianza para el Impulso a la Política de Atención Integral a la Primera Infancia*) 26 between government, private, civil society and international cooperation organizations joined efforts for the largest social investment ever made by a public-private alliance in Colombia (over COP 30 billion, or US\$ 11 million). The Foundation has also signed agreements with city mayors and department governors to identify families with pregnant women that face nutritional risk and provide them with services (including healthcare, provision of basic groceries, social development, and provision of information on child upbringing). Furthermore, the Foundation donated over US\$ 200,000 in support of the Longitudinal Survey of Colombia, carried out by the Universidad de los Andes and investigating poverty dynamics at the individual and group levels; this financial support was directed towards the collection of data related to early childhood. The Foundation is

² No annual report is yet available for 2014, but the Foundation invested a total of COP 18.5 billion, benefitting 35,529 children and 7,627 families with gestating mothers.

committed to rigorous evaluation of its projects. It has employed RCTs and has worked with the Institute of Fiscal Studies, Universidad de los Andes, and the Colombian Central Bank for the implementation of impact evaluations. The Foundation also monitors the anthropometric measurements of children attending basic education classes that include nutritional packages (over 16,000 children in 2013). Finally, it has instituted awards to organizations that have excelled in the area of early childhood nutrition.

Allies. In the public-private partnership: Ministry of Health; Ministry of Social Protection; Ministry of Education; Ministry of Culture; Colombian Institute of Family Wellbeing– ICBF; Department of National Planning – DNP; Department for Social Prosperity; Extreme Poverty Improvement National Agency – ANSPE; Antioquia Governor’s Office; Barranquilla District; Fundación Bancolombia; United Nations Children’s Fund; COMFENALCO; Fundación Saldarriaga Concha; Aldeas Infantiles SOS; Fundación PLAN; Fundación Carvajal; Fundación Corona; Fundación Caicedo González; Fundación Smurfit Cartón de Colombia; Fundación Restrepo Barco; Fundación Mario Santodomingo; Corporación Somos Más; International Organization for Migration; World Vision International; Fundación Génesis para la Niñez. In the Early Childhood Partnership in Medellín: Fundación Bancolombia; Fundación Fraternidad Medellín; Fundación Sofía Pérez de Soto.

3. Fundación Fraternidad Medellín

Fundación Fraternidad Medellín. Fraternidad Medellín was founded in 1957 through an investment in real estate and equity made by a group of young entrepreneurs. Today, this investment is valued at about US\$ 100 million and generates a stream of revenues that fully supports the Foundation’s efforts. The Foundation works both by implementing projects and by financially supporting other NGOs. The relationships with the NGOs it funds are longstanding; over half of them have been supported by the Foundation for over 15 years.

Focus, budget, and operations. The Foundation works in the Antioquia region and is focused on capacity building, education, health, nutrition, social development, support to children, youth and the elderly, infrastructure, microcredit, and culture and arts. It is however increasingly focusing on infrastructure and education, as well as on implementing its own projects rather than supporting other NGOs. Nonetheless, 8% of the funds it donated to NGOs in 2013 were classified under the heading “education and nutrition” (for a total of US\$ 200,000 going to 13 organizations) and 5% under “nutrition” (for a total of US\$ 125,000 going to 8 organizations).

Examples of projects. The Foundation partnered with Fundación Éxito, Fundación Sofía Pérez de Soto and the Fundación Bancolombia to improve kindergartens for children of the poorest households, and it funded the program “Nutrición para estudiantes de la Universidad de Antioquia”, with an investment of US\$ 50,000.

Allies. Fundación Éxito; Fundación Secretos para Contar; Fundación Marina Orth; Fundación Berta Martínez de Jaramillo; Universidad de Antioquia; Fundación para el Bienestar Humano; Fundación Solidaridad por Colombia; Fundación Codesarrollo; Promotora de Comercio Social.

4. *Fundación Cavalier Lozano*

Alquería S.A. Alquería S.A. is engaged in the production and marketing of a wide range of dairy products. Founded in 1959 by Dr. Jorge Cavalier, Alquería is still majority owned by the Cavalier family. With revenues of US\$ 260 million in 2013, over 4,000 employees, and more than 6,000 farmers and third party suppliers, Alquería is Colombia's third-largest dairy company. It owns production plants in Bogotá, Medellín, Cali, and Santa Maria, and additional distribution centers in 6 cities. The company's emphasis has always been on the bottom of the pyramid, as evidenced by the fact that it secured an investment from the International Finance Corporation: Alquería does business with low-income populations on the demand side as consumers, on the distribution side as retailers, and with dairy farmers on the supply side. In 2010, these efforts consolidated in the establishment of the Fundación Cavalier Lozano.

Focus. The work of Fundación Cavalier Lozano is focused on two areas: education and nutrition. In the area of education, the Foundation aims at improving the quality of education and at forming low-income youth through vocational orientation and exposure to university life. It also strengthens institutional management, trains educators, and improves school infrastructure. In the area of nutrition, instead, it works closely with food banks and with ABACO (Asociación de Bancos de Alimentos de Colombia). Since 2003, Alquería has donated over 8 million liters of milk as well as the volunteer work of its employees, reaching over 100,000 people served by ABACO. In 2009, it was also among the key players in the foundation of ABACO. Finally, in 2013, it created the Cajicá food bank, which is benefitting 1,000 people.

Budget and operations. In 2013, Alquería donated over US\$ 1.5 million worth of milk to 11 food banks. It also joined the Food and Agriculture Organization in the celebration of the World Milk Day by launching the Campaign "Alimenta Compartiendo", through which it donated 1 million glasses of milk, investing US\$ 200,000 that benefitted almost 5,000 children.

5. *Fundación Bancolombia*

Grupo Bancolombia. Bancolombia is the largest commercial bank in Colombia and one of the largest in Latin America. Founded in 1945, the bank is headquartered in Medellín. Through its over 900 offices, it serves customers in Colombia as well as other countries such as Brazil, the US, Spain, Panama and Peru. It provides a full range of financials products and services.

Focus. Though it does not currently sponsor programs related specifically to nutrition, Fundación Bancolombia is very involved in early childhood and education, as well as, to a smaller extent, entrepreneurship. It operates in most regions in the country.

Operations and Budget. In 2013, projects funded by Fundación Bancolombia within the area of early childhood made up an investment of close to COP 4 billions (US\$ 1.5 million), benefitting the lives of over 17,000 children in the country. In the area of education, instead, it has invested COP 4 billion (US\$ 1.5 million), which supported 170,000 beneficiaries. The Foundation is also supported by Bancolombia through a volunteer program: in 2013, a

investment of COP 1 billion was made (US\$ 440,000), which resulted in a total of 4,600 volunteers supporting 61 activities and over 6,000 children receiving gifts for Christmas.

Example of projects. Within the area of early childhood, the Foundation has partnered with the public and private sector for the development of kindergartens (within the “De Cero a Siempre” initiative), it has donated towards the setting up of psycho-emotional development classes, it has supported the qualification of educators, and it has strengthened the technical capacities of care institutions. Within the area of education, instead, it has worked on strengthening the coverage, quality, and relevance of education by setting up scholarships and by funding reading, writing, and financial skills courses.

6. *Fundación Berta Martínez de Jaramillo*

Focus. Founded in 1983 and headquartered in Medellín, Fundación Berta Martínez de Jaramillo is a family foundation that works with vulnerable communities in the department of Antioquia. It focuses on three axes: housing and infrastructure, strengthening of human capital, and promotion of employment and economic empowerment. Its projects generally have two components. The first component is that of direct material assistance, whereas the second is a strategic social accompaniment that is aimed at generating positive individual and family dynamics guaranteeing the sustainability of the first component.

Operations and budget. Operationally, the Foundation distinguishes its projects based on whether they support urban or rural development and whether they are implemented by itself or through other NGOs. In its annual report, it does not specify whether the various projects’ budgets were financed by itself or together with its allies, but they are in the order of several millions of US\$. The majority of the investment was made in housing and infrastructure, but about US\$ 200,000 was invested in projects within the area of strengthening of human capital. Among these, the Foundation supported “PASOS – Programa de Alimentación SOStenible”, which focused on households with children at high risk of malnutrition in the barrios of La Cruz de Medellín and El Pinar de Bello. The project distributed 1,311 nutritional packages to 100 children and trained 54 households on healthy lifestyles.

Allies. The Foundation works closely with tens of allies in the public, private, and non-profit sectors. In PASOS its allies were: the Martin et Les Autres Association, the Sofía Pérez de Soto Foundation, the Gaviria Velásquez Foundation, and the Banco Arquidiocesano de Alimentos Foundation.

7. *Corbanacol*

Banacol³. Banacol was founded in 1980 in Colombia. It is now an international corporation dedicated to the production and commercialization of bananas, pineapples, plantains, yucca and chayote squash, which it exports primarily to the US and Europe. It has offices in the US,

³ The company is currently facing an unsustainable amount of debt and it is in a financial restructuring process. Furthermore, it is rumored that it will soon be acquired by Dole. It is unclear whether this will affect the associated Foundation.

Costa Rica, and Colombia (Medellín and Urabá) and employs over 7,000 people. It owns 8,700 hectares of land in Colombia, where it is the largest producer of bananas.

Focus. Corbanacol, the corporation's foundation, was founded in 1987 to contribute to the sustainable human development of the communities living in the regions of the Banacol's plantations in Colombia (Chocó and Urabá) as well as Costa Rica. It focuses on three pillars: housing, health, and training. Importantly, it is unclear whether the Foundation also operates by donating funds to other NGOs or exclusively through its own projects.

Operations and budget. In 2013, the Foundation's social investments amounted to COP 5,820 million (US\$ 2.2 million). Of this, 41% came from the Foundation's own budget, 19% were matching funds, and the remaining 40% were funds managed by the organizations but supplied by third parties. Around US\$ 240,000 were invested in the area of nutrition and promotion of sports.

Example of projects. Within the program "Strengthening and promotion of healthy nutrition habits and lifestyles", Corbanacol took the anthropometric measurements of over 1,000 people, arranged 20 training sessions for couples, around 250 psychology visits and 800 home visits, and organized 11 "health festivals". It also organized physical education sessions 3 times a week for 140 people coupled with nutrition and anthropometric evaluations. Corbanacol is also involved in physical education in 85 locations in 11 municipalities of Urabá for over 4,000 children 5 years old and over, with an emphasis on 6 sports, accompanied by a nutritional evaluation. Finally, in 2013 it also donated over 14,000 kg of banana flour, benefitting over 13,000 people, and promoted the creation of vegetable gardens.

Allies. Caja de Compensación Familiar de Antioquia-Comfama; Indeportes Antioquia; Entes deportivos municipales.

Others

8. Fundación Sofia Pérez de Soto⁴. Founded in 1997 and headquartered in Medellín, the Foundation operates throughout Colombia and possibly South America by giving donations to NGOs in the areas of infrastructure, education, nutrition, social development and employability. Among others, it has donated towards the improvement of food banks' infrastructure, meal programs for children of poor households, nutrition monitoring, and healthy nutrition training.

9. Fundaciones Ramírez Moreno. The Fundaciones Ramírez Moreno are two foundations created in the 1950s by a philanthropist and his wife that exclusively make grants to other NGOs. Headquartered in Bogotá, they donate to NGOs that have operated for more than 5 years and are committed to supporting children, youth, or elderly in situations of vulnerability. Applications are accepted twice a year, and the Foundations have already supported organizations with beneficiaries in more than 171 municipalities in Colombia. Selected NGOs also undergo an institutional strengthening process. In 2013, 160 organizations and over 700,000 beneficiaries were supported. The Foundations have already

⁴ The Foundation does not have a website but can be contacted at the following address: direccionejecutiva@fundacionspds.org.

supported at least one project in the area of nutrition, involving nutrition classes for the elderly.

10. Fundación Caicedo González. Fundación Caicedo González is the foundation of the Cali-based Riopaila Castilla S.A. and Colombina S.A. Riopaila Castilla S.A. is an agro-industrial firm dating back to 1928, which produces and markets sugar, honey, and alcohol; it is currently the leading sugar-producing company in Colombia, with a market share of 23%. Colombina S.A., also headquartered in Cali operates in the candy market and is described in more detail below. The Foundation was created in 1957 by the founders of both enterprises, and was assigned the objective of promoting the integral development of the workers and communities within the areas of influence of the firms. To this day, it focuses on the region of the Valle del Cauca. In 2013 it directly benefitted 11,210 people, or 2,868 families, and 184 organizations, as well as 139 public entities and 20 small and medium enterprises. It has assets worth US\$ 3.7 million. It participated in 17 public-private partnerships related to the national policies on food security, childhood and youth. In the area of nutrition, it has supported the municipalities of Florida and Pradera by collecting data on the nutrition status of the communities in alliance with Fundación Alpina, and set up technical committees.

11. Fundación Colombina. Colombina S.A. was founded in the 1930s and is headquartered in Cali. It owns several plants where it produces confectionery, cookies, pastries, sauces, and preserves under 20 brands. In 2013 its revenues amounted to US\$ 741 million; it is one of Colombia's 15 biggest exporters. It has distributors in over 70 countries across all continents. In 2013 it invested just below US\$ 600,000 through its own foundation, Fundación Colombina. It operates kindergartens, donates its products to food banks, sponsors sporting events, painting and reading classes, donates to Operation Smile, and runs a program of corporate volunteering.

12. Nestlé Colombia. Nestlé is the largest food company in the world and the largest buyer of Colombian coffee. Its products are sold in over 300,000 stores in Colombia. Nestlé's corporate social responsibility work is focused on water, rural development, and nutrition. Within the area of nutrition, Nestlé Colombia runs the program "Niños Saludables", which, in alliance with Corporación Día de la Niñez and municipal authorities, teaches children healthy lifestyles. The program has already benefitted over 87,000 people and in 2012 alone it benefitted over 3,200 children, 5 schools and 500 adults. It also runs two websites that provide information on healthy nutrition and on early childhood nutrition, and has trained 8,000 healthcare professionals on early childhood health and nutrition.

13. Fundación Mario Santo Domingo. Fundación Mario Santo Domingo was founded in 1960 in Barranquilla. It now also has offices in Bogotá and Cartagena, and is involved in initiatives at the national and international level. In the last decade, it has focused on carrying out its own projects within the "Desarrollo Integral de Comunidades Sostenibles" model, which invests in housing projects and uses the related revenues to create a development fund managed by the communities themselves. Nonetheless, it also makes donations to other NGOs in the area of education, health, and promotion of culture and the arts. For example, it supported the Fundación Centro Médico del Norte, it has instituted scholarship programs, and it has donated to the Colombian chapter of The Nature Conservancy.

14. Fundación Gaviria Velásquez. Based in Medellín, Fundación Gaviria Velásquez was created in 1987 and since 2006 has been financing programs that provide health, nutrition, education, and housing services to children in need. It is financed through a stream of revenues from an initial investment. In the year 2011/2012, its donations amounted to COP 570 millions (US\$ 215,000) and benefitted 19 institutions. It has invested heavily in nutrition programs, for example for children in the barrio Obando (a sector known for prostitution) and in the metropolitan area. It has partnered among others with the Fundación Berta Martínez de Jaramillo.

15. Comfenalco Antioquia. The Caja de Compensación Familiar Comfenalco Antioquia is based in Medellín but is present throughout the region of Antioquia. It is a not-for-profit private entity that is regulated and monitored by the Ministry of Social Protection. It works with employers and employees to offer social services such as education, health, entrepreneurship, credit, and tourism, and manages unemployment and housing subsidies. It invests in several social programs in the areas of health, education, and income generation. In the area of health, it has been investing in the “SAVIA: Para un Buen comienzo” program, in partnership with the NGO Compartir Navarra, the Fundación Caja Navarra, and the Navarra Government. The initiative aims at improving the nutritional conditions and habits of over 950 children between 0 and 6 years old, 47 pregnant women, and 236 among the poorest families in the municipalities of Turbo and Necoclí.

16. Alimentos Caribe S.A. Alimentos Caribe was founded in 1970 in Medellín. With revenues of US\$ 47 million in 2014, it is a major rice producer, which sells in Barranquilla, Cartagena, Santa Marta, Cali, Medellín, Pereira, Montería and Bogotá through its own distribution channels. It donates rice to over 90 foundations.

17. Fundaport. Fundaport is the foundation of the Barranquilla port. It was created in 2000 with the aim of contributing to the social development of the city and the improvement of the quality of life of its inhabitants. It has invested in over 10 projects, many of which in the area of health. For example, in partnership with the Fundación Nu3, it manages a canteen that serves 230 children in the barrio of Villanueva, and it offers services of nutrition education.

18. Quala. Quala employs 3,800 people and is one of the 120 biggest enterprises and one of the 50 biggest exporters in Colombia. Headquartered in Bogotá, it also has offices in Mexico and throughout Latin America. It owns several brands in the beverages, dessert, ice cream, snack, personal and house care sectors. It is currently structuring its Corporate Social Responsibility program.

Additional Information

Alianzas por el Desarrollo. Based in Bogotá, Alianzas por el Desarrollo is a consulting company that manages alliances between the private, public, and not-for-profit sector to implement development projects, promotes corporate social responsibility practices, and strengthens the institutional and project management capacity of civil society organizations. It is also specialized in identifying potential partners that are working for the same objectives and with the same populations. The organization could therefore help FEMSA Foundation establish links on the ground in Colombia. However it is difficult to determine from the website the extent to which it is established.

Fundación Alpina. Fundación Alpina was excluded from the analysis, as it is already one of FEMSA Foundation's partners.

Analysis of Potential Co-Investors for FEMSA Foundation: Philippines

Snapshot of Nutrition in the Philippines

Trends. The Philippines is experiencing the “double burden of malnutrition”: at the same time that a third of children are stunted and 14% of women of reproductive age are underweight, 27% of women are overweight or obese. Overweight and obesity are more common in older women than among adolescents. Overweight and obesity among children under 5 has been increasing in the past decade, although overall numbers are still low—from 2.8% in 2003 to 4.8% in 2011. A third of children under 5 are stunted in the Philippines, a number that has remained essentially the same in the last decade. Prenatal factors such as low birth weight and maternal malnutrition (including anemia) contribute to stunting in the Philippines, as do suboptimal infant and young child feeding practices, including delayed initiation of breastfeeding, low rates of exclusive breastfeeding, and low dietary diversity of complementary foods. As of 2008, 1 out of 5 births in the Philippines are low birth weight, indicating a significant role of maternal and prenatal factors in the development of malnutrition in children.

Anemia and deficiencies. Almost half of pregnant women are anemic, at least partially reflecting low iron supplementation utilization and low deworming coverage. Among children 6–11 months, two-thirds suffer from anemia. Vitamin A deficiency has decreased to 19% of preschool-age children.

Key malnutrition drivers and priorities for action. Key drivers of malnutrition include suboptimal infant and young child feeding practices, maternal malnutrition and low birth weight, infectious disease burden and inadequate health-seeking behaviors, and food insecurity due to disaster-proneness. Therefore, interventions in the Philippines need to address early determinants of stunting and wasting, particularly low birth weight which affects 1 in 5 births, as well as postnatal determinants such as suboptimal infant and young child feeding, particularly early initiation of breastfeeding, exclusive breastfeeding, and dietary diversity of complementary foods.

Government policies. In July 2013 the Philippines reiterated its commitment to reducing malnutrition by signing on to the Scaling Up Nutrition (SUN) Movement. The current nutrition plan, the Philippine Plan of Action for Nutrition 2011–2016, developed by the National Nutrition Council (the highest-level policymaking and coordinating body for nutrition), aims to reduce stunting to 20.9%, wasting to less than 5%, and low birth weight to less than 19.6%, and aims to reduce the proportion of “nutritionally-at risk” pregnant women and reduce anemia. The plan also aims to maintain reductions in vitamin A and iodine deficiencies and prevent rises in overweight/obesity among children and adults. Actions set forth by the plan of action are focused on the first 1,000 days (from pregnancy through the first 2 years of life), evidence-based interventions, and targeting more vulnerable groups.

Potential Co-Investors



1. Nutrition Foundation of the Philippines

Focus. Based in Quezon City, the Nutrition Foundation of The Philippines (NFP) was registered in 1959 and started its operations in 1960. It is governed by a Board of Trustees and operates as an assisting agency complementing and supporting the nutrition efforts of agencies in the public and private sectors. It pioneered the organization of the nutrition councils (now nutrition committees). It is member of several associations and it is certified and accredited by several government departments. NFP's mission is to contribute to the attainment of well-nourished individuals and families in targeted communities through capacity building; provision of comprehensive community-based nutrition and related services; networking, partnership, and alliance building; and modeling of innovative strategies.

Examples of projects. The *Nutrition and Health Kiddie Classes* is one of the flagships programs of NFP. It targets pre-school children ages 3-4 years old and relies on volunteer teachers to impart knowledge on food and nutrition through lectures, story telling, songs, games, film showing, field trips, and work exercises. The Foundation also runs *Nutrition Classes*, which target communities through classes made interactive through role-playing, workshops, games, and cooking demonstrations. NFP also provides *Training*, which is offered to several groups: 1) nutrition graduates interested in pursuing public health and community nutrition work, who are given specific assignments or projects to undertake under the supervision of an NFP Nutritionist-Dietitian; 2) senior nutrition students of the different colleges/universities in Metro Manila, who are given an opportunity to acquire skills and knowledge directly in the communities; as well as 3) informal leaders of the community, health workers, out of school youths, mothers and other interested groups. Finally, the Foundation established a specialized nutrition library, organizes seminars and symposia in nutrition, and offers diet counseling through nutritionists and dietitians at its headquarters.

Partnerships. The NFP has strengthened its linkages with different public and private organizations through cooperation and technical assistance, membership in working committees, and provision of consulting and technical services. The NFP takes part in the MELLPI of the NNC-NCR, it is a member of Koalisyon para Alagaan at Isalba ang Nutrisyon (KAIN), contributor to DOH-HAMIS, a member of the Association of Foundations, and an active technical committee member of NUTRINET. The NFP is the Philippines' adhering body of the International Union of Nutritional Sciences (IUNS). In 2013, NFP partnered with International Needs to expand the Nutrition and Health Kiddies Classes to teenagers.

2. Nutrition Center of the Philippines

Focus. The Nutrition Center of the Philippines (NCP) was established in 1974 as a non-profit organization to help address malnutrition in the Philippines. It works with both the public and private sectors in social and biomedical research, nutrition program design and implementation, monitoring and evaluation, and public health policy. NCP established two subsidiary companies, Philippine Nutri-Foods Corporation and NCP Publishing Corporation in 1977, which develop micronutrient-rich food products and educational and training materials.

Example of projects. Within its work in nutrition program design and implementation, NCP has carried out several projects. In partnership with the Philippine Department of Health, NCP

facilitates the training and recruitment of community-based peer counselors through *their Breastfeeding Tama Sapat Eksklusiblo* program. NCP is also working towards improving maternal care and nutrition in the Philippines through better health care delivery systems. NCP also works to improve the health and nutrition of pre-school and school-age Filipino children through research and programs. For example, through *Nutri-pan sa Eskwelahan*, it provides technical assistance to schools looking to establish bakeries on site as part of their feeding programs. To promote diet diversity from an early age, NCP provides training on how to establish home and community gardens in schools and barangays.

Partnerships. NCP has successfully partnered with both local and international universities, schools and community groups, government departments and non-government organizations such as UNICEF, Compassion International, and the Global Alliance for Improved Nutrition (GAIN).

3. Feed the Children Philippines

Focus. Based in Cebu City, Feed The Children Philippines (FTCP) is a member of the FTC international network based in Oklahoma, USA. It was founded in 1984 to respond to the needs of disadvantaged Filipino children. It started by providing food, medical services and school assistance to children in Navotas, Smokey Mountain, and Valenzuela in Metro Manila. Over time, both its geographical and operational focus have grown. FTCP now also empowers parents and communities. By mid-2007, it had served more than a million Filipino children in at least 545 barangays, 48 municipalities, 18 cities, and 17 provinces nationwide.

Budget. FTCP's sources of income are mostly donations from FTCI Network and other partners. Most of its budget is in-kind contributions for overseas donors for the feeding program for malnourished children.

Examples of projects. The *Child-Focused Community Development Program* comprehends various programs and services addressing children's welfare and issues in identified communities through the active involvement of parents, community, local government units, and the children themselves. It organizes communities to improve nutrition and access to food, health and education, water and sanitation, livelihood development, and emergency response. The *Nutrition Program*, instead, responds directly to the malnutrition situation of pre-school and school-age children implemented through partnerships with local government units, NGOs, and Foundations in areas with high incidence of malnutrition. It has 3 components. 1) *Supplemental Feeding* for children ages 1-12 years; 2) a *Community-based Support System*, which engages parents in the preparation of the supplemental feeding sessions and the production of vegetables through gardening, as well as local officials through the provision of counterpart budgets; and 3) *Awareness Raising*, which provides training to parents and local officials on nutrition, health, and sanitation. The Foundation also has a *Demonstration Farm* in Corella, Bohol where program participants are taught different sustainable food production technologies.

4. Nestlé

Nestlé. Headquartered in Vevey, Switzerland, Nestlé is the largest food company in the world measured by revenues. It has a market capitalization of US\$ 233 billion. It has had operations

in the Philippines for over a century. It runs several “Creating Shared Value” programs in the country, focused on nutrition, water and environment, and rural development.

Example of Projects. Loosely translated as “Growing Up with Milk”, the *Laki Sa Gatas* initiative aims to educate Philippines’ public school communities on the value of healthy nutrition and the importance of drinking milk. Now on its 4th year, it has visited over 2,700 schools across the country and has reached out to more than 1,7 million school children, over 500,000 mothers and nearly 40,000 educators. It has 3 major event components – kids, mums and teachers sessions: pupils practice learning activities to help them understand healthy nutrition; mothers are lectured on how to prepare healthy and affordable meals for their families; and educators are trained on how to address malnutrition in their classes.

The *Nestlé Healthy Kids Programme* reached 7.6 million children in 2014 across 73 countries. In the Philippines, the program aims to raise awareness about healthy eating habits, the concept of a balanced and nutritious meal, encourage physical activity, introduce food safety behavior, and highlight the importance of reading food labels to school children aged nine to ten years old. The school-based program is targeted at low-income areas and has been integrated into the school curriculum. It consists of interactive activities such as pictiography, board games and role play. It also includes nutrition education sessions for parents and canteen workers encouraging them to promote nutrition education at home and at school. To date, the program has reached 1,046 grade four students in five schools located near the Nestlé Philippines factory sites.

MILO Summer Sports Clinics encourage school children to make the most of their summer vacation by learning sports and taking on new challenges. They offer immersive training in 14 sporting disciplines. The clinics are available in over 700 venues to 30,000 students nationwide.

5. International Institute of Rural Reconstruction

Focus. The International Institute of Rural Reconstruction was founded in Cavite, Philippines, in 1960. It works with local partners, as well as than 150 international development organizations, including community organizations, non-governmental organizations, and local governments. It works in 8 countries in South East Asia and East Africa. It focuses on 4 axes: Education for Pastoralists & Marginalized Communities; Food Security, Asset Building, & Sustainable Wealth Creation; Disaster Risk Reduction & Climate Change Adaptation; and Applied Learning. Within the Food Security, Asset Building, & Sustainable Wealth Creation, IIRR implements community and urban gardening projects and projects to create healthier schools.

Budget. In 2013 IIRR’s revenues totaled \$4,598,390, of which 47% was earned through training courses, study missions and technical assistance. IIRR also receives grants from foundations, individuals, corporations and governments, including Ford Foundation and the United Nations Human Settlements Program.

Example of Projects. The *Integrated Approach to Address Food and Nutrition Security in the Philippines* is a research project that aims to develop an integrated nutrition intervention linking food fortification, nutrition gardens and nutrition education to address under-nutrition among school children. Key activities include the establishment of school gardens; the standardization of the cycle menu; nutrition education classes; and anthropometric and bio-chemical measurements. It is funded by the International Development Research Center

(for a total of US\$ 336,318) and carried out in 27 schools in Cavite, with a total student population of over 36,000. It was implemented in partnership with the Department of Education and the Food and Nutrition Research Institute.

Bio-intensive gardens (BIGs) have been established in 52 elementary schools; they are tended by the students and they provide indigenous, nutritious vegetables to support the school feeding program. IIRR has conducted interactive nutrition education sessions for parents and their children through interactive discussions, cooking demonstrations, and nutrition exercises and games to ensure utilization of fresh vegetables in schools as well as at home.

6. Helen Keller International Philippines

Focus. Founded in 1915, Helen Keller International (HKI) is dedicated to saving the sight and lives of the most vulnerable and disadvantaged. It combats the causes and consequences of blindness and malnutrition by establishing programs based on evidence and research in vision, health and nutrition. It currently runs more than 180 programs in 21 African and Asian countries. Its programs fighting malnutrition include vitamin A supplementation, maternal and child nutrition education, fortification of staple foods with essential nutrients, family-led agricultural programs, and community based management of acute malnutrition. It has been working in the Philippines out of Manila, since 1975 and has had a major presence since 1986.

Example of Projects. Among others, HKI currently provides technical assistance to the Government of the Philippines (GOP) in the areas of Vitamin A Supplementation; Nutrition Education; and Child Survival. It played a critical role in the implementation of the first national vitamin A supplementation campaign, which increased the national coverage of vitamin A supplements among preschoolers to more than 90%. It continues to provide technical assistance to the GOP, local government units, and various nongovernmental organizations in order to promote nutrition education. It worked closely with the government to design and develop a “seal of excellence” logo to highlight products containing the recommended levels of vitamins and minerals necessary for good health and child survival.

Allies. In the Philippines, HKI has partnered with several players in the public and private sector, such as ChildFund International Philippines, several organizations within the Department of Health, the Food and Nutrition Research Institute, various Local Government Units, the National Nutrition Council, the Nutrition Center of the Philippines, Save the Children, and the World Food Program.

7. World Vision Philippines

Focus. World Vision International is an Evangelical Christian humanitarian aid, development, and advocacy organization. It is active in more than 60 countries (including Brazil, Colombia, Guatemala, Mexico and Nicaragua), with total revenues including grants, product and foreign donations of \$2.67 billion (as of 2013), of which 22.1% was spent in Asia. It has worked in the Philippines since 1957 in the areas of sustainable development, disaster and emergency response, and public engagement. World Vision Philippines (WVP) supports government’s effort to reduce malnutrition among children under five years old through targeted health and nutrition interventions.

Example of projects. WVP is committed to reduce prevalence of underweight children ages 0-59 months in its covered areas through interventions such as the *Pinoy Nutrition Hub* that seeks to rehabilitate malnourished Filipino children through local, affordable and available means and to improve parents' and caregivers' feeding, hygiene, caring and health-seeking behaviors for their children. Additionally, WVP provides training on maternal, neonatal and child health and nutrition. These interventions are reported to have led to reduction of underweight children in 24 World Vision target areas by 2.08% in 2012.

8. San Miguel Foundation

San Miguel Corporation. Based in Metro Manila, San Miguel is a large conglomerate, contributing 5% to the Philippines' GDP through its highly integrated operations in beverages, food, oil refining, energy, power, and infrastructure. It is one of the nation's largest employers with a workforce of over 17,000 in 7 countries.

San Miguel Foundation. In 2012, its spending for social development amounted to FP 1 billion (\$22.5 million), the biggest by far by any company in Philippine history. Of this, FP 550 million went towards constructing 5,000 new homes in Cagayan de Oro, Iligan, and Negros Oriental for the victims of typhoon Sendong, the single-largest corporate social responsibility initiative in the country. The Foundation invests in education, health and nutrition, environmental preservation, community-building, and disaster management. In 2012, thanks to the Foundation's efforts, 1,796 undernourished students received nutritious meals for 6 months.

9. Mead Johnson Nutrition, Philippines

Mead Johnson. Mead Johnson Nutrition (MJN) is a major global manufacturer of infant formula. Its flagship product Enfamil commanded 11.7% of the worldwide market for infant formula in 2008. MJN first set up a local subsidiary in the Philippines in 1957. Through the years, Mead Johnson has been able to address a wide range in pediatric feeding solutions for healthy infants as well as those with feeding difficulties.

Projects. In coordination with the University of the Philippines Institute of Human Genetics, Mead Johnson has provided support to children with rare metabolic disorders. MJN has partnered with the Department of Social Welfare and Development and the non-government organization Kabisig ng Kalahi Foundation for *Feeding Hope* – a nationwide supplemental feeding and growth monitoring program implemented in the poorest communities in the country. It has also partnered with the National Competitiveness Council of the Department of Trade and Industry, Kabisig ng Kalahi and the Department of Education, for the school-based feeding program *Pasiglahin ang Estudyanteng Pinoy*. Drop out rates attributed to malnutrition in beneficiary schools are reported to have been reduced to less than 1%, significantly lower than the national average of 25-33%.

Others

10. GEMS Heart Outreach Development. GEMS is a non profit organization registered in 2006. With offices in Cavite and Pasay, GEMS' mission is to develop and implement programs

and services that promote child and family life development through access to quality education, early childcare, health and nutrition. GEMS' target areas are the regions of Cavite and District 1, characterized by high incidence of extreme poverty. Within the *Bukas Kamay* and *Abot Kamay* projects, supported by the ChildFund, GEMS has responded to child's poverty in Pasay City in Metro Manila. A total of 26 facilitators were trained to implement nutrition sessions for 641 caregivers. Children were weighed to determine their nutritional status, and severely malnourished children completed a series of interventions such as medical check-up, deworming, micronutrients and vitamin supplementation and medicines.

11. Coca-Cola. Coca-Cola Philippines' CSR stands on four pillars: education, entrepreneurship, environment, and nutrition. Within nutrition, Coca Cola launched the Nutri-Juice Intervention program in cooperation with Department of Education and other government agencies. The initiative distributes a nutrient-fortified juice drink to address iron deficiency to thousands of children each year. Coca-Cola FEMSA has partnered with Coca-Cola in the Philippines for the STAR (Sari-Sari Store Training and Access to Resources) Program, which aims to empower women owners of small neighborhood stores, known as sari-sari stores, to increase their household income and improve their quality of life.

12. Children International Philippines. Children International was founded in 1936 in Kansas City, Missouri, USA. In the 1980s, Children International expanded its programs to other countries and it is now also working in the Philippines, Guatemala, Mexico, Colombia and Ecuador. Children International Philippines was founded in 1982 as a nonprofit, humanitarian organization dedicated to alleviating the burdens and effects of poverty on Filipino children. It has 4 offices in the country. Its child sponsorship program provides medical, educational, material and emotional aid to impoverished children in the country. Its nutrition services include a nutrition rehabilitation program where malnourished children are provided supplemental feeding and vitamins. Parents are taught fundamentals of nutrition, healthy meal preparations and information on purchasing locally available and inexpensive nutritionally whole foods. Through the organization, children also receive regular health and malnutrition screenings.

13. Robinson Retail Holdings, Inc. Robinsons Retail Holdings, Inc. is the second-largest multi-format retailer in the Philippines. It operates in six business segments: supermarkets (Robinsons Supermarket), department stores (Robinsons Department Store), DIY stores (Handyman Do it Best, True Value and Howards Storage World), convenience stores (Ministop), drug stores (South Star Drug and Manson Drug) and specialty stores (from consumer electronics and appliances to toys, fashion, and cosmetics). It runs several CSR programs, although at a relatively small scale. For example it has launched the *Living Wellness Caravan*, which hopes to educate sponsored kids and their parents about proper health and hygiene practices, good nutrition and cleanliness at home. It also provides charities with various food and nonfood products to help them in their daily needs.

14. ChildFund Philippines. Founded in 1938, ChildFund International is a child development organization based in Richmond, Virginia, United States. It provides assistance to deprived, excluded and vulnerable children in 30 countries. It is mostly funded by individual contributors in the form of monthly child sponsorships. In 2013, its Philippines office had expenditure of US\$ 10,412,065. In the Philippines, it has reached 40,000 mothers and young children with education about nutrition and health, breastfeeding support and malnutrition monitoring.

Analysis of Potential Co-Investors for FEMSA Foundation:

Brazil

Snapshot of Nutrition in Brazil

Undernutrition. Brazil is undergoing a nutrition transition: there have been notable reduction in rates of undernutrition, but they have been accompanied by increases in overweight and obesity rates and a high prevalence of noncommunicable diseases. Between 1989 and 2006, stunting rates in children under 5 years of age decreased from 19.6% to 6.7%, while incidence of underweight decreased from 5.4% to 1.8%. Undernutrition reduction in children under 5 was more accentuated in lower income groups, but there are still important gaps regarding health services and sanitation coverage. Undernutrition continues to be a problem among lower income groups and among traditional peoples and communities. The North region is the one most affected by stunting, with an incidence of 14.8% in 2006. Black and mestizo children are also more vulnerable to undernutrition (with an incidence of stunting of 16%, compared to 11,1% among white children).

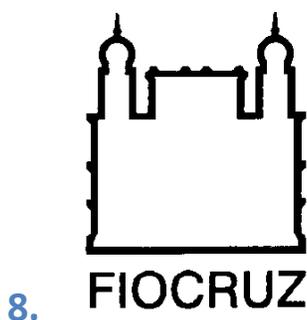
Deficiencies and noncommunicable diseases. In 2006, iron deficiency affected 21% of children under 5 years of age and 29.4% of women of reproductive age, with particularly high incidence rates in the Northeast region of the country and among black and mestizo women. In the same year, vitamin A deficiency affected 17.4% of children and 12.3% of women in the country, with the highest prevalence in children in the Northeast and Southeast regions. Noncommunicable diseases were responsible for 72% of deaths in 2007, and the impact is greater in the poorest populations. The prevalence of diabetes and high blood pressure is increasing.

Overweight and obesity. Overweight and obesity are increasing in the general population, regardless of ethnicity, age group and gender. Though women are more affected than men, the increase is more accentuated among men. Between 1975 and 2009, the prevalence of obesity increased by more than four times among men (from 2.8% to 12.4%) and doubled among women (from 8.0% to 16.9%). In 2009, 50% of the population was overweight and 14.8% was obese. Among children 5 to 9 years old the prevalence of overweight is 34.8% and obesity 16.6%.

National policy. The great strides Brazil has made in food and nutrition security are partly attributable to the “Fome Zero” (“Zero Hunger”) strategy, which was launched in 2003. The federal government made the fight against hunger and poverty a cross-cutting priority, strengthening and creating policies that have proved effective in improving the conditions

of the most vulnerable groups. Zero Hunger consists of more than 20 initiatives, including “Bolsa Familia”, a conditional cash transfer scheme. In addition to the Zero Hunger strategy, Brazil has more recently created a National Food and Nutritional Security Policy (PNSAN), which guides the public efforts.

Potential Co-Investors





1. Fundação Cargill

Cargill. With over 150,000 employees, Cargill provides food, agriculture, financial, and industrial products and services in 67 countries. It has been operating in Brazil since 1965. It is one of the main food producers in Brazil and the largest cocoa processor in Latin America. Based in Sao Paulo, it has plants, warehouses, port terminals, and branch offices in nearly 160 cities throughout Brazil, providing jobs to close to 10,000 people.

Fundação Cargill. Fundação Cargill is the philanthropic arm of Cargill. It financially supports social projects that fulfill the following criteria: 1) they are focused on nutrition and have a maximum duration of 12 months; 2) they take place in communities surrounding the Cargill facilities (so its employees can volunteer); 3) they have no political or religious nature; 4) they promote local development; and 5) they provide opportunities for volunteer work.

Budget and operations. In 2014, the Foundation sponsored 14 projects implemented by 13 organizations, directly benefitting 24,000 people. It invested a total of R\$ 1.25 million (US\$ 430,000).

Example of projects. Many projects sponsored by the Foundation are focused on children. Under the “Crianças saudáveis, Futuro Saudável” (“Healthy Children, Healthy Future”) project, it assessed the nutritional status of participating children and trained community members on issues revolving around health, nutrition, hygiene, water purification

techniques, and gardens. The project benefitted 5,000 children. The Foundation has several other projects promoting gardens. In the “Direto da Horta” (“Straight from the Garden”) project, it partnered with the Municipality of Mairinque to educate and encourage communities to produce their own food and have a healthy, nutritious, and balanced diet. Over 4,500 students from public elementary school were directly benefitted. The Foundation also sponsors nutrition interventions for people affected by cancer and other illnesses. Finally, in the “Cozinha Brazil” (“Brazil Kitchen”) project, it worked to change people's eating behavior through mobile units.

2. Fundação Nestlé

Nestlé. Nestlé is the world's leading nutrition, health, and wellness company, with manufacturing operations in 83 countries. In Brazil, it created its first factory in 1921, and now runs 31 plants. It sells over 1,000 products through a distribution network that covers more than 1,600 municipalities. Products of Nestlé Brazil and affiliated companies are present in 99% of Brazilian homes. The company employs more than 21,000 Brazilians and generates over 220,000 indirect jobs. Nestlé has elected Nutrition, Water, and Rural Development as the foci of its Social Responsibility actions.

Fundação Nestlé. Fundação Nestlé, Nestlé's Brazilian Foundation, was founded in 1987 and is based in São Paulo. Since 1999 it has been running the “Nurturing Healthy Children” program, which is working to prevent malnutrition and obesity among Brazilian children and adolescents through nutrition education, and promotion of healthy eating habits and physical activity for school children. The program has impacted 2.3 million children since 1999. The program has four components: Nourishing in Schools, Nourishing in the Community, a Volunteer Program, and a Partnership with the IAAF. The Nourishing in Schools program partners with the Municipal Departments of Education to offer training for cooks, teachers, principals and public school nutritionists to reinforce healthy eating and the need for physical activity. The Nourishing in the Community component, instead, is focused on obesity and malnutrition prevention programs of obesity and malnutrition in children. Children undergo anthropometric, physical and educational activities and participate in nutrition education classes. The Foundation also encourages Nestlé's employees to volunteer and has partnered with the International Association of Athletics Federation through the program “Mini-Athletics”, which offers children accessible and educational athletic activities. In 2014, the Nurturing Healthy Children program benefitted 429,804 children, trained 1,819 teachers, and involved 973 schools. Finally, Nestlé runs a program that trains students in Clinical Nutrition and provides them with practical experience in hospitals.

3. Unilever

Unilever. Unilever is an Anglo-Dutch company that produces consumer goods in 190 countries in the categories of personal care, food, cleaning, refreshment, and food. Unilever has been operating in Brazil for over 85 years. In the country, it sells over 700 products from 25 brands and employs around 13,000 people. Each month, 86% of Brazilian households use its products, and over a year, the whole population does. In addition to the headquarters in São Paulo, it runs nine factories in four states - São Paulo, Minas Gerais, Pernambuco and Goiás, as well as more than 20 distribution centers in the Northeast, Midwest, Southeast and South.

Examples of projects. Unilever is strongly invested in nutrition. It is currently managing three activities aimed at improving the nutritional profile of its products: the Nutrition Enhancement Program, the Sodium Reduction Strategy, and the Policy on Food Fortification. Since 2007, Unilever has contributed over US\$ 26 million to the World Food Programme. Unilever Brazil has also sponsored a number of initiatives focused on improving food standards of the population. It organizes annual campaigns seeking to disseminate information on healthy eating habits. The programs “Meu Prato Saudável” and “Meu Pratinho Saudável” (“My Healthy Plate” and “My Small Healthy Plate”), for children 6 months to 12 years old, for example, promote actions and studies to understand the ways of preparing meals in the country, under the coordination of Latinmed and the Heart Institute (InCor). In its first year of activity, the project reached more than 1.3 million people through classroom activities, educational materials, an application for smartphones and tablets, a website and blogs with food preparation tips. Through its Becel brand, it also supports the movement “Ame o coração” (“Love the heart”), which educates the public about eating habits that can prevent cardiovascular diseases.

4. Sodexo

Sodexo. Sodexo is a food services and facilities management multinational corporation. It was founded in 1966 in Marseille, France, it operates in 80 countries and it is the 18th largest employer in the world with 428,000 employees. It established operations in Brazil 25 years ago, and it now employs 35,000 workers. As a global player in the food service area, Sodexo has considerable influence on the eating habits of more than 50 million people worldwide.

Focus. Sodexo’s corporate social responsibility is focused on wellness and health. Sodexo has promoted healthy lifestyles among its customers, consumers and employees in all

countries where it operates through monthly campaigns and nutritionist services. It is also active in the communities where it does business.

Example of projects. Sodexo has been fighting hunger and malnutrition since 1996 through its initiative “STOP Hunger”. The initiative comprehends 4 actions: 1) volunteering in support to hunger relief organizations (725 employees volunteered in Brazil in 2014); 2) sharing knowledge on healthy eating information and healthy recipes; 3) donating food to organizations; and 4) sponsoring and supporting programs that combat hunger and malnutrition. In 2014, it collected 21.5 tons of food and donated to 19 charitable institutions in Brazil. Furthermore, through the “Hortaliças” (“Vegetables”) program, since 2003, it has offered scholarships to students in exchange for work in community gardens. The food cultivated (over 13 tons annually) is then donated to charities in the region. Finally, on World Food Day, it donates parts of its revenues to registered charities.

5. Instituto Walmart

Walmart. Walmart entered the Brazilian market in 1995 and has been growing ever since. Today, it has over 550 stores across the Federal District, and the Northeast, Midwest, Southeast and South. It runs various kinds of stores, including hypermarkets, supermarkets, wholesale stores and neighborhood stores. As of 2012, it had revenues of almost US\$ 9 billion.

Focus. Instituto Walmart, Walmart’s nonprofit arm, was founded in 2005. It is funded by Walmart and manages its social investments. It acts both to fund projects implemented by NGOs and the public sector, as well as to implement its own projects. It operates where Walmart has business units, in 19 Brazilian States and the Federal District. It focuses on four axes: professional development; local development; inclusive social business; and community actions. One of its objectives is to “promote food and nutrition security in low-income communities in cities where Walmart is present”.

Example of projects and allies. Although the Institute focuses mainly on support to entrepreneurship, it has also carried out projects focused on nutrition. Walmart contributes foodstuff to food banks. Through the program “Mesa Brasil” (Table Brazil), the Institute has partnered with the Food Bank of Rio Grande do Sul and the “Prato Amigo” (Friendly Dish) Program in Salvador. In 2013 the Institute also organized an International Seminar on Food and Nutrition Security, held in Salvador. The event brought together 350 people, including representatives of governments, companies and social organizations.

Others

6. Instituto da Criança. Founded in 1994, Instituto da Criança is a non-profit organization operating in Rio de Janeiro and São Paulo. It supports existing non-profit institutions, conducts educational programs, acts as an incubator for new social programs and institutions, and supports companies in their corporate social responsibility efforts. The Institute supports, among others, shelters, day care centers and programs assisting victims of cerebral palsy, in addition to educational programs and community development projects. Within its project “Making Aware, Building and Improving the Quality of Life”, it educates participants on how to develop healthy habits and prevent diseases. It is particularly focused on food hygiene, nutritional knowledge, and healthy cooking. The project is implemented by the Associação das Crianças Excepcionais de Nova Iguaçu, located in Nova Iguaçu.

7. Fundação Salvador Arena. The Fundação Salvador Arena was founded in 1998 by Salvador Arena, an engineer, entrepreneur, and owner of Termomecanica Sao Paulo, a firm in the metallurgical sector. Upon his death, he made the Foundation the universal heir of all his wealth. The Foundation’s mission is to assist the most needy in the areas of education, health, housing, and social assistance. It is financed entirely by the proceeds of the inheritance. In 2013, it invested R\$ 45 million (US\$ 16 million). The great majority of investments are made towards the implementation of its own projects in the area of education. Nonetheless, in 2013, R\$ 6 million (US\$ 2 million) was invested in projects implemented by other organizations. Among these, the Foundation runs an “Auxílio Alimentação em Entidades Sociais” (“Food Aid for Social Institutions”) program, which is aimed at fighting malnutrition. Every year social organizations can apply to join the program, that provides them with balanced meals for their beneficiaries. In 2013, the program assisted 75 institutions, benefitting over 12,000 people.

8. Fundação Oswaldo Cruz. Funded in 1900, Fundação Oswaldo Cruz (Fiocruz) was given the mission of fighting the great problems of public health in Brazil. Fiocruz operates under the Ministry of Health and is present in the whole country. It supports the Sistema Único de Saúde (Unified Health System, the Brazilian public health system) through research activities, scientific expeditions, and by running social programs. In the second half of 2009, the Foundation launched an unprecedented bid worth R\$ 1 million (US\$ 350,000) to be used in projects of social cooperation that improve the health and living conditions of vulnerable populations. Many of these projects have been focused on nutrition. Fiocruz also

operates as the Executive Secretary of Supreme Committee to Combat Hunger for Life (Coep).

9. Fundação Abrinq. Founded in 1990 and with offices in São Paulo, Fundação Abrinq is a nonprofit organization whose mission is to promote the protection of children and adolescents. Since 2010, it is the representative of Save the Children in Brazil. Its programs are organized into three areas: education, protection, and health. The Foundation only implements its own projects, but has 2 already active projects focused on nutrition. The first is “Conhecer para Nutrir” (“Learn to Nourish”), which focuses on improving the health and nutrition of children 0-5 years by training community health workers, cooks, lunch ladies, professionals of Early Childhood Education, and members of the School Food Council in the promotion of healthy habits and the use of regional food. Conhecer para Nutrir benefitted over 12,000 families in 2014. The second project is the “Hábitos Alimentares Saudáveis no Norte e Nordeste” (“Healthy Eating Habits in the North and Northeast”), which is a similar project implemented in 10 municipalities with high incidence of malnutrition in the North and North East. It directly benefitted 6,690 children in 2014.

10. Instituto Sabin. The Sabin Group’s business lies in the provision of health services such as vaccines and analysis. The Group runs over 160 Clinical Laboratories throughout Brazil and has 2,300 employees. Its philanthropic arm, the Sabin Institute, is a civil society organization of public interested created in 2005. Its mission is to improve the quality of life of communities where the Sabin Group does business. It works in the areas of health, sport, and education. It implements its own projects as well as supports partner organizations. In 2012 the Institute benefitted 162,614 people. In 2014 it organized a “nutrition week” that were attended by over 500 people. It has several active health projects; the oldest of these is “Child and Health”, which provides needy children with free laboratory tests. The Institute also sponsored the Fundação Abrinq’s “Conhecer para Nutrir” project (described below).

11. Syngenta. Formed in 2000, Syngenta AG is a global Swiss agribusiness that markets seeds and agrochemicals. In 2014, it had sales of US\$ 15 billion and employed over 28,000 people in over 90 countries. In Brazil it employs 1,800 people, with a supply chain that includes experimental centers, independent producers, as well as farmer cooperatives. Its corporate social responsibility actions revolve around sustainability. In partnership with Fundação Abrinq, it runs the “Escola no Campo” (“School in the Field”) project, which sensitizes children and adolescents on issues of food safety, quality of life, and environmental conservation. The project has been active for over 20 years, and has

reached more than 400,000 students in public elementary schools. Syngenta also partnered with food banks in the “Hortas Solidárias” (“Solidarity Gardes”) project, which helped install gardens in prisons to be managed by inmates. The food produced was then distributed through food banks.

12. BrazilFoundation. BrazilFoundation is a non-profit established in 2000 with the goal of generating resources for social entrepreneurs who propose creative and innovative solutions to challenges faced by communities throughout Brazil. In 13 years, BrazilFoundation has raised over US\$ 30 million from donors (individuals and corporations in the U.S.). It has supported 95 nonprofit organizations and 400 projects. It sponsors projects in the areas of Education, Health, Culture, Participatory Development, and Human Rights. In the area of health, however, it is only sponsoring one project, the Antonin Artaud Therapeutic Space, which works in the field of mental health.

13. Instituto Coca-Cola. Coca-Cola has had operations in Brazil since 1942, where it owns 46 plants and employs 60,000 people. The Instituto Coca-Cola was established in 1999 and it is its social arm in Brazil. It focuses on water and sustainability. It is responsible for the management of the platform of “Coletivos”, which contributes to the development of low-income communities in partnership with NGOs, recycling cooperatives, productive groups, rural farmers etc. The platform is present in 550 communities in 150 municipalities and has benefitted over 70,000 people. It focuses on income generation, self-esteem development through technical training, community empowerment, and market access. For example, it trains women participating in craft groups working with recyclable materials.



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Recommendations for the Future

Final Recommendations Summary Sheet

I. Timeline of Best Practices from Literature Review for Potential Implementation

- Short Run (in the next 6 months)
 - Maintain diverse portfolio of program investments as complementary programs are more effective than a single type of program in nutrition education efforts.
 - Expand current active learning techniques to ensure all programs use effective active learning techniques within local cultural contexts.
 - To assure highest participation rates within courses consider encouraging your partners to use:
 - In-kind gifts correlated with nutrition topics, such as colanders to clean fruits and veggies as incentives to attend class and provide a reminder of the topic in participants' homes
 - Include attractive visual flyers advertising the courses in weekly food dispensas
 - Create a board advertising nutrition topics and course dates where dispensa packages are collected by beneficiaries
 - Conduct internal discussions to reach decisions about standardizing M&E system across projects. Based on these decisions, revise and finalize the M&E training manual provided by the practicum team to guide potential future partners. See Section II of this page to review these recommendations in more detail.
- Medium Run (in 6-12 months)
 - Pilot test surveys tools provided by SAIS Practicum team to assure language is effective in conveying the questions to beneficiaries and measuring the intended indicators. See Section II of this document for more details on this recommendation.
 - To ensure all nutritional educators are able to learn from one another about innovative active learning techniques, hold a central nutrition educator training session with time allotted for nutritionists to share what they have learned from their own classes.
 - Reach out to potential partners in Colombia, Philippines, and Brazil as outlined in the Analyses of Potential Co-Investors to begin expanding programs outside of Mexico and Central America.
- Long Run (in 1-5 years)
 - Begin training current partners on the importance and logistics of the new monitoring and evaluation system, with the goal that it will be functional and operational with all current partners by the end of 2016 at the latest.
 - Conduct annual reviews of literature on best practices in nutrition education to assure that FEMSA remains up to date in all of its curriculum material and methods.
 - Continue monitoring the use of the M&E system by partners to assure data is being collected properly as a foundation for future more in depth reports.
 - After five years, consider investing in a contract with a research firm to conduct an impact evaluation on the social impact of FEMSA's programs.

II. Advice on how to Operationalize Surveys

FEMSA should prioritize two main steps in order to integrate and operationalize the M&E system. The first step involves a process of internal decision-making within FEMSA to determine which indicators and tools to require of its partners (e.g. the extent to which FEMSA desires and is able to standardize M&E across projects in practice). The second step involves piloting and revising the survey tools to ensure they are best suited to measure the indicators/results in the Measurement Plan.

Below is a suggested timeline for FEMSA to begin operationalizing the survey tools:

● Short Run (in the next 3 months)

- Begin internal discussions within FEMSA regarding:
 - Which indicators and M&E tools FEMSA wants to require of partners versus which are optional;
 - Which types of data FEMSA would like to collect from partners and manage in-house, versus which types of data FEMSA would like its partners to continue collecting and managing themselves;
 - How to store and manage data it collects from partners (note that Tab 3 of the Measurement Plan can be a good starting point for indicator tracking);
 - Whether to require its partners to analyze and provide a summary of findings for data FEMSA does not obtain.
- Note: These decisions will largely depend on FEMSA's capacity and desire to manage and analyze data in-house versus continuing a project-based M&E system run by partners.
- Revise the language in the M&E training manual based on the above decisions.
- Begin external discussions with implementing partners about FEMSA's plans to standardize M&E across projects to conduct more rigorous evaluations and ensure greater comparability across projects.

● Medium Run (in the next 6 months)

- Discuss the food bank reporting document and anthropometric reporting document with existing and new implementing partners.
 - Seek feedback on their questions or concerns about using the documents.
 - Modify the reporting document accordingly, making sure FEMSA is still able to track the indicators it deems useful.
- Use FEMSA Foundation staff to pilot the process evaluation tools (workshop observation guide and focus group guide). This will involve visiting the workshop sites and completing the observation guide.

● Long Run (in the next 12 months)

- Pilot baseline/endline survey and food frequency questionnaires.
- Begin collecting reporting documents from food bank partners.
- Begin obtaining anthropometric documents or summary reports from projects.

● Very Long Run (in the next 1 to 5 years)

- Train existing and new partners in the M&E requirements and use of the survey tools.
- Use SAIS practicum team or other advisors to pilot/improve the measurement tools or train food bank staff, if necessary.

- Begin requiring baseline, midline, and endline surveys for projects, or modified surveys proposed by partners that sufficiently measure the indicators required by FEMSA.
- Continue collection of reporting documents, use of process evaluation tools, and use of food frequency questionnaires.

III. Potential Projects for Future Practicum Groups

Based on the SAIS team's progress during the 2014-2015 academic year, we have considered what support future practicum teams might offer FEMSA in moving forward with the recommendations.

Potential projects could include:

- **Pilot and revise the M&E tools.** The SAIS practicum team for 2014-2015 was unable to conduct piloting of the measurement tools. As such, the tools should be considered drafts. If FEMSA and its partners are unable to conduct piloting during the next year, this could be something another SAIS practicum could provide support with. In piloting and modifying the surveys, we suggest the following:
 - Examine best practices from other nutrition surveys and look for areas to revise or improve upon the surveys during the trial run.
 - Pay particular attention to the baseline exam/survey, as it is very long. They should look for sections to modify and cut, in conjunction with FEMSA.
 - Ensure the final surveys still allow FEMSA to measure the indicators they deem most important to assessing achievements.
- **Help FEMSA develop a data management system.** The Measurement Plan contains a tab to assist in tracking indicators. However, FEMSA may determine that a more sophisticated data management system and indicator tracking tool is needed. The next practicum team could work with FEMSA to assess what data FEMSA wants to personally collect from partners and manage in-house, and what information FEMSA would like its partners to manage themselves. Based on this determination, a data management system can be developed.
- **Develop additional focus group and interview guides.** The existing process evaluation tools are limited to a focus group discussion guide for beneficiaries and a workshop observation guide. Other tools that could help assess the effectiveness of the projects include interview guides for program management staff and interview guides for other stakeholders, such as school administrators and teachers of beneficiaries' children. Forms for collection of beneficiary feedback could also be developed.
- **Help implement and improve upon the training manual.** During the 2014-2015 practicum, the SAIS team developed a training manual to assist FEMSA in communicating standardized M&E requirements for their partners. FEMSA will need to decide how much to actually require in practice from their partners, but it may find that its partners lack the capacity to conduct some of the surveys/process monitoring discussed in the training manual. If this is the case, a 2015-2016 SAIS practicum team could work with food bank

partners to help train them in the M&E process. Additionally, FEMSA may find it helpful for the practicum to provide more information in the manual about how to operationalize the tools (e.g. best practices for conducting focus group discussions, steps and curricula for conducting M&E training, etc).

- **Research any new best practices and uncover barriers to implementing changes.**

This should involve a thorough reading and updating of the literature review that the practicum team developed in 2015-2016. Through field work and discussions with FEMSA, the next practicum group can determine what challenges FEMSA may have encountered in moving forward with proposed changes and research and suggest ways to overcome them.