USAID
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MULTI-SECTORAL NUTRITION STRATEGY

2014-2025

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The USAID Multi-Sectoral Nutrition Strategy was developed by a team of dedicated staff representing a full spectrum of USAID Bureaus and Offices in Washington and in close consultation with USAID Missions. The Technical Working Group (TWG) included representatives from the: Bureau for Africa (AFR); Bureau for Asia (ASIA); Bureau for Global Health (GH) Office of Health, Infectious Diseases and Nutrition: Maternal and Child Health Division and Nutrition Division; GH Office of HIV/AIDS; GH Office of Population and Reproductive Health; Bureau for Food Security (BFS) Office of Country Strategy and Implementation; BFS Office of Agricultural Research and Policy; BFS Office of Strategic Planning and Performance Management; Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) Office of Food for Peace; DCHA Office of U.S. Foreign Disaster Assistance; Bureau for Economic Growth, Education and Environment (E3); Bureau for Latin America and the Caribbean (LAC); Bureau for Policy, Planning and Learning (PPL); and Office of Budget and Resource Management (BRM). The TWG was co-chaired by Sally Abbott (BFS), Rebecca Egan (formerly of GH), and Melanie Thurber (DCHA).

The TWG was guided by a Management Group comprised of Susan Bradley (BFS and DCHA) and Anne Peniston (GH) and well supported by a team of three external consultants (Graceanna Enzinger, Hope Sukin, and Mellen Duffy Tanamly). The Agency Steering Committee, led by Paul Weisenfeld and subsequently Richard Greene from BFS, and including Robert Clay (GH) and Jed Meline (DCHA) ensured that the Strategy fit within broader Agency mandates and policy and provided strategic guidance for multiple sectors.

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LIST OF ACRONYMS

ADS	Automated Directives System
BMI	Body Mass Index
CDCS	Country Development Cooperation Strategy
CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organization
DCHA	Bureau for Democracy, Conflict and Humanitarian Assistance
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
FFP	Office of Food for Peace
GAM	Global Acute Malnutrition
GHI	Global Health Initiative
HIV	Human Immunodeficiency Virus
IYCF	Infant and Young Child Feeding
LAM	Lactational Amenorrhea Method
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MUAC	Middle Upper Arm Circumference
NACS	Nutrition Assessment, Counseling, and Support
NGO	Non-Governmental Organization
OFDA	Office of U.S. Foreign Disaster Assistance
PEPFAR	The United States President's Emergency Plan for AIDS Relief
SAM	Severe Acute Malnutrition
SBC	Social and Behavior Change
SGA	Small for Gestational Age
SUN MOVEMENT	Scaling Up Nutrition Movement
WASH	Water, Sanitation, and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

PHOTO BY RYAN VROEGINDEWEY, USAID

MESSAGE FROM THE ADMINISTRATOR

I am pleased to share with you USAID's 2014-2025 Multi-Sectoral Nutrition Strategy. With this strategy, we take a vital step forward in ensuring that every child everywhere has the nutrition she needs to thrive. By elevating and integrating nutrition into our broader mission, we can help save lives, spur prosperity, and tackle one of the most pervasive and enduring causes and consequences of extreme poverty.

At its core, this strategy represents a new model of development that harnesses science and data to inform cutting-edge approaches in nutrition. Over the last few decades, a richer analysis of the causes of hidden hunger and under-nutrition has enabled us to target our work in the first 1,000 days from pregnancy to a child's second birthday. We know now that nutrition affects every aspect of human development: from our performance in school, to our ability to fight off diseases, to our nation's health, food security, and economic advancement. We also know that stunting is a debilitating, life-long condition that results from being severely malnourished at an early stage in your life.

Today, this clearer understanding of nutrition's impact and robust new baseline surveys have allowed us to establish a bold goal to reduce chronic malnutrition – which leads to stunting – by 20 percent over five years in the areas of focus where we work. Ultimately, this strategy outlines a vision for long-term success through country ownership with deepened engagement from local community, government, and private sector leaders.

Investing in nutrition is fundamental to achieving our goals in improving global health, ending preventable child and maternal death, promoting an AIDS-free generation, reaching starving children during an emergency, and strengthening food security through President Obama's Feed the Future initiative. Every year, these efforts effectively reach millions of people and reduce their risk of under-nutrition. In the last year alone, Feed the Future reached more than 12 million children with nutrition services across 19 countries, and Food for Peace helped feed 45 million hungry people in crisis worldwide. But this nutrition strategy is unique, because it targets a very specific challenge and elevates it across our work in health, agriculture, water and sanitation, and food assistance. With it, we commit to working across our priorities to ensure that safe and nutritious foods are accessible, healthy dietary practices are followed, and the prevention and treatment of infectious diseases are prioritized.

In his State of the Union address, President Obama called upon us to help end extreme poverty in the next two decades. To realize this vision, we are building a world where countries sustain healthy, well-nourished populations and every child has the potential for a healthy and productive life.

Rajiv J. Shah | Administrator

OUR VISION

Through the U.S. Government's Feed the Future and Global Health initiatives, the Office of Food for Peace development programs, resilience efforts, and other nutrition investments, USAID will aim to reduce chronic malnutrition, measured by stunting, by 20 percent.

To realize our vision, USAID will:

SET AND MONITOR NUTRITION TARGETS

- Within Feed the Future targeted intervention areas, concentrate resources (e.g., Feed the Future, Global Health, the Office of Food for Peace) and regularly monitor impact to reduce the number of stunted children by a minimum of 2 million, reflecting a 20 percent reduction over five years, and set measurable targets at the end of this time period.
- With USAID's additional investments (e.g., the Office of Food for Peace, the Office of U.S. Foreign Disaster Assistance; maternal and child health; U.S. Government's President's Emergency Fund for AIDS Relief (PEFPAR); resilience; water, hygiene, and sanitation (WASH) and other nutrition-sensitive activities) reach tens of millions of vulnerable people with nutrition information and services.
- In humanitarian crises, mitigate increases in acute malnutrition through improved coverage and quality of emergency nutrition services to the extent possible with the goal of maintaining Global Acute Malnutrition (GAM) below the emergency threshold of 15 percent.
- In programs aiming to End Preventable Child and Maternal Deaths, track nutrition contributions to maternal and under-five mortality reductions whenever possible.

MANAGE NUTRITION FUNDS AND PROGRAMS IN A RIGOROUS MANNER

- Concentrate the available nutrition resources in targeted countries and provide adequate funding levels for these countries.
- Work within nutrition priorities articulated in Country Development Cooperation Strategies to ensure that programs (1) include clear objectives at the outcome and impact levels, (2) reflect the coordinated programming of all sources of nutrition funding (e.g. Feed the Future, Global Health Initiative, PEPFAR, and the Office of Food for Peace development funds), and (3) directly support the country's own nutrition strategy. The Office of Food for Peace and the Office of U.S. Foreign Disaster Assistance emergency assistance will support country frameworks where appropriate.
- Undertake long-term nutrition programming, linked to humanitarian response, in chronically vulnerable communities, to enhance their resilience in the face of climate-related and other shocks and stresses.
- Actively coordinate USAID nutrition programs with other U.S. Government nutrition programming in each country.
- Include updates in existing reports (e.g., the Feed the Future and Global Health annual reports) that summarize progress in nutrition (starting in 2015).
- Promote increased, responsible private sector engagement in targeted countries to encourage the production and consumption of nutritious and safe foods, and harness the expertise of the private sector to shape healthy consumption patterns.
- Improve the cost-effectiveness of our nutrition funding by better coordinating our nutrition efforts across health, agriculture, the Office of Food for Peace, and humanitarian and resilience programs; make our agriculture, WASH, and gender programs more nutrition sensitive; expand research nutrition-sensitive agriculture where there are significant synergies; and regularly monitor nutrition outputs, outcomes, and impact to make our programs more data-driven.

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FOCUS ON HIGH IMPACT ACTIONS

Science has shown that the 1,000 days between pregnancy and a child's second birthday are the most critical period to ensure optimum physical and cognitive development. USAID health, nutrition, agriculture, and humanitarian assistance programs will give special focus to this important period. In particular, USAID will:

- Support good maternal nutrition, optimal breastfeeding (immediate and exclusive for six months), and appropriate complementary feeding (e.g., dietary diversity in children 6-23 months, continued breastfeeding) tracking change over time in populations served by development nutrition programs.
- Integrate key hygiene actions (safe drinking water, hand-washing with soap, safe disposal of excreta, and food hygiene) as essential components in all targeted nutrition programs.
- Strengthen the evidence base for and scale up (1) proven nutrition-sensitive agriculture interventions and (2) nutrition assessment, counseling, and support as a component of routine clinical health care.
- Increase significantly the number of professionals and frontline workers, especially women, formally trained and employed in nutrition to meet country needs across sectors.
- Scale up community management of acute malnutrition in emergency and development settings.
- Increase provision of improved commodities for prevention and treatment of acute malnutrition.

USG NUTRITION SPECIFIC FUNDING				
($ IN MILLIONS)	FY 2012 ENACTED	FY 2013 ENACTED	FY 2014 ESTIMATE	FY 2012 14 TOTAL
Total USG Nutrition Specific Funding	**340**	**411**	**318**	**1,069**
U.S Agency for International Development	296	270	261	826
Department of State	41	36	57	134
Millennium Challenge Corporation	1	105	-	106
Department of Treasury: Global Agriculture and Food Security Program (GAFSP)	2	-	-	2

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EXECUTIVE SUMMARY

Optimal nutrition is fundamental to achieving USAID's wider mission to end extreme poverty and to promote resilient, democratic societies while advancing our national security and prosperity. USAID'S 2014-2025 Multi-Sectoral Nutrition Strategy is the first of its kind at USAID. It is aligned with the 2025 World Health Assembly Nutrition Targets and reaffirms both USAID's commitment to global nutrition, and our role as a major international partner in the fight against malnutrition. The Strategy's multi-sectoral approach addresses both direct and underlying causes of malnutrition, and its focus on linking humanitarian assistance with development programming helps build resilience to shocks in vulnerable communities.

With this strategy, USAID aims to **decrease chronic malnutrition, measured by stunting, by 20 percent** through the U.S. Government's Feed the Future and Global Health initiatives, the Office of Food for Peace development programs, resilience efforts, and other nutrition investments. Within Feed the Future targeted inventions areas, USAID will concentrate resources and monitor impact to **reduce the number of stunted children by a minimum of 2 million.** In humanitarian crises, USAID aims to mitigate increases in acute malnutrition with the goal of **maintaining Global Acute Malnutrition (GAM) below the emergency threshold of 15 percent.** In 2025, we see a world where countries, communities, and families have the capacity to achieve and sustain healthy, well-nourished populations.

While global progress has been made in improving nutrition, malnutrition continues to be a complex problem. Malnutrition has negative consequences on health, physical and cognitive growth, intellectual performance, and earning potential, constraining the advancement of countries where USAID works. In 2011, under-nutrition contributed to over 3.1 million (45 percent of) child deaths worldwide.

The goal of USAID's Multi-Sectoral Nutrition Strategy is to **improve nutrition to save lives, build resilience, increase economic productivity, and advance development.** In order to define and measure the approach for meeting this goal, the Strategic Objective is to scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts. USAID seeks to reduce malnutrition in women of reproductive ages (ages 15-49) and children under five, with a **specific focus on the 1,000 day**

window from pregnancy to a child's second birthday. In particular, USAID seeks to decrease the prevalence of chronic and acute malnutrition and micronutrient deficiencies. The Strategy has four intermediate results and identifies illustrative actions appropriate to achieve them:

1) Increased equitable provision and utilization of high-quality nutrition services;

2) Increased country capacity and commitment to nutrition;

3) Increased multi-sectoral programming and coordination for improved nutrition outcomes;

4) Increased global nutrition leadership.

To implement this strategy, USAID will concentrate available nutrition resources in targeted countries and **manage nutrition programs in a rigorous manner.** Working within nutrition priorities in Country Development Cooperation Strategies, USAID will ensure that programs include clear objectives, link humanitarian and nutrition development efforts, and directly support the country's own nutrition strategy. In order to improve the cost-effectiveness of our nutrition funding, USAID will promote coordinated programming of effective nutrition-specific and nutrition-sensitive interventions[i] from multiple sectors (agriculture; health; water and sanitation; education; environment; and economic growth, livelihoods, and social protection) across multiple platforms (public, private, and civil society). USAID will also support increased, responsible private sector engagement in targeted countries to encourage the production and consumption of nutritious and safe foods, and harness the expertise of the private sector to shape healthy consumption patterns.

USAID will **focus implementation on high impact actions** across health, nutrition, agriculture, water and sanitation, and humanitarian assistance programs. Based on the evidence, special emphasis will be placed good maternal nutrition, optimal breastfeeding, dietary diversity, and appropriate hygiene actions. In addition, USAID will strengthen the evidence base for and scale up proven nutrition-sensitive interventions and nutrition assessment, counseling, and support as a component of routine clinical health care.

Proviso: The USAID Multi-Sectoral Nutrition Strategy is meant to inform nutrition programming, and does not guarantee funding levels beyond what is already planned. Program funds should work together and include activities that fit within their appropriations requirements.[ii] While comprehensive, the Nutrition Strategy's Results Framework is not designed to provide a rigid structure to direct USAID Missions and other operating units into specific programming areas. Further, Missions with an approved Country Development Cooperation Strategy (CDCS) are not expected to retrofit their CDCS to capture all of the Nutrition Strategy's Intermediate Results. Nor are Missions that are in the process of developing a CDCS expected to adopt the Nutrition Strategy's Results Framework as a whole. Missions are encouraged, however, to consider how nutrition objectives could be integrated to achieve their overall development goals within existing appropriations and their parameters. USAID nutrition programming should be based on country needs and consider country leadership, country investments and the work of other donors, along with U.S. Government foreign policy, development objectives, and USAID's comparative advantage.

This strategy document is unique in that it covers a longer time horizon than most of USAID's Strategies. It also goes further than other USAID Strategies by providing illustrative actions in the strategy document itself, rather than as part of implementation guidance. This is not meant to be a substitute for more detailed implementation guidance that will be issued in the near future, and updated over time. Given USAID's commitment to learning, the document will have the flexibility to evolve as needed based on the growing body of research that documents the impact and cost-effectiveness of nutrition interventions.

i. Nutrition-specific interventions address the immediate determinants of malnutrition. Nutrition-sensitive interventions address the underlying and systemic causes of malnutrition.

ii. In particular, basic education funds are not intended to implement nutrition activities.

GUIDING PRINCIPLES

Country-led policies and processes: Support country and community-led policies, strategies, and processes. USAID will partner with governments, civil society, private sector, researchers and universities, and other stakeholders to leverage resources, promote coordinated actions, and advance country priorities.

Sustainable approaches: Support country capacity development, systems strengthening, and cost-effective approaches to help ensure nutrition improvements are sustainable over time.

Accountability and transparency: Commit to ensuring openness and full, accurate, and timely disclosure of information and communication on a regular basis.

Equity: Commit to reaching urban and rural populations, ensuring coverage for the poor and hard-to-reach regardless of gender, class, caste, ethnicity, or sexual orientation.

Gender equality and female empowerment: Support the core development objective of promoting gender equality: working with women and girls and men and boys to support change in attitudes, behaviors, roles, and responsibilities at home, in the workplace, and in the community; and female empowerment: promoting the ability of women and girls to act freely, exercise their rights, and fulfill their potential as full and equal members of society. USAID programs will be designed with a gender lens and a focus on improving women's nutritional status.

Vulnerable groups: Target resources and programs to the most vulnerable populations including women of reproductive age, pregnant and lactating women and their children in the first two years of life (the 1,000 day window of opportunity), children under five, children in adversity, adolescent girls, people with disabilities, people with infectious diseases, people with nutrition-related non-communicable diseases, people impacted by humanitarian crises, and people living in extreme poverty.

Resilience: Support programs and policy actions that ensure the ability of people, households, communities, countries, and systems (social, economic ecological, and other) to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth. These efforts will focus on people and places at the intersection of chronic poverty and exposure to shocks and stresses who are subject to recurrent crisis.

Evidence-based: Support evidence-based nutrition programming based on rigorous research and field application; strengthen evaluation and learning; increase the documentation of implementation successes and failures; and disseminate best practices and apply lessons learned throughout the Agency and global nutrition community.

Coordinated multi-sectoral approaches: Promote and strengthen coordinated planning and programming across sectors (health, agriculture, water, sanitation and hygiene [WASH], environment, early child care and development, education, economic growth, and social protection) as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition.

U.S. Government and international and regional partnerships: Partner with other U.S. Government agencies, bilateral and multi-sectoral donors, United Nations agencies, civil society, regional organizations, and implementing partners to ensure coordinated efforts and maximize the expertise and resources across organizations.

Engagement with the private sector: Promote the substantial engagement of the private sector globally and in countries and support increased coordination between the public and private sectors.

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INTRODUCTION

Malnutrition is both a cause and consequence of poverty: it negatively affects all aspects of an individual's health and development and limits societies' economic and social development. The aim of USAID's 2014-2025 Multi-Sectoral Nutrition Strategy is to guide the Agency's policies and programs for nutrition in both emergency and development contexts with the goal of improving nutrition to save lives, build resilience, increase economic productivity, and advance development. The strategy supports the Agency's mission to end extreme poverty and to promote resilient, democratic societies while advancing U.S. national security and prosperity. The 11-year strategy is a long-term commitment to make significant progress in nutrition, with regular reviews to make necessary adjustments as the global nutrition environment changes.

MALNUTRITION IS COMPRISED OF:

Under nutrition: stunting, underweight, wasting, and micronutrient deficiencies

Over nutrition: overweight and obesity

USAID seeks to accelerate improvements in nutrition by decreasing the prevalence of maternal and child under-nutrition – particularly chronic and acute malnutrition and micronutrient deficiencies in children under five and malnutrition in women of reproductive age (ages 15-49), with a specific focus on the critical 1,000 day window from pregnancy to a child's second birthday. USAID will prioritize the prevention of malnutrition given the irreversible consequences of chronic under-nutrition early in life. USAID continues to be at the forefront of the humanitarian community's effort to reduce and treat acute malnutrition during emergencies, while retaining a strong focus on prevention of under-nutrition in women and children living in food insecure areas. As overweight and obesity additionally burden countries' development, there may be a shift to include more programming related to over-nutrition and nutrition-related non-communicable diseases.

USAID is committed to the World Health Assembly 2025 Nutrition Targets (see text box on page 8) and additional evolving country-specific targets, used to track and evaluate USAID's assistance in nutrition. The high-level Feed the Future target of reducing stunting in targeted areas by 20 percent in five years contributes towards the World Health Assembly Targets.

Given expected demographic, environmental, and epidemiological trends over the course of the Strategy (e.g., climate change, urbanization, non-communicable diseases, technological advancements), the Agency will ensure the Nutrition Strategy has the flexibility to evolve as new evidence becomes available. This will include a robust learning agenda that supports expanding research to address critical knowledge gaps; monitoring and rigorous evaluation to inform program implementation; and timely dissemination and application of lessons learned.

Promoting gender equality and the empowerment of women and girls is a commitment across the Agency's nutrition programs. Recognizing that traditional gender roles, norms, and social structures impact both women and men (and boys and girls), the Strategy will promote gender equality in working with women, men, youth, families, communities and governments to enable sustained change in nutrition behaviors and overall development outcomes.

With the implementation of this multi-sectoral Nutrition Strategy, USAID commits to work with partner country stakeholders – host country governments, including local governments, civil society organizations (CSOs), the private sector, and academia –, the international donor community, and United Nations agencies using multiple development and humanitarian platforms to reduce malnutrition among the world's most vulnerable populations. With its emphasis on multi-sectoral nutrition programming, the Nutrition Strategy supports and complements Presidential Initiatives and other relevant USAID strategies and policies.[iii]

USAID brings important comparative advantages to addressing the direct and underlying causes of malnutrition:

- **Fifty years of investments, experiences, and successes in nutrition** provide a strong foundation on which to build upon.
- **USAID's multi-sectoral development programs enable planning, programming, and learning across sectors to improve nutritional outcomes.**
- **The reach and strength of its programs in more than 100 countries** provide a large delivery platform for scaling up nutrition services.

2025 NUTRITION TARGETS ADOPTED AT THE WORLD HEALTH ASSEMBLY IN 2012:

- 40 percent reduction of the global number of children under five who are stunted;
- 50 percent reduction of anemia in women of reproductive age;
- 30 percent reduction of low birth weight;
- No increase in childhood overweight;
- Increase the rate of exclusive breastfeeding in the first six months up to at least 50 percent; and
- Reduce and maintain childhood wasting to less than 5 percent.

- **USAID's support to programs at all levels – national, regional, and particularly community** – including capacity building for frontline workers, systems strengthening, and policy development reinforces nutrition actions from national institutions to the community.
- **Relationships and collaboration with governments, international partners, civil society, and the private sector** facilitate coordination and engagement of multiple stakeholders.
- **Experience linking research and program implementation** means more focused learning agendas and timely application of lessons learned.
- Experience integrating nutrition as an explicit objective in both development and humanitarian assistance programs strengthens the Agency's ability to increase resilience, decrease devastating impacts of shocks, and improve nutritional status of the most vulnerable populations.

SCOPE OF THE PROBLEM

Malnutrition, defined as both under-nutrition, which includes micronutrient deficiencies, and over-nutrition, negatively impacts both individuals and populations.[i]

iii. See Annex B for complete listing of Presidential Initiatives and other relevant USAID strategies and policies to the USAID Multi-Sectoral Nutrition Strategy.

NUTRITION CONSIDERATIONS FOR A COUNTRY'S ECONOMIC TRANSITION IN HEALTH

Many countries are facing the double burden of malnutrition while simultaneously experiencing economic transition that is driven by rapid economic growth with increased domestic resources for health. This economic transition provides countries with opportunities to increase the coverage and quality of health and nutrition services. Addressing consequences of all forms of nutrition has high costs for countries as it significantly increases the demand for diverse health services and the costs for treatment of nutrition-related non-communicable diseases. Investing in cost-effective interventions across multiple sectors will help mitigate the escalating costs of malnutrition.

Poverty reduction strategies should include increased access by the poor to health and educational services and targeted nutrition and safety net programs. The costs and benefits of nutrition investments should be calculated and widely disseminated for smart investments now to avoid higher financial and human development costs in the future.

Under-nutrition inhibits the body's immune system from fighting disease and impedes cognitive, social-emotional, and motor development.[2] Under-nutrition contributed to 3.1 million (45 percent of) child deaths worldwide in 2011.[2] Between 1990 and 2011, stunting (low height-for-age), a measure of chronic under-nutrition, declined by 35 percent, while wasting, a measure of acute under-nutrition, declined by 11 percent.[3] However, with population growth, the absolute number of children affected has remained unchanged. In 2011, stunting and wasting affected more than 165 million and 52 million children under-five, respectively.[3] Ninety percent of stunted children were concentrated in 34 countries located mainly in Sub-Saharan Africa and South Asia.[4]

Acute malnutrition, caused by a decrease in food consumption and/or illness resulting in sudden weight loss or edema, threatens the survival of children both in emergency and non-emergency settings. Severe Acute Malnutrition (SAM), a condition in which children suffer severe wasting, edema, or edematous wasting affects almost 20 million children under five worldwide mostly in the South Asia and Sub-Saharan Africa regions; SAM contributes to nearly 1 million child deaths each year.[3] Globally, moderate acute malnutrition (MAM) affects a greater number of children (approximately 36 million) than SAM and if not treated, can progress to severe wasting and high risk of mortality.[3]

An estimated 2 billion people worldwide suffer from micronutrient deficiencies, particularly vitamin A, zinc, iodine, and iron deficiencies.[5] Micronutrient deficiencies, combined with stunting, diminish opportunities for healthy physical and cognitive development.[2] The immediate effects of micronutrient deficiencies are maternal and infant morbidity and mortality while deficiencies in iodine, iron, and zinc in early childhood can have lasting negative ramifications on childhood development and impaired school performance.[6-7] Nutritional anemia, caused by deficiencies in iron and other micronutrients, as well as other factors (e.g., parasites), is one of the most widespread and dangerous nutrition-related conditions. Anemia during pregnancy can cause pre-term births, low birth weights, and developmental delays in children, and increases a woman's risk of hemorrhage and death. In 2011, an estimated 19 percent of pregnant women and 18 percent of children under five suffered from iron deficiency anemia.[2]

Many countries now suffer from the double burden of malnutrition: a continuing prevalence of under-nutrition among children under five and increasing rates of adult, adolescent, and child over-nutrition.[8] In 2011, an estimated 43 million children under five were overweight – a 54 percent increase from an estimated 28 million in 1990; nearly 75 percent of these children lived in lower middle income countries.[3] Prevalence of maternal overweight has steadily increased since 1980 and exceeds prevalence of maternal underweight in all regions.[2] Levels of obesity and related non-communicable diseases are rising in virtually all countries of the world.[9]

CAUSES AND CONSEQUENCES OF MALNUTRITION

The determinants of malnutrition are multifaceted, ranging from individual health status; to household access to safe, nutritious, and diverse foods; to water, sanitation, and hygiene (WASH); to feeding and caring practices; to family size and birth intervals.[10] The most immediate causes of under-nutrition in children are insufficient energy and other nutrient intake combined with infectious diseases, especially diarrhea.[1-2] Adequate nutritional status is a balance between nutrient intake and nutrient losses associated with infections and other health problems. Fundamental to these basic determinants is a complex array of underlying determinants including gender equality and women's empowerment, early marriage/child marriage, education, and environmental, sociocultural, economic, demographic, and political factors (Figure 1: USAID Multi-Sectoral Nutrition Conceptual Framework).

Malnutrition contributes significantly to maternal and child mortality, decreases resistance to infectious diseases and prolongs episodes of illness, impedes growth and cognitive development, threatens resilience, and negatively impacts countries' human capital and economic growth. Efforts to address early childhood malnutrition are essential to breaking the cycle of poverty and facilitating development. The damage caused by under-nutrition, especially during the 1,000 day window of opportunity, may be irreversible.[1] Women who are undernourished before or during pregnancy are at an increased risk of mortality and their children are at greater health risk.[1,11] Under-nutrition impairs cognitive, socio-emotional, and motor development, which leads to lower levels of educational attainment, reduced productivity later in life, lower lifetime earnings, and slowed economic growth of nations.[1,4,12,13] Poor nutritional status makes people more vulnerable and less resilient in times of emergencies. It robs the developing world of critical human capital and capacity and undermines development investments in health, education, and economic growth.[14]

Proper growth and development early in life is critical for the prevention of overweight and obesity and nutrition-related non-communicable diseases later in life.[15] Maternal overweight and obesity can result in increased maternal morbidity and infant mortality. Early fetal and childhood under-nutrition followed by excessive weight gain later in childhood have been shown to increase risk of nutrition-related non-communicable diseases.[13] Childhood overweight increases the risk of obesity, diabetes, and other nutrition-related non-communicable diseases throughout the lifecycle.[2,13]

THE 1,000 DAY WINDOW OF OPPORTUNITY

The 1,000 days from pregnancy to a child s second birthday is the most critical time for positive impact on a child s cognitive, intellectual, and physical development. Good nutrition in the first 1,000 days lays the foundation for health, development, and even prosperity for the next generation.

EVIDENCE FOR INTERVENTIONS AND APPROACHES

Effective interventions must reach across disciplines to address the multi-factorial determinants of malnutrition. In the past, many nutrition initiatives have been vertical programs implemented through isolated delivery systems; however, there has been a recent recognition that multi-factorial causation is best addressed with multi-sectoral interventions.[16] Gender equality and empowerment of women are critical to achieve nutrition objectives. Evidence has shown that when women are empowered, educated, and can earn and control income, infant mortality declines, child health, nutrition, and development improve, agricultural productivity rises, population growth slows, economies expand, and cycles of poverty are broken.[17] Applying a gender lens on all nutrition programs is crucial for successful interventions.

TYPES OF NUTRITION INTERVENTIONS[18]

Nutrition specific: address the immediate determinants of malnutrition

Nutrition sensitive: address the underlying and systemic causes of malnutrition

Timely **nutrition-specific** interventions, at critical points in the lifecycle, can have a dramatic impact on reducing malnutrition globally if taken to scale in high-burden countries. If scaled to 90 percent coverage, it is estimated that 10 evidence-based, nutrition-specific interventions could reduce stunting by 20 percent and severe wasting by 60 percent:[4]

- Management of severe acute malnutrition
- Preventive zinc supplementation
- Promotion of breastfeeding
- Appropriate complementary feeding
- Management of moderate acute malnutrition
- Periconceptual folic acid supplementation or fortification
- Maternal balanced energy protein supplementation
- Maternal multiple micronutrient supplementation[iv]
- Vitamin A supplementation
- Maternal calcium supplementation[iv]

In addition, effective prevention and management of infectious diseases can also decrease the harmful effects of illness on nutritional status.[2,4]

Nutrition-specific interventions alone will not eliminate under-nutrition; however, in combination with **nutrition-sensitive** interventions, there is enormous potential to enhance the effectiveness of nutrition investments worldwide.[4] Emerging evidence shows the opportunities for nutrition impact with a number of nutrition-sensitive interventions, including:

- Family planning: healthy timing and spacing of pregnancy
- Water, sanitation and hygiene (WASH)
- Nutrition-sensitive agriculture
- Food safety and food processing
- Early childhood care and development
- Girls' and women's education
- Economic strengthening, livelihoods, and social protection

iv. USAID is exploring the best ways to incorporate maternal multiple micronutrient supplementation and optimal calcium supplementation in our programs.


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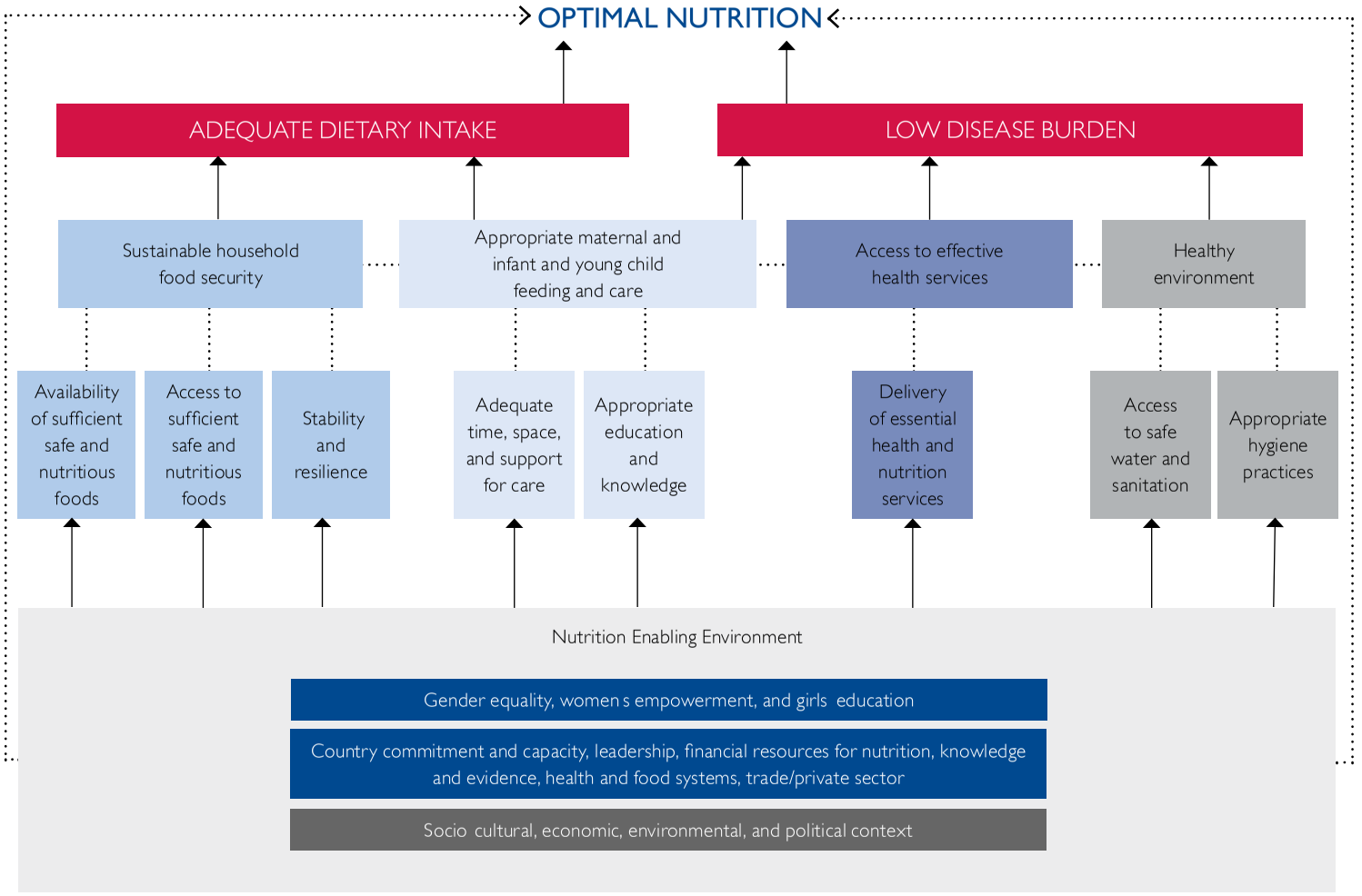
CONCEPTUAL FRAMEWORK

The USAID Multi-Sectoral Nutrition Conceptual Framework, adapted from UNICEF[15] and the 2013 Lancet Series on Maternal and Child Nutrition,[2] presents a positive causal pathway to achieving optimal nutrition. It stresses the multifaceted basic and underlying determinants for successful nutrition and ultimately health, human development and growth, educational, and economic outcomes. The Framework provides a greater emphasis on the enabling environment than ever before – highlighting the need to support country nutrition leadership and capacity, financial resources, gender equality, women's empowerment, and girls' education, private sector, knowledge and evidence base, and basic systems that are necessary for sustainability. The multi-sectoral nutrition-specific and -sensitive interventions and services on the right of the framework show the critical actions based on the framework to achieve optimal nutrition. This framework has guided the development of the Results Framework and should serve as a tool for coordinated, multidisciplinary programming that is expected over the course of the Strategy.

FIGURE 1: USAID MULTI-SECTORAL NUTRITION CONCEPTUAL FRAMEWORK

Adapted from UNICEF, 2013[15] and Black et al., 2013[2]

↓ Morbidity & Mortality
↑ Adult Stature
↑ Cognitive, Motor, and Socio-Emotional Development
↓ Obesity
↑ School Performance and Learning Capacity
↑ Work Capacity/Productivity



ILLUSTRATIVE EXAMPLES

- Agriculture Production/Income Generation for Dietary Diversity
- Food Processing
- Postharvest Storage
- Food Fortification
- Targeted Livelihood Activities
- Risk Mitigation Interventions
- Social Protection and Safety Nets
- Biofortification

- Early, Exclusive, and Continued Breastfeeding
- Appropriate Complementary Feeding
- Feeding During Illness
- Dietary Diversity for Pregnant and Lactating Women and Children
- Maternal Supplementation
- Caregiver Support and Protection
- Early Child Care and Development

- Treatment of Acute Malnutrition
- Micronutrient Supplementation or Fortification
- Nutrition Management of Diseases
- Prevention and Treatment of Infectious Diseases
- Family Planning and Reproductive Health Services
- Deworming in Children
- Nutrition Assessment and Counseling

- Safe Water Sources
- Sanitation Facilities
- Hand Washing with Soap
- Clean Family Living Environment
- Safe Food Handling

- Nutrition Advocacy
- Nutrition Resources Mobilization
- Multi sectoral Coordination
- Human Resources for Nutrition
- Gender Sensitive Interventions
- Accountable Policies that Enable Participation and Transparency
- Systems: Quality Improvement/ Quality Assurance, Management, Financial, Logistics, Monitoring and Evaluation, Nutrition Surveillance

PHOTO BY FINTRAC INC.

RESULTS FRAMEWORK

Given the consequences of malnutrition on health, physical growth, cognitive, social-emotional, and motor development, intellectual performance, and earning potential, nutrition is fundamental to, and a strong indicator of, USAID achieving its wider mission to reduce poverty. The goal of USAID's nutrition-related efforts, therefore, is to **improve nutrition to save lives, build resilience, increase economic productivity, and advance development.**

The Results Framework provides the basis for measuring USAID's contribution and accountability to this goal and translating it into feasible activities and tangible outcomes. In order to define and measure its approach to achieving the goal, USAID's Strategic Objective is to **scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts.** This Nutrition Strategy lays out four Intermediate Results with the first three focusing at country level while the fourth encompasses global-level activities. Women and girls face multiple barriers (e.g., education, economic empowerment, political participation, access to basic health services) that have a strong impact on nutrition; they are usually the primary caregivers and are heavily involved in agriculture production and other economic activities. Therefore, each Intermediate Result includes activities that address gender equality and female empowerment as described in USAID's Gender Equality and Female Empowerment Policy of 2012. USAID will develop a list of indicators to support this Results Framework. Minor adjustments may be made to the Results Framework as part of that process.

USAID NUTRITION STRATEGY RESULTS FRAMEWORK GOAL

Improve nutrition to save lives, build resilience, increase economic productivity, and advance development

STRATEGIC OBJECTIVE

Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts

INTERMEDIATE RESULT 1

Increased equitable provision and utilization of high-quality nutrition services

- 1.1 Increased timely delivery of critical services before and during humanitarian crises
- 1.2 Increased availability of and access to high-quality nutrition-specific services and commodities
- 1.3 Increased availability of and access to high-quality nutrition-sensitive services and commodities
- 1.4 Improved social and behavior change strategies and approaches for both nutrition-specific and nutrition-sensitive activities

INTERMEDIATE RESULT 2

Increased country capacity and commitment to nutrition

- 2.1 Increased professional and institutional capacity
- 2.2 Increased political will and resources for nutrition programs
- 2.3 Increased stakeholder engagement around national nutrition goals
- 2.4 Improved systems to plan, manage, and evaluate nutrition programs

INTERMEDIATE RESULT 3

Increased multi-sectoral programming and coordination for improved nutrition outcomes

- 3.1 Increased joint planning across humanitarian and development sectors
- 3.2 Strengthened coordinated multi-sectoral programming and planning among nutrition stakeholders within the U.S. Government and at the country level
- 3.3 Strengthened engagement with the private sector to improve nutrition

INTERMEDIATE RESULT 4

Increased nutrition leadership

- 4.1 Improved global coordination among donors, international organizations, partner countries, and other stakeholders addressing nutrition
- 4.2 Strengthened and expanded nutrition evidence base
- 4.3 Increased generation of innovative practices and technologies
- 4.4 Increased application of evidence-based approaches and innovation, including use of technology

PHOTO BY AMY COTTER, USAID

INTERMEDIATE RESULT 1: INCREASED EQUITABLE PROVISION AND UTILIZATION OF HIGH-QUALITY NUTRITION SERVICES

USAID seeks to accelerate reductions in malnutrition – particularly chronic and acute under-nutrition in young children and malnutrition in adolescent girls and women of reproductive age – by increasing the equitable provision and utilization of high-quality nutrition services. Both nutrition-specific and nutrition-sensitive interventions are necessary to further impact and reduce malnutrition.[18]

USAID will strengthen service delivery systems to ensure timely and equitable delivery of services for all vulnerable populations. USAID will work with countries and across different sectors to achieve large-scale, sustainable nutrition impact and ensure quality of services as a primary determinant of ultimate effectiveness and impact. All nutrition programs will consider the key roles of girls and women and focus activities that target women's nutrition for their own health. USAID will support the social and behavior change strategies and approaches that are essential components of nutrition-specific and -sensitive activities.

1.1 INCREASED TIMELY DELIVERY OF CRITICAL SERVICES BEFORE AND DURING HUMANITARIAN CRISES

USAID recognizes the significance of malnutrition as a contributing factor to, and consequence of crises; and good nutrition as a mechanism to mitigate the scale and impact of a disaster. Early intervention with critical nutrition services and disease control in humanitarian emergencies can avert excess mortality, decrease vulnerability to future shocks, and ensure a more timely return to development following a crisis. There is a growing recognition that more sustainable approaches to preparedness, including strengthening national systems (e.g., commodity logistics, early warning, nutrition surveillance) as well as national contingency plans are necessary to ensure timely delivery of services during emergencies. Refer to USAID's Building Resilience to Recurrent Crisis Policy of 2012 for more information.

Illustrative Actions:

- Strengthen early warning systems by including food security and nutritional assessments
- Strengthen emergency nutrition preparedness and the capacity of government agencies and local NGOs to respond to early warning information about potential shocks
- Pre-position specialized nutrition products and increase access to treatment of acute malnutrition, including provision of therapeutic and supplementary foods and safe drinking water, and link to preventive programs
- Support the timely distribution of commodities, cash and vouchers, and complementary services during emergencies to prevent and treat malnutrition
- Support infant and young child nutrition emergency principles, including breastfeeding support, WASH, and access to other critical services

1.2 INCREASED AVAILABILITY OF AND ACCESS TO HIGH-QUALITY NUTRITION-SPECIFIC SERVICES AND COMMODITIES

Increased availability of, and access to, high-quality nutrition-specific services and commodities are essential to address the immediate determinants of malnutrition and ensure optimal child growth and development and women's nutrition. The 2013 Lancet Series on Maternal

and Child Nutrition examined a range of nutrition interventions across the lifecycle for evidence of benefit on maternal and child nutritional status and reductions in mortality.[4] USAID will focus its efforts on these evidence-based nutrition interventions with the primary targets of pregnant and lactating women and children under two. Recognizing challenges to effective scale up, USAID will ensure the quality of services will be maintained and improved across sectors as coverage increases. In particular, the health sector delivers the majority of nutrition-specific services, which must be strengthened at both the community and facility levels.

Community management of acute malnutrition (CMAM), a proven community-based approach to manage acute malnutrition, decreases morbidity and mortality from malnutrition, micronutrient deficiencies, and health conditions exacerbated by malnutrition.[15] Intervening when a child is moderately malnourished prevents progression to severe acute malnutrition, decreasing the risk of mortality. Linking CMAM with other nutrition promotion services is important to prevent all forms of under-nutrition and reduce the overall caseload of malnourished children.

Infectious diseases and malnutrition interact in a vicious cycle; diseases such as diarrhea, HIV, malaria, and tuberculosis have particularly egregious effects on health and nutritional status.[19] Effective prevention and management of infectious diseases will decrease the harmful effects of illness on nutritional status including fetal growth restriction, poor growth during childhood development, poor nutrients absorption, and micronutrient deficiencies, including those contributing to anemia. Effective infectious disease treatment outcomes depend on appropriate nutrition care.[4]

Illustrative Actions:

- Improve women's nutrition services and counseling during reproductive, antenatal, and postpartum care especially in relation to anemia prevention and treatment, adequate dietary quality and weight gain during pregnancy, maternal nutrition during lactation, and address the special challenges of adolescent pregnancies and pregnancy and lactation among women infected with HIV
- Promote improved infant and young child feeding (IYCF) and care practices, with an emphasis on immediate initiation of breastfeeding after birth, exclusive breastfeeding for six months, and continued breastfeeding and appropriate complementary feeding combined with developmental stimulation and ensure proper IYCF guidance for HIV-infected mothers and exposed infants
- Provide food support in food insecure areas to pregnant women, particularly in the last trimester of pregnancy, and appropriate complementary foods to children 6-24 months
- Scale up micronutrient supplementation and food fortification, including iodine, vitamin A, iron, and folic acid

NUTRITION'S ROLE IN ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

Ending Preventable Child and Maternal Deaths is a priority for USAID's health programs. Adequate nutritional status during pregnancy and lactation is fundamental to maternal and child health and survival. Moderate to severe anemia during pregnancy increases a woman's risk of postpartum hemorrhage during and after childbirth, the leading cause of maternal mortality in low-income countries.[20] Babies born too soon (preterm) and/or too small (low birth weight and small for gestational age) are at increased risk of dying. Suboptimal breastfeeding contributes to more than 800,000 child deaths annually. Nutrition is an underlying factor in up to 45 percent of child deaths.[2] In 2012, an estimated 2.9 million newborns died worldwide during the first 28 days of life, representing 44 percent of under-five deaths.[21]

- Increase availability and access to nutrition assessment, counseling, and support (NACS) at community and facility levels
- Support the prevention of overweight, obesity, and nutrition-related non-communicable diseases in children, adolescents, and adults through improved nutrition practices
- Prevent and manage infectious diseases through deworming, malaria control, zinc therapy and oral rehydration salts for diarrhea, access to safe water, hand washing with soap, appropriate excreta disposal, and adequate care and feeding of sick children
- Support national CMAM policies and programs to improve early screening of acute malnutrition at the community level

1.3 INCREASED AVAILABILITY OF AND ACCESS TO HIGH-QUALITY NUTRITION-SENSITIVE SERVICES AND COMMODITIES

Nutrition-sensitive services and commodities impact the underlying economic, socio-cultural, environmental, and resource availability factors that affect nutritional status. Nutrition-sensitive interventions have the potential for significant, positive nutritional impact if they have explicit nutrition objectives, empower women, and target poorer households.[18] With a gender-sensitive lens, USAID will work across sectors and with public and private partners to scale up nutrition-sensitive services appropriate to local needs and contexts.

Agriculture and Food Security

Investments in agriculture have demonstrated positive impact on poverty alleviation, food insecurity, and malnutrition especially since 75 percent of the world's poor are rural and working in agriculture.[22-24] Several pathways have been identified showing how nutrition-sensitive agriculture interventions can more directly impact nutrition and food security.[18] Most prominent are investments that target poorer households, increase food production for consumption, and increase women's empowerment, including for assets, use of time, and income. Dietary diversity is an important contribution of agriculture to improve the nutrient quality of food available to rural and urban consumers. USAID will identify criteria to endorse agricultural programs as nutrition-sensitive; criteria will include explicit nutrition objectives.

Illustrative Actions:

- Invest in improved agricultural techniques (more productive pest-resistant, and drought-resistant varieties) that safely and sustainably increase production and consumption of nutrient-dense foods
- Diversify agriculture and livestock production to improve household consumption of a variety of safe and nutritious foods
- Invest in value chains and food security activities that preferentially provide income generation for women
- Increase access for women to extension services, credit, and production inputs as well as assistance to address barriers to women's land ownership
- Embed nutritional and hygiene messages in agriculture extension services along value chains and behavior change activities to increase demand for nutrient-dense foods
- Promote private sector partnerships that channel inputs, services, and technology to farmers and herders, and enhance food production and marketing systems to increase access to safe and nutritious foods
- Reduce postharvest losses and seasonality of food insecurity to increase food availability

Economic Strengthening, Livelihoods, and Social Protection

Poverty, food insecurity, and nutritional well-being are intricately linked.[25] Vulnerable groups living in poverty often cannot access sufficient nutritious foods, education, and health services. Shocks that lead to severe food shortages and/or high food prices can quickly plunge already struggling families into destitution and cause high rates of malnutrition.[26] When linked to health care and other social services that enhance nutrition outcomes, economic strengthening and livelihoods interventions (e.g., employment generation, vocational training, micro-credit) that effectively target vulnerable populations can build their resilience to shocks, improve food security, and prevent spikes in malnutrition.

Social protection and provision of services, such as food/cash transfers and school feeding—targeted to vulnerable groups – can increase incomes and strengthen resilience through asset protection.[27] When integrated into existing health services, some cash transfer programs have been shown to improve linear growth, reduce anemia, and increase dietary diversity and consumption of nutrient-dense foods especially among low-income households with infants and children.[28-29]

Illustrative Actions:

- Strengthen community services to support vulnerable individuals and families, including employment, income generation, microfinance and savings-led microfinance, enterprise development, and child care and development programs
- Establish systems that assess individual and family needs and capacity, and refer them to appropriate and effective economic strengthening and livelihood support services available to their communities
- Incorporate nutrition objectives into social safety net programs for development and humanitarian assistance programs
- Support the use of conditional cash and food transfers, and other assistance such as cash/ food assets, food vouchers, and support for inputs such as vegetable seeds, small livestock for ultra-poor and highly vulnerable groups to improve their nutritional status and livelihood, particularly in times of humanitarian disaster
- Promote livelihoods opportunities that promote gender equity in combination with achieving nutrition objectives
- Embed nutritional messages in relevant economic strengthening and livelihoods programs

Food Safety

Food safety, including hygienic food preparation, storage, processing, and environmentally appropriate production, reduces harmful pathogens and other toxic substances that impact health and nutrition.[30] Consumption of mycotoxins, including aflatoxin (poisons made by fungi that grow on crops), is associated with child stunting and can cause poor immune function or even death.[31] Food contamination caused by inadequate food handling and/or contaminated water transmitting microorganisms (e.g., Salmonella, E. coli bacteria) causes

PHOTO BY L NDSAY SEUC

significant morbidity and mortality around the world.[32] Frequent diarrheal illness is a major cause of acute malnutrition and contributes to chronic under-nutrition.[33] As populations grow and rely on food produced and processed by others, it is essential to strengthen food safety control systems with strong regulations and laboratory and enforcement capacity to help ensure a safe and nutritious food supply (see Intermediate Result 2).

Illustrative Actions:

- Promote sustainable food production, processing and storage systems, and behaviors that prevent mycotoxins in foods and animal feeds
- Monitor and ensure safe levels of pesticides and other chemicals used in agriculture
- Strengthen food supply chain infrastructure and capacity to ensure high-quality, safe food with regard to storage, cold chain, logistics, and food waste
- Implement Good Agricultural Practices and Good Manufacturing Practices to reduce risks associated with fresh fruits and vegetables and animal source foods

Water, Sanitation, and Hygiene (WASH)

Access to and use of safe water, sanitation facilities, and good hygiene have the potential to positively impact nutritional outcomes by addressing both the direct and underlying causes of malnutrition.[34] Essential WASH actions, including hand washing with soap, treatment and safe storage of drinking water, and sanitary disposal of human feces, have been shown to effectively reduce the prevalence of diarrhea, a major contributor to child malnutrition.[34-37] Lack of sanitation in particular is strongly correlated with stunting, and even in absence of diarrhea, a fecal-contaminated environment is linked to environmental enteropathy.[38]

Essential food hygiene actions include maintenance of a clean food preparation area, separation of raw and cooked foods, cooking foods thoroughly, storing food safely (time, temperature, covered containers), and use of safe water and fresh raw ingredients.[39] Essential environmental hygiene actions include use of pot drying racks, covering prepared foods, and clean play spaces to prevent infants and young children from ingesting feces.

Illustrative Actions:

- Promote and facilitate increased access to and use of safe water supply and sanitation and the key hygiene practices
- Jointly promote essential WASH, food and environmental hygiene, and nutrition actions in community and facility-based nutrition assessments, counseling, and education
- Promote increased availability and affordability of essential commodities to facilitate hygiene practices (e.g., water treatment products, soap, hand washing stations, sanitation options)
- Develop multiple use water systems that provide water for both domestic (e.g., drinking water) and productive uses (e.g., to support crops and livestock for income generation)

Family Planning and Reproductive Health

Healthy timing and spacing of pregnancies helps ensure good nutrition for women and their children.[40-41] For infants and children under five, healthy timing and spacing of pregnancies decreases the risk of neonatal mortality, preterm births, small for gestational age, and low birth weight, and allows for exclusive and continued breastfeeding until at least 24 months.[42-43] Exclusive breastfeeding in the first six months after birth not only protects the infant from becoming malnourished, it also meets the mother's contraceptive needs if she practices the lactational amenorrhea method.[44] For mothers, increased birth intervals reduce the risk of iron deficiency anemia and maternal mortality and provide women with enough time to physically prepare for the next pregnancy.[42] Adolescent mothers are especially vulnerable to negative impacts that early pregnancy can have on their health and nutritional status, as well as that of their babies.[45] Key determinants of adolescent pregnancy include early marriage, sexual coercion, and lack of access to and use of contraception.[46]

Illustrative Actions:

- Integrate nutrition and family planning information and counseling into facility- and community-based services, and access to commodities

- Develop methods to increase access to a range of contraceptive methods to women and couples prior to pregnancy and within antenatal, postpartum, and early childhood efforts
- Provide counseling and access to services that inform and enable high parity populations and postpartum women to delay the next pregnancy until 24 months after a live birth
- Support efforts to prevent child marriage and adolescent pregnancy by supporting activities such as keeping girls in school, educating communities, and strengthening access to contraceptives for sexually active youth

Education and Early Child Care and Development

Sustainable development depends on ensuring the optimal health, growth, and development of young children, beginning prenatally and continuing at least through school entry. Chronic under-nutrition is associated with delayed school entry, early school termination, poor school performance, and reduced work capacity.[51] Few societies have achieved high and sustained rates of economic growth or significantly reduced poverty without expanding access to quality education.[15] A mother's education is a better predictor of young children's health and nutrition than land ownership, household assets, or a father's education.[52] Ensuring children enter school fully able to learn will protect families' and societies' educational investments and create opportunity for a healthy lifecycle.

Illustrative Actions:

- Integrate child development components into nutrition-specific and -sensitive services, including actions to promote protective and responsive caregiving and feeding, stimulation, and caregiver-child attachment
- Increase equitable and sustainable access to education, especially for girls, including during periods of conflict and emergency
- Promote awareness around the negative immediate and long-term effects of gender discriminatory practices on childhood nutrition and access to education

1.4 IMPROVED SOCIAL AND BEHAVIOR CHANGE STRATEGIES AND APPROACHES FOR BOTH NUTRITION-SENSITIVE AND NUTRITION-SPECIFIC ACTIVITIES

Improved social and behavior change (SBC) strategies and approaches are essential for increasing optimal nutrition practices, demand for services and commodities, and ultimately, increasing utilization of services. Effective behavior change approaches must support activities that target women's nutrition for their own health, as well as their children's health while addressing the complex determinants that lead to improved behaviors. SBC also must target other family members including elders, men, and school children, along with community leaders and change agents, in order to reinforce consistent behaviors and promote healthy food, WASH, and nutrition practices. USAID grounds its SBC

LACTATIONAL AMENORRHEA METHOD (LAM)

LAM is a modern, postpartum, temporary family planning method that supports improved breastfeeding, while at the same time providing family planning protection for mothers to extend birth intervals, thus promoting both maternal and child survival.[47] When appropriately used, LAM is more than 98 percent effective against pregnancy for up to six months after birth and often facilitates the transition to other family planning methods.[48-49] The three criteria for LAM effectiveness are: 1) The baby is "only/exclusively breastfed," meaning the woman breastfeeds her baby day and night and does not give any other food, water or liquids (except for medicine, vitamins, or vaccines); 2) The woman's menstrual bleeding has not returned since her baby was born; and 3) The baby is less than six months old.[50] These conditions can be taught as part of breastfeeding education.

programs using formative research to systematically identify barriers to behavior change and to identify appropriate targeting, communications, training, and legislative actions to effectively change harmful practices and encourage sustainability of positive ones.

Illustrative Actions:

- Strengthen SBC interventions based on formative research on consumer and household preferences, needs, and barriers to changing behaviors
- Create positive social norms that reinforce desired behaviors working at national, regional, and local levels
- Strengthen community involvement, financing, and multiple product choices to promote improved practices
- Encourage the private sector to create socially responsible advertising to increase demand of nutrition commodities and services
- Scale up community- and clinical-based nutrition interventions including nutrition education and one-on-one nutrition counseling, care groups, and mother support groups
- Ensure availability, accessibility, and sustainability of promoted commodities and services that facilitate improved behaviors

INTERMEDIATE RESULT 2: INCREASED COUNTRY CAPACITY AND COMMITMENT TO NUTRITION

Advancing nutrition in countries requires capable human resources, effective institutions, and functional systems to plan, manage, and evaluate programs. Strong country commitment and government leadership along with the active engagement of communities, the private sector, and civil society are essential for achieving and sustaining nutrition outcomes.[55-59]

USAID will support the development of strong human and institutional capacity in nutrition to create well-educated cadres of nutrition professionals, who have scientific backgrounds and competencies to provide strategic leadership at local, regional, and national levels. USAID will strengthen essential country systems that assure good governance, resource tracking and accountability, as well as effective management and delivery of services at national, regional, and local levels. Ensuring capacity within communities to provide leadership and management of nutrition-related activities is also fundamental.

The commitment of country leadership to nutrition at all levels, including larger and sustained resource allocations for nutrition, is essential to creating and sustaining momentum and for conversion of that momentum into results on the ground.[24,57,59,60] Building national, cross-sectoral, multi-stakeholder

COMPLEMENTARY FEEDING

In the USAID ADS 212 guidance, complementary feeding is defined as "the appropriate addition of other foods while continuing breastfeeding, starting at about six months," based on the infant's developmental readiness. WHO and UNICEF recommend that "all mothers should have access to skilled support to initiate and sustain exclusive breastfeeding for six months and ensure the timely introduction of adequate and safe complementary foods with continued breastfeeding up to two years or beyond."[53]

Complementary feeding should include a variety of nutrient-rich foods given in amounts, frequency, and consistency to cover the nutritional needs of the growing child, but not in a manner to undermine breastfeeding, as human milk remains the optimal infant and young child food. Foods should be prepared and given in a safe manner. The 6-11 months period is an especially vulnerable time as infants are learning to eat and must be fed patiently.[54]

commitment to nutrition will foster coordination across government ministries, promote public-private partnerships, build country capacity, set strong policy foundations, and increase the ease and likelihood of being able to expand availability and utilization of nutrition services.

USAID will continue to promote strong country commitment to nutrition, investing in the development and implementation of country policies, strategies, and systems for nutrition, multi-stakeholder engagement, and effective regulatory standards and norms. Support to and engagement of the private sector including the food industry, WASH products and services, telecommunications, pharmaceutical, and delivery of quality nutrition services are important components of reinforcing country capacity.

2.1 INCREASED PROFESSIONAL AND INSTITUTIONAL CAPACITY

Increasing the number and quality of nutrition professionals[v] across all sectors and enhancing the technical knowledge and skills of these professionals are critical to improving the quality of nutrition services.[61] The expansion of professionals and frontline workers should include measures to ensure that women have the opportunity and ability to gain the knowledge and skills needed to join the nutrition workforce. Nutrition modules with robust content and up-to-date evidence base must be an integral part of the curricula in medical, nursing, and agricultural educational institutions, as well as certificate programs for frontline community workers. Higher learning institutions that support professional training in nutrition across sectors, as well as the overall systems for training, recruitment, deployment, and retention of competent professionals need to be strengthened to help create leaders and researchers for nutrition innovation and technological advances. Pre-service education and in-service training for nurses, doctors, agricultural technicians, and frontline workers should include up-to-date practical nutrition information and needed competencies.

Illustrative Actions:

- Develop an equitable human resources plan, that engages women and minorities, to address gaps related to the number and skills mix of nutrition professionals and technicians within key sectors at each relevant level
- Strengthen academic institutions' capacity to anticipate national technical gaps and develop appropriate

v. Such as public health nutritionists, clinical nutritionists/dieticians, nutrition educators, food technologists, and food safety specialists who have the scientific background and competencies to provide strategic leadership for nutrition

curricula to meet needs in nutrition-related sectors through degree programs at all academic levels

- Strengthen country and regional research capacity to set research agendas and conduct research on relevant nutrition issues
- Support pre-service education in medical and agricultural institutions and in-service technical training for frontline workers (e.g., agriculture, health, and community extension workers) implementing nutrition actions
- Train facility-based staff in quality assurance and quality improvement methodologies
- Assess and strengthen managerial competencies at all levels within key programs and systems in relevant sectors

2.2 INCREASED POLITICAL WILL AND RESOURCES FOR NUTRITION PROGRAMS

Political will is a key component of a strong enabling environment for nutritional improvement within a country.[56, 57, 62] Three factors shape enabling environments: knowledge and evidence, politics and governance, and capacity and resources.[60, 63] National governments must prioritize nutrition and demonstrate their commitment with policies, human and financial resources, and legal frameworks including equitable rights. Political will must be reflected through financial support, particularly in national budgets and at sub-national levels in decentralized contexts.

Beyond the central level, empowering regional and local leaders and building community capacity are critical for effective multi-sectoral nutrition actions in communities.[56] Civil society engagement is also essential both from a demand perspective and as a channel for accountability to ensure that the government meets its commitments.[59, 64]

Illustrative Actions:

- Engage the highest levels of country leadership to build national and inter-ministerial political will for nutrition
- Support development of policies that protect and support women
- Develop community and sub-regional capacity for collaborative multi-sectoral nutrition actions
- Develop U.S. Government advocacy strategies to provide consistent messages to government and other nutrition stakeholders about the importance of nutrition
- Develop country capacity to cost nutrition programs and track resources
- Support the expansion of legal frameworks to promote nutrition interventions (e.g., fortification, food safety) including monitoring and enforcement
- Support country-led nutrition policies and strategies to reach nutrition goals in collaboration with the Scaling Up Nutrition (SUN) movement
- Include nutrition on the agenda of high-level bilateral, multilateral, and international events
- Advocate for national budget increase of nutrition programs
- Analyze the benefits of investing in nutrition and the opportunity cost of not investing to inform policy decisions

2.3 INCREASED STAKEHOLDER ENGAGEMENT AROUND NATIONAL NUTRITION GOALS

Malnutrition is inextricably connected to food and agriculture, education, economics, and the environment; a problem of such magnitude requires the engagement of multiple stakeholders, beyond governments alone.[65, 66] An engaged and active civil society can hold governments and nutrition implementers accountable on nutrition goals and targets. Empowerment and engagement at the community level can increase demand for better services and social equity. The actions of the private sector have profound influence on nutritional outcomes; it can play a pivotal role by utilizing its technology, financial resources, expertise, and strategic management capacity to significantly contribute to improved nutrition outcomes.

Illustrative Actions:

- Build civil society capacity for nutrition advocacy, programming, and implementation
- Support local CSO consortia to develop accountability reports on country nutrition financing, program coverage, and nutrition outcomes

- Support the formation and increase the capacity of key organizations that engage in nutrition, such as women's organizations, farmer's associations and cooperatives, and education groups
- Support and participate in SUN-related "Investor Reviews" of national nutrition plans that are inclusive of all stakeholders

2.4 IMPROVED SYSTEMS TO PLAN, MANAGE, MONITOR, AND EVALUATE NUTRITION PROGRAMS

Critical to the effectiveness of programs across sectors are key systems that support human resources and financial management, quality assurance and improvement approaches, good governance, as well as the timely delivery of services.[67] At the national, regional, and local levels, systems should be in place that support planning across sectors, strong accountability of resources, and transparency of decision making.

Nutrition surveillance systems that compile and make available nutrition-related data, including early warning information in a timely fashion, are essential in both humanitarian situations and development contexts.[60, 68] Instilling a culture of data analysis and use for decision-making, knowledge management and sharing, and improved performance and learning is an important contribution to building sustainable, evidence-based programs and systems.

A functional national food safety system is essential to ensure a safe and nutritious food supply by allowing the application and implementation of required norms and standards along the production supply chain. Regulatory capacity and enforcement of standards will promote sustainability, quality, and accountability at all levels.

Illustrative Actions:

- Enhance national information, early warning and nutrition surveillance, and knowledge management systems in coordination with government, United Nations agencies, and other stakeholders
- Establish and enforce nutrition-sensitive and nutrition-specific policies, regulations, standards, and norms

NUTRITION ASSESSMENT, COUNSELING, AND SUPPORT

An important component of USAID's commitment to an AIDS-Free Generation, **Nutrition Assessment, Counseling, and Support (NACS)** improves the continuum of health and nutrition care for adults and children by strengthening linkages between facility- and community-based services. NACS was initially developed and implemented with PEPFAR support in more than 16 countries to improve the nutritional status of people living with HIV/AIDS. NACS offers a comprehensive systems approach to prevention and treatment of malnutrition by integrating nutrition into health policies, strategies, programs, and routine health services. Its aim is to strengthen the capacity of the overall health system to provide strong nutrition services as an integral component of routine health care, while linking patients and families to community economic strengthening and livelihood support. Specifically, NACS has improved the training and supervision of health care workers to provide nutrition services in multiple health care programs. This approach has increased access to nutrition services, improved nutritional and clinical status among patients, improved adherence and retention in clinical care, and improved information systems and referral networks that have strengthened national health systems.

- Support quality assurance and quality improvement methodologies
- Support country financial planning, accountability, and resource tracking systems for nutrition programs
- Reinforce the capacity of governments to establish and manage regulatory control systems, including laboratory networks for food products to ensure compliance with international safety and quality standards
- Promote good governance, accountability, and transparency within the national food systems and enforcement of global standards

INTERMEDIATE RESULT 3: INCREASED MULTI-SECTORAL PROGRAMMING AND COORDINATION FOR IMPROVED NUTRITION OUTCOMES

Effective multi-sectoral coordination along with collaborative planning and programming across sectors at national, regional, and local levels are necessary to accelerate and sustain nutrition improvements.[18,24,61] Programming nutrition-specific and nutrition-sensitive interventions in the same geographic areas can also be effective to improve nutrition outcomes.[55,59,61]

USAID will strengthen country multi-sectoral coordination and promote the establishment of mechanisms and programs to jointly plan and program resources across sectors for nutrition results. In partnership with governments, other donors, and United Nations agencies, USAID will strive to bring together the necessary sectors to effectively improve nutrition in targeted areas. USAID will aim to expand linkages and joint planning between humanitarian assistance and development programs in order to build resilience, reduce the negative impacts of periodic or recurrent shocks, and improve economic and social opportunities for sustainable nutritional outcomes.[69]

3.1 INCREASED JOINT PLANNING ACROSS HUMANITARIAN AND DEVELOPMENT CONTEXTS

Humanitarian crises often occur cyclically in the same countries and local areas, affecting already vulnerable

PHOTO BY: REBECCA GOLDMAN, USAID

populations that lack adequate resources to protect themselves from economic, social, and climatic disasters. In order to assist these populations withstand recurrent crises, USAID's Resilience Policy calls for an approach that seeks to "layer, integrate, and sequence humanitarian relief and development assistance."[69] This approach calls on both humanitarian and development actors to increase their ability to respond quickly and effectively while also addressing and reducing risk. USAID will draw on its mandates to provide lifesaving humanitarian assistance and longer-term development assistance to promote resilience to protect and improve nutrition outcomes of at-risk populations. USAID aims to better coordinate humanitarian and development funding, making sure to target resources from both program streams to high-risk communities, while maintaining the integrity of both funding streams.

Illustrative Actions:

- Strengthen mitigation and resilience activities to improve nutrition outcomes at national, regional, and local levels
- Establish joint planning mechanisms between development and humanitarian assistance agencies at the country and/or regional levels, within U.S. Government and USAID, and among other nutrition stakeholders
- Intensify coordination and strategic planning of both humanitarian and development assistance programs

to target high risk communities, reduce vulnerabilities, and increase development opportunities

- Support joint assessments, gap analyses, and program reviews between inter-office teams in Washington and Missions
- Document best practices in transitioning emergency response to development opportunities

3.2 STRENGTHENED COORDINATED MULTI-SECTORAL PROGRAMMING AND PLANNING AMONG NUTRITION STAKEHOLDERS WITHIN THE U.S. GOVERNMENT AND AT THE COUNTRY LEVEL

In order to effectively coordinate multi-sectoral planning and programming for improved nutrition, many countries have established both programs and high-level, multi-sectoral nutrition coordination groups with representation from line ministries and, at times, from CSOs and the private sector. To be able to sufficiently respond to countries' nutrition needs, it is critical for coordination groups to have clear mandates, high-level commitment, adequate authority, and responsibility for monitoring and disseminating results of these efforts.[59, 61, 64] USAID will support country-led processes for multi-sectoral nutrition planning and programming at all levels in close collaboration with governments, donor partners, CSOs, and the private sector.

USAID multi-sectoral nutrition coordination groups, with membership across sectors and the U.S. Government are also necessary to effectively plan programs and optimize the use of resources. USAID will facilitate critical joint planning, programming, and funding across its programs in the same geographical area, where possible, to improve nutrition outcomes.

Illustrative Actions:

- Support the development and implementation of multi-sectoral programming funded and implemented in partnerships with other donors and host country governments
- Support the development and operations of multi-sectoral nutrition groups or agencies

BEST PRACTICE: USAID/GUATEMALA CO-LOCATES MULTIPLE SECTOR PROGRAMS IN GEOGRAPHIC AREAS WITH THE HIGHEST BURDEN OF STUNTING

Launched in 2012, the Western Highlands Integrated Program (WHIP) advances program integration in five priority departments. The premise is that parallel improvements in economic development, nutrition, food security, health, education, local governance, and adaptation to climate change will have more significant impacts on reducing poverty and chronic malnutrition. USAID/Guatemala is conducting an impact evaluation to test the validity of the hypothesis that integration of health and economic growth interventions is more effective than a single intervention.

To ensure collaboration and information sharing, the internal USAID WHIP Technical Working Group (TWG) was created with representation from Agriculture, Health, Environment, Local Governance, Food for Peace, Education, and the Program office. An expanded team includes USDA, Embassy, and Peace Corps representatives. The WHIP TWG plans, communicates, and coordinates activities within the Mission and with a corresponding integrated group of implementing partners to strengthen integration and effectiveness of resources. The group also coordinates closely with Government of Guatemala officials, other donors, and the private sector.

- Reinforce advocacy efforts for government and donor support of multi-sectoral nutrition planning, programming, and dissemination of results
- Strengthen planning and coordination for effective convergence of interventions in geographical areas, as appropriate, for increasing nutrition outcomes
- Establish USAID multi-sectoral nutrition action groups in USAID/Washington and in the field
- Strengthen and expand project and program learning associated with multi-sectoral activities

3.3 STRENGTHENED ENGAGEMENT WITH THE PRIVATE SECTOR TO IMPROVE NUTRITION

USAID recognizes that partnering with a wide range of private sector actors will be critical in furthering the objective of this strategy. This includes coordination and leveraging private and public sector resources to strengthen all parts of the food system, from small processors, to agribusiness, to food and beverage companies, to wholesale and retail sellers. Promoting positive partnerships with businesses small and large can increase the creation, availability, and access to safe and nutritious foods. Recognizing the increasing availability of commercial food options, USAID will endeavor to partner with the private sector on core business practices whenever possible in order to maximize the nutritional value of commercially viable products.

It is the role of governments to provide adequate information and technical assistance to the food industry to foster their compliance with national regulations and WHO and FAO standards, especially the Codex Alimentarius, to protect health of consumers, and to engage in public-private sector dialogue to ensure ethical marketing practices, including adherence to the Code of Marketing of Breast Milk Substitutes.

Illustrative Actions:

- Work with the private sector to develop stronger communications and marketing approaches in support of improved nutrition for mothers and children and increase demand for safe and nutritious foods
- Partner with the private sector to share and generate new knowledge on topics such as nutrition science, safe and nutritious product formulation, and behavior change
- Promote nutrition-sensitive value chains by working with private sector partners including agro processors and marketers
- Provide information and technical support to small and large businesses on food and nutrition regulations and support open dialogue between government officials and private sector actors to ensure compliance
- Foster local markets that will offer diverse, safe, nutritious, and affordable food products to consumers
- Expand food fortification initiatives where appropriate
- Promote the development of private sector research and development structures that enable innovation for healthy food systems and appropriate technology transfer
- Promote local production of therapeutic and supplementary foods that meet safety and quality standards for prevention and treatment of acute malnutrition

NUTRITION FOR GROWTH COMMITMENTS FOR 2020:

- Ensure that at least 500 million pregnant women and children under two are reached with effective nutrition interventions.
- Prevent at least 20 million children under five from being stunted.
- Save at least 1.7 million lives by reducing stunting, increasing breastfeeding, and through the treat ment of severe acute malnutrition.

INTERMEDIATE RESULT 4: INCREASED GLOBAL NUTRITION LEADERSHIP

USAID engages with the global nutrition community to improve strategic and technical coordination, develop a stronger evidence base to inform and ad-

dress global nutrition priorities, and support ongoing application of innovation and experiential knowledge to improve global policy, strategy and practice. The U.S. Government endorsed the Nutrition for Growth Compact, signed by more than 90 stakeholders in 2013, and committed to significant contributions toward global commitments by 2020 as a benchmark for the World Health Assembly targets of 2025. USAID will continue its participation in the Scaling Up Nutrition (SUN) movement. Together, these actions represent a roadmap to ensure that USAID-supported nutrition initiatives align with and contribute significantly to ongoing global and country-level efforts to improve nutrition for all.

A dynamic and diverse global nutrition community is working towards a vision bigger than what any one organization or sector can achieve alone. Thus, there is a clear need for coordination and collaboration among a wide spectrum of partners with diverse strengths and expertise, and clear systems for generating and applying evidence and learning across multiple regions and stakeholder groups, including U.S. and national governmental agencies, United Nations agencies, civil society, other donors, international organizations, academia, and the private sector. Evidence and knowledge must also be shared across multiple sectors and cross cutting areas.

4.1 IMPROVED GLOBAL COORDINATION AMONG DONORS, INTERNATIONAL ORGANIZATIONS, PARTNER COUNTRIES, AND OTHER STAKEHOLDERS ADDRESSING NUTRITION

Enhanced coordination and collaboration is critical to optimize synergies, increase resource availability and impact, and promote knowledge sharing and learning, which together will result in more effective global efforts to improve nutrition. This includes strategic engagement with stakeholders around policies, priorities, and effective program implementation, and collaboration among implementing partners for joint action and efficient responses.

Illustrative Actions:

- Actively participate in key global nutrition fora, such as the Scaling Up Nutrition movement
- Serve on and lead technical working groups, nutrition cluster groups, and steering committees
- Convene advisory groups around emerging issues in nutrition and related fields

4.2 STRENGTHENED AND EXPANDED NUTRITION EVIDENCE BASE

There is an ongoing need to identify nutrition-sensitive, nutrition-specific, and integrated interventions across multiple sectors that are most effective for achieving improved nutrition outcomes. There is a need to better understand why those interventions are, or are not, effective, how they may need to be adapted in different contexts for sustainable impact, and how to deliver them at scale, especially when responding to a humanitarian crisis. Availability of this evidence is essential to ensure that the interventions promoted through global nutrition leadership are state-of-the-art, provide the largest impact for the investment, and are most appropriate for widespread scale up.

Research to identify, test, improve, and adapt solutions is of central importance to USAID's work, as is understanding the factors that encourage and constrain the transfer of technology and the translation of research results into practice. USAID will continue its support for collaborative, multidisciplinary research programs and knowledge exchange to identify and vet promising emerging models and innovative practices and technologies. USAID will promote improved coordination between countries and global research efforts to ensure open communication and knowledge sharing about research conducted in countries.

Illustrative Actions:

- Prioritize research investments to fill identified evidence gaps through robust stakeholder engagement processes
- Document and disseminate models for effective implementation of integrated activities
- Disseminate research findings through journal articles, research briefs, presentations at USAID, international conferences, and other venues
- Synthesize and translate research findings for non-research audiences
- Promote Open Data processes to make data widely available for increased accountability

- Continue and expand support to critical sources of nutrition information, especially the Demographic and Health Surveys
- Conduct operational research to increase program effectiveness in areas such as multiple micronutrient supplementation for pregnant women and SBC
- Conduct operational and implementation research on nutrition linkages for WASH, family planning, and education

Examples of emerging research needs include:

- *Multi-sectoral nutrition programming:* to determine the impact of interventions across sectors on the nutritional status of vulnerable populations both in development and humanitarian contexts
- *Mycotoxin control and exposure:* to understand the causal pathways between mycotoxin exposure and nutritional outcomes and test, scale up, and evaluate methods to reduce exposure
- *Environmental enteropathy:* to determine its effects on malnutrition, particularly stunting, and the most effective interventions to address it
- *Household decision making:* to determine the factors, including underlying social and cultural norms and gender inequalities, that influence food production, purchasing, resource allocation, food preparation and consumption, and caregiving practices of households
- *Agriculture and nutrition linkages:* to strengthen the evidence base for, and how to scale up, nutrition-sensitive agriculture interventions
- *Humanitarian and development linkages:* to better understand how to integrate humanitarian and disaster assistance with development programs to prevent malnutrition and build resilience
- *Gender:* to broaden the evidence base on the role of women and women's empowerment and the impact of gender transformative interventions on achieving nutrition outcomes

INNOVATIONS IN FOOD TECHNOLOGIES

In 2011, USAID completed a groundbreaking and intensive food aid quality review that resulted in the most far-reaching improvements to U.S. food aid since 1966. USAID is now developing the next generation of American food commodities to meet the diverse needs of an entire population, from a nursing mother to an acutely malnourished child. As a result of the several years of research and ongoing development, more than 10 new products are being added to the Title II food basket for use in development and emergency programs:

- **Vegetable oil** fortified with both vitamins A and D for use in prevention programs and emergency food distributions
- **Updated Corn** Soy Blend made from corn, soy beans, with an enhanced micronutrient premix for use in prevention programs and emergency food distributions
- **Supercereal Plus** - a novel form of corn-soy blend with an enhanced micronutrient premix, oil, and dried skim milk powder
- Nutrient-dense **Ready to Use Therapeutic Food and Ready to Use Supplementary Food**, used to treat children with severe acute malnutrition and moderate malnutrition, respectively
- A **Lipid Nutrient Spread (Nutributter)**, which delivers a daily dose of 18 vitamins and minerals for a child in a small foil packet (used to prevent chronic and acute malnutrition)
- Several Emergency **Food Meal Replacement Products** – including dairy-based ready-to-eat paste and cereal and dairy based bars

4.3 INCREASED GENERATION OF INNOVATIVE PRACTICES AND TECHNOLOGIES

Generation of innovative practices and technologies can help accelerate progress towards this strategy's objective by addressing persistent barriers, creating new opportunities, and changing the way nutrition is approached at the global, country, local, and individual levels. This requires harnessing global expertise and leveraging the unique skills of public and private sector actors, international organizations, research institutions, and civil society to develop innovative, broadly applicable, and cost-effective solutions. USAID will contribute its expertise in operations research and rigorous evaluation of new technologies and practices for maximum nutritional impact.

Illustrative Actions:

- Establish and build on collaborative partnerships with other donors, private sector, and academic institutions to identify technological challenges and opportunities
- Partner with the private sector on the creation of commercially viable safe and nutritious foods
- Issue challenge grants to generate innovation in identified priority areas
- Establish and build up open innovation and learning networks focused on encouraging innovation
- Support pilot testing of innovative, high-impact practices and technologies

4.4 INCREASED APPLICATION OF EVIDENCE-BASED APPROACHES AND INNOVATION, INCLUDING USE OF TECHNOLOGY

Realizing the potential of the increased knowledge, evidence, innovation, and technology relies on effective, widespread dissemination to relevant audiences using innovative formats.

This is a dynamic and iterative process that continually integrates new evidence, innovations, and experiential learning into program implementation, country capacity development, and ultimately impact on nutrition outcomes. Through its Missions, USAID has the unique opportunity to integrate findings into country programming in collaboration with government and donor partners at country level.

Illustrative Actions:

- Increase the availability of global normative standards and guidance in collaboration with appropriate international bodies
- Support regional institutions to adapt and adopt global guidance at the country level
- Cost financial and human resources necessary to implement proven approaches at scale

PROGRAMMING PRIORITIZATION

Programming priorities should be based on country needs and consider country leadership, country investments, other donors' investments, along with U.S. Government foreign policy and development objectives. Missions are not expected to program every area of this strategy. The Conceptual Framework is designed to assist Missions identify problem areas and nutrition program gaps. The Results Framework is designed to assist Missions with high priority areas for program planning, implementation, and monitoring. Country analysis will be necessary to fully prioritize programs to implement. Building capacity, strengthening systems, and supporting an enabling environment are important programmatic objectives for Missions to consider along with direct nutrition interventions. Additionally, the Strategy emphasizes the importance of working across sectors to achieve results in improved nutrition. Prioritization may also be based on the opportunity to leverage other available resources (e.g., matching donations or investments).

At the country level, in addition to development objectives, country leadership and commitment, the work of other donors, and consideration of USAID's comparative advantages, Missions can consider the following criteria for targeting and programming resources to address nutrition needs:

Population focus

- Populations with high prevalence of stunting, anemia and micronutrient deficiencies, and acute malnutrition among under fives, as well as prevalence of maternal anemia and low body mass index (BMI)
- Women during pregnancy and lactation
- Children from birth through five years, with special emphasis on 0-2 years
- Adolescent girls
- Adults with acute malnutrition

Geographic focus

- Regions of highest burden of stunting
- Regions of highest burden of acute malnutrition
- Regions of highest burden of food insecurity
- Feed the Future Zones of Influence
- Regions needing multi-sectoral investments to build resilience
- Regions with high burden of infectious diseases
- Regions undergoing humanitarian crises

The range and types of interventions will vary across countries. USAID will continue to provide humanitarian assistance in fragile states and countries affected by crisis where nutrition is threatened to build resilience and enhance development gains over the long term.

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MONITORING, EVALUATION, AND LEARNING

The Strategy will build on existing monitoring, evaluation, and learning systems within the Agency to support enhanced accountability and continual learning. In those areas where proven effective interventions exist, USAID will focus on robust performance monitoring to ensure that activities are reaching coverage and quality targets. The Strategy's learning agenda will build the nutrition evidence base in three key areas. The first area will focus on rigorously documenting the impact of nutrition-specific and -sensitive activities on nutrition outcomes, with a focus on gender, equity, sustainability, and cost-effectiveness. The second key area will focus on how to cost-effectively bring proven interventions to scale, whereas the third will focus on identifying effective interventions in nutrition-sensitive sectors such as agriculture, food safety, humanitarian assistance, health and family planning, economic strengthening, education, early childhood care and development, and WASH. USAID will engage in ongoing collaborative processes to update the learning agenda with emerging evidence, experiential learning, and assessment of changing contexts, and ensure widespread dissemination of new evidence to support collaborative learning and adaptation. USAID will also support development and validation of indicators for nutrition-sensitive programming, and to measure equitable coverage of integrated programming.

Under the guidance of the USAID's *Evaluation Policy* (2011) and ADS 203, all projects contributing to the objective of this strategy will be designed and implemented with a clear monitoring and evaluation plan. For large projects and/or innovative interventions, an evaluation will be required to document and learn from project performance and outcomes. Where useful and feasible, USAID will determine through carefully designed impact evaluations whether the intervention(s) had a measurable impact and how effectiveness could be improved.

Performance and impact evaluations will use rigorous, mixed methods designs; evaluation design and the responsibilities of the research and implementing partners in implementing the evaluation will be incorporated into activity planning, whenever feasible. To build evidence on cost-effectiveness, cost data will routinely be collected.

USAID policies and guidance also recommend development of strategic plans around learning and adapting, that should include the analysis and application of performance and impact evaluation results, careful monitoring of contextual indicators, strategic dialogue with key stakeholders around lessons learned and potential course corrections, and flexible funding mechanisms and adaptive management techniques that allow for timely adjustments to policies, programs, projects, and mechanisms when needed.

USAID has a long history of supporting increased availability of quality health, nutrition, and water and sanitation data through the Demographic and Health Surveys (DHS). USAID will seek opportunities to increase the frequency with which data are collected and to expand the availability of high-quality, timely data in relevant, nutrition-sensitive programming areas. Efforts will be made to increase host partner country government and civil society demand for information and strengthen their systems and capacities required to collect, report on, and use this information. USAID will also make the data available through the open data policy.

Strategy indicators will support World Health Assembly targets and Nutrition for Growth commitments, and align with other major international and U.S. Government initiative indicators and targets. Strategy indicators will be designed to capture USAID's contribution to these targets, and thus reflect outcomes and impacts in USAID-assisted countries.

Currently included are many of the high-level indicators already identified for Feed the Future, the Global Health Initiative, PEPFAR, and the Office of Food for Peace Programs. The final list of indicators will be developed in a consultative process with Missions and other nutrition strategy stakeholders, to ensure they: 1) are applicable to and useful for project and activity management; 2) reflect key outputs and outcomes of USAID activities, including but not limited to service delivery; 3) support the plausible association between USAID's activities and the intended outcomes and impacts; and 4) are widely reported on so aggregation across and comparison among them is meaningful for accountability and learning.

BEST PRACTICE: UGANDA – LEARNING AND ADAPTING IN AN INTEGRATED NUTRITION AND AGRICULTURE PROJECT

The USAID/Uganda Feed the Future Community Connector (CC) activity assists local governments to improve the nutrition of women and children and the livelihoods of vulnerable populations by implementing interventions that integrate nutrition and agriculture at the community and household levels with focused women engagement. During the three phases of the CC activity, a multi-sectoral application of structured collaboration, learning, and adapting (CLA) is continuously applied CC has applied activity-informed CLA to plan subsequent interventions including: district led engagement through district nutrition coordination committees, utilization of agriculture and nutrition pathways, group dynamics and youth engagement. A baseline study* of the CC's catchment area, showed that households that produced and/or accessed fruits and vegetables had increased fruits and vegetable consumption and decreased anemia rates among women of reproductive age. The study also found that households that consumed animal-source protein had lower stunting rates. The findings will enhance CC's programming and lessons learned will be shared with partners and relevant programs across the Mission.

* carried out by the Feed the Future Innovation Lab for Collaborative Research on Nutrition

Impact Level Indicators

- Prevalence of stunting among children under five in USAID-assisted countries[vi]
- Prevalence of wasting among children under five in USAID-assisted countries
- Prevalence of overweight among children under five in USAID-assisted countries
- Prevalence of anemia among children 6-59 months in USAID-assisted countries Prevalence of healthy weight among women of reproductive age in USAID-assisted countries
- Prevalence of anemia among women of reproductive age in USAID-assisted countries

Outcome Level Indicators

- Prevalence of low birth weight in USAID-assisted countries
- Prevalence of exclusive breastfeeding of infants 0-5 months in USAID-assisted countries
- Prevalence of minimum acceptable diet of children 6-23 months in USAID-assisted countries
- Women's dietary diversity score in USAID-assisted countries
- Prevalence of moderate and severe hunger in USAID-assisted countries
- Number of HIV-positive, clinically malnourished clients who received therapeutic and supplementary feeding in USAID-assisted countries

Performance Reviews

The USAID Multi-Sectoral Nutrition Strategy covers a period from 2014-2025 as part of USAID's commitment to the World Health Assembly (WHA) global nutrition targets and to signal that this is a long-term commitment to address the critical problem of global malnutrition. It is expected that during the Strategy's period significant reductions in the level of under-nutrition will be achieved and changes in overweight and obesity and rise of nutrition-related non-communicable diseases will likely become a greater focus. In order to measure progress toward the WHA targets and USAID's objectives and provide an opportunity for review and adjustment to the Strategy, periodic performance assessments will be carried out in or after 2016, 2020, and 2025.

vi. While the emphasis of programming is on children under two, USAID measures children under five to capture programmatic impact over time.


PHOTO BY CAMBODIA HARVEST

USAID'S ORGANIZATIONAL ROLES AND RESPONSIBILITIES

USAID/WASHINGTON

Assistant Administrators from the Bureau for Food Security, the Bureau for Global Health, and the Bureau for Democracy, Conflict, and Humanitarian Assistance will lead the rollout of USAID's Multi-Sectoral Nutrition Strategy. The Nutrition Division in the Bureau for Global Health will provide technical oversight to its implementation along with members of the nutrition Technical Working Group (TWG) made up of representatives from all Bureaus in USAID/Washington. Within their respective Bureaus, TWG members will be critical to institutionalizing the incorporation of explicit nutrition objectives, effective nutrition-specific and nutrition-sensitive interventions, and appropriate nutrition monitoring and evaluation in all relevant programming.

USAID/Washington will provide Missions with state-of-the-art technical and strategic guidance, share and disseminate lessons learned and best practices from global research and evaluations, and support learning opportunities (e.g., meetings, consultations, webinars) where USAID Missions can come together with global experts to share experiences and lessons learned. USAID/Washington will also work to develop flexible funding mechanisms that facilitate programmatic changes based on new evidence and provide guidance to Missions to support their use.

USAID/Washington will continue its close collaboration with the U.S. Government interagency nutrition working group to ensure coordinated U.S. Government positions and actions.

USAID MISSIONS

Ultimately, the success of USAID's Multi-Sectoral Nutrition Strategy will depend on dedicated Mission leadership, and the deliberate integration of the Strategy's directions and priorities throughout the Program Cycle for Missions with nutrition-relevant funds.

USAID Missions will contribute to improving country-level nutritional status through efficient mobilization of resources, program harmonization, donor coordination, policy formulation, and joint planning and monitor-

ing. USAID Missions will design innovative programs and generate scientific evidence as well as disseminate such evidence at the global level with the support of USAID/Washington and regional Missions.

To optimize U.S. Government investments, Missions with nutrition programming should consider:

- Establishing inter-office multi-sectoral nutrition (and food security) working groups in order to improve coordination, joint planning, and programming of Mission resources and projects for increased nutrition outcomes. When programs include learning and application phases, flexible financing mechanisms must be used that can accommodate adjustments.
- Appointing one nutrition Point of Contact (POC) in the Mission to help coordinate nutrition planning and programming and liaise with USAID/Washington and other U.S. Government agencies. The POC should have appropriate technical knowledge and sufficient time for the responsibilities involved.
- Ensuring that nutritional expertise is available to work with all sectors in the Mission.
- Establishing inclusive, "whole-of-government" coordination with other U.S. Government agencies working in country on nutrition-related programming.
- Establishing a multi-sectoral nutrition action plan – with country targets and goals.

Accelerating and sustaining improvements in nutrition will require the efforts of civil society, other donors, academia, United Nations agencies, and private sector to effectively support host country policies and processes, and global initiatives endorsed by the U.S. Government. At a country level, USAID Missions are well positioned to leverage existing capacities, facilitate better coordination, and forge new partnerships among all of these nutrition stakeholders.

USAID REGIONAL MISSIONS

USAID's regional Missions will be essential partners providing timely, state-of-the-art technical assistance to Missions across sectors for improved nutrition outcomes. They will also be called upon to foster intra- and inter-regional learning and engagement; liaise with regional health, economic, and food security communities; translate international and regional policies and guidelines into strong national frameworks; track country implementation of regional commitments; convene regional meetings to increase local competencies; and identify and disseminate best practices.

USAID CAPACITY DEVELOPMENT FOR STRATEGY IMPLEMENTATION

USAID will review current nutrition staffing needs in the Agency (USAID/Washington and the Missions) and develop a nutrition staffing plan in order to effectively carry out the Strategy. USAID will strive to have at least one experienced nutrition expert in every Mission implementing Feed the Future, Global Health Initiative, and other nutrition programs.

USAID will continue to train and mentor USAID professionals across sectors on the linkages between nutrition and agriculture, nutrition and health, education, livelihoods, social protection, and humanitarian assistance programs to improve project design and implementation. The trainings will be integrated whenever possible into planned meetings of sector technical specialists. All new USAID professionals will be introduced to the Strategy and provided training and ongoing technical support on state-of-the-art nutrition planning and programs.

REFERENCES

1. Black R.E., Allen L.H., Bhutta Z.A., Caulfield L.E., de Onis M., Ezzati M., … Maternal and Child Undernutrition Study Group (2008). Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet, 371* (9608), 243-260.
2. Black R.E., Victora C.G., Walker S.P., Bhutta Z.A., Christian P., de Onis M., Ezzati M., … Maternal and Child Nutrition Study Group (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet, 382* (9890), 427-451.
3. United Nations Children's Fund, World Health Organization, & The World Bank (2012). Levels and trends in child malnutrition. Joint child malnutrition estimates. New York, NY: United Nations International Children's Fund; Geneva: World Health Organization; Washington, DC: World Bank.
4. Bhutta Z.A., Das J.K., Rizvi A., Gaffey M.F., Walker N., Horton S., … Maternal and Child Nutrition Study Group (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet, 382* (9890), 452-477.
5. World Health Organization, World Food Programme, & United Nations Children's Fund (2007). Preventing and controlling micronutrient deficiencies in populations affected by an emergency. Geneva: World Health Organization.
6. Brabin, B.J., Hakimi, M., & Pelletier, D. (2001). An analysis of anemia and pregnancy-related maternal mortality. *The Journal of Nutrition, 131* (2), 6045-6155.
7. Grantham-McGregor, S., & Ani, C. (2001). A review of studies on the effect of iron deficiency on cognitive development in children. *The Journal of Nutrition, 131* (2S-2), 649S-666S.
8. Shrimpton, R. & Rokx, C. (2012). The double burden of malnutrition: A review of global evidence. Washington, D.C.: The International Bank for Reconstruction and Development/World Bank.
9. World Health Organization (2013). Obesity and overweight. Assessed January 2014 from http://www.who.int/mediacentre/factsheets/fs311/en/.
10. United Nations Children's Fund (1998). The State of the World's Children, 1998: Focus on Nutrition. Retrieved December 2013 from http://www.unicef.org/sowc98/.
11. Guerra, S., Sartini, C., Mendez, M., Morales, E., Guxens, M., Basterrechea, M., … Sunyer, J. (2013). Maternal prepregnancy obesity is an independent risk factor for frequent wheezing in infants by age 14 months. *Paediatric Perinatal Epidemiology, 27* (1), 100-108.
12. Daniels, M.C., & Adair L.S. (2004). Growth in young Filipino children predicts schooling trajectories through high school. *The Journal of Nutrition, 134* (6), 1439-1446.
13. Victora, C.G., Adair, L., Fall, C., Hallal, P.C., Martorell, R., Richter, L., … Maternal and Child Undernutrition Study Group (2008). Maternal and child undernutrition: consequences for adult health and human capital. *Lancet, 371* (9609), 340-357.
14. Hoddinott, J., Alderman, H., Behrman, J.R., Haddad, L., & Horton, S. (2013). The economic rationale for investing in stunting reduction. *Maternal & Child Nutrition, 9* (S2), 69-82.
15. United Nations Children's Fund (2013). Improving child nutrition: The achievable imperative for global progress. New York, New York: UNICEF.
16. Lartey, A. (2008). Maternal and child nutrition in Sub-Saharan Africa: challenges and interventions. *The Proceedings of the Nutrition Society, 67* (1), 105-108.
17. Coleman I. (2011). Women and the global economy. *Yale Journal of International Affairs, 6* (1), 25-31.
18. Ruel, M.T., Alderman, H., & Maternal and Child Nutrition Study Group (2013). Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *Lancet, 382* (9891), 536-551.
19. Semba, R.D., de Pee, S., Sun, K., Sari, M., Akhter, N., & Bloem, M.W. (2008). Effect of parental formal education on risk of child stunting in Indonesia and Bangladesh: a cross-sectional study. *Lancet, 371* (9609), 322-328.
20. Khan, K.S., Wojdyla, D., Say, L., Gülmezoglu, A., M., & Van Look, P.F.A. (2006). WHO analysis of causes of maternal death: a systematic review. *Lancet, 367* (9516), 1066-1074.
21. United Nations Children's Fund, World Health Organization, The World Bank, & United Nations (2013). Levels & trends in child mortality: Report 2013 estimates developed by the UN inter-agency group for child mortality estimation. New York, New York: UNICEF.
22. Headey, D. (2011). Turning economic growth into nutrition sensitive growth. Washington, DC: International Food Policy Research Institute.
23. Webb, P. & Block, S. (2012). Support for Agriculture During Economic Transformation: Impact on Poverty and Malnutrition. *Proceedings of the National Academy of Sciences, 109* (31) 12309-12314.
24. The World Bank (2013). Improving nutrition through multi-sectoral nutrition approaches. Washington, DC: The World Bank.
25. Heady, D. (2013). The global landscape of poverty, food insecurity and malnutrition and implications for agricultural strategies. Washington DC: International Food Policy Research Institute.
26. International Federation of Red Cross and Red Crescent Societies & International Food Policy Research Institute (2012). Reducing the risk of food and nutrition insecurity among vulnerable populations. Washington, DC: IFPRI.
27. Leroy, J.L., Gadsden, P., Rodríguez-Ramírez, S., & de Cossío, T.G. (2010). Cash and in-kind transfers in poor rural communities in Mexico increase household fruit, vegetable, and micronutrient consumption but also lead to excess energy consumption. *The Journal of Nutrition, 140* (3), 612-617.

28. Leroy, J.L., García-Guerra, A., García, R., Dominguez, C., Rivera, J., & Neufeld, L.M. (2008). The Oportunidades program increases the linear growth of children enrolled at young ages in urban Mexico. *The Journal of Nutrition, 138* (4), 793-798.

29. Rivera J.A., Sotres-Alvarez D., Habicht J.P., Shamah T., & Villalpando S. (2004). Impact of the Mexican program for education, health, and nutrition (Progresa) on rates of growth and anemia in infants and young children: a randomized effectiveness study. *Journal of American Medical Association, 291* (21), 2563-2570.

30. Carvalho, F.P. (2006). Agriculture, pesticides, food security and food safety. Environmental Science & Policy, 9, 685-692.

31. Bennett, J.W. & Klich, M. (2003). Mycotoxins. *Clinical Microbology Reviews, 16* (3), 497-516.

32. World Health Organization (2002). WHO global strategy for food safety: Safer food for better health. Geneva: World Health Organization.

33. Ricci, K.A., Girosi, F., Tarr, Pl., Lim, Y., Mason, C., Miller, M., … Guerrant, R.L. (2006). Reducing stunting among children: the potential contribution of diagnostics. *Nature, 444* (S1), 29-38.

34. Dangour, A.D., Watson L., Cumming O., Boisson S., Che Y., Velleman Y., … Uauy R. (2013). Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children (review). *The Cochrane Library, 8*.

35. Cairncross, S., Hunt, C., Boisson, S., Bostoen, K., Curtis, V., Fung, I. CH., & Schmidt, W. (2010). Water, sanitation and hygiene for the prevention of diarrhoea. *International Journal of Epidemiology, 39*, i293-i205.

36. Fink, G., Günther, I., & Hill, K. (2011). The effect of water and sanitation on child health: evidence from the demographic and health surveys 1986-2007. *International Journal of Epidemoiology, 40* (5), 1196-1204.

37. Spears, D. (2013). How much international variation in child height can sanitation explain? Water and Sanitation Program, Sustainable Development Network. The World Bank.

38. Korpe, P.S. & Petri W.A. (2012). Environmental enteropathy: critical implications of a poorly understood condition. *Trends in Molecular Medicine 18* (6), 328-336.

39. World Health Organization (2012). Prevention of foodborne disease: Five keys to safer food. Assessed January 2014 from http://www.who.int/foodsafety/consumer/5keys/en/.

40. Bhutta, Z.A. (2012). Report on additional components of national nutrition survey 2010-2011. Karachi: Aga Khan University.

41. Gribble, J.N., Murray, N.J., & Menotti, E.P. (2008). Reconsidering childhood undernutrition: can birth spacing make a difference? An analysis of the 2002-2003 El Salvador national family health survey. *Maternal and Child Nutrition, 5* (1), 49-63.

42. Ahmed, S., Norton, M., Williams, E., Ahmed, S., Shah, R., Begum, N., … Baqui, A.H. (2013). Operations research to add postpartum family planning to maternal and neonatal health to improve birth spacing in Sylhet District, Bangladesh. *Global Health: Science and Practice, 1* (2), 262-276.

43. World Health Organization (2009). Infant and young child feeding: model chapter for textbooks for medical students and allied health professionals. Geneva: World Health Organization.

44. World Health Organization (2013). 10 facts on breastfeeding. Assessed January 2014 from http://www.who.int/features/factfiles/breastfeeding/en/index.html.

45. World Health Organization (2012). Adolescent pregnancy. Assessed January 2014 from http://www.who.int/mediacentre/factsheets/fs364/en/.

46. World Health Organization (2011). WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Geneva: World Health Organization.

47. Academy for Educational Development (2001). Lactational amenorrhea method (LAM) frequently asked questions (FAQ). Washington, DC: Academy for Educational Development.

48. Labbok, M. H., Hight-Laukaran, V., Peterson, A. E., Fletcher, V., von Hertzen, H., & Van Look, P. F. (1997). Multicenter study of the lactational amenorrhea method (LAM): I. Efficacy, duration, and implications for clinical application. *Contraception, 55* (6), 327–336.

49. Institute for Reproductive Health (n.d.b). The Lactational amenorrhea method (LAM): An important option for mothers and infants. Assessed January 2014 http://irh.org/wp-content/uploads/2013/04/FAM_Project_LAM_Brief.pdf.

50. Institute for Reproductive Health (n.d.a). Lactational amenorrhea method (LAM): Top 12 most frequently asked questions. Assessed January 2014 http://irh.org/wp-content/uploads/2013/04/LAM_FAQs.pdf.

51. Walker, S.P., Chang, S.M., Powell, C.A., & Grantham-McGregor, S.M. (2005). Effects of early childhood psychosocial stimulation and nutritional supplementation on cognition and education in growth-stunted Jamaican children: prospective cohort study. *Lancet, 366*, 1804-1807.

52. Wamani, H., Tylleskär, T., Astrøm, A.N., Tumwine, J.K., & Peterson, S. (2004). Mothers' education but not fathers' education, household assets or land ownership is the best predictor of child health inequalities in rural Uganda. *International Journal for Equity in Health, 3* (1).

53. World Health Organization (2014). Global strategy for infant and young child feeding. Assessed February 2014 from http://www.who.int/nutrition/topics/global_strategy/en/index.html.

54. World Health Organization & United Nations Children's Fund (2003). Global strategy for infant and young child feeding. Geneva: World Health Organization.

55. Acosta, A.M. (2011). Analysing success in the fight against malnutrition in Peru: Case study prepared for CARE. Institute of Development Studies, U.K.

56. Benson, T. (2008). Improving nutrition as a development priority: Addressing undernutrition in national policy processes in Sub-Saharan Africa. Washington, DC: IFPRI.

57. Ecker, O., & Nene, M. (2012). Nutrition policies in developing countries: challenges and highlights. Policy Note. Washington, DC: International Food Policy Research Institute.

58. Gillespie, S.R. (2001). Strengthening capacity to improve nutrition. FCND briefs 106. Washington, DC: International Food Policy Research Institute.

59. Levinson, F.J., & Balarajan, Y. (2013). Addressing malnutrition multisectorally: What have we learned from recent international experience? UNICEF Working Paper. New York: UNICEF and MDG Achievement Fund.

60. Gillespie, S., Haddad, L., Mannar, V., Menon, P., Nisbett, N., & the Maternal and Child Nutrition Study Group (2013). The politics of reducing malnutrition: building commitment and accelerating progress. *Lancet, 382*, 552-569.

61. Garrett, J. & Natalicchio M. (2011). Working multisectorally in nutrition: Principles, practices, and case studies. Washington, DC: International Food Policy Research Institute.

62. Acosta, A.M. & Haddad, L. (2014). The politics of success in the fight against malnutrition in Peru. *Food Policy, 44*, 26-35.

63. Pelletier, D.L., Frongillo, E.A., Gervais, S., Hoey, L., Menon, P., Ngo, T., … Ahmed, T. (2012). Nutrition agenda setting, policy formulation and implementation: lessons from the mainstreaming nutrition initiative. *Health Policy and Planning, 27,* 19-31.

64. Acosta, A.M. (2011). Analysing success in the fight against malnutrition in Peru: Case study prepared for CARE. Institute of Development Studies, U.K.

65. Clover, J. (2010). Food security in sub-Saharan Africa. *African Security Review, 12* (1), 5-15.

66. Welch, R.M. & Graham, R.D. (1999). A new paradigm for world agriculture: meeting human needs productive, sustainable, nutritious. *Field Crops Research,* 60, 1-10.

67. World Health Organization (2007). Everybody's business: Strengthening health systems to improve health outcomes: WHO's Framework for Action. Geneva: World Health Organization.

68. United Nations Children's Fund (2011). The harmonised training package: Resource material for training on nutrition in emergencies version 2.

69. United States Agency for International Development (2012). Building resilience to recurrent crisis: USAID policy and program guidance. Washington, DC: USAID.

70. Centers for Disease Control and Prevention (2011). About BMI for adults. Assessed March 2014 from http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html.

71. World Health Organization (2014). Exclusive breastfeeding. Assessed March 2014 from http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/.

ANNEX A: USAID FUNDED COUNTRIES, FISCAL YEAR 2013

USAID FUNDED COUNTRIES IN FISCAL YEAR 2013												
	Feed the Future Countries		Global Health Countries							FFP	OFDA	SUN Member
	Focus	Aligned	GHI	Nutrition	MCH	Malaria	WASH	PEPFAR	NACS			
Afghanistan					X		X			X	X	
Angola						X		X		X	X	
Armenia			X				X					
Bangladesh	X		X	X	X		X	X		X		X
Benin			X			X	X	X				X
Burkina Faso						X				X	X	X
Burundi			X			X	X	X		X		X
Burma		X						X				X
Cambodia	X		X	X			X	X				
Cameroon								X				X
Central African Republic										X	X	
Chad										X	X	X
Congo, Democratic Republic of		X	X	X	X	X	X	X	X	X	X	X
Côte d'Ivoire							X	X	X	X		X
Dominican Republic		X	X					X				
Egypt		X					X					
El Salvador								X	X			X
Ethiopia	X		X	X	X	X	X	X	X	X	X	X
Georgia		X	X									
Ghana	X		X	X	X	X	X	X	X			X
Guatemala	X		X	X				X		X		X
Guinea						X		X				X
Haiti	X			X	X		X	X	X	X		X
Honduras	X		X									
India					X		X	X				
Indonesia		X	X		X		X	X				X
Kenya	X		X	X	X	X	X	X	X	X	X	X
Kyrgyz Republic		X					X	X				X

USAID FUNDED COUNTRIES IN FISCAL YEAR 2013												
	Feed the Future Countries		Global Health Countries							FFP	OFDA	SUN Member
	Focus	Aligned	GHI	Nutrition	MCH	Malaria	WASH	PEPFAR	NACS			
Lebanon		X					X					
Lao PDR								X				X
Lesotho			X					X	X			
Liberia	X		X		X	X	X	X		X		X
Madagascar					X	X		X		X		X
Malawi	X		X	X	X	X	X	X	X	X	X	X
Mali	X		X	X	X	X	X			X	X	X
Mauritania										X	X	X
Mozambique	X		X	X	X	X	X	X	X	X		X
Namibia			X					X	X			X
Nepal	X		X	X	X		X	X				X
Niger										X	X	X
Nigeria		X	X		X	X	X	X	X			X
Pakistan					X		X			X		X
Philippines			X				X					
Rwanda	X		X	X	X	X	X	X				X
Senegal	X		X	X	X	X	X	X		X		X
Sierra Leone			X					X		X		X
Somalia							X			X	X	
South Africa			X				X	X	X			
South Sudan		X			X	X	X	X		X	X	X
Sudan										X	X	
Swaziland			X									X
Syria										X	X	
Tajikistan	X			X			X	X				X
Tanzania	X		X	X	X	X	X	X	X			X
Timor-Leste		X										
Uganda	X		X	X	X	X	X	X	X	X		X
Vietnam			X					X	X			X
West Bank/ Gaza		X					X					
Yemen		X			X		X			X	X	X
Zambia	X		X	X	X	X	X	X	X			X
Zimbabwe		X	X			X	X	X		X		X
Total Number of Countries	19	14	33	18	24	22+ Greater Mekong Sub-region	37	40	17	30	17	42

GHI countries not listed include: Ukraine; WASH countries not listed include: Maldova, Jordan, Maldives, and Ecuador; Malaria: Greater Mekong Sub-region in Asia includes: Thailand and Yunnan, China; SUN Countries not listed include: Comoros, Costa Rica, Gambia, Guinea Bissau, Peru, Republic of Congo, Sri Lanka, Togo

ANNEX B: LINKAGES TO OTHER USAID/U.S. GOVERNMENT POLICIES, STRATEGIES, AND INITIATIVES

POLICY/ STRATEGY/ INITIATIVE	RELATION TO MULTI-SECTORAL NUTRITION STRATEGY
U.S. Government Global Health Initiative (GHI)	GHI is the U.S. Government's "whole-of-government" approach to improving health in developing countries. USAID's nutrition strategy contributes to the health and nutrition targets of GHI including a reduction of child under-nutrition by 30 percent across "assisted food-insecure countries." The nutrition strategy supports GHI priorities of increasing country ownership/leadership; strengthening health systems and program sustainability; promoting women, girls, and gender equality; improving metrics, monitoring, and evaluation; and promoting research and innovation.
U.S. Government Feed the Future	Feed the Future is the U.S. Government's global hunger and food security initiative that aims to increase agriculture production, reduce poverty, and improve nutrition. The nutrition strategy builds on Feed the Future's innovative field programming that integrates nutrition into agriculture projects and supports Feed the Future achievement of its nutrition targets including reduction of stunting by 20 percent in Feed the Future zones of influence in 19 countries over five years. With its rigorous evaluation agenda, Feed the Future will contribute to expanding the evidence base regarding promising nutrition-sensitive agriculture programs – a high priority for the nutrition strategy's learning agenda.
Ending Preventable Maternal and Child Deaths	In order to reduce the high numbers of women and children who die every year from preventable causes, USAID launched a global call to action to accelerate the reduction of preventable deaths. The approach focuses on high-impact, evidence-based interventions that address the leading causes of maternal, newborn, and child mortality. The nutrition strategy provides guidance to ensure that USAID Missions integrate cost-effective nutrition interventions into their programming to reduce maternal and child mortality.
Creating an AIDS-Free Generation (PEPFAR) 2012	PEPFAR's Blue Print for Creating an AIDS-Free Generation calls for a rapid scale-up of core HIV/AIDS prevention, care, and treatment interventions to maximize impact. USAID's nutrition strategy highlights both the prevention and treatment, as well as the nutrition management of infectious diseases to improve nutrition. The nutrition strategy showcases the Nutrition Assessment, Counseling, and Support approach adopted by PEPFAR as a model for a comprehensive systems approach to improving nutrition.

POLICY/ STRATEGY/ INITIATIVE	RELATION TO MULTI-SECTORAL NUTRITION STRATEGY
USAID Resilience to Recurrent Crisis Policy and Programming Guidance (2012)	USAID's Resilience Policy aims to increase a sustainable reduction in vulnerability and more inclusive growth that will lead to reduced humanitarian crises, improved nutrition and lives saved. The nutrition strategy incorporates the objectives and strategic directions of the Resilience strategy that include improved coordination of humanitarian and development assistance programs to build resilience in chronically vulnerable communities in food insecure areas.
USAID Water and Development Strategy 2013-2018	The goal of USAID's Water and Development Strategy is to save lives and advance development through improvements in water supply, sanitation, and hygiene (WASH) programs, and through sound management and use of water for food security. The nutrition strategy highlights the importance of WASH for improvements in nutrition and calls for increased coordination of WASH and nutrition activities.
USAID Gender Equality and Female Empowerment Policy 2012	Designed to enhance women's empowerment and reduce gender gaps, the policy affirms the critical role women play in accelerating progress in development and advancing global prosperity and security. The nutrition strategy fully incorporates the objectives and key principles of the Gender Policy into its own guiding principles and strategic results framework stating that all nutrition programs will be designed with a gender lens. It highlights the critical importance of female empowerment given the role that women play as mothers, caregivers, farmers and income earners.
USAID Education Strategy 2011-2015	The goals of the USAID Education strategy are to increase reading skills of children in primary grades; improve tertiary and workforce development programs to produce a workforce with relevant skills; and to increase equitable access to education in conflicts environment. The nutrition strategy emphasizes the importance of nutrition for cognitive development, improved learning capacity and school performance. The nutrition strategy identifies as a critical action the equitable and sustainable access to education, especially for girls, since a mother's education is associated with better health and nutrition of her children.
USAID Sustainable Service Delivery in An Increasingly Urbanized World Policy 2013	USAID's Urban Policy seeks to improve the delivery of essential services in urban areas. With increasing population growth in urban areas and changing diets high in saturated fats, sugars, and cholesterol, many countries are facing a double burden of malnutrition: both under-nutrition and over-nutrition. The nutrition strategy identifies this double burden as a growing problem and one that has to be addressed particularly in urban areas with targeted nutrition services and education to poor populations about healthy diets along with marketing regulations that promote healthy, affordable, and safe nutritious foods.
U.S. Government Action Plan on Children in Adversity (2012-2017)	The Action Plan on Children in Adversity provides whole-of-government strategic guidance for U.S. Government international assistance for children. The goal of the U.S. Government Action Plan on Children in Adversity is to achieve a world in which all children grow up within protective family care and free from deprivation, exploitation, and danger. The first objective of the Action Plan is to build strong beginnings: The U.S. Government will help ensure that children under-five not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support.

ANNEX C: GLOSSARY OF TERMS

TERMS	DEFINITIONS
Acute Malnutrition	This is a common term for identifying acute under-nutrition, and it reflects a recent and severe process that has led to substantial weight loss and nutrient deficiency, usually associated with severe deprivation and/or disease. It includes wasting but also nutritional bipedal edema in which nutritional deficiencies lead to swelling of limbs (feet, hands) due to retention of fluids. Often used to assess the severity of emergencies because it is strongly related to mortality.
Aflatoxins	See mycotoxins
Anemia	Low concentration of hemoglobin in the blood, as evidenced by a reduced quality or quantity of red blood cells. Anemia could be caused by genetic traits, parasitism, infectious diseases, and/or nutritional deficiencies. For the latter, iron deficiency is the most important reason, especially in women of child bearing age, although other micronutrient deficiencies such as vitamin A, vitamin B12, folate, and even vitamin B2 could also be important in developing countries.
Body mass index (BMI)	Body weight in kilograms divided by height in meters squared (kg/m2). For adults 20 and over, BMI is used as a screening tool to assess health risk. Individuals with both high BMI (overweight and obese, BMI between 25-29.9 and >30 respectively) and low BMI (underweight, BMI less than 18.5 in adults) at higher health risks.
Body mass index for age (BMI-for-age)	For children and teens under age of 20, BMI age- and sex-specific percentiles are used instead of set thresholds for underweight and overweight. BMI is calculated the same way as BMI for adults, but then compared to typical values for other children of the same age. The BMI percentile allows comparison with children of the same sex and age. A BMI that is less than the 5th percentile is considered underweight and above the 95th percentile is considered obese for people 20 and under. People under 20 with a BMI between the 85th and 95th percentile are considered to be overweight.[70]
Complementary Feeding	The transition from exclusive breastfeeding to introducing solid foods – typically covers the period from 6–24 months of age. This is a critical period of growth, during which nutrient deficiencies and illnesses can contribute globally to high under-nutrition rates among children. WHO recommends that infants should be exclusively breastfed for the first six months of life. Thereafter, infants should receive an increasing amount of nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.[53]
Community-based Management of Acute Malnutrition (CMAM)	The management of acute malnutrition through identification and referral of children with acute malnutrition at the community level; management of children with moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) without complications in the community; and management of children with SAM with medical complications or infants less than six months old through facility-based care.
Convergence	Coordinated movement of two or more factors; the merging or union for common interest or focus.

TERMS	DEFINITIONS
Coverage	The number or percentage of a target population reached by a service or intervention.
Dietary Diversity	The number of different foods or food groups consumed over a given period of time.
Double burden	The combination of under-nutrition and over-nutrition. In some countries, the epidemic of obesity and non-communicable diseases sits alongside continuing problems of under-nutrition and infectious diseases, creating a double-burden of nutrition-related illnesses; a double threat to global health.
Edema	A condition characterized by an excess of watery fluid collecting in the cavities or tissues of the body.
Edematous wasting	When a child suffers from wasting and bipedal edema at the same time.
Effective	When a program of intervention successfully produces a desired or intended result.
Environmental enteropathy	A subclinical condition of the small intestine caused by constant fecal-oral contamination and resulting in blunting of intestinal villi and intestinal inflammation, and consequent decreased nutrient absorption and infiltration of microbes.
Equitable	Dealing fairly and equally with all concerned, independent the economic stratus, geographic location, gender, race, age, or any other social characteristic.
Evaluation	The systematic collection and analysis of information about the characteristics, outputs and outcomes of programs and projects for explaining causality, and as a basis for judgments, to improve effectiveness, and/or inform decisions about current and future programming.
Exclusive Breastfeeding	When infants receive only breast milk, without any additional food or drink – not even water – for the first six months of life.[71]
Food Security	When all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.
Fortification	The process of adding micronutrients to an edible product. The edible product becomes the fortification vehicle.
Infant and Young Child Feeding (IYCF)	Term used to describe the feeding of infants (less than 12 months old) and young children (12–23 months old). IYCF programs focus on the protection, promotion and support of exclusive breastfeeding for the first six months; timely introduction of and appropriate complementary feeding and continued breastfeeding for two years or beyond.
International Code of Marketing of Breast Milk Substitutes	A set of recommendations to regulate the marketing of breastmilk substitutes, feeding bottles, and teats adopted at the 34th session of the World Health Assembly in 1981 as a minimum requirement to protect and promote appropriate infant and young child feeding.

TERMS	DEFINITIONS
Lactational Amenorrhea Method (LAM)	A modern, temporary contraceptive method based on natural infertility resulting from certain patterns of breastfeeding. All postpartum women who meet the following three criteria can use LAM: • The infant is only/exclusively breastfed frequently, day and night; AND • Menstrual bleeding has not resumed; AND • The infant is under six months of age
Low Birth Weight	Weight at birth less than 2,500 grams.
Malnutrition	A condition resulting when a person's diet does not provide adequate nutrients for growth and maintenance or if they are unable to fully utilize the food they eat due to illness; consists of both under- (insufficiency) and over- (excess) nutrition.
Micronutrients	Vitamins and minerals required by the body in small amounts daily (e.g. vitamin A and iron).
Micronutrient Supplementation	A pill, tablet, liquid, or powder that contains vitamins or minerals intended to increase intake of these substances.
Moderate Acute Malnutrition	Weight-for-height between -2 and -3 standard deviations below the median of WHO Child Growth Standards (moderate wasting) and/or mid upper arm circumference (MUAC) of <125mm >/= 115mm.
Monitoring	Routine observation and tracking of progress of program performance over a period of time, in order to introduce timely corrections and adjustments as needed.
Multi-sectoral programming	Linking effective nutrition solutions through programs implemented by multiple sectors.
Mycotoxins	Toxins produced by fungi, especially by saprophytic molds, growing on foodstuffs or animal feeds. In the human food supply the most detrimental mycotoxins are aflatoxins and fumonisins.
Non-communicable diseases	Also known as chronic diseases, are of long duration and generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (e.g. heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma), and metabolic disorders such as diabetes.
Nutrition	The science of foods and the nutrients and other substances they contain, and of their actions within the body. A broader definition includes the social, economic, cultural, and psychological implications of food and eating.
Nutrition-related non-communicable diseases	Non-communicable diseases in which nutrition is a major risk factor and/or important component of disease management; e.g. diabetes.
Nutrition Surveillance	The ongoing collection, analysis, interpretation, and dissemination of nutrition-related data.
Nutrition-Sensitive Approaches	Interventions that address the underlying and basic determinants of malnutrition and incorporate specific nutrition goals and actions.

TERMS	DEFINITIONS
Nutrition-Specific Interventions	Programs and plans that are designed to address the immediate causes of suboptimal growth and development.
Obesity	Condition characterized by excess body weight and/or body fat; typically defined as a BMI of 30 or above for adults 20 years and over. For children and teens under 20 years of age, use BMI-for-age above the 95th percentile.
Optimal nutritional status	Optimal nutritional status begins when children consume adequate quantities of diverse, nutrient-rich food; with appropriate maternal and child-care practices; adequate health services. A child must also live in a healthy environment, including safe water, sanitation and good hygiene practices. Optimal nutrition status early in life promotes growth and development and leads to good health and disease prevention in other stages of the lifecycle.[15]
Over-nutrition	Excess intake of energy or nutrients; includes overweight and obesity.
Overweight	Body weight above some standard of acceptable weight that is usually defined in relation to height (such as BMI); BMI 25 - 29.9 in adults. Weight-for-height above +2 standard deviations from the median of the WHO Child Growth Standards.
Resilience	"The ability of people, households, communities, countries, and systems to migrate, adapt to, and recover from shocks and stress in a manner that reduces chronic vulnerability and facilitates inclusive growth" (USAID Resilience Policy, p.5).
Small for Gestational Age (SGA)	Birth weight below the tenth percentile of a standard optimal reference population for a given gestational age and sex.
Severe Acute Malnutrition	Weight-for-height below -3 standard deviations from the median of the WHO Child Growth Standards, or mid-upper-arm circumference less than 115 mm, bipedal edema, and/or edematous wasting.
Social Behavior Change (SBC)	The purpose of SBC activities is to increase knowledge, shift attitudes and norms, and produce changes in behaviors that affect outcomes (e.g., health, nutrition, education) at both the individual and broader population levels. SBC is often situated in a socio-ecological framework and include, inter alia, communication and other interventions, which recognize that determinants of health and health behavior exist on multiple levels and extend beyond the individual. Specifically, socio-ecological models acknowledge the influence of interpersonal relationships, community structures, and the broader environment in determining health and health behaviors.
Social Protection	A set of public interventions aimed at supporting the poorer and more vulnerable members of society, as well as helping individuals, families, and communities manage risk. Social protection includes safety nets (social assistance), social insurance, labor market policies, social funds, and social services.
Stunting	Inadequate length/height for age, defined as more than 2 standard deviations below the median of the WHO Child Growth Standards resulting from chronic under-nutrition. Stunting reflects suboptimal food and nutrient intakes, insufficient preventive health care and unhygienic environments, poor maternal nutrition, and inappropriate infant and young child feeding and care by mothers and other members of the family and the community during the most critical periods of growth and development in early life.

TERMS	DEFINITIONS
Under-nutrition	Various forms of poor nutrition caused by a complex array of factors including dietary inadequacy, infections, and sociocultural factors. Underweight, stunting, wasting, and micronutrient deficiencies are forms of under-nutrition.
Underweight	A composite form of under-nutrition that includes elements of stunting and wasting. It is defined as the percentage of children aged 0 to 59 months whose weight for age is below -2 standard deviations (moderate and severe underweight) and -3 standard deviations (severe underweight) from the median of the WHO Child Growth Standards.
Wasting (or thinness)	Low weight-for-height defined as more than 2 standard deviations below the median of the WHO Child Growth Standards and/or MUAC of <125mm. Wasting is usually the result of a recent, acute deprivation and/or illness, and is strongly linked to mortality. It is one type of acute malnutrition.

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