

**USAID
NUTRITION STRATEGY: 2014-2025**

DRAFT

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GUIDING PRINCIPLES

Country-led policies and processes: USAID will help strengthen country leadership, policies, and processes. USAID will partner with governments, civil society, private sector, and other stakeholders to promote coordinated action and advance country priorities.

Sustainable approaches: USAID will support country capacity development, systems strengthening, and cost-effective approaches to help ensure sustainable nutrition improvements.

Gender equality and female empowerment: USAID will 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.

Evidence-based: The Agency will 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 will disseminate best practices throughout the Agency and global nutrition community.

Vulnerable groups: USAID will target its resources and programs to the most vulnerable populations including pregnant and lactating women, children under-five, particularly in the first two years of life, children in adversity, adolescent girls, people with disabilities, people with infectious diseases, individuals who are obese and/or living with nutrition-related non-communicable diseases, those impacted by humanitarian crises, and people living in extreme poverty.

Coordinated multi-sectoral approaches: USAID will promote and strengthen coordinated planning and programming across sectors (health, agriculture, early childhood care and development, education, economic growth, social welfare) as well as geographic convergence of multi-sectoral interventions/services to address the multiple causes of malnutrition.

USG and international partnerships: USAID will partner with other USG agencies, bilateral and multi-sectoral donors, and implementing partners to ensure coordinated efforts and maximize the expertise and resources across organizations

Engagement with the private sector: USAID will promote the substantial engagement of the private sector globally and in countries and support increased coordination between the public and private sectors

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

FOREWORD

To be written and approved for full draft

EXECUTIVE SUMMARY

[The Executive Summary will not be completed until the draft Strategy is close to completion.]

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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 further limits societies' economic and social development. The aim of USAID's Nutrition Strategy is to inform 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.

USAID seeks to accelerate reductions in malnutrition by focusing on decreasing the prevalence of maternal and child under-nutrition—particularly chronic and acute malnutrition in children under-five and malnutrition in women of reproductive age. USAID is committed to the World Health Assembly 2025 Nutrition Targets (see text box), and additional Agency targets used to track and evaluate its assistance in nutrition. This includes our high level Feed the Future target of reducing stunting in our targeted areas by 20 percent in five years. The Agency will ensure the Nutrition Strategy has the flexibility to evolve as new evidence becomes available by including a robust learning agenda that supports expanding research to address critical knowledge gaps, rigorous evaluation, monitoring of program implementation, and timely dissemination and application of lessons learned.

USAID continues to be at the forefront of the humanitarian community's effort to prevent and treat acute malnutrition, while retaining a strong focus on reductions in under-nutrition in women and children during the first 1,000 days, which encompasses pregnancy and the first two years of life. As evidence emerges over the course of the Nutrition Strategy time period there will likely be an increasing focus on good nutrition across the entire life cycle, including a greater demand to address over-nutrition and nutrition-related non-communicable diseases.

With the development and implementation of the Nutrition Strategy, USAID commits to work with partner countries – host country governments, civil society organizations (CSOs), and the private sector – using multiple development platforms to reduce malnutrition in the world's most vulnerable populations. With its emphasis on multi-sectoral nutrition programming, the Nutrition Strategy supports and complements other relevant USAID strategies and policies.

World Health Assembly Nutrition Targets for 2025:

- 1) 40% reduction of the global number of children under five who are stunted;
- 2) 50% reduction of anemia in women of reproductive age;
- 3) 30% reduction of low birth weight;
- 4) No increase in childhood overweight;
- 5) 50% increase in the rate of exclusive breastfeeding in the first six months; and
- 6) Reduce and maintain childhood wasting to less than 5%.

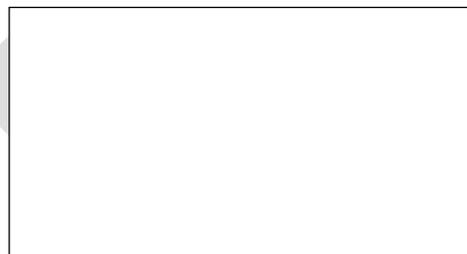
USAID brings some important comparative advantages to address the direct and underlying causes of malnutrition:

- ***USAID's multi-sectoral development programs enables planning and programming 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.
- ***Relationships and collaboration with governments, civil society, and the private sector*** facilitates coordination and engagement of multiple stakeholders.

- ***Experience linking research and program implementation*** means more timely application of lessons learned.
- ***Experience integrating nutrition into humanitarian assistance including nutrition as an explicit objective*** of 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 and over-nutrition as well as micronutrient deficiencies, negatively impacts both individuals and populations (Black et al., 2008). Under-nutrition inhibits the body's immune system from fighting disease and impedes cognitive, social-emotional, and motor development (Black et al., 2013).



Under-nutrition, including fetal growth restriction, suboptimum breastfeeding, stunting, wasting, and deficiencies of vitamin A and zinc, contributed to 3.1 million (45 percent) child deaths worldwide in 2011 (Black et al., 2013). Between 1990 and 2011, stunting, a measure of chronic under-nutrition, declined by 35 percent, while wasting, a measure of acute under-nutrition, declined by 11 percent (United Nations Children's Fund [UNICEF], World Health Organization [WHO], & World Bank, 2012). With population growth, however, the absolute number of children affected has remained stagnant. In 2011 alone, stunting and wasting affected more than 165 million and 52 million children under-five, respectively (UNICEF, WHO, & World Bank, 2012).

Severe acute malnutrition (SAM) threatens the survival of children both in emergency and non-emergency settings. SAM affects between 19 and 26 million children under-five worldwide and contributes to nearly 1 million child deaths each year (UNICEF, 2013). Ninety percent of stunted children are concentrated in thirty-four countries located mainly in Sub-Saharan Africa and South Asia (Bhutta et al., 2013; See Annex A for a country list). Furthermore, micronutrient deficiencies persist, particularly vitamin A, zinc, iodine, and iron. These deficiencies, combined with stunting, diminish opportunities for healthy physical and cognitive development (Black et al., 2013). The immediate effects are maternal and infant morbidity and mortality while the lasting ramifications of anemia in early childhood lead to poor childhood development and impaired school performance (Brabin, Hakimi, & Pelletier, 2001; Grantham-McGregor & Ani, 2001). Fifty percent of all anemia is caused by iron deficiency (Stoltzfus, 2001). In 2011, an estimated 19.2 percent of pregnant women and 18.1 percent of children under-five suffered from iron deficiency anemia (Black et al., 2013).

Many countries now suffer from the double burden of malnutrition: a continuing prevalence of stunting among children under-five and increasing rates of maternal and adolescent overweight and obesity, often with micronutrient deficiencies (Black et al., 2013; Garmendia, Corvalan, & Uauy, 2013). 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 (UNICEF, WHO, & World Bank, 2012).

Causes and Consequences of Malnutrition

Widespread malnutrition reflects a failure of multiple sectors to provide for basic food security and disease prevention and treatment (Pearson & Ljungqvist, 2011). The determinants of malnutrition are multifaceted stemming from individual health status to household food access, to social, economic, political, and environmental factors at national and global levels. The most immediate causes of under-nutrition in children are insufficient energy and other nutrient intake combined with infectious diseases, especially diarrhea (Black et al., 2008; Black et al., 2013). A household's access to safe, healthy, and diverse foods, health services, and safe water and sanitation underlie adequate nutrition (UNICEF, 1998). Fundamental to these factors is a complex array of determinants including women's empowerment, caregiving practices, education, the economy, political situation, sociocultural factors, and the environment (Figure 1: USAID Conceptual Framework; see Annex B for narrative description of the conceptual framework [note: Annex not included in this version]).

The damage caused by under-nutrition, especially during pregnancy and the first two years of life, is largely irreversible (Black et al., 2008). Women who are undernourished before or during pregnancy are at an increased risk of mortality and their children at greater health risks (Black et al., 2008; Guerra et al., 2013). 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 (Bhutta et al., 2013; Black et al., 2008; Daniels & Adair, 2004; Victora et al., 2008). It robs the developing world of critical human capital and capacity and undermines development investments in health, education, and economic growth; estimates show that under-nutrition decreases a country's economic advancement by at least 8 percent (Horton & Steckel, 2013).

Evidence for Interventions and Approaches

Effective interventions must reach across disciplines to address the multi-sectoral nature 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 (Lartey, 2008).

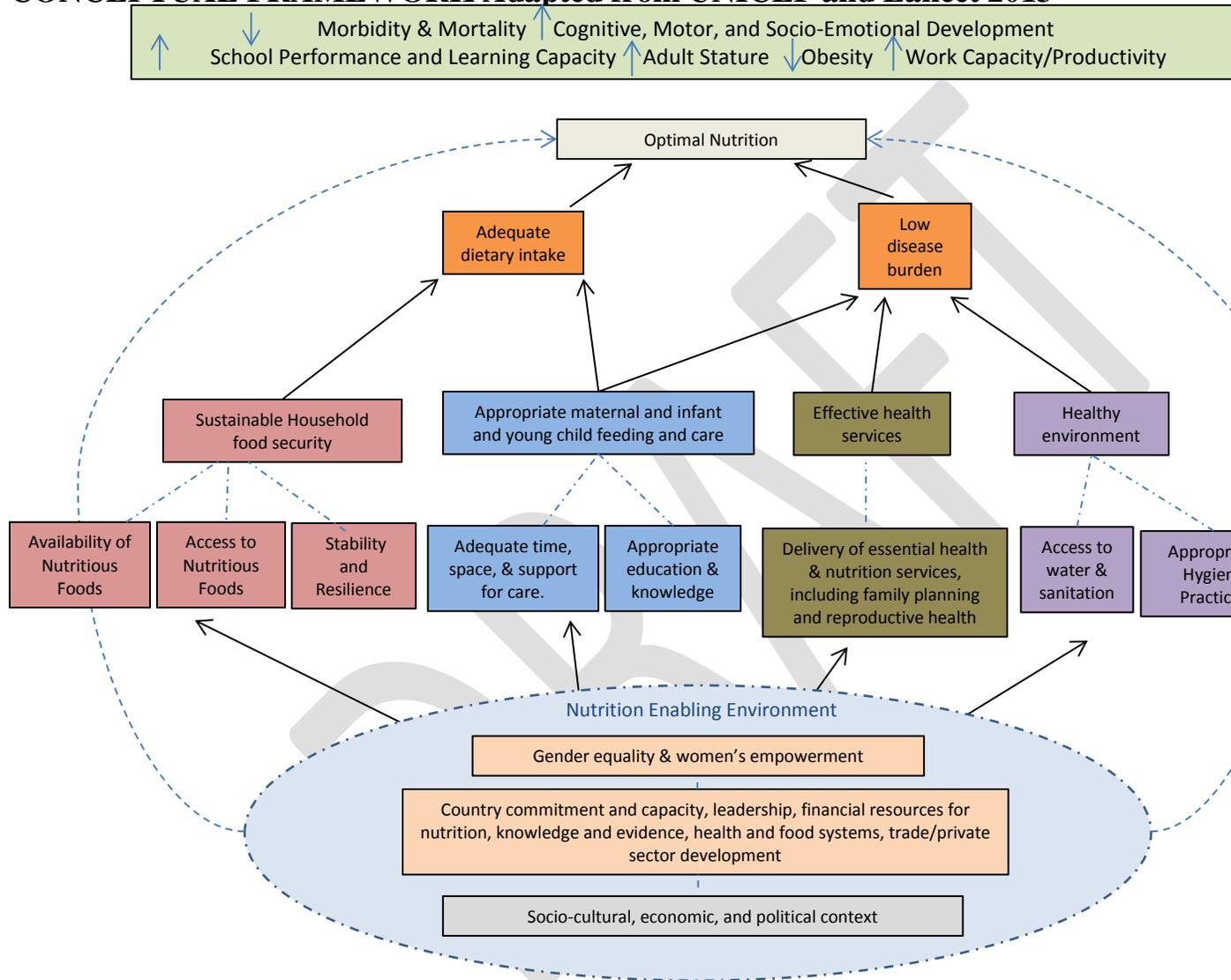
Timely *nutrition-specific* interventions, at critical points in the lifecycle, can have a dramatic impact on reducing malnutrition globally if taken to scale in high burden countries. If scaled to 90 percent coverage, 10 evidence-based, nutrition-specific interventions could reduce stunting by 20 percent and severe wasting by 60 percent (Bhutta et al., 2013). Key interventions include low-cost technologies, basic services delivery, optimal infant and young child feeding including promotion of exclusive for the first six months and continued breastfeeding through at least 24 months, micronutrient supplementation, prevention and treatment of infectious diseases, and the management of acute malnutrition can significantly prevent malnutrition (Bhutta et al., 2013).

Large reductions in malnutrition are possible, but not with nutrition-specific interventions alone (Bhutta et al., 2013). *Nutrition-sensitive* interventions have enormous potential to enhance the effectiveness of nutrition investments worldwide. Emerging evidence shows the opportunities for nutrition impact with a number of nutrition-sensitive interventions, including:

- Family planning and healthy timing and spacing of pregnancy;
- Water, sanitation and hygiene (WASH);
- Nutrition-sensitive agriculture;
- Food safety, food processing, and dietary diversity in partnership with industry;
- Early childhood care, development and education;
- Economic strengthening and livelihoods and recovery.

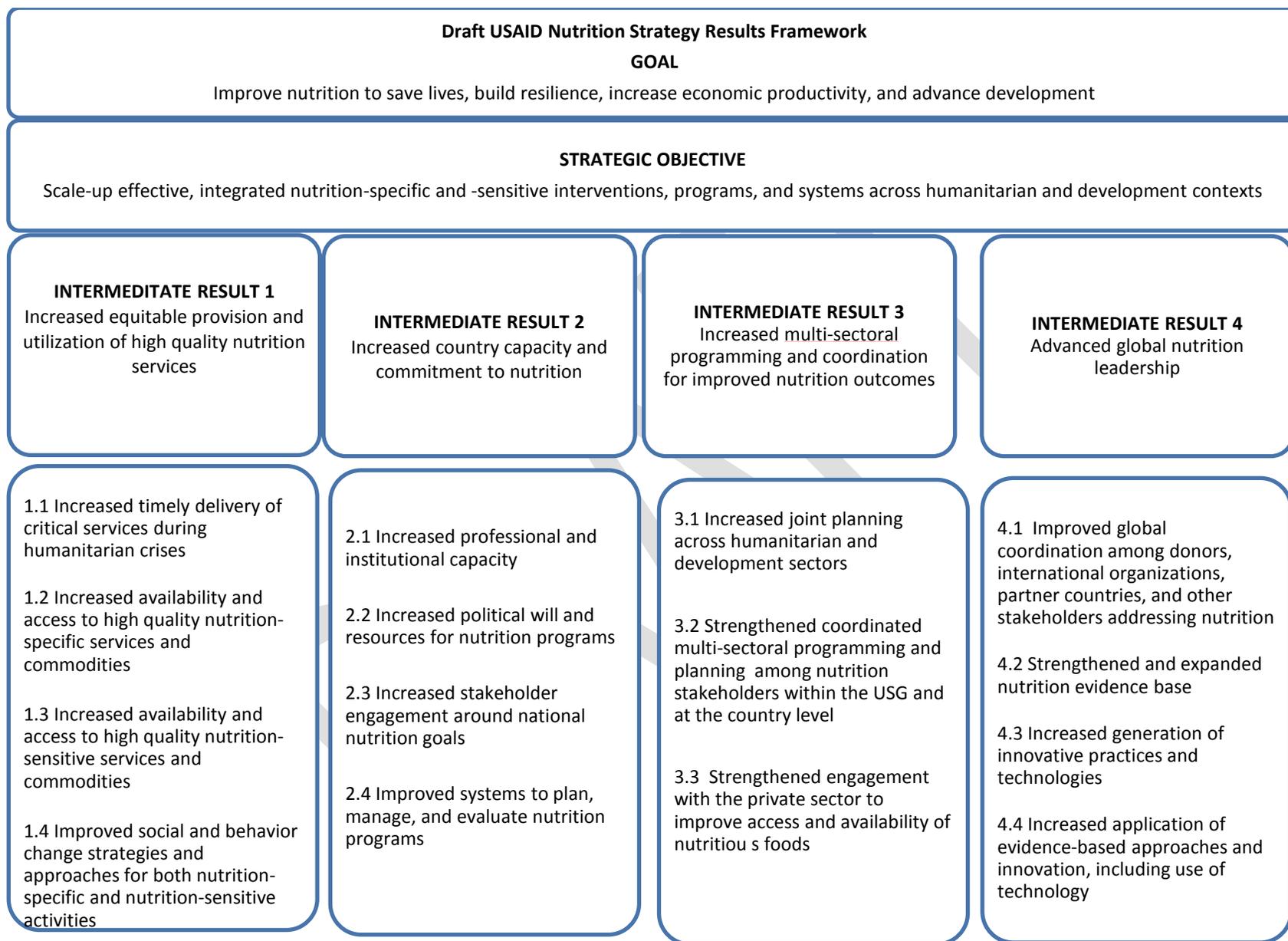
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CONCEPTUAL FRAMEWORK Adapted from UNICEF and Lancet 2013



Illustrative examples of interventions/services

- 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, & continued Breastfeeding
 - Appropriate Complementary Feeding
 - Feeding During Illness
 - Dietary Diversity for Pregnant and Lactating Women
 - Maternal supplementation
 - Caregiver support and protection
 - Early childhood care & development
- Treatment of Moderate and Severe Malnutrition
 - Micronutrient Supplementation or Fortification
 - Nutrition Management of Infectious Diseases (eg HIV/AIDS, TB, Diarrhea)
 - Prevention and Treatment of Infectious Diseases (eg ITNs, antimalarials in pregnancy)
 - Family Planning and Reproductive Health Services
 - Deworming in Children
 - Nutrition assessment and counseling
- Clean Water Sources
 - Sanitation Facilities
 - Hand Washing
 - Clean Family Living Environment
- Nutrition Advocacy
 - Nutrition Resources Mobilization
 - Multi-sectoral coordination
 - Human resources for nutrition
 - Gender Analysis
 - Accountable policies that enable participation and transparency
 - Systems: QI/QA, management, financial, logistics, M&E, nutrition surveillance



KEY DELIVERABLES

- Goal level: 4 percent annual average rate of reduction in stunting across the Feed the Future focus countries, translating into 2 million fewer children stunted.
- Intermediate Result 1: Evidenced based nutrition-sensitive interventions scaled up, especially in Feed the Future focus countries, resulting in increased consumption of nutritious foods by vulnerable populations
- Intermediate Result 2: Significantly increased number of formally trained nutrition professionals, especially women, across sectors in focus countries
- Intermediate Result 3: Partnerships with private sector entities that increase the availability and consumption of nutritious foods by women and children.
- Intermediate Result 4: Evidence base expanded for nutrition-sensitive agriculture interventions

Baselines and targets will be determined in consultations at the country level.

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, achieving USAID's 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 our 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 USAID globally. Recognizing that women and girls face multiple barriers (education, economic empowerment, political participation, and access to basic health services) that have a strong impact on malnutrition, each Intermediate Result includes activities that address gender equality and female empowerment as described in USAID's Gender Equity and Female Empowerment Policy of 2012.

IR 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 women of reproductive age – by increasing the provision and utilization of high quality



nutrition services. For the purpose of this strategy, “services” are defined broadly to include both nutrition-specific interventions and nutrition-sensitive interventions. Both nutrition-specific and nutrition-sensitive interventions are necessary to further impact and reduce malnutrition (Ruel et al., 2013; WHO, 2013).

USAID will strengthen service delivery systems to ensure timely and equitable delivery of services for all groups and populations, particularly during humanitarian emergencies, and promote lasting impact. USAID aims to work with countries and across different sectors to achieve large-scale, sustainable nutrition impact. All programs will consider the key role of girls and women in improving nutrition as food producers, mothers, caregivers, and market participants. Focusing on activities that target women’s nutrition for their own health along with activities that aim to educate and sensitize men and other persons of influence about the importance of nutrition has the potential to break the cycle of poor nutrition within the household.

1.1 Increased timely delivery of critical services during humanitarian crises

USAID recognizes the significance of malnutrition as a contributing factor to 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. While timeliness is critical to save lives, there is a growing recognition that more sustainable approaches that strengthen national systems are necessary to ensure services continue as the crisis subsides and the supply of emergency technical support and commodities decreases.

Illustrative actions:

- Strengthen early warning systems to conduct food security and nutritional assessments
- Strengthen emergency nutrition preparedness and the capacity of government agencies and local NGOs to respond to shocks
- Pre-position specialized nutrition products for a rapid response to prevent and treat acute malnutrition
- Support the distribution of commodities and complementary services during emergencies to prevent and treat malnutrition
- Referral to clinical care and treatment for health problems

1.2 Increased availability 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. The 2013 Lancet Series on Maternal and Child Nutrition (Bhutta et al., 2013) examined a range of nutrition interventions across the lifecycle for evidence of benefit for maternal and child nutrition status and reductions in mortality. USAID will focus its efforts on evidence-based nutrition interventions with the primary targets of pregnant women and children under-two.

The increased production and use of ready-to-use therapeutic food (RUTF) and a community-based approach, community management of acute malnutrition (CMAM), has been effective in helping referred children to recover from SAM and saving countless lives (UNICEF, 2013). Linking CMAM with other nutrition promotion services, such as community outreach and management, is important to prevent acute malnutrition and reduce the overall caseload of severely malnourished children.

Infectious diseases and malnutrition interact in a vicious cycle; diseases such as HIV, malaria, and tuberculosis have particularly egregious effects on health and nutritional status. Effective prevention and management of infectious diseases will decrease the harmful effects of illness on nutritional status including fetal growth restriction, small-for-gestational age births, poor growth during childhood development, and micronutrient deficiencies, including anemia.

Illustrative actions:

- Improve 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 the special challenges of adolescent pregnancies
- Promote improved infant and young child feeding and care practices, with an emphasis on exclusive and continued breastfeeding and optimal complementary feeding combined with developmental stimulation
- Scale-up micronutrient supplementation and fortification, including iodine, Vitamin A, and iron folic acid, to address key micronutrient deficiencies, particularly in women and children
- Increase access to treatment of acute malnutrition, including provision of therapeutic and supplementary foods, and link to preventive programs when feasible
- Increase availability and access to nutrition assessment, counseling, and support (NACS) at community and facility levels including the provision of nutrition commodities
- Work in conjunction with the private sector and policymakers to create and implement policies and programs to develop, appropriately market, and distribute high-quality food products, micronutrient supplements, and fortified foods through both public health and commercial channels
- Support the prevention of overweight, obesity, and nutrition-related non-communicable diseases in children and adults through improved nutrition in pregnancy through two years and balanced physical activity
- Prevent and manage infectious diseases that can affect maternal and child nutrition status through deworming, malaria control, zinc therapy and oral rehydration salts for diarrhea, hand washing with soap, appropriate excreta disposal, and adequate care and feeding of sick children

Complementary Feeding:

At age six months, when breast milk is no longer enough to meet the nutritional needs of the infant, complementary foods should be added to the child's diet. WHO and UNICEF recommend that infants start receiving complementary foods, in addition to breast milk, at six months of age and continue breastfeeding up to two years or beyond. Complementary feeding should be *adequate*, meaning that feedings should be given in amounts, frequency, consistency, and using a variety of nutrient-rich foods to cover the nutritional needs of the growing child. Foods should be prepared and given in a *safe* manner. The period 6-11 months is an especially vulnerable time as infants are learning to eat and must be fed patiently (WHO & UNICEF, 2003).

[Text box example #1 on newborn health and nutrition]

1.3 Increased availability 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 issues 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 (Ruel et al., 2013). 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 contexts and needs.

Illustrative Actions:

Agriculture, Food Security, and Food Safety

Seventy-five percent of the world's poor are rural, most of whom are small-holder farmers (Shekar & Elder, 2013). Although economic growth has been linked to improvements in under-nutrition (Shekar & Elder, 2013; Webb & Black, 2011), investments in agriculture have demonstrated even greater impact on both poverty alleviation and malnutrition since most of the poor are working in agriculture (Headey, 2011; Webb & Black, 2011).

Food safety, including hygienic food preparation, storage, processing, and environmentally appropriate production reduces harmful pathogens that impact health and nutrition (Carvalho, 2006). Consumption of mycotoxins, poisons made by fungi that grow on staple crops, are associated with child stunting and can cause poor immune function or even death (Bennett & Klich, 2003).

- Invest in agricultural technology to increase access by scaling up production of diverse nutritious foods
- Diversify agriculture and livestock production to improve household consumption of a variety of healthy foods, with an emphasis on the empowerment, participation, and time allocation of women
- Embed nutritional 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 healthy foods
- Promote sustainable food production systems that prevent environmental contamination harmful to the growth and development of infants and young children

- Reduce postharvest losses and seasonality of food insecurity, and improve food processing to increase food availability
- Support the removal of barriers women farmers face such as access to land, financial services, market entry, and extension services.

Water, Sanitation, and Hygiene (WASH)

Access to water, sanitation facilities, and hygiene has the potential to positively impact nutritional outcomes by addressing both the direct and underlying cause of malnutrition (Dangour et al., 2013). Optimal hand washing, treatment and safe storage of water, and sanitary disposal of human feces have been shown to effectively reduce the prevalence of diarrhea, a major contributor to child malnutrition (Spears, 2013).

- Promote increased access to water supply and sanitation and the key hygiene practices that contribute to diarrheal disease reduction
- Promote increased availability of essential commodities to facilitate hygiene practices (e.g., water treatment products, soap, commercially produced hand washing stations, and sanitation options)
- Support increased availability of WASH services and products during humanitarian crises

Family Planning and Reproductive Health

Healthy timing and spacing of pregnancies helps ensure good nutrition for mothers and their children (Bhutta, 2012; Gribble, Murray, & Menotti, 2008). 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 (Ahmed, 2013; Ikeda, Irie, & Shibuya, 2013; WHO, 2009). 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 (Ahmed, 2013).

- Incorporate family planning counseling, particularly the lactational amenorrhea method (LAM), into community and facility-based nutrition education and counseling, especially within antenatal and postpartum care
- Develop methods to reach women with closely-spaced pregnancies with integrated family planning and nutrition programming

Economic Strengthening, Social Protection, and Livelihoods

Economic strengthening and livelihoods services, such as social safety nets, can improve the food security of vulnerable families while linking them to health care and social services that enhance nutrition outcomes (UNICEF, 2013). Social protection services, such as food or cash transfers, targeted to vulnerable groups can increase incomes and strengthen resilience through asset protection (Leroy, Gadsden, Rodríguez-Ramírez, & de Cossío, 2010). When integrated into existing health services, 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 infants and children (Leroy et al., 2008; Rivera, Sotres-Alvarez, Habicht, Shamah, & Villalpando, 2004).

- Establish systems that assess individual and family needs and capacity, and refer them to economic strengthening and livelihood support within their communities

- Strengthen community services to support vulnerable individuals and families, including employment, income generation, micro-credit/-finance and micro-savings, and child care and development programs
- Continue provision of school feeding programs, primarily as incentive for attendance or in humanitarian crisis
- Incorporate nutrition objectives into social safety net programs
- Support the use of cash transfers and food vouchers in times of humanitarian crises

Education and Early Child Development and Care

Few societies have achieved high and sustained rates of economic growth or significantly reduced poverty without first expanding access to quality education (UNICEF, 2013). 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 (Wamani, Tylleskär, Astrøm, Tumwine, & Peterson, 2004). For each year a mother stays in school, the odds of having a stunted child decrease by 4 to 5percent (Semba et al., 2008).

- Promotion of age-appropriate early child development
- Increase equitable access to education, especially for girls, including during periods of conflict and emergency

1.4 Improved social and behavior change strategies and approaches for both nutrition sensitive and nutrition specific activities

Improved social and behavior change communication (SBCC) strategies and approaches are essential for increasing demand for services and commodities and ultimately, increasing utilization of services. As women are often the main caregivers in their families, effective behavior change communication targeting women, men and other family members, are crucial to effect and encourage sustainability of improved nutrition practices. USAID grounds its SBCC programs using formative research to target appropriate household and community members, extended beyond direct caregivers. This includes families, communities, health service providers, community health and agriculture extension agents (both health and agriculture), teachers, and traditional leaders.

Examples of illustrative actions include:

- Strengthen SBCC interventions based on formative research
- Broaden the evidence base of the impact of gender on programs
- Strengthen information channels for widespread SBCC, including through the private sector ensuring consistency and complementarity of messages
- Strengthen linkages between messages related to commodity usage and availability of commodities
- Strengthen individual and group counseling within clinical services and community support programs to include effective nutrition messaging and peer support

IR 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 the private sector and civil society

are essential for achieving and sustaining nutrition outcomes (Acosta, 2011; Benson, 2008; Ecker & Nene, 2012; Gillespie, 2001; Levinson & Balarajan, 2013).

Increasing the number and quality of nutrition professionals across all sectors and enhancing the technical knowledge and skills of these professionals are critical to improving the quality of nutrition services (Garrett & Natalicchio, 2011). The expansion of professionals 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 management and quality improvement capacity must be established at regional, national, and local levels for the design, implementation, and monitoring of effective nutrition programs (Gillespie, 2001). USAID will strengthen essential systems that assure good governance, resource tracking and accountability, as well as effective management and delivery of services.

The commitment of country leadership to nutrition at all levels including larger and sustained resource allocations for nutrition is fundamental to creating and sustaining momentum and for conversion of that momentum into results on the ground (Ecker & Nene, 2012; Gillespie et al., 2013; Levinson & Balarajan, 2013; Shekar & Elder, 2013). Building national, cross-sectoral, multi-stakeholder commitment to nutrition will foster coordination across government ministries, build 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 and strategies for nutrition, multi-stakeholder engagement, and effective regulatory standards and norms. Support to and engagement of the private sector including the food industry in the development of healthy food systems, and the involvement of telecommunications and pharmaceutical companies, ethical marketing practices, and delivery of nutrition services are important components of reinforcing country capacity.

2.1 Increased professional and institutional capacity

Building strong human and institutional capacity in nutrition is crucial to create strong cadres of nutrition professionals, who have scientific backgrounds and competencies to provide strategic leadership at local, regional, and national levels. 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.

Illustrative actions:

- Develop an equitable human resources plan, that includes engaging women, 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 to anticipate national technical gaps and fill human resource needs in nutrition-related sectors through degree programs at all academic levels
- Support pre-service education and in-service technical training
- 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 (Acosta & Haddad, 2014; Benson, 2008; Ecker & Nene, 2012). Three factors that shape enabling environments: knowledge and evidence, politics and governance, and capacity and resources (Gillespie et al., 2013; Pelletier et al., 2012). National governments must prioritize nutrition and demonstrate their commitment with policies, resources, and legal frameworks including equitable rights and resource allocation. Political will must be reflected through financial support, particularly in national budgets and at sub-national levels in decentralized contexts.

Beyond the central level, strong political will at the highest level can empower regional and local leaders to prioritize nutrition in their communities (Benson, 2008). 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 (Acosta, 2011; Levinson & Balarajan, 2013).

Illustrative actions:

- Engage the highest levels of country leadership to build political will
- Support development of policies that protect and support women
- Develop USG advocacy strategies that provide consistent messages to government and other nutrition stakeholders about the importance of nutrition
- Support costing of nutrition programs and financial gap analysis
- Support the expansion of legal frameworks to promote nutrition interventions (e.g., fortification, food safety)
- Support country-led nutrition strategies to reach nutrition goals, including prevention of chronic malnutrition and community management of acute malnutrition, in collaboration with the Scaling Up Nutrition (SUN) movement
- Include nutrition on the agenda of high-level bilateral, multilateral, and international events

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 multi-stakeholders, beyond governments alone (Clover, 2010; Welch & Graham, 1999). The private sector can play a pivotal role as it possesses technology, financial resources, expertise, and distribution platforms that can significantly contribute to improved nutrition outcomes. 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.

Illustrative actions:

- Promote the development of private sector research and development structures that enable food technology transfer and innovation
- Build and promote civil society advocacy for nutrition commitments

- Support local CSO consortia to develop accountability reports on national nutrition financing and program coverage
- Support the formation and increase the capacity of key organizations that engage in nutrition, such as women’s organizations and education groups
- Support and participate in SUN-related “Investor Reviews” of national nutrition plans that are inclusive of all stakeholders and with a view to impact and results, and assess technical and managerial feasibility, prioritization, cost reasonableness, metrics, potential for scale-up, and sustainability.

[Text box example #2: Peru- CSO advocacy]

2.4 Improved systems to plan, manage, and evaluate nutrition programs

Key systems that support human resources and financial management, quality assurance and improvement approaches, good governance, as well as the timely delivery of services are all critical to the effectiveness of programs across sectors (WHO, 2007). 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 nutrition-related data in a timely fashion are essential in both humanitarian situations and development contexts (Gillespie et al., 2013; UNICEF, 2011). Instilling a culture of data for decision making, knowledge management, and improved performance and learning is an important contribution to building sustainable, evidence-based programs and systems.

A functional national food safety and quality regulatory framework is essential to ensure a safe food supply by allowing the application and implementation of required norms and standards along the production supply chain. Good manufacturing practices and responsible marketing by the private sector should be part of the food safety framework that protects consumers. The existence of such national structures will promote sustainability, quality, and accountability at local levels.

Illustrative actions:

- Enhanced national information, surveillance, and knowledge management systems
- Established and enforced nutrition-sensitive and nutrition-specific policies, regulations, standards, and norms
- Support quality assurance and quality

Nutrition Assessment, Counseling, and Support (NACS) improves the continuum of health and nutrition care for both adults and children — 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 that improves household resilience and food security. Specifically, NACS has improved the training and supervision of health care workers to provide nutrition services in multiple health care programs, such as HIV/AIDS counseling and testing; HIV/TB clinical care; antenatal care; maternal, newborn and child health care; and prevention of mother-to-child transmission of HIV/AIDS. This approach, emphasizing quality assurance/quality improvement, 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.

- 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 for food products to ensure compliance with international safety and quality standards
- Promote participation of the private sector in harmonizing national food systems, such as food quality and specifications with global standards, and responsible marketing
- Promote accountability and transparency around food and nutrition programs
- Increase national public-private sector consortia around critical services, such as analytical laboratory networks, food safety certification, and food fortification

[Text box example #3: Senegal's technical capacity]

IR 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 (Garrett & Natalicchio, 2011; Ruel et al., 2013; Shekar & Elder, 2013). Utilizing a convergence approach to programming nutrition-specific and nutrition-sensitive interventions in the same geographic areas can also be effective to improve nutrition outcomes (Acosta, 2011; Garrett & Natalicchio, 2011; Levinson & Balarajan, 2013).

USAID will strengthen country multi-sectoral coordination efforts including advocacy for high level government commitment and establishment of agencies and programs that can bring together line ministries, the private sector, and CSOs to jointly plan and program resources across sectors for nutrition results. USAID also intends 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 (USAID Resilience Policy, 2013).

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 populations that lack adequate productive resources to protect themselves from economic, social, and climatic disasters. To improve the nutrition outcomes of these at-risk populations and facilitate effective transitions from emergency response to longer term development, there is a critical need to improve the conceptual design of emergency and development nutrition programs. Ensuring the design and implementation of humanitarian assistance reflects long term development sector objectives will create more adaptable programming to better leverage and utilize USG resources. This requires USAID and its country partners to improve their strategic engagement and planning between humanitarian and development actors.

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 level, within USG 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

[Text box: Example #4 Successful Humanitarian to Development Transition in Liberia]

3.2 Strengthened coordinated multi-sectoral programming and planning among nutrition stakeholders within the USG and at the country level

In order to effectively coordinate multi-sectoral planning and programming for improved nutrition, many countries have established 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 (Ascota, 2011; Garrett & Natalicchio, 2011; Levinson & Balarajan, 2013).

USAID multi-sectoral nutrition coordination groups, with membership across sectors and the USG are also necessary to effectively plan programs and maximize resources. USAID will facilitate critical joint planning, programming, and funding across its programs. A convergence approach to planning and programming nutrition-specific and sensitive activities in the same geographical area has the potential to improve nutrition outcomes (Acosta, 2011; Garrett & Natalicchio, 2011; Levinson & Balarajan, 2013).

Illustrative actions:

- Support country-led processes for multi-sectoral nutrition programming at all levels – national, regional, and local
- Support the development and operations of multi-sectoral nutrition groups or agencies
- 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 planning groups in USAID/Washington and in the field

3.3 Strengthened engagement with the private sector to improve access and availability of nutritious foods.

USAID recognizes that the private sector is an important partner in furthering the objective of this strategy. Promoting positive partnerships with businesses small and large will increase in marketing and availability of nutritious foods.

Illustrative actions:

- Utilize the expertise of the private sector (e.g., in communication, marketing, supply chain) to promote improved nutrition of mothers and children and improved food safety
- Promote nutrition sensitive value chains by working with private sector partners including agro processors and marketers
- Expand food fortification initiatives where appropriate

[Text box example #5: Guatemala Multi-sectoral Programming]

IR 4 Advanced global nutrition leadership

USAID engages with the global nutrition community to improve strategic and technical coordination, develop a stronger evidence base to inform and address global nutrition priorities, and support ongoing application of innovation and experiential knowledge to improve global policy, strategy and practice. The USG endorsed the Nutrition for Growth Compact, signed by more than 90 stakeholders in 2013, and committed to significant contributions toward global targets by 2020 as a benchmark for the World Health Assembly targets of 2025. 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.

Nutrition for Growth Targets for 2020:

- 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 treatment of severe acute malnutrition.

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, civil society, other donors, international organizations, academia, and the private sector. Evidence and knowledge must also be shared across multiple sectors and dimensions, including humanitarian response, gender, agriculture, education, health and family planning, social protection, and water and sanitation.

USAID will continue its participation in the Scaling Up Nutrition (SUN) global movement. To promote strong country commitment to nutrition, USAID will invest in the development and implementation of country policies and strategies for nutrition, multi-stakeholder engagement, and effective regulatory standards and norms. Support to and engagement of the private sector including the food industry in the development of healthy food systems, and the involvement of telecommunications and pharmaceutical companies, ethical marketing practices, and delivery of nutrition services are important components of reinforcing country capacity.

Research to identify, test, improve and adapt solutions is of central importance to USAID's work. Research investments strengthen the evidence-base for development and aim to enable discovery and innovation, understand the factors that impact the use of research results, encourage technology transfer, and incorporate research results into practice.

4.1 Improved global coordination among donors, international organizations, partner countries, and other stakeholders addressing nutrition

Enhanced coordination and collaboration is critical to increase synergies, maximize resource generation and utilization, 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.

Examples of illustrative actions include:

- Actively participate in key global nutrition fora
- Serve on 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 on-going need to identify those nutrition-sensitive, nutrition-specific, and integrated interventions across multiple sectors that are most effective for achieving improved nutrition outcomes, and to better understand why they are or are not effective, how they may need to be adapted in different contexts, 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.

USAID will continue its support for collaborative, multidisciplinary research programs and knowledge exchange to identify and vet emerging promising models and innovative practices and technologies.

Examples of illustrative actions include:

- Prioritize research investments to fill identified evidence gaps
- Conduct research on prioritized questions
- 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

Emerging Research Needs: Illustrative Examples

- *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 and nutritional outcomes

- *Environmental enteropathy*- to determine its effects on malnutrition and the best way to implement effective interventions
- *Household decision making*- to determine the factors, including underlying social and cultural norms and gender inequalities, that influence food production, resource allocation, consumption and caregiving practices of households
- *Operational research*- for example, incorporating linear growth assessment as part of routine health care services and measuring the cost effectiveness of multiple micronutrient supplements for pregnant women and children 6-24 months compared with individual iron-folate and other supplements.
- *Behavior change approaches to leverage agriculture-nutrition pathways*
- *Humanitarian and Development linkages*- Crisis modifiers, integrating humanitarian and disaster assistance with development programs to prevent malnutrition

4.3 Increased generation of innovative practices and technologies

Generation of innovative practices and technologies can help accelerate widespread impact by addressing commonly encountered barriers, creating new opportunities, and bringing about a transformative change in how nutrition issues are addressed at the global and country levels. This will require 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.

Examples of illustrative actions include:

- Support collaborative partnerships to identify technological challenges and opportunities
- Establish and build on partnerships with other donors, private sector, and academic institutions to address challenges
- Issue challenge grants to generate innovation in identified priority areas
- Establish and build up learning networks focused on encouraging innovation
- Support pilot testing of innovative 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 generated with USAID global leadership 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 as they emerge to improve program implementation, country capacity, and impact on nutrition outcomes.

To promote application of emerging evidence and innovation, USAID aims to:

- Increase the availability of global normative standards and guidance
- Work with regional institutions to support adaptation and adoption of global guidance at the country level

USAID's INVESTMENTS ACROSS SECTORS AND FUNDING ACCOUNTS

The Nutrition Strategy emphasizes the importance of working across sectors to achieve results in improved nutrition. All investments should be based on country needs and consider country leadership, country investments and the work of other donors, along with USG foreign policy and development objectives. The Nutrition Strategy Conceptual Framework assists missions with problem analysis, and the Results Framework assists missions with program planning, implementation and monitoring. Investments in building capacity, strengthening systems and supporting an enabling environment are important programmatic objectives along with direct nutrition interventions.

Funding streams that are utilized for nutrition programming:

Funding accounts that are utilized for nutrition programming include Development Assistance (DA), Economic Support Funds (ESF), and Global Health Programs (GHP), Global Food Security Initiative (GFSI), Food for Peace Title II (Title II), International Disaster Assistance (IDA), Middle East and North Africa (MENA), and the President's Emergency Plan for AIDS Relief (PEPFAR). They are reported across various sectors: health (GFSI/NUT, GHP/MCH, GHP/FPRH, and PEPFAR); agriculture (DA, ESF, and Title II); water supply and sanitation (DA, ESF, and MENA); household-level water, sanitation, hygiene, and environment (DA, ESF and GHP); and humanitarian assistance (IDA).

Annex Table C: USAID Funding for Nutrition (Dollars in 000s) (FY 2013) [**Note: Annex not included in this version**]

In allocating funding to countries, USAID prioritizes USG foreign policy priorities, Presidential Initiative focus countries (e.g., Feed the Future), and humanitarian assistance needs for Food for Peace and OFDA.

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

- Population focus
 - Prevalence and magnitude of stunting and acute malnutrition including prevalence of maternal anemia and low body mass index (BMI)
 - Women during pregnancy and lactation
 - Children from birth through two 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

- FTF 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.

Annex A: Country Listing

MONITORING, EVALUATION, AND LEARNING

The strategy will implement evaluation activities building 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 two key areas. The first area will focus on how to cost-effectively bring proven interventions to scale, whereas the second will focus on identifying effective interventions in nutrition sensitive sectors such as gender, agriculture, resilience, health and family planning, and water, sanitation, and hygiene. USAID will engage in ongoing collaborative processes to update the learning agenda with emerging evidence, experiential learning, and assessment of changing contexts. USAID will also support development and validation of indicators for nutrition-sensitive programming, and to measure coverage of integrated programming.

"...the learning curve is quite high. Documenting and learning from [our nutrition programming] experiences is essential to ensuring that agriculture investments contribute to positive nutrition outcomes."
USAID/Ethiopia

Under the guidance of the USAID Evaluation Policy 2011, 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. Cost data will routinely be collected, to build evidence on cost-effectiveness.

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 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 these 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.

Indicators at the goal and strategic objective level align with World Health Assembly and Nutrition for Growth targets, as well as with other major international and USG initiative indicators and targets. Strategy indicators are designed to capture USAID's contribution to these targets, and thus reflect outcomes and impacts in USAID-assisted countries.

Three high level goals are addressed with this nutrition strategy: child stunting, wasting, and women's anemia. By reducing the prevalence of these three conditions, we will save lives, increase resilience, and advance development. The strategic objective-level indicators reflect major outcomes that 1) directly contribute to child stunting and wasting and women's anemia, and 2) are the focus of the effective interventions, programs, and systems being scaled up in USAID-assisted countries.

The final list of IR indicators will be developed in a consultative process with missions and other 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, 3) support the plausible association between our activities and the strategic objective-level outcomes, and 4) are widely reported on so aggregation across and comparison among them is meaningful for accountability and learning.

Goal Indicators

- Prevalence of stunting among children under five in USAID-assisted countries (DHS, FTF, FFP)*
- Prevalence of wasting among children under five in USAID-assisted countries (DHS, FTF)
- Prevalence of overweight among children under five in USAID-assisted countries (DHS)
- Prevalence of anemia among children 6-59 months in USAID-assisted countries (DHS)
- Prevalence of healthy weight among women of reproductive age in USAID-assisted countries (DHS)
- Prevalence of anemia among women of reproductive age in USAID-assisted countries (DHS, FTF)

Strategic Objective Indicators

- Prevalence of low birth weight in USAID-assisted countries (DHS)
- Prevalence of exclusive breastfeeding of infants 0-5 months in USAID-assisted countries (DHS, FTF, FFP)

- Prevalence of minimum acceptable diet of children 6-23 months in USAID-assisted countries (DHS, FTF, FFP)
- Women's dietary diversity score in USAID-assisted countries (FTF)
- Prevalence of moderate and severe hunger in USAID-assisted countries (FTF, FFP)
- Number of HIV-positive, clinically malnourished clients who received therapeutic and supplementary feeding in USAID-assisted countries (PEPFAR)
- Percent of population using an improved drinking water source in USAID-assisted countries (DHS)
- Percent of population using an improved sanitation facility in USAID-assisted countries (DHS)
- Percentage of currently married women age 15-49 using any modern method of family planning (DHS)
- Percentage of children reaching age-appropriate growth developmental milestones (USG Action Plan on Children in Adversity)

(DHS=Demographic and Health Survey; FTF=Feed the Future required or required if applicable; FFP= Food for Peace required if applicable; PEPFAR= President's Emergency Plan for AIDS Relief)

Performance Reviews

The USAID Nutrition Strategy covers a period from 2014-2025 as part of our commitment to the World Health Assembly (WHA) global nutrition targets and 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 most 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.

USAID'S ORGANIZATIONAL ROLES AND RESPONSIBILITIES

USAID/Washington

Assistant Administrators from the Bureau for Food Security (BFS), the Bureau for Global Health (GH), and the Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) will lead the rollout and oversight of USAID's Nutrition Strategy. The Nutrition Division in GH along with members of the nutrition TWG made up of representatives from all Bureaus in USAID/Washington will provide technical oversight to its implementation. The TWG 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.

[Text box example #6: Community Connector in Uganda]

USAID Missions

Ultimately, the success of USAID’s Nutrition Strategy will depend on dedicated Mission leadership, and the deliberate integration of the Strategy’s directions and priorities into Country Development Cooperation Strategies (CDCS), programing (Project Concept Papers and Project Appraisal Documents), and activities (RFAs, RFPs, and other solicitation documents).

To optimize USG investments for nutrition, missions receiving nutrition-related funding should consider:

- Establishing inter-office nutrition (and food security) multi-sectoral 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 planned 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 USG agencies. The POC should have appropriate technical knowledge, and sufficient time for the responsibilities involved.
- Establishing inclusive, “whole of government” coordination with other USG agencies working in country on nutrition-related programming.

Accelerating and sustaining improvements in nutrition will require the efforts of civil society, other donors, and private sector to effectively support host country policies and processes, and global initiatives endorsed by the USG. 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 regional policies and guidelines into strong national frameworks; 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 and other nutrition programs.

USAID will continue to train 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 on the state-of-the-art nutrition planning and program.

DRAFT

Annex A: Countries with high burden of under-nutrition and other criteria														
Country	Total population/ population under-5	High burden country (Lancet definition) ¹	SUN member	FTF countr y	GHI focus country (√) MCH focus country (M)	PEPFAR country √ NACS Country (N)	FFP country FY 2013	OFDA country FY 2013 funding	DFID focus country √ or +*	Prevalence of				
										Stunting among under 5s	Acute malnutriti on among under 5s	Ex. BF 6 mos	Low Birth Weight	Anemi a in WRA
Afghanistan	32.4/5.7	√			M		√	√	+	59	9			24.7
Angola	20.8/3.4	√				√		√		29	8	11	12	52.3
Bangladesh	154.7/ 14.5	√	√	√	√ M	√	√		√	41.3	16	64	22	42
Benin	10.1/1.7		√		√	√				43.1	8.4	43		61
Burkina Faso	16.9/3.0	√	√				√	√		34.6	11	25	16	53.7
Burundi	9.9/1.2		√		√	√	√			57.5	6	69	11	16
Cambodia	14.9			√	√	√				40	11	73.5	8	44
Cameroon	21.7	√	√			√				32.6	6	20	10	40
Central African Republic	4.5/7							√		41		34	14	50
Chad	12.5	√	√				√*	√			16	2.0		52.4
Comoros	.8		√							30	11	12		48
Congo, Democratic Republic of	65.7 /12	√	√		√ M	√N	√		+	45.5	10	36	10	53
Côte d'Ivoire	19.9	√	√			√N				30	7.5	12	14.2	54
Dominican Republic	10.3				√	√						7.8		27
Egypt	80.7	√								29	7.2	53.2	11.1	39.4
El Salvador	6.3		√			√						31		27
Ethiopia	91.7/12	√	√	√	√ M	√N	√	√	√	44	10	52	11- 20%	17
Gambia	1.8		√							24.5	11.5	47		60
Ghana	25.4	√	√	√	√ M	√N				28	8.5	62.8	10	59
Guatemala	15.1/2.2	√	√	√	√	√	√			48		50	11	21
Guinea	11.5/1.7		√			√				31	9.6	20.5	12	49
Haiti	10.2		√	√	M	√N	√*			22	5	40	19- 43%	49.3
Honduras	7.9			√	√	√						29.7		18.7
India	1,236.7/128 .6	√			M	√			√	48	20	46	28	53
Indonesia	246.9/ 21.2	√	√		M	√				39.2 or 36?	13	32	9	33
Iraq	32.6	√												45.3

¹ The 34 countries with latest national stunting estimate ≥ 20% and population affected covering 90% of total child stunted population.

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Kenya	43.2	√	√	√	√M	√N		√	+	35.3	6.7	32	6	46.4
Kyrgyz Republic	5.6		√			√								38
Lao PDR	6.6		√			√								46
Lesotho	2.1				√	√N								33
Liberia	4.2/7			√	√M	√	√			42	8	34	14	58
Madagascar	22.3/3.4	√	√		M	√	√			49.2		51	16	33
Malawi	15.9/2.9	√	√	√	√M	√N	√	√		47.8	4	71	13	28
Mali	14.9	√	√	√	√M		√	√		37.7	15.2	37.8		68.5
Mauritania	3.8		√				√*	√		22				50.4
Mozambique	25.2/3.9	√	√	√	√M	√N	√*			43.1	6	41	16	48.2
Myanmar	52.8	√	√			√		√		35.1				45
Namibia	2.3		√		√	√N								35
Nepal	30.5/3.5	√	√	√	√M	√			√	40.5	11	70	18	33
Niger	17.2/3.2	√	√				√	√		54.8 or 51	12.4	13.6 or 27	27	43
Nigeria	168.9/21	√	√		√M	√N			√	41	14	13	12	62
Pakistan	179/22	√	√		M		√		+	44	15	37	32	28
Peru	30.0		√							18	.6	67.6	7	17.7
Philippines	97/11	√			√					32		34	21	42
Republic of Congo	4.3		√											57
Rwanda	11.5/2	√	√	√	√M	√				44.3	3	85	7	17
Senegal	13.8		√	√	√M	√				26.5	10.1	39.1	19	63.7
Sierra Leone	6.2 m/ 1.0 m		√		√	√	√			44	9	32	11	43
Somalia	10.2						?	?						
Sri Lanka	20.4		√							19.2	15	76		31.6
South Africa	51.2	√			√	√N				23.9				26.4
South Sudan	10.9		√		M	√	√	√			23			
Sudan	37.2	√						√	+	35	16			43.5
Swaziland	1.2		√		√									30.4
Syria	22.4							√						
Tajikistan	8.0		√	√		√				26	10	34.3	7	41
Tanzania	47.8/8	√	√	√	√M	√N			+	42.5	5	50	8	39
Uganda	36.3	√	√	√	√M	√N	√		+	33.4	4.7	63.2	10.2	23
Viet Nam	88.8	√			√	√N			+	23.3		17	5	24.3
Yemen	23.9	√	√		M			√	+					
Zambia	14.1/2.5	√	√		√M	√N				45	5	61	11	29.1
Zimbabwe	13.7		√		√	√	√*		√	32.3		22.2	11	38
Total #		34	45	19	30/24	72 ² /16			6+9					

² Of the 72 PEPFAR countries, the ones not listed in the table include: Antigua and Barbuda, The Bahamas, Barbados, Belize, Botswana, Brazil, China, Costa Rica, Djibouti, Dominica, Georgia, Grenada, Guyana, Jamaica, Kazakhstan, Mexico, Nicaragua, Panama, Papua New Guinea, Russia, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines Suriname, Thailand, Trinidad and Tobago, Turkmenistan, Ukraine, and Uzbekistan.

√= focus country

+ =

High burden country: Web Appendix Panel 4 – The 34 countries with latest national stunting estimate $\geq 20\%$ and population affected covering 90% of total child stunted population...In many high-burden countries, malnutrition rates are much higher than would be expected given national income or economic growth rates. Examples of such countries include India (which has shown sustained and robust economic growth for more than a decade now but no significant reductions in malnutrition), Guatemala, Angola, and Pakistan. The following are 34 high-burden countries which are home to 90 percent of the 165 million stunted children under 5 years of age in the world: Afghanistan, Angola, Bangladesh, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Guatemala, India, Indonesia, Iraq, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Philippines, Rwanda, South Africa, Sudan, United Republic of Tanzania, Uganda, Viet Nam, Yemen, Zambia.

* Food for Peace Countries changes: 2013 countries ending Mauritania, Chad and Mozambique; 2014 countries added Haiti and Zimbabwe.

GHI countries include Armenia, Ukraine

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