

Photo credit: Elisa Walton, USAID Ghana

# GLOBAL MALNUTRITION PREVENTION AND TREATMENT ACT



ANNUAL REPORT TO CONGRESS 2023



**USAID**  
FROM THE AMERICAN PEOPLE



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“By investing in nutrition programs, applying the evidence of what works, and adapting quickly, we can prevent child malnutrition...and we can build a healthier world for everyone.

— USAID ADMINISTRATOR  
SAMANTHA POWER



## PUTTING POLICY INTO ACTION

The Global Malnutrition Prevention and Treatment Act (GMPTA) is a pivotal legislative initiative signed into law by President Biden in October 2022. This act charges the United States Agency for International Development (USAID) with combating malnutrition globally. The GMPTA solidifies USAID's leadership role in nutrition and underscores its commitment to evidence-based interventions within both developmental and humanitarian contexts. By addressing the critical issue of malnutrition through targeted strategies, the GMPTA aims to improve health outcomes, promote economic advancement, and enhance overall human development across nations.

### FOCUS AREAS:

- Strengthening nutrition in primary health care systems
  - Supporting lactating mothers and their families with skilled breastfeeding counseling
  - Improving access to prenatal micronutrient supplements for pregnant women
  - Scaling up the prevention and treatment of wasting
  - Ensuring adequate coverage of vitamin A interventions
- Increasing dietary diversity and appropriate complementary feeding
- Scaling up and sustaining large-scale food fortification
- Improving food safety



Photo credit: Fintrac Inc.

# NOURISHING PROGRESS

IN 2022, USAID REACHED MORE THAN:



**32 MILLION CHILDREN**

WITH NUTRITION PROGRAMS



**160,000 PEOPLE**

WITH PROFESSIONAL NUTRITION TRAINING AND SKILLS DEVELOPMENT



**8 MILLION INFANTS AND YOUNG CHILDREN**

WITH PROPER NUTRITION AND CARE BY PROVIDING EDUCATION, RESOURCES, AND SUPPORT TO FAMILIES AND CAREGIVERS



**11 MILLION PREGNANT WOMEN**

WITH NUTRITION-SPECIFIC INTERVENTIONS



Photo credit: Tine Frank, USAID East Africa Regional

**TABLE I. USAID Programs Consistently Expand Access to Key Nutrition Interventions<sup>1</sup>**

Table I presents targets and estimated number of people reached through nutrition interventions in USAID Nutrition Priority Countries and Nutrition Strategic Support Countries (NPCs/NSSCs). Country missions set annual targets for nutrition interventions and report on progress against their targets. USAID's annual Performance Plan and Report (PPR) uses standardized indicators to report on programming across the Agency.<sup>2</sup> The PPR nutrition indicators included in this report are:

- Number of children under five reached with nutrition-specific interventions through USG-supported nutrition activities (designated as HL.9-1).
- Number of children under two reached with community-level nutrition interventions through USG-supported programs (designated as HL.9-2).
- Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (designated as HL.9-3).
- Number of individuals receiving nutrition-related professional training through USG-supported programs (designated as HL.9-4).

COUNTRY	CHILDREN UNDER FIVE REACHED <sup>HL.9-1</sup>		CHILDREN UNDER TWO REACHED <sup>HL.9-2</sup>		PREGNANT WOMEN REACHED <sup>HL.9-3</sup>		INDIVIDUALS TRAINED <sup>HL.9-4</sup>	
	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
BANGLADESH	324,384	332,363	40,871	46,068	717,662	711,228	6,312	6,726
BURKINA FASO	816,250	829,849	34,840	26,943	5,697	7,222	2,682	2,553
DRC	3,651,322	3,690,065	1,030,205	1,162,072	1,711,706	1,830,935	108	4,152
ETHIOPIA	5,561,017	6,124,250	2,473,926	3,186,712	1,455,368	1,376,396	1,366	3,162
GHANA	152,975	211,312	75,238	185,993	86,269	68,983	830	1,625
GUATEMALA	98,7410	172,730	17,266	25,969	14,728	13,354	600	606
HAITI	300,000	298,996	200,000	164,848	230,000	232,476	1,800	31,000
MALAWI	175,000	437,589	113,000	46,297	110,000	227,285	1,500	427
MALI	2,043,830	2,678,505	554,653	356,141	393,463	388,357	300	46,946
MOZAMBIQUE	669,905	783,342	41,859	85,942	347,202	291,187	3,028	5,874
NEPAL	1,576,898	1,442,567	507,798	381,281	439,284	424,176	4,042	3,987
NIGER	129,913	634,974	42,619	140,010	37,587	271,957	8,962	10,899
NIGERIA	1,716,482	4,438,670	25,500	35,280	1,916,313	1,646,320	1,972	4,355
SENEGAL	61,550	1,699,140	19,600	285,418	10,500	161,500	NR	0
TAJIKISTAN	240,000	226,523	95,000	98,855	72,000	65,696	2,800	2,703
TANZANIA	222,152	295,725	275,274	248,477	74,771	207,530	0	25
UGANDA	1,230,009	2,877,700	571,883	528,938	168,383	1,675,646	6,524	2,039
ZAMBIA	130,000	84,094	129,000	84,094	15,000	22,639	1,486	2,142

<sup>1</sup> Although performance-indicator targets must be set as specific values, an acceptable target range—a range of values above and below the specified target—is equally acceptable. However, if an indicator value falls outside the acceptable range (i.e., 10% above or below the target for PPR indicators), countries must explain why the result fell outside the target range. Reasons for results deviating beyond an acceptable target range may include shifts in the operating context or internal shifts in funding or priorities that required a re-scoping of the project design.

<sup>2</sup> The PPR is an annual data call for performance information managed by the Department of State's Office of Foreign Assistance. All country missions that implement foreign-assistance programs are required to report annually through the PPR.



Photo credit: Kashish Das Shrestha, USAID

In FY22, USAID-supported nutrition programming reached over 32 million children with nutrition-specific interventions. During this same time, USAID's nutrition programming reached over 11.6 million pregnant women and mothers with nutrition-specific interventions, including micronutrient supplementation and counseling on maternal and child nutrition.

USAID's PPR indicators for nutrition further measure specific program interventions, such as vitamin A supplementation, treatment for severe acute malnutrition (SAM), and iron and folic acid supplementation (Table 2). USAID NPCs/NSSCs are strongly encouraged, but not

required, to report on these indicators. Data on these indicators, therefore, may underestimate the true number of children reached. In FY22, USAID treated 5,585,155 children across 26 countries for SAM. The majority of children treated for SAM were reached with Bureau for Humanitarian Assistance (BHA) funding, which was used to purchase 76,471 metric tons (MT) of Ready to Use Therapeutic Food (RUTF), covering treatment for approximately 5.5 million<sup>3</sup> children globally.<sup>4</sup> A total of 23,610,990 children under five received vitamin A supplementation through USAID assistance.

<sup>3</sup> RUTF is provided in 92g sachets and packaged with 150 sachets/carton. 72 cartons make up one MT of product. The globally accepted estimate is one carton of RUTF to cure a child categorized as severely wasted with an average therapeutic diet of 2-3 sachets of RUTF given per day until cured (6-8 weeks on average).

<sup>4</sup> Table 2 includes only NPCs/NSSCs; therefore the figures in the table will not sum to the global total, which includes additional countries beyond the NPCs/NSSCs.



**TABLE 2.** Nutrition Interventions Respond to Diverse Needs Across Country Programs

COUNTRY	VITAMIN A SUPPLEMENTATION	SEVERE ACUTE MALNUTRITION TREATMENT <sup>5</sup>	IRON AND FOLIC ACID SUPPLEMENTATION
BANGLADESH	38,878	7,200	463,051
BURKINA FASO	402,123	45,406	0
DRC	3,382,804	116,723	1,589,022
ETHIOPIA	6,082,832	873,834	1,293,392
MALAWI	223,278	102	82,552
MALI	2,678,505	124,054	388,357
MOZAMBIQUE	686,449	15,120	NR
NEPAL	995,483	1,829	231,068
NIGER	144,376	347,183	206,722
NIGERIA	2,585,163	162,973	1,098,664
SENEGAL	1,289,065	7,020	0
TAJIKISTAN	226,523	0	0
UGANDA	2,263,775	4,755	697,275

Note: Results are included only from the NPCs/NSSCs that reported these voluntary indicators for FY2022. Ghana, Guatemala, Haiti, Tanzania, and Zambia did not report data for any of the four indicators in Table 2.

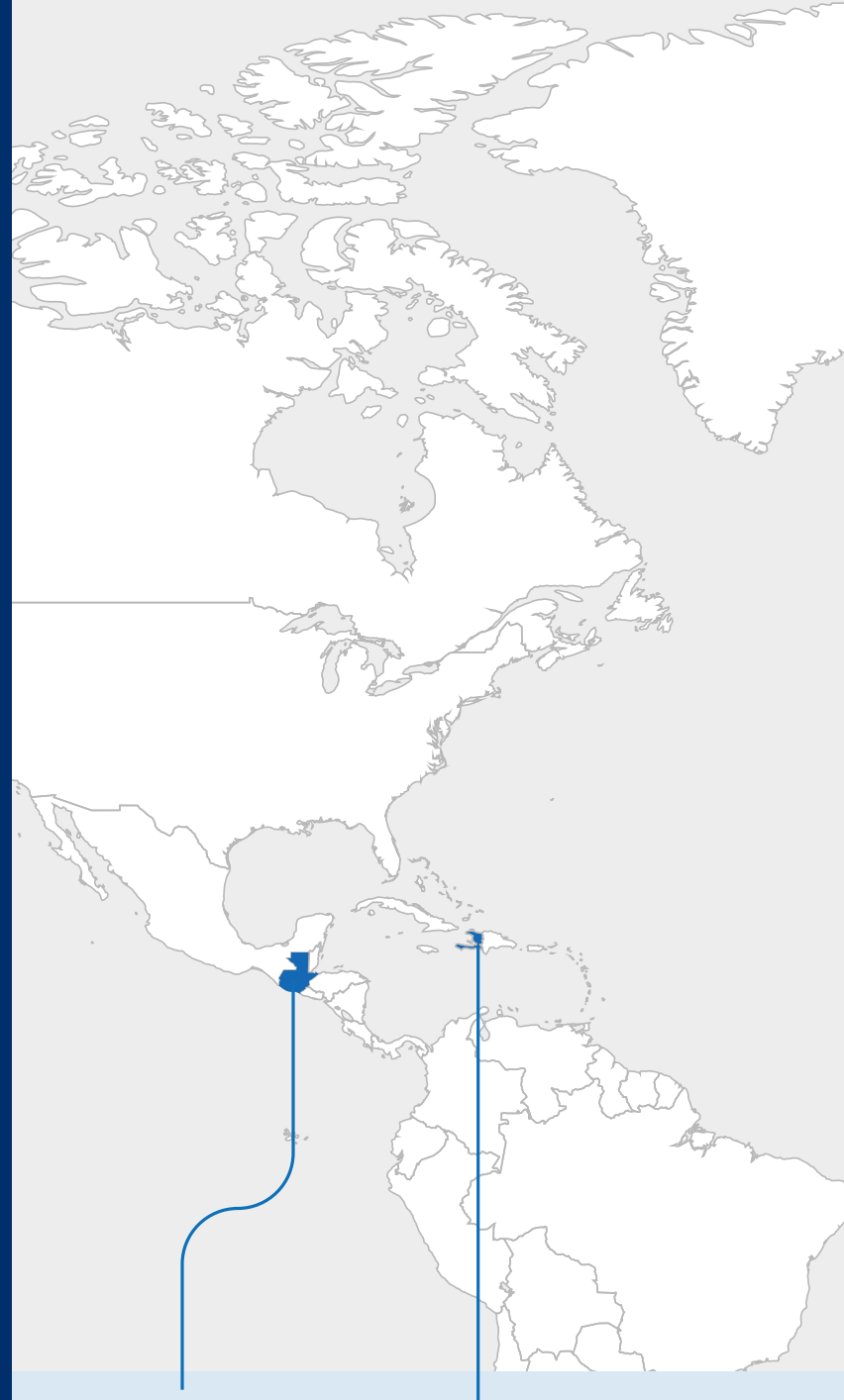
<sup>5</sup> Standard PPR nutrition indicators are required only for nonemergency nutrition activities. Since the vast majority of USAID's support for severe acute malnutrition treatment is delivered through emergency programs, for the purpose of this report, these figures are pulled separately from USAID's BHA reporting rather than through the PPR process.

## SPOTLIGHTS ON SUCCESS

# FUELING COUNTRY PROGRAMS

Across the globe, USAID and its partners work with countries to equip people with the skills, tools, and resources needed to improve their families' health, diets, and nutrition, especially early in life when it matters most.

These country examples and the success stories included in this report illustrate the breadth and depth of USAID country nutrition programming.



### GUATEMALA

Reached 26,000 children under two and 13,000 pregnant women with nutrition interventions through efforts to expand access to and consumption of safe, affordable, and nutritious diets for priority populations.

### HAITI

Collaborated with the Ministry of Health Division of Nutrition to strengthen local capacity to identify, monitor, and treat children who are severely or moderately malnourished. Through this and other programs, USAID delivered professional nutrition training to 31,000 individuals.

Nutrition Priority Countries

Nutrition Strategic Support Countries

## MALI

Strengthened service delivery and case management at health facilities by integrating counseling on diverse, affordable, nutritious, and safe foods with a focus on the nutritional needs of women and children.

## NIGER

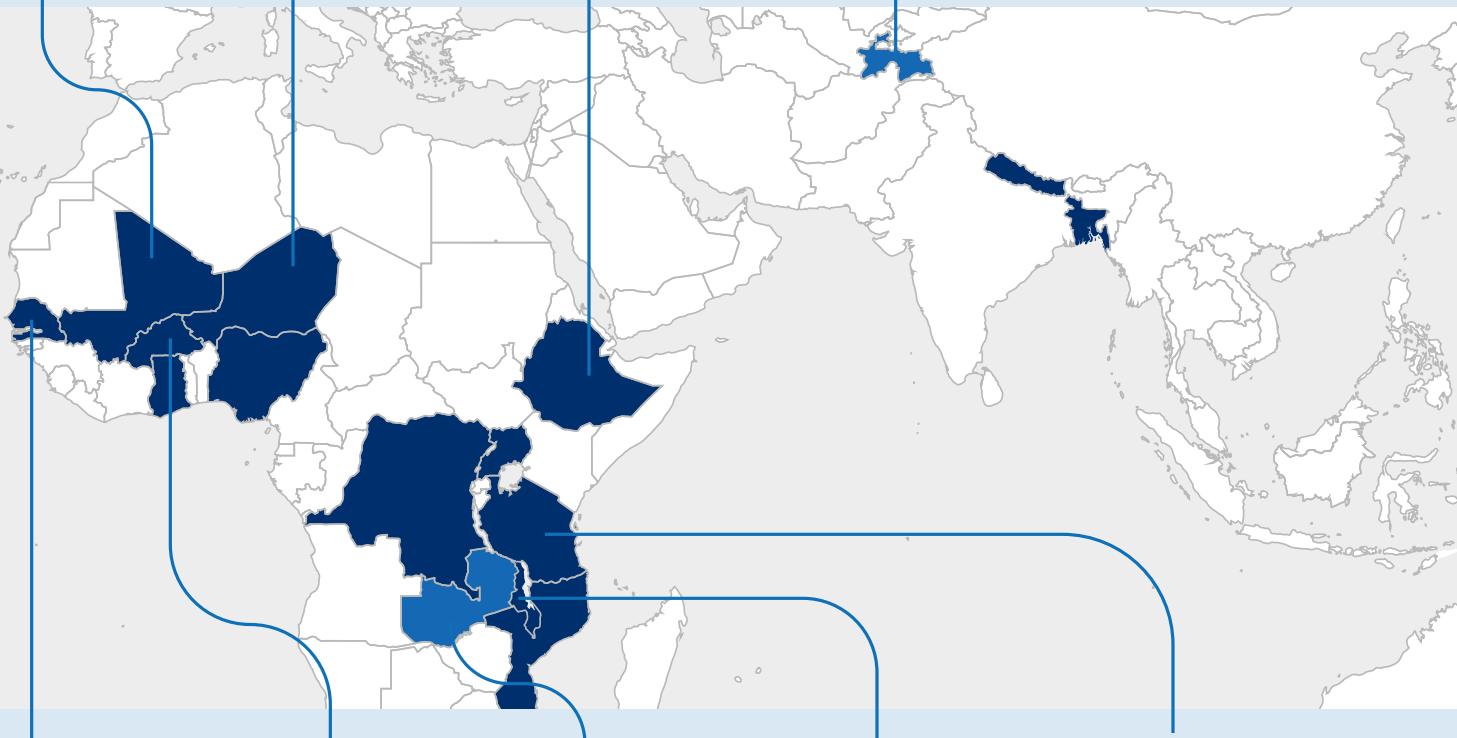
Provided technical assistance to health facility and community level platforms in Maradi, Zinder Dosso, and Tahoua for delivery of quality iron folic acid, and vitamin A supplementation to increase coverage of micronutrient supplementation programs.

## ETHIOPIA

Strengthened existing primary health care platforms to increase uptake of essential nutritional practices and promote age-specific healthy diets, including for adolescents.

## TAJKISTAN

Integrated nutrition in both health and food systems programming to scale up and institutionalize quality health and nutrition services for mothers, newborns, and children.



## SENEGAL

Supported improved management, monitoring, and follow-up of severe acute malnutrition at the community level.

## BURKINA FASO

Increased the availability of nutritious foods in local markets by partnering with commercial entities to support local markets and encouraging private-sector solutions to health and nutrition issues.

## ZAMBIA

Layered activities to deliver and target households with interventions in health and nutrition, agriculture, livelihoods, and water and sanitation to promote optimal nutrition across all life stages.

## MALAWI

Linked nutrition programs across the agriculture, health, and social protection sectors to scale up and improve the quality of services.

## TANZANIA

Worked through the food system to improve dietary practices by supporting access to and consumption of safe, nutritious foods. This included promoting good agriculture and livestock practices, safe post-harvest handling, nutrition focused technologies and processing, and production and consumption of fortified foods.

## SPOTLIGHTS ON SUCCESS

### COUNSELING DIETARY DIVERSITY TO FOSTER CHILDREN'S HEALTH IN **THE DEMOCRATIC REPUBLIC OF THE CONGO**

When Passy Kwizera brought her 4-year-old son, Moise, to a health facility for a routine checkup, she was surprised to learn that he was malnourished. A USAID-trained local community health worker advised Passy about the types of foods Moise needed to eat to encourage healthy weight gain and improve his nutrition status, which included nutrient-rich fruits and vegetables, animal proteins, and other local foods like starches and pulses.

In the North Kivu province of the Democratic Republic of the Congo where Passy lives, USAID partners with the Ministry of Health to reduce childhood malnutrition by screening children under five for malnutrition at least once every three months. USAID has helped train more than 700 health care providers, including local health officials, health care workers, and 520 community health workers. In a six-month period, local community health workers screened almost 220,000 children for acute malnutrition across 70 communities in North Kivu.

Just three weeks after Passy went to that first appointment with Moise, his overall health had improved thanks to the knowledge she gained from her local community health worker about the importance of a diverse diet.



*Photo credit: USAID*

“Today, my son looks like a healthy and normal child. Through this project, not only Moise but other children like him have become healthy again.

– PASSY KWIZERA

## SPOTLIGHTS ON SUCCESS

### IMPROVING NUTRITION FOR MOTHERS AND CHILDREN TOGETHER IN **NEPAL**

When Parbati Khatri attended a meeting for mothers facilitated by the local female community health volunteer in the Sudurpaschim province of Nepal, USAID-trained frontline worker Dharma Singh noticed that Parbati was very frail and thin. Her two-year-old son, Umesh, who was clutching her hand, was even thinner. Parbati explained that she knew her son was unwell, but was hesitant to take her son to the health center without permission from her husband, who had migrated for work.

Dharma and the local health volunteer both work under USAID's Suaahara II Good Nutrition program in Nepal, which partners with local governments to improve the nutritional status of women and children across 42 districts in Nepal. Applying the skills they learned through the program, Dharma and the local health volunteer explained the health risks that Parbati and her son were facing and accompanied her to a nearby health facility. At the facility, health workers taught Parbati how to feed Umesh ready-to-use therapeutic food to treat his severe malnutrition. Dharma and the health volunteer counseled Parbati, who was six months pregnant, about her own nutrition, advising what types of locally available, diverse, nutritious foods she needed to eat, such as eggs, to gain weight and improve her nutritional status. Three months later, Parbati gave birth to a healthy child, and Umesh recovered from malnutrition.

Since 2016, Suaahara II has trained over 30,000 health workers in Nepal to provide care and counseling to the families of pregnant women or lactating mothers with children below two years of age, just like Parbati. Through USAID's support, 138,000 children under five were screened for malnutrition in the past year, and 9,700 malnourished children were referred for treatment and counseling.

Photo credit: Indra Dhoj Kshetri



I am glad that my child and I received timely support. After I knew that I needed to eat more and better for my child to grow healthy in my womb, I started eating more nutritious vegetables and eggs. My elder son was lucky to receive timely treatment for malnutrition. Now my two sons and I are growing healthy.

— PARBATI KHATRI, GAIRA, DOTI,  
FAR WEST PROVINCE, NEPAL

## MEASURING UP TO GLOBAL AMBITIONS

The World Health Assembly (WHA) global nutrition targets provide clear direction and measurable goals for countries to work towards.<sup>6</sup> These targets serve as a framework to guide policy decisions, resource allocation, and collaborative efforts among governments, international organizations, and non-governmental entities to collectively combat malnutrition and enhance global health.

These global benchmarks encompass<sup>7</sup>:

- Reducing stunting among children under five by 40 percent.
- Reducing and sustaining childhood wasting below five percent.
- Reducing anemia in women of reproductive age by 50 percent.
- Increasing exclusive breastfeeding rates within the first six months to a minimum of 50 percent.



Photo credit: Valerie Caldas, USAID Suaahara project

<sup>6</sup> National-level data included in this report are derived from the World Health Organization (WHO) tracking tool on meeting WHA targets.

<sup>7</sup> WHA global benchmarks were originally slated for attainment by 2025. In 2021, WHO and UNICEF extended that date to 2030. For more information, see <https://data.unicef.org/resources/extension-of-2025-maternal-infant-young-child-nutrition-targets-2030/>.

**TABLE 3.** Progress towards WHA Targets in USAID Nutrition Priority Countries and Nutrition Strategic Support Countries<sup>8</sup>

COUNTRY	STUNTING (%) <sup>9</sup>	WASTING (%) <sup>10</sup>	ANEMIA (%) <sup>11</sup>	BREASTFEEDING (%) <sup>12</sup>
BANGLADESH	● 28.0	● 9.8	● 36.7	● 62.6
BURKINA FASO	● 23.8	● 8.1	● 52.5	● 57.9
DRC	● 41.8	● 6.4	● 42.4	● 53.6
ETHIOPIA	● 36.8	● 7.2	● 23.9	● 58.8
GHANA	● 17.5	● 6.8	● 35.4	● 42.9
GUATEMALA	● 46.7	● 0.8	● 7.4	● 53.2
HAITI	● 21.9	● 3.7	● 47.7	● 39.9
MALAWI	● 40.9	● 0.6	● 31.4	● 59.4
MALI	● 26.4	● 9.3	● 59.0	● 40.5
MOZAMBIQUE	● 42.3	● 4.4	● 47.9	● 41.0
NEPAL	● 31.5	● 12.0	● 35.7	● 62.1
NIGER	● 47.1	● 9.8	● 49.5	● 21.6
NIGERIA	● 31.5	● 6.5	● 55.1	● 28.7
SENEGAL	● 17.9	● 8.1	● 52.7	● 40.8
TAJIKISTAN	● 17.5	● 5.6	● 35.2	● 35.8
TANZANIA	● 31.8	● 3.5	● 38.9	● 57.8
UGANDA	● 28.9	● 3.5	● 32.8	● 65.5
ZAMBIA	● 34.6	● 4.2	● 31.5	● 69.9

● = ON TRACK ● = SOME PROGRESS ● = NO PROGRESS OR WORSENING

Note: Stoplight assessment of country progress comes from Global Nutrition Report: Country Nutrition Profiles (<https://globalnutritionreport.org/resources/nutrition-profiles/>) which were developed with extensive technical input from WHO and UNICEF and based on the Average Annual Rate of Reduction for each indicator (explained here: <https://globalnutritionreport.org/resources/nutrition-profiles/methodology/>).

<sup>8</sup> <https://apps.who.int/nutrition/global-target-2025/en/>.

<sup>9</sup> Percent of children under five who are stunted (height-for-age z-score < -2); most recent survey data estimates from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/Stunting>).

<sup>10</sup> Percent of children under five who are wasted (weight-for-height z-score < -2); most recent survey data estimates from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/Wasting>).

<sup>11</sup> Percent of women 15-49 who are anemic (Hb < 120 g/L for non-pregnant women and Hb < 110 g/L for pregnant women, adjusted for altitude and smoking); most recent model-based estimates from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/Anaemia>).

<sup>12</sup> Percent of infants under six months who are exclusively breastfed; most recent survey data estimates from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/ExclusiveBreastfeeding>).

## SPOTLIGHTS ON SUCCESS

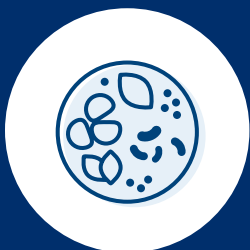
### GROWING STRONGER WITH BIOFORTIFIED CROPS IN **UGANDA**

Namusoby Safina, a farmer in eastern Uganda, used to live in constant worry about her family's health. She made frequent visits to local hospitals and health centers to help her children, who live with sickle cell disease. After learning about crop biofortification through USAID outreach programs in Uganda, she began growing beans that are rich in iron and sweet potatoes rich in vitamin A. Feeding her children these vitamin and mineral-packed crops "helped my sick children," Safina said.

Most families in Uganda rely on diets made up of staple crops that lack essential vitamins and minerals, so many individuals, particularly women and young children, suffer from micronutrient malnutrition. This means they have enough food to fill their stomachs, but not the most nutritious kinds needed to live healthy lives. This can lead to health and developmental issues such as anemia, poor body and brain development in children, and impaired cognitive capacities.

For Safina, biofortified crops have brought a significant livelihood boost. Since growing and selling them, Safina has been able to afford the school fees for her children and buy household supplies, and hopes to diversify her farming activities into raising animals such as poultry.

Photo credit: USAID



About 5.5 million people in Uganda,

**ONE IN EVERY 8 PEOPLE,**

now grow and eat vitamin A-rich sweet potato varieties and

**4 MILLION PEOPLE**

grow iron-rich beans.



## SPOTLIGHTS ON SUCCESS

### WEEDING OUT MALNUTRITION THROUGH STRONGER PRIMARY HEALTH CARE IN **GHANA**

Wedam Caesar Avugu, a community health nurse at the Yikpabongo Health Center in Ghana, was one of over 700 health workers trained in the management and prevention of malnutrition by the Ghana Health Service with support from USAID.

“For several months, we were not able to identify and manage cases of acute malnutrition in children,” said Wedam. He and colleagues did not have access to resources like fuel and motorbikes to conduct outreach visits to more distant communities to identify acute malnutrition cases and provide critical services such as growth monitoring and skilled breastfeeding counseling.

With USAID support for training and transportation resources, Ghanaian health workers screened nearly 300 children for malnutrition across four districts in just two months. These health workers can now conduct additional home visits to follow up with children who are being treated for malnutrition, and they can provide additional preventative health services to children and family members. These investments not only reduce malnutrition but strengthen primary care for communities. Building resilient primary health care systems, anchored by a well-trained and well-equipped health workforce, can improve life expectancy, increase health equity, and provide communities with the opportunity to live longer, healthier lives.



Photo credit: Mohammed Nurudeen, USAID

In one year across 17 districts in Northern Ghana, USAID's investments enabled the Ghanaian health system to reach:

**+185,000**  
**CHILDREN**  
**UNDER TWO**

with community-based nutrition services.

**+68,000**  
**PREGNANT WOMEN**

with nutrition-specific interventions.

## SEEDING RESEARCH AND INNOVATION

Research and innovation play a pivotal role in addressing global malnutrition by providing the tools, evidence, and strategies necessary to develop effective interventions and policies. Through rigorous research, USAID gains insights into the complex factors that contribute to malnutrition and its varied manifestations, enabling us to tailor interventions to specific contexts.

In FY2022, USAID continued investing in research that will improve how we identify anemia and micronutrient deficiencies. Anemia can lead to serious health complications for both mothers and their babies, such as increased risks during pregnancy, low birth weight, and developmental issues. By conducting this research across multiple countries, USAID aims to gain a comprehensive understanding of anemia prevalence and its impacts. This new knowledge will allow us to design targeted interventions and policies that can effectively combat the causes of anemia and its consequences, ensuring better health outcomes for women and their children. Additionally, USAID is collaborating with UNICEF and other partners to simplify the way we measure iodine status, an important nutrient for brain development, by monitoring iodized salt and urinary iodine concentration and pioneering the use of other indicators. The insights we gain from these efforts will help shape new recommendations from the World Health Organization (WHO) on diagnosing anemia and assessing iodine status in different populations, contributing to more effective health interventions and policies. Lastly, in partnership with UNICEF and the Bill & Melinda Gates Foundation, USAID supported a study in Tanzania to better understand the nutritional needs of pregnant women, including their dietary habits, nutrient intake, and perspectives. This research will compare the effectiveness of commonly used iron and folic acid supplements with more specialized supplement formulations—ultimately providing new evidence that can enhance the well-being of expectant mothers and promote healthier pregnancies.

Innovation drives the creation of new solutions, technologies, and approaches that can transform how we prevent and treat malnutrition, making our efforts more efficient, accessible, and impactful. Through the Feed the Future Innovation Labs, USAID creates and propels innovations,

tools, and strategies that effectively reduce global poverty, hunger, and malnutrition. In FY2022, the Feed the Future Innovation Lab for Food Systems for Nutrition conducted a comprehensive assessment, identifying over 500 potential food systems innovations, of which more than 250 were prioritized for further exploration. Additionally, the Feed the Future Innovation Lab for Food Safety took a data-driven approach to pinpoint critical areas for action, helping countries improve how they handle and process food at various stages, from households to farms and markets. In FY2022, four research studies in Bangladesh, Cambodia, Kenya, and Senegal entered their second year of implementation, contributing to our ongoing mission of enhancing food safety practices and transforming the food system for the better.

Further, during FY2022, USAID advanced research to enhance the safety, quality, and nutritional value of emergency food and nutrition commodities. In Senegal, USAID supported the London School of Hygiene and Tropical Medicine to test the effectiveness of SAM treatment services combined with the provision of a smaller, more cost-effective, scalable water, sanitation, and hygiene (WASH) kit on SAM recovery and drinking water quality, among other outcomes. These kits could be provided to households where cases of SAM are managed through outpatient treatment programs. USAID also supported a study in Kenya, led by the Food and Agriculture Organization of the United Nations (FAO) and Washington State University, to investigate the effectiveness and cost-effectiveness of providing livestock feed and nutritional counseling to mitigate seasonal spikes in acute malnutrition among children and pregnant and lactating women in pastoral regions. Here, the goal is to find innovative ways to improve humanitarian efforts, ensuring that even in emergency situations, individuals receive the necessary support to maintain their health and nutrition.

## SPOTLIGHTS ON SUCCESS

### INTRODUCING INNOVATIVE TOOLS TO SUPPORT VITAMIN A SUPPLEMENTATION IN **MOZAMBIQUE**

Fernando Mitano, provincial director of Health in Nampula, Mozambique, is a champion for new tools to better monitor patients' progress and health visits to prevent and treat malnutrition.

In 12 focus districts in Nampula Province, USAID partnered with the government of Mozambique and local partners to fill a gap in tools to record child health and nutrition information during visits to the health center. USAID provided the Provincial Health Services and the Provincial Directorate of Health with 13,704 registration books and 18,000 individual patient cards (called "multipurpose cards") to be used in malnutrition wards in the 12 target districts. USAID further supported training for health providers, including the district medical chiefs and district health directors, on how to use the tools and make decisions based on the information.

These tools are critical to monitoring service delivery and patients' progress, as they are the primary medical records. "Before this... malnutrition tracking was a major problem [for] our health professionals," Fernando explained. Nutrition indicators are improving in Nampula, and champions like Fernando are keeping track; "we now conduct nutrition indicator briefing meetings. These occur on a quarterly basis... you [can't] imagine how exciting this event is!"

Photo credit: Allan Gichigi,  
USAID Maternal and Child Survival Program



With improved information from the use of registration books and patient cards, vitamin A supplementation increased from

**62%** → **85%**  
**IN 2020**                      **IN 2022**

in **12 focus districts** in Nampula Province, Mozambique.

## FORTIFYING COLLABORATION AND PARTNERSHIP

**U.S. government coordination is essential to effectively address global malnutrition. Malnutrition encompasses complex and interconnected factors, including health, agriculture, education, and social systems. By bringing together the expertise, resources, and efforts of twelve U.S. government agencies, coordination enables a comprehensive approach that can tackle the root causes of malnutrition from multiple angles.**

In FY2022, USAID supported the launch of the U.S. Government Global Nutrition Coordination Plan (GNCP) 2021-2026. This Plan represents a collaborative effort across various agencies to enhance the effectiveness of diverse nutrition initiatives through improved communication, cooperation, and the integration of research into program implementation. For the first time, the highest-levels of leadership from USAID, the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), the U.S. Department of State, the U.S. International Development Finance Corporation (DFC), the Millennium Challenge Corporation, and Peace Corps have joined forces in signing and endorsing the plan, marking a major milestone in this whole-of-government approach. This coordinated effort helps to align strategies, avoid duplication of efforts, and maximize the impact of interventions.

In addition, U.S. government coordination enhances the ability to leverage partnerships with international organizations, donor countries, non-governmental organizations, and local communities. These partnerships are crucial for sharing best practices, leveraging resources, and creating a collective global response to malnutrition. For example, accurate and up-to-date nutrition data are essential for policymakers to grasp the extent of malnutrition challenges and monitor progress. In FY2022, USAID's collaboration with the Bill and Melinda Gates Foundation (Gates Foundation), UNICEF, the World Food Program, the FAO, and the World Health Organization continued to enhance national and sub-national nutrition data systems, both in development and humanitarian contexts, making it easier for decision-makers to design effective programs and track results. That same year, USAID formed a five-year partnership with the World Health Organization and UNICEF to enhance nutrition and health outcomes for

mothers and newborns by expanding quality breastfeeding promotion, counseling, and support. USAID's partnership with UNICEF and the Gates Foundation has also reinvigorated attention to large-scale food fortification as a food security strategy with implications for public health.

U.S. government coordination also contributes to fostering political commitment and engagement on a global scale, encouraging other nations to join in the fight against malnutrition. At the 2021 Tokyo Nutrition for Growth Summit, USAID Administrator Samantha Power announced, on behalf of the White House, the United States' intention to invest up to \$11 billion over three years, subject to congressional appropriations, to combat global malnutrition. This financial commitment will enable the U.S. government to equip countries' governments and communities with the skills and resources needed for improved health, diets, and nutrition as well as to support communities in crisis with critical emergency food and nutrition assistance. In the lead-up to the summit, USAID played a role in rallying the participating countries to renew their dedication to addressing malnutrition. Seven of USAID's NPCs made financial commitments at the Nutrition for Growth Summit aimed at increasing national and sub-national expenditures for nutrition-specific and sensitive actions.<sup>13</sup> Several other NPCs/NSSCs have pledged improvements over the next five years in the related area of strengthening nutrition governance, including donor coordination. A full list of host- and donor-country financial commitments is available in the Nutrition Accountability Framework and the 2022 Nutrition Year of Action Report supported by USAID. This report assessed the measurability of commitments registered at the Nutrition for Growth Summit and their alignment with global targets.

<sup>13</sup> According to the Nutrition Accountability Framework ([www.globalnutritionreport.org](http://www.globalnutritionreport.org)) Burkina Faso, Nepal, Democratic Republic of Congo, Zambia, Mozambique, Tanzania and Malawi have all indicated financial commitments aimed at increasing national and sub-national nutrition expenditures in the coming years.

## SPOTLIGHTS ON SUCCESS

### INCREASING FOOD SAFETY THROUGH INFORMED VENDORS AND CUSTOMERS IN **NIGERIA**

Vendors like Alhaji Musa Bebeji, who sells produce at a traditional market in Kebbi State, Nigeria, risk inadvertently sourcing and selling food contaminated with bacteria or other microbial pathogens.

Traditional markets provide access to highly nutritious but perishable foods, and food-borne illness can jeopardize it all. Unsafe food causes 600 million cases of foodborne-related illness and 420,000 deaths a year globally, one third of which occur among children under age five. Through USAID support, vendors in Nigeria have participated in a training program to improve the safety of nutritious foods in traditional markets.

The program, in collaboration with the Nigeria Federal Ministry of Health, trained individuals in traditional local markets to serve as “food safety champions/watchers” in and around the capital city. As a participant, Alhaji Musa Bebeji learned how to improve food safety practices for her goods. She explained, “Anyone that sells in the market would know that you need to treat your customer right.” Now she has the tools to make sure her customers receive hygienic and quality produce to nourish their families.

By focusing on consumers, vendors, and other market actors, the food safety program improves awareness of hygienic practices and helps consumers and vendors demand safe, nutritious food to ensure all people, especially young children, thrive.



*Photo credit: Adeyemi Musuru*

In collaboration with the Nigeria Federal Ministry of Health, USAID trained individuals in traditional local markets to serve as “food safety champions/watchers” in and around the capital city, reaching almost

# 230,000 PEOPLE.

## CATALYZING TRANSPARENCY AND ACCOUNTABILITY

Transparency and accountability are foundational to advancing global nutrition objectives, necessitating concerted collaboration among donors, host-country governments, the private sector, and other stakeholders committed to malnutrition prevention and treatment.

As the principal contributor to worldwide nutrition efforts, the U.S. government recognizes that precise resource tracking and robust accountability mechanisms are imperative to measure progress against our commitments. USAID has been at the forefront of this effort, coordinating the publication of all financial contributions to global nutrition from all U.S. departments and agencies.

USAID's dedication to accountability is further exemplified by its support for the Scaling Up Nutrition Donor Network, facilitating the application of the Organisation for Economic Co-operation and Development nutrition policy marker to monitor global nutrition investments. This commitment involves meticulous analysis, evaluation, and harmonization of donor reporting practices, enhancing the precision and consistency of resource tracking. In FY22, USAID's endeavors encompassed comprehensive reviews of multi-sectoral nutrition spending across reporting donors, coupled with year-on-year comparisons of donor nutrition investments.

USAID has also been instrumental in bolstering multi-sectoral budgeting, financing, and transparency capabilities at the country level in partnership with the Gates Foundation. In FY22, collaborating with the governments of Ghana and Malawi, USAID facilitated the creation of sustainable financing strategies and action plans for nutrition while concurrently implementing a robust system for tracking expenditures against budgets. This undertaking significantly contributed to the financing objectives set during the African Union Year of Nutrition, marking a transformative stride in reshaping the landscape of domestic investment in nutrition.



Photo credit: Naziru Muzungu, Malaika Media for JSI

## NAVIGATING CHALLENGES: INSIGHTS FROM IMPLEMENTATION HURDLES

The global nutrition landscape is facing unprecedented challenges. The following insights shed light on the multifaceted nature of these issues:

- **Climate Change** is significantly impacting global nutrition outcomes due to its far-reaching consequences on health, food systems, agricultural productivity, and access to nutritious foods. Altered weather patterns, unpredictable rainfall, and more frequent and intense weather events such as droughts and floods negatively impact agricultural yields and crop quality, reducing the availability of diverse and nutrient-rich foods. This can result in food shortages, decreased availability of affordable and diverse foods, and increased food prices, exacerbating food insecurity and poor health outcomes. Further, climate shocks, such as flooding and drought, can force communities to migrate or become displaced. This disrupts livelihoods, access to resources, and food security, increasing vulnerability to malnutrition.
  - » USAID has focused on **strengthening community resilience** in programming. Programs that increase rural access to finance, health, nutrition, and agricultural extension services have helped over 731,000 people apply life- and livelihood-enhancing technologies to improve nutrition over the past year. In Burkina Faso, for example, programs to strengthen resilience helped to improve dietary diversity even in the face of drought and a poor harvest.
- **Conflict and Political Instability** have significant adverse effects on global nutrition due to their disruptive impacts, particularly on healthcare services and social structures. Conflict often damages or destroys healthcare facilities and disrupts health services. Routine healthcare, including maternal and child nutrition services, can become inaccessible, leading to higher rates of malnutrition and preventable diseases. Conflict can also disrupt agricultural activities, leading to decreased food production and supply. Farmers may be forced to abandon fields, livestock can be lost, and supply chains can be interrupted, causing food shortages and price spikes. Further, conflict can impede the delivery of humanitarian aid and restrict access to affected populations, making it difficult to provide lifesaving nutrition interventions to those in need.
  - » **Building flexibility into programming** has helped USAID and partners faced with conflict or disruption to continue delivering essential nutrition services. In the face of conflict, USAID/Mali adopted mobile clinics and other innovative approaches to maintain programs that prevent and treat malnutrition in insecure, hard-to-reach areas and internally displaced–persons camps. USAID uses the national epidemiological surveillance system and SMART surveys to monitor nutrition-specific and sensitive interventions in the evolving insecurity and humanitarian crisis. These data help inform decisions about if or how USAID needs to pivot programs to ensure continuity of priority nutrition interventions.
- **Partner Country Political Will and Investment** shape global nutrition outcomes by influencing policies, resource allocation, and the prioritization of nutrition interventions. When countries lack political will and investment to address nutrition challenges, it can lead to a range of negative effects that undermine the well-being and development of their populations. Many USAID partner countries face mounting debt obligations, which is leading to cuts in public spending across various sectors, including nutrition. This reduction in funding directly affects the availability and quality of nutrition services, exacerbating existing challenges.
  - » **Fostering partnerships and continuous engagement** with political actors has helped USAID to advance nutrition policies even in the face of competing priorities. Ongoing collaboration with the prime minister's office and officials in the Tanzanian government led to the successful launch of the National Multi-Sectoral Nutrition Action Plan II (2021-2026) and its accompanying Resources Mobilization Strategy, underlining the significance of strategic partnership in advancing nutrition agendas. USAID then supported the government of Tanzania to conduct a year 1 implementation analysis for the new action plan to assess progress and inform data-driven, adaptive management course corrections.

## SPOTLIGHTS ON SUCCESS

### NURTURING BREASTFEEDING THROUGH COMMUNITY SUPPORT IN **BANGLADESH**

Nasir Munshi wants his wife, Ayesha, and their child to be healthy and thrive. That's why, after hearing his imam talk about breastfeeding before a regular Friday afternoon prayer in Bangladesh, he quickly rushed home to share the message with Ayesha. With the encouragement of his religious community, Nasir was motivated to support Ayesha and encouraged her to continue breastfeeding even after the first six months.

Breast milk provides ideal nutrition for infants, supports optimal cognitive and physical development, and reduces the risk of disease. In fact, infants younger than 6 months old who are not breastfed are three to four times more likely to die, on average, compared to infants who have been breastfed.

Family, community, and peer support all play a critical role in promoting optimal breastfeeding practices and helping families navigate myths and misconceptions around breastfeeding. USAID nutrition programming engages with religious leaders to promote positive care-seeking practices and breastfeeding in their communities, helping to strengthen family, community, and peer support for breastfeeding mothers like Ayesha.



In 2022, engaging religious leaders helped USAID to reach:

**711,000** **PREGNANT WOMEN AND MOTHERS**

With nutrition interventions, including breastfeeding counseling and support.



## CLOSING

This Global Malnutrition Prevention and Treatment Act Annual Report underscores the critical strides made in addressing malnutrition on a global scale. Through collaborative efforts, innovative research, and strategic partnerships, the United States has demonstrated unwavering commitment to combating the complex challenges of malnutrition.

As we reflect on the achievements and lessons learned that are highlighted in this report, it is evident that concerted action is imperative. The path forward requires continued dedication and investment, as well as the strengthening of interagency coordination, international partnerships, and evidence-based interventions. The commitments announced at the Nutrition for Growth Summit exemplify the progress that can be achieved when stakeholders come together with shared goals. With persistent efforts, we are poised to make transformative strides toward a future where malnutrition no longer impedes the health, prosperity, and potential of communities to thrive worldwide.





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