

NUTRITION REPORT TO CONGRESS

Introductory Letter from USAID Chief Nutritionist, Shawn Baker

In March 2021, the Lancet launched its third series on maternal and child undernutrition,¹ which provides important framing for this report. The 2008 and 2013 Lancet series shaped USAID priorities across our global health, humanitarian assistance, resilience and food security portfolios and formed the basis of the Agency's Multi-Sectoral Nutrition Strategy.²

The current series reaffirms the fundamental importance of good nutrition for survival and development, our focus on mothers and children in the 1,000 days window from pregnancy to age two, and the robust set of solutions that improve nutrition. The indicators provided in this report are closely aligned with this evidence base.

The world has made some progress on the World Health Assembly (WHA) targets, but it has been uneven and nutrition is significantly under-resourced globally. No country is on track to meet all of its WHA targets. This underscores the importance of USAID's efforts to elevate nutrition as an all-of-Agency priority. This year's refresh of the U.S. Government Global Food Security Strategy and development of the second Global Nutrition Coordination Plan provide opportunities to further prioritize nutrition across the U.S. Government. We are also influencing other stakeholders through the third Scaling Up Nutrition Movement strategy, the UN Food Systems Summit, and the Nutrition for Growth Year of Action.

USAID's nutrition approaches are evidence-based and multi-sectoral, and advance progress in the countries where we work. We are focused on the unfinished agenda: deficiencies in essential vitamins and minerals, opportunity gaps in the delivery of nutrition interventions in the health sector, and accelerating progress in maternal nutrition through both health and food systems. We will continue to explore promising new solutions and invest in monitoring, learning, and evaluation to guide programming. We continue to focus on equity and the most vulnerable, and are committed to engaging with communities to better understand their needs so that we can design responsive solutions.

Progress in nutrition is fragile. Projections of the potential damage to nutrition caused by the current COVID-19 crisis make this fact plain.³ Longer term, the climate crisis and future crises will exacerbate social inequities that contribute to undernutrition. Our quick response to the pandemic, with holistic nutrition guidance and tenacity and innovation from our partners in adjusting programming,⁴ demonstrates that we are ready to take on the challenges ahead.

¹ <https://www.thelancet.com/series/maternal-child-undernutrition-progress>

² <https://www.usaid.gov/nutrition-strategy>

³ <https://www.researchsquare.com/article/rs-123716/v1>

⁴ <https://www.usaid.gov/bifad/documents/bifad-findings-conclusions-and-recommendations-september-14-2020-covid-19-and-nutrition>

We are at a crossroads of either backsliding on nutrition gains or leveraging key moments and new knowledge to accelerate progress.⁵ U.S. leadership on nutrition is essential to deliver on the WHA targets and Sustainable Development Goals. We appreciate the continued support for USAID's nutrition work and look forward to keeping Congress updated to realize the potential of good nutrition to save lives and ensure a brighter future.

Shawn Baker, Chief Nutritionist, USAID

Introduction and Definitions

Introduction: The joint explanatory statement (JES) accompanying the FY 2021 State, Foreign Operations, and Related Programs (SFOPS) Appropriations Act mandated a report on nutrition outcomes achieved over the previous fiscal year that is publicly available and tracks progress toward the 2025 World Health Assembly global targets on stunting, wasting, anemia, and breastfeeding. The U.S. Agency for International Development (USAID) submits this report that includes: the outcomes, disaggregated at the Mission level, including nutrition-specific⁶ treatment and prevention interventions on a country-by-country basis; the approximate number of additional children treated for severe acute malnutrition as a result of United States Government (USG) assistance; and the approximate number of additional children receiving vitamin A as a result of such assistance. This report is also responsive to the directive in the joint explanatory statement for the FY 2021 Agriculture Appropriations Act, regarding a report on nutrition outcomes over the past 12 months by the Food for Peace (FFP) Title II program.

Definitions: USAID submits Table 1, which is organized by USAID Mission, and contains reporting on: global progress toward nutrition outcomes and numbers of pregnant women and children reached through treatment and prevention programming through USAID's global nutrition portfolio.

USAID would like to clarify how the activities that generate these outcomes and results are organized and implemented. The SFOPS JES language requested outcome data be disaggregated by USAID Bureau. To provide a comprehensive view of results, USAID is providing requested data by country. This provides a more accurate picture of USAID programming results as the activities that generate these results are primarily implemented by USAID Missions, not Washington Bureaus. USAID supports coordinated planning of nutrition activities across sectors in all operating units. In addition, the JES calls for reporting on nutrition outcomes achieved over the previous fiscal year. Table 1 includes treatment and prevention data from USAID operating units as reported in the 2019 Performance Plan and Report (PPR)⁷ and from the Bureau for Humanitarian Assistance (BHA) emergency nutrition reporting system,

⁵ <https://www.linkedin.com/pulse/2021-make-or-break-year-keep-nutrition-promises-mothers-shawn-baker->

⁶ Nutrition specific interventions include programs and plans that are designed to address the immediate causes of suboptimal growth and development. (*USAID Multi-Sectoral Nutrition Strategy 2014-2025*)

⁷ The Performance Plan and Report (PPR) is an annual data call for performance information to all Operating Units (OUs) in the U.S. Agency for International Development (USAID) and the Department of State (DoS) that implement foreign assistance programs. In addition to providing data for many agency and bureau uses, the PPR helps fulfill the Performance Reporting component of the Managing for Results Framework by providing reports performance against Objectives identified through Integrated Country Strategies (ICS), Joint Regional Strategies (JRS), Functional Bureau Strategies (FBS), and Country Development Cooperation Strategies (CDCS).

which includes FFP Title II nutrition outcomes. The 2020 PPR is not yet finalized, making 2019 PPR data the most recent and reliable results available for USAID. In addition, not all operating units are required to report on indicators related to nutrition-specific programming, reflected as “NR” in Table 1.

Report Findings

Summary findings from Table 1 are included below.

Progress toward the 2025 World Health Assembly (WHA) global targets on stunting, wasting, anemia, and breastfeeding: National-level data included in this report are derived from the World Health Organization (WHO) tracking tool on meeting WHA targets. USAID programming contributes to these national-level outcomes. Globally, most countries are not on track to meet the 2025 nutrition targets. Six out of 41 countries are on track to meet the target of reducing the number of children under five who are stunted by 40%. Eleven countries are on track to meet the target of reducing and maintaining childhood wasting to less than 5%. Currently, no countries are on track to meet the target of reducing anemia in women of reproductive age by 50%. Twelve countries are on track to meet the target of increasing the rate of exclusive breastfeeding in the first six months to at least 50%.

USAID results on nutrition-specific treatment and prevention interventions on a country-by-country basis: In 2019, USAID-supported nutrition programming reached over 27 million children with nutrition-specific interventions in 28 countries. The countries with the largest overall percentage of children reached as a result of USAID programming include: Ethiopia (19%), Afghanistan (14%), Mali (13%), and Uganda (8%). Interventions included social and behavior change interventions to promote essential infant and young child feeding practices, vitamin A supplementation, iodine deficiency, zinc supplementation during an episode of diarrhea, multiple micronutrient powder supplementation, treatment for acute malnutrition, and direct food assistance.

Overall in 2019, USG-supported nutrition programming reached over 8.5 million pregnant women with nutrition-specific interventions in 21 countries. The countries with the largest overall percentage of pregnant women reached as a result of USAID programming include: Ethiopia (19%), Democratic Republic of Congo (14%), Mali (11%), and Uganda (10%). Interventions included iron and folic acid supplementation, counseling on maternal and child nutrition, calcium supplementation, multiple micronutrient supplementation, and direct food assistance of fortified/specialized food products.

Treatment of severe acute malnutrition as a result of United States Government assistance: In 2019, USAID treated 1,257,447 children across 29 countries for severe acute malnutrition. The countries with the largest overall percentage of children treated as a result of USAID programming include: Ethiopia (18%), South Sudan (11%), Sudan (10%), and Afghanistan (8%).

Approximate number of additional children receiving vitamin A as a result of United States Government assistance:

In 2019, a total of 15,051,202 children under-5 received vitamin A supplementation through USAID assistance across 14 countries. The countries with the largest overall percentage of children receiving vitamin A supplementation as a result of USAID programming include: Ethiopia (32%), Mali (24%), the Democratic Republic of Congo (10%), and Kenya (9%). Data on USAID-supported vitamin A supplementation is estimated to underreport the true number of children reached as operating units are not currently required to report on the number of children receiving vitamin A supplementation through USG assistance. The numbers reported in Table 1 represent results from the 14 countries that voluntarily reported on this indicator in 2019.

Conclusions

Broad patterns emerge from the progress on the four WHA targets presented below. While no country is on track to meet all four of their WHA targets, it is encouraging that there are a number of countries with significant populations that have made major strides in reducing **stunting**, one of the most intractable indicators. Of particular note is progress in Bangladesh, Ghana and Kenya. Some other countries are not yet on pace to meet the stunting target, but still demonstrate impressive historical rates of decline, including Ethiopia, Nepal and Senegal. These positive outliers provide important insights into how multi-sectoral approaches can accelerate stunting reduction.⁸

Progress in **wasting** reduction is mixed, but there are a number of countries that have made major progress. It is notable that Guatemala, Malawi and Rwanda have reduced wasting rates below thresholds of public health importance.

No country on which we report is on track for the **anemia** target, underscoring the need for accelerated action on anemia, particularly focusing on maternal health and nutrition and the food system, especially increasing availability of iron-rich foods through fortification and dietary diversification.

The most consistent progress is on the **breastfeeding** target with 17 of the 28 countries reporting breastfeeding rates over 50%. Some countries that are reported as off track had relatively high rates to begin with, resulting in high targets (for example Nepal at 65%). This is encouraging evidence of how much progress is possible with well designed programs and enabling environments.

⁸ https://academic.oup.com/ajcn/article/112/Supplement_2/894S/5874566

Table 1. Nutrition outcomes, including treatment and prevention, USAID by operating unit

Legend: Green = On track; Yellow = Some progress; Red = No progress or worsening; Grey = Not enough data

Country	Progress on WHA Nutrition Outcomes				Number Reached through USAID Nutrition Treatment & Prevention Programming			
	Stunting (%) ⁹	Wasting (%) ¹⁰	Anemia (%) ¹¹	Breastfeeding (%) ¹²	# of children ¹³	# of pregnant women ¹⁴	# of children treated for SAM ¹⁵	# of children receiving vit A suppl. ¹⁶
Afghanistan	38.2	5.1	42	57.5	3,901,241	584,431	105,700	NR ¹⁷
Bangladesh	30.8	8.4	39.9	65	643,286	698,786	17,937	132,789
Burkina Faso	24.9	8.4	49.6	55.8	NR	NR	35,090	NR

⁹ Percent of children under-5 who are stunted (height-for-age z-score < -2); data from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/Stunting>); stoplight assessment from 2020 Global Nutrition Report (<https://globalnutritionreport.org/resources/nutrition-profiles/>)

¹⁰ Percent of children under-5 who are wasted (weight-for-height z-score <-2); data from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/Wasting>); stoplight assessment from 2020 Global Nutrition Report (<https://globalnutritionreport.org/resources/nutrition-profiles/>)

¹¹ 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); data from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/Anaemia>); stoplight assessment from 2020 Global Nutrition Report (<https://globalnutritionreport.org/resources/nutrition-profiles/>)

¹² Percent of infants under 6 months who are exclusively breastfed; data from WHO WHA target tracking tool (<https://extranet.who.int/nhdtargets/en/ExclusiveBreastfeeding>); stoplight assessment from 2020 Global Nutrition Report (<https://globalnutritionreport.org/resources/nutrition-profiles/>)

¹³ Number of children 0-59 months reached with nutrition-specific interventions through USG-supported nutrition activities in FY19 (PPR standard indicator HL.9-1)

¹⁴ Number of pregnant women reached with nutrition-specific interventions through USG-supported programs in FY19 (PPR standard indicator HL.9-3)

¹⁵ Aggregate data from BHA Emergency programming and HL.9-1e (Number of children under 5 who received treatment for severe acute malnutrition)

¹⁶ Number of children 6-59 months who received Vitamin A supplementation in the past 6 months (HL.9-1b) as reported in PPR and FTFMS (Feed the Future Monitoring System)

¹⁷ NR = Not reported. Not all countries are required to report on the number of women and children reached with nutrition-specific interventions

Country	Stunting (%)	Wasting (%)	Anemia (%)	Breastfeeding (%)	# of children	# of pregnant women	# of children treated for SAM	# of children receiving vit A suppl.
Burma	29.4	6.6	46.3	51.2	8,646	NR	3,681	NR
Burundi	54.2	5.1	26.7	82.3	41,640	9,276	27,406	NR
Cambodia	32.4	9.7	46.8	65.2	43,572	763	238	NR
Central African Republic	40.8	6.6	46	28.8	NR	NR	27,703	NR
Chad	39.8	13.3	47.7	0.1	NR	NR	44,225	NR
Democratic Republic of the Congo	42.7	8.1	41	47.3	1,476,434	1,165,115	102,297	1,476,434
Djibouti	33.5	21.5	32.7	12.4	NR	NR	3,000	NR
Ethiopia	36.8	7.2	23.4	58.8	5,036,923	1,642,334	223,011	4,861,600
Ghana	17.5	6.8	46.4	42.9	1,100,736	539,324	4,021	961,116
Guatemala	46.7	0.8	16.4	53.2	174,419	NR	NR	NR
Haiti	21.9	3.7	46.2	39.9	516,409	259,156	5,784	157,129
Honduras	22.6	1.4	17.8	30.7	12,746	NR	NR	NR
India	34.7	17.3	51.4	58	NR	24,158	NR	NR
Jordan	7.8	2.4	34.7	25.4	64,135	NR	NR	NR
Kenya	26.2	4.2	27.2	61.4	1,345,834	377,711	55,644	1,345,834
Laos	33.1	9	39.7	44.4	11,362	6,453	NR	NR

Country	Stunting (%)	Wasting (%)	Anemia (%)	Breastfeeding (%)	# of children	# of pregnant women	# of children treated for SAM	# of children receiving vit A suppl.
Liberia	30.1	4.3	34.7	54.6	38,496	NR	NR	NR
Madagascar	41.6	6.4	36.8	50.6	1,478,031	245,935	9,000	931,134
Malawi	39	1.3 I	34.4	59.4	1,319,032	534,330	36,251	171,218
Mali	26.9	9	51.3	40.2	3,626,715	982,945	105,910	3,626,542
Mauritania	22.8	11.5	37.2	40.3	NR	NR	11,120	NR
Mozambique	42.3	4.4	51	41	262,601	NR	3,919	101,110
Nepal	36	9.6	35.1	65.2	1,802,794	419,911	NR	1,101,132
Niger	48.5	14.1	49.5	23.3	NR	NR	41,805	NR
Nigeria	36.8	6.8	49.8	28.7	48,193	5,679	NR	NR
Pakistan	37.6	7.1	52.1	47.5	NR	NR	19,515	NR
Republic of the Congo	21.2	8.2	51.9	32.9	NR	NR	11,320	NR
Rwanda	36.9	2	22.3	86.9	490,228	61,459	231	98,122
Senegal	18.8	8.1	49.9	42.1	940,797	1,399	NR	79,625
Somalia	25.3	14.3	44.4	5.3	NR	NR	67,390	NR
South Sudan	31.3	22.7	34	44.5	NR	NR	135,075	NR
Sudan	38.2	16.3	30.7	54.6	NR	NR	120,458	NR
Tajikistan	17.5	5.6	30.5	35.8	205,668	99,514	NR	NR
Tanzania	31.8	3.5	37.2	57.8	308,698	63,019	NR	NR

Country	Stunting (%)	Wasting (%)	Anemia (%)	Breastfeeding (%)	# of children	# of pregnant women	# of children treated for SAM	# of children receiving vit A suppl.
Uganda	28.9	3.5	28.5	65.5	2,177,372	835,966	4,060	7,417
Yemen	46.4	16.4	69.6	9.7	NR	NR	84,000	NR
Zambia	34.6	4.2	33.7	69.9	16,594	NR	522	NR
Zimbabwe	23.5	2.9	28.8	41.9	94,999	NR	NR	NR