



February 21, 2023

Administrator Samantha Power
U.S. Agency for International Development
1300 Pennsylvania Ave., NW
Washington, DC 20523

Dear Administrator Power:

On behalf of the Board for International Food and Agricultural Development (BIFAD, or the Board), I am pleased to share the findings, conclusions, and recommendations from the BIFAD public meeting, *Fed to Thrive: Accelerating Action on Nourishing Foods for Infants and Young Children*, a side event at the World Food Prize on October 19, 2022.

BIFAD applauds your leadership to address hunger and malnutrition. We deeply appreciate your announcement during summer 2022 to provide \$200 million to procure and deliver life-saving treatment to children suffering from severe wasting and your unprecedented successful mobilization of an additional \$330 million in matched funding from other governments and philanthropies. The recent passage of the Global Malnutrition Prevention and Treatment Act is also a critical milestone in bolstering U.S. leadership on food and nutrition security—leadership that is now more important than ever as the world faces an unprecedented global malnutrition crisis. More work and more-ambitious investments are needed, particularly for children under two years of age who bear the highest burden of malnutrition and mortality. It is crucial they get the nourishing food they need at the start of life, as how they are fed will set the course for the rest of their lives. Food shapes their growth, development, and learning, yet fewer than one in five children living in low- and middle-income countries (LMICs) receive a minimally acceptable diet. Malnutrition remains the cause of nearly half of all child deaths in the world. Simply put, the world has failed to improve the way most children are fed.

Given these grim statistics, but also the immense opportunity for impact, identifying interventions to improve the affordability of safe and nutritious foods for children under the age of two is a priority for BIFAD. This crisis calls for new ideas, investment in proven solutions, and bold action in the United States and with our partners globally.

The public meeting, a side event of the 2022 Borlaug Dialogue, gathered a panel of expert presenters and sought public input on evidence-based solutions for increasing the affordability, availability, and convenience of nutrient-dense foods for infants and children six months to two years of age, providing adequate safety nets for families most vulnerable to early childhood malnutrition, and engaging across systems to deliver on the global commitment to feed a fragile world. A key impetus for the meeting was to consider the implications for USAID of the

United Nations Children Fund's (UNICEF's) landmark report, *Fed to Fail: The Crisis of Children's Diets in Early Life*, which examines the latest evidence on the status, trends, and inequities in the diets of young children and barriers to nutritious, safe, and age-appropriate diets.

BIFAD urges USAID to continue its leadership to save children's lives and ensure children around the world can reach their true potential. On behalf of the Board, I would like to highlight the following recommendations for USAID:

- Elevate improvement of diets of infants and children six to 23 months as central in USAID's multi-sectoral nutrition programming.
- Organize USAID resources and structures to maximize multi-sectoral integration and long-term efforts.
- Identify and scale up promising solutions to address gaps in infant and young children's diets.
- Focus social assistance programs to target households with women and children in the first 1,000 days to improve access to and uptake of nutritious diets for infants and young children.
- Leverage USAID's knowledge assets, convening power, and influence to partner with host-country governments and international bodies to improve the policy and regulatory environment for children's diets, including standards for specialized complementary foods and related products.
- Position young children's right to nutritious diets as an essential priority in national development agendas.
- Support development of an enabling environment for food industries, particularly small- and medium-scale enterprises, including improving access to necessary financing and technical assistance, and providing incentives for them to produce affordable and safe nutrient-dense foods for children six to 23 months of age.

BIFAD expands upon these points in the attached brief. True success is a world where children never reach the point of acute malnutrition nor are condemned to lives curtailed by its irreversible scars. We know there are proven solutions readily at hand that can achieve this if children are reached in the crucial first two years of life. It is a matter, of course, of resources, but also of shifts in approach and prioritization that can be achieved should you champion them. The potential for impact is enormous.

Thank you for your tremendous efforts championing nutrition and for considering BIFAD's recommendations for USAID action to secure nutritious, safe, and affordable diets for infants and young children.

Sincerely,

A handwritten signature in black ink that reads "Laurence Alexander". The signature is fluid and cursive, with the first name being more prominent.

Laurence Alexander

Chair, Board for International Food and Agricultural Development
Chancellor of the University of Arkansas at Pine Bluff



186th BIFAD Public Meeting

Fed to Thrive: Accelerating Action on Nourishing Foods for Infants and Young Children

Link to [meeting minutes](#), [video](#), and [agenda](#).

Overview:

The third objective of the recently updated U.S. Government Global Food Security Strategy (GFSS)¹ calls for action toward a well-nourished population, especially among women and children. The GFSS calls for renewed focus on efforts to reduce child stunting by improving safe and nutritious diets, reducing child wasting, and improving micronutrient status.

Today, nearly two in three children ages six months to two years are not consuming nutritionally adequate diets critical to growth and development. In low- and middle-income countries (LMICs), fewer than one in five children consume a minimally acceptable diet. Although 9.2% of the global population lives below the international poverty line of \$1.90 per day, the average cost of a nutrient-adequate diet for one child in a low-income country is \$1–2 per day at six to eight months, \$1 per day at nine to 11 months, and above \$1 per day at one year and older.

Key Questions:

Presentations and discussion at the public meeting focused on evidence-based priority actions to 1) improve nutrient content of diets for children under two years; 2) incentivize the use of these foods by improving convenience, enabling caregivers, and providing safety nets; and 3) effect coordinated, gender-transformative change by bringing together the full spectrum of development and humanitarian actors across the nutrition, health systems, food systems, and social protection sectors.

Findings and Conclusions:

Drawing from testimony by global experts and practitioners, public comment, and materials shared with BIFAD prior to the meeting, the Board would like to highlight the following key and compelling findings. Simply put, these findings underscore that families are struggling to afford safe and nutritious food for their young children, posing threats to child survival and irreversible consequences for child cognitive and physical growth.

- 1. We are failing in the global commitment to eliminate hunger and are failing infants and young children especially.** Globally, we are not on track to meet 2030 Sustainable

¹ U.S. Government Global Food Security Strategy. (2022–2026). *Feed the Future*. <https://www.usaid.gov/what-we-do/agriculture-and-food-security/us-government-global-food-security-strategy>

Development Goal 2 to eliminate hunger.² Nearly 8% of the world population—670 million people—will face hunger in 2030, representing no improvement since the Sustainable Development Goals were established in 2015.³

Today, nearly two in three children ages six months to two years are not getting the nutritionally adequate diets that are so critical to growth and development.⁴ Among infants and children six to 23 months, about half are not fed the minimum recommended number of meals; about half are missing the benefits of the most nutrient-rich foods like fruits and vegetables, eggs, fish, and meat⁵; and only 29% globally are fed a minimally diverse diet needed for optimal growth and development. Unfortunately, there has been little to no improvement in children’s diets in the last decade. Among the 50 countries evaluated in the *Fed to Fail* Report, only 21 countries (fewer than half) have a significant increase in the percentage of children fed a minimally diverse diet, and 10 of the remaining countries (Congo, Cameroon, United Republic of Tanzania, Kiribati, Malawi, Tajikistan, Ghana, São Tomé and Príncipe, Egypt, and Armenia) have experienced a decline in the percentage of children fed minimally diverse diets. Looking specifically at Feed the Future target countries⁶ and USAID’s nutrition priority countries,⁷ the report shows increases in the percentage of children fed a minimally diverse diet in Bangladesh, Burkina Faso, Ethiopia, Nepal, Niger, Nigeria, Rwanda, and Zambia; no change is reported in Democratic Republic of Congo, Liberia,

² United Nations. (n.d.) *Sustainable Development Goals – Goal 2: zero hunger*. <https://www.un.org/sustainabledevelopment/hunger/>

³ FAO, IFAD, UNICEF, WFP, & WHO. (2022). *In brief to the state of food security and nutrition in the world 2022*. <https://doi.org/10.4060/cc0640en>

⁴ UNICEF. (2021). *Fed to fail? The crisis of children’s diets in early life. Child nutrition report*. https://www.unicef.org/media/107226/file/Fed_to_Fail_-_BRIEF_-_ENGLISH_-_Final.pdf

⁵ The UNICEF *Fed to fail?* report highlights these food groups as those most often missing from infants and young children’s diets and therefore challenging progress in improving dietary diversity for this age group. Dairy products are recognized in the report (25) as one of the top three food groups, along with grains and breastmilk, consumed by young children. Though dairy products were not determined to be among the foods most often missing from infant and young children’s diets, the report recommends (51) actions to increase accessibility, availability, and affordability of low-cost and locally available foods, including animal-source foods (UNICEF. 2021). WHO recommends dairy foods for young children as part of a balanced, nutrient-rich diet. For non-breastfed infants and children over six months of age, UNICEF, and WHO recommend daily consumption of milk products; acceptable sources include expressed breast milk and safely stored and prepared full-cream animal milk (cow, goat, buffalo, sheep, camel), Ultra High Temperature (UHT) milk, reconstituted evaporated (but not condensed) milk, and fermented milks, yogurt, or cheese (Pan-American Health Organization & World Health Organization. 2003. *Guiding principles for complementary feeding of the breastfed child*. <https://iris.paho.org/handle/10665.2/752?locale-attribute=en>; World Health Organization. 2005. *Guiding principles for feeding non-breastfed children 6-24 months of age*. <https://www.who.int/publications/i/item/9241593431>). Efforts to promote milk product consumption should also align with guidance on protecting breastfeeding and ending inappropriate marketing of foods for infants and young children (World Health Organization. 1981. *International code of marketing of breast-milk substitutes*. <https://www.who.int/publications/i/item/9241541601> and subsequent updates, including World Health Organization. 2016. *Maternal, infant, and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children*. https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf and World Health Organization. 2017. *The International Code of Marketing of Breast-Milk Substitutes: Frequently Asked Questions*. <https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf>).

⁶ Feed the Future. (n.d.) Feed the Future target country expansion. <https://www.feedthefuture.gov/target-country-expansion/>

⁷ USAID. (n.d.). *Nutrition priority countries*. <https://www.usaid.gov/nutrition/countries>

Madagascar, Mali, Uganda, and Senegal; and significant declines are reported in Ghana, Malawi, and Tanzania.⁸

- 2. Infants and children six to 23 months old are a critical target population for nutrition interventions.** Children under two years have extraordinary nutrient needs because, during this period, a child's brain grows to 75% of an adult brain's size, more than one million new neural connections are formed every second, height increases by 75%, and body weight quadruples. Because infants and young children generally consume small amounts of foods other than breastmilk, their diets need to be extremely nutrient dense, with iron and zinc particularly, but also with nutrients such as calcium, potassium, choline, and omega-3 fatty acids. The consequences of poor diets and feeding practices in early life are pronounced in the data, as the prevalence of stunting increases sharply between six months and two years of age, and more than half of children under five exhibiting wasting are younger than two years of age.⁹
- 3. Nutritious food is not affordable.** Though 9.2% of the global population live below the international poverty line of \$1.90 per day,¹⁰ the average least-expensive set of complementary foods that would provide adequate nutrients costs more than \$1 per day, so caregivers fall back on cheaper, less-nutritious alternatives.¹¹ Dark-green, leafy vegetables are affordable for many households but are also highly perishable and labor intensive to prepare. Other nutrient-rich food groups, such as vitamin A-rich vegetables and animal products, are unaffordable for most households.¹² Healthy¹³ diets for mothers are also essential to meet the needs of their children. Before and during pregnancy, even the least-expensive foods required for both mothers' and infants' health are unaffordable for low-income households, leading to early micronutrient

⁸ Data not included in the report for Feed the Future countries: Guatemala, Honduras, Kenya, or Mozambique.

⁹ UNICEF. (2021). *Fed to fail? The crisis of children's diets in early life. Child nutrition report.* https://www.unicef.org/media/107226/file/Fed_to_Fail_-_BRIEF_-_ENGLISH_-_Final.pdf

¹⁰ Lakner, C., Yonzan, N., Mahler, D.G., Aguilar, R. Andres. C., & Wu, H. (2021). Updated estimates of the impact of COVID-19 on global poverty: looking back at 2020 and the outlook for 2021. *World Bank.* <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021>

¹¹ Bai, Y., Huybregts, L., Iannotti, L., Chapnick, M., Jones, A., Headey, D., & Masters, W. (2021). The economics of feeding infants: Least-cost nutrient adequate diets from 6 to 23 months of age using breastmilk and locally available foods in 31 low-income countries. *Current Developments in Nutrition*, 5(Supplement_2), 623-623. https://doi.org/10.1093/cdn/nzab045_005

¹² Choudhury, S., Headey, D. D., & Masters, W. A. (2019). First foods: Diet quality among infants aged 6–23 months in 42 countries. *Food Policy*, 88, 101762. <https://doi.org/10.1016/j.foodpol.2019.101762>

¹³ According to the GFSS, "healthy diets" are defined as "diets that are of adequate quantity and quality to achieve optimal growth and development of all individuals and support functioning and physical, mental, and social well-being at all life stages and physiological needs. Healthy diets are safe, diverse, balanced, and based on nutritious foods and help to protect against malnutrition in all its forms, including undernutrition, micronutrient deficiencies, and overweight and obesity, and lower the risk of diet-related non-communicable diseases. The exact makeup of healthy diets varies depending on an individual's characteristics (e.g., age, gender, lifestyle, and degree of physical activity); geographical, demographical, and cultural patterns and contexts; food preferences; availability of foods from local, regional, and international sources; and dietary customs." U.S. Government Global Food Security Strategy. (2022–2026). *Feed the Future.* <https://www.usaid.gov/what-we-do/agriculture-and-food-security/us-government-global-food-security-strategy>

deficiency and *in utero* development issues that have long-term impacts on infants' growth and development.

- 4. Barriers to nutritious diets for infants and young children are multi-faceted.** Barriers to nutritious diets can be considered across the domains of affordability, availability, access, and socio-cultural factors. A 2020 study of mothers' perceptions and experiences in 18 countries, including LMICs affected by humanitarian crises, found the primary barriers include the high cost of nutritious foods (79% of respondents), time pressures (62%), availability (30%), knowledge and/or preferences (25%), relationship/support (23%), access (20%), and employment (16%).¹⁴ Availability and physical-access barriers are caused by national supply shortages, seasonal scarcities, poor infrastructure, and acute shocks like climate change and conflict. Even when healthy diets are available and affordable, those foods are often displaced by unhealthy items for reasons of convenience, appeal to children (salty and sugary), and misleading marketing and labeling.
- 5. Specialized, fortified products present significant opportunities to meet nutrient needs during the complementary-feeding period.** It is difficult to construct a diet adequate in all nutrients from purely unfortified foods during infancy. While dietary diversification and selection of nutritious complementary foods are key, considering the time pressure and other barriers described above, specialized products fortified to meet nutrient needs—including blended foods for infants and young children and home fortification using small-quantity, lipid-based nutrient supplements (SQ-LNS)—can close nutrient gaps in complementary-food diets, improve child survival, and promote healthy development.¹⁵ Meta-analysis of trials in 11 countries with over 41,000 children found that SQ-LNS reduced all-cause mortality by 27%.¹⁶ Similar studies found that SQ-LNS reduced stunting by 12–17%, severe wasting by 31%, iron-deficiency anemia by 64%, and delayed development by 16–19%.^{17, 18}

¹⁴ Schmied, V., Fleming, C., Lala, G., Third, A., De Oliveira, J. D., Hockey, K., & Theakstone, G. (2020). *Food and nutrition: Mothers' perceptions and experiences. The State of the World's Children 2019 Companion Report*. Western Sydney University and UNICEF, Sydney.

¹⁵ Dewey K. G., & Vitta B.S. (2013). *Strategies for ensuring adequate nutrient intake for infants and young children during the period of complementary feeding (7)*. Alive & Thrive. https://www.aliveandthrive.org/sites/default/files/attachments/Insight-Issue-7_Ensuring-Adequate-Nutrition.pdf

¹⁶ Stewart, C. P., Wessells, K. R., Arnold, C. D., Huybregts, L., Ashorn, P., Becquey, E., Humphrey, J. H., & Dewey, K. G. (2020). Lipid-based nutrient supplements and all-cause mortality in children 6–24 months of age: A meta-analysis of randomized controlled trials. *The American Journal of Clinical Nutrition*, 111(1), 207–218. <https://doi.org/10.1093/ajcn/nqz262>

¹⁷ Dewey, K. G., Stewart, C. P., Wessells, K. R., Prado, E. L., & Arnold, C. D. (2021). Small-quantity lipid-based nutrient supplements for the prevention of child malnutrition and promotion of healthy development: Overview of individual participant data meta-analysis and programmatic implications. *The American journal of clinical nutrition*, 114(Supplement_1), 3S-14S. <https://doi.org/10.1093/ajcn/nqab279>

¹⁸ Dewey, K. G., Arnold, C. D., Wessells, K. R., Prado, E. L., Abbeddou, S., Adu-Afarwuah, S., Ali, H., Arnold, B. F., Ashorn, P., Ashorn, U., Ashraf, S., Becquey, E., Brown, K. H., Christian, P., Colford, Jr, J. M., Dulience, S. J. L., Fernald, L. C. H., Galasso, E., Hallamaa, L., ... Stewart, C. P. (2022). Preventive small-quantity lipid-based nutrient supplements reduce severe wasting and

- 6. The quality of convenient, complementary-food items available in the market, such as premixed cereal products, is poor and inconsistent with product labels and marketing in many countries.** Many caregivers prefer the convenience of processed foods for children, given the time constraints and other barriers discussed above. The most common type of fortified product is premixed cereals.¹⁹ A comprehensive laboratory study evaluating 108 premixed infant-cereal products from 22 countries found that almost two-thirds of the products were inadequate in both iron and zinc. The study found no correlation between the ingredient and nutrient information on the labels and the products' actual nutrient contents. Testing the products revealed that, without third-party certification and an international agency to enforce content and quality, the content of packaged foods is unpredictable and may be harmful as caregivers unknowingly feed young children products that are lacking the age-appropriate nutrients needed for development.²⁰ An enabling policy environment is a critical foundation for establishing regulatory bodies that can test products and set and enforce standards for infant and complementary foods. National standards for nutritional content, labeling, and marketing claims are needed to protect young children from low-nutrient-quality processed and ultra-processed foods and beverages and from misleading marketing practices targeting children and families. There is a dynamic relationship between food cost and nutritional value. For example, a nutrient-dense baby food purée would need to be primarily composed of real fruit, but it would be much less expensive to lower the fruit content and supplement with water and sugar. Standards need to be established that set the threshold for what constitutes a nutritious complementary food, and these standards need to be enforced, with clear regulations about labeling and marketing, so that more-expensive, nutrient-dense foods do not have to compete with sub-par, nutrient-poor products.
- 7. Access to safe and nutritious food is not equitable.** Looking more deeply than the country-level data most often reported, we see that poor nutrition does not affect all families, socio-economic groups, communities, or regions equally, with measurable inequalities against the poor in access and consumption of important sources of nutrition during complementary-feeding stages, including animal-source foods and nutrient-dense vegetables.^{21, 22} Almost all nutrient-rich food groups are expensive and

severe stunting among young children: An individual participant data meta-analysis of randomized controlled trials. *The American Journal of Clinical Nutrition*, 116(5), 1314–1333. <https://doi.org/10.1093/ajcn/nqac232>

¹⁹ UNICEF. (2021). *Fed to fail? The crisis of children's diets in early life. Child nutrition report.* [https://www.unicef.org/media/107226/file/Fed to Fail - BRIEF - ENGLISH - Final.pdf](https://www.unicef.org/media/107226/file/Fed%20to%20Fail%20-%20BRIEF%20-%20ENGLISH%20-%20Final.pdf)

²⁰ Masters, W. A., Nene, M. D., & Bell, W. (2017). Nutrient composition of premixed and packaged complementary foods for sale in low- and middle-income countries: Lack of standards threatens infant growth. *Maternal and Child Nutrition*, 13(4): e12421.

²¹ Gatica-Domínguez, G., Neves, P. A., Barros, A. J., & Victora, C. G. (2021). Complementary feeding practices in 80 low-and middle-income countries: Prevalence of and socioeconomic inequalities in dietary diversity, meal frequency, and dietary adequacy. *The Journal of Nutrition*, 151(7), 1956-1964. <https://doi.org/10.1093/in/nxab088>

²² Dewey, K. G., Stewart, C. P., Wessells, K. R., Prado, E. L., & Arnold, C. D. (2021). Small-quantity lipid-based nutrient supplements for the prevention of child malnutrition and promotion of healthy development: Overview of individual participant data meta-analysis and programmatic implications. *The American journal of clinical nutrition*, 114(Supplement_1), 3S-14S.

more often fed to infants in wealthier households as compared to poorer households. Data from 42 countries found that infants' diets reached the minimum level of dietary diversity—four of seven food groups—only in the wealthiest third of households, and even in the wealthiest households, children only met this minimum at around 18 months of age—late in the critical development window.²³ Nutritious foods remain mostly inaccessible to people in poor countries because of low purchasing power and high food prices, which can worsen diets and nutrition outcomes, especially among low-income households.^{24, 25} Data from 172 countries indicate that nutrient-adequate diets are particularly expensive for young mothers. Inefficiencies in agricultural-product value chains inflate the cost of highly perishable, nutrient-dense foods, particularly among rural communities where populations are widely dispersed.²⁶

- 8. Climate change is likely to exacerbate these underlying inequities.** A study of infant diets in 42 countries reported a strong connection between temperature and consumption of plant-based, non-staple foods, concluding that children in the hottest temperature regions are 3–6 percentage points less likely to consume a fruit, vegetable, or legume.²⁷ While conclusive on the impact of changing climates on plant-based foods, the study was not conclusive on animal-sourced foods. These results raise the possibility that changing climates, and resulting increasing temperatures, may further reduce consumption of nutrient-rich agricultural products.
- 9. There are opportunities to strengthen the role of local small- and medium-scale enterprises and to link to local agricultural and food systems.** In some countries, local smallholder farmers growing nutrient-dense crops have significant farm losses and may struggle to get products to market, let alone to compete with imported products. Solutions include supporting local smallholders with improved growing techniques to develop nutritious, income-generating, locally desirable products for markets. Challenges include limited access to appropriate financing for start-up of local businesses and competition with less-expensive, less-nutritious products with high-sugar and high-salt content that benefit from marketing and, at times, falsified claims of product healthfulness.

<https://doi.org/10.1093/ajcn/nqab279>

²³ Choudhury, S., Headey, D. D., & Masters, W. A. (2019). First foods: Diet quality among infants aged 6–23 months in 42 countries. *Food Policy*, 88, 101762. <https://doi.org/10.1016/j.foodpol.2019.101762>

²⁴ Bai, Y., Alemu, R., Block, S. A., Headey, D., & Masters, W. A. (2021). Cost and affordability of nutritious diets at retail prices: Evidence from 177 countries. *Food Policy*, 99, 101983. <https://doi.org/10.1016/j.foodpol.2020.101983>

²⁵ Dizon, F. J. F. & Herforth, A. (2018). *The cost of nutritious food in South Asia* (World Bank Policy Research Working Paper No. 8557). https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3238401

²⁶ Bai, Y., Herforth, A., & Masters, W. A. (2022). Global variation in the cost of a nutrient adequate diet by population group: an observational study. *The Lancet Planetary Health*, 6(1), e19–e28. [https://doi.org/10.1016/S2542-5196\(21\)00285-0](https://doi.org/10.1016/S2542-5196(21)00285-0)

²⁷ Choudhury, S., Headey, D. D., & Masters, W. A. (2019). First foods: Diet quality among infants aged 6–23 months in 42 countries. *Food Policy*, 88, 101762. <https://doi.org/10.1016/j.foodpol.2019.101762>

10. Private investment is an essential part of a whole-system approach to achieve availability, affordability, and accessibility of nutrient-dense foods for young infants.

Investments in technologies or mechanization, specialized personnel, and developing economies of scale should be targeted to increase production efficiency and support system-wide improvements that, in the long run, reduce food costs. Impact investors (e.g., the Nutritious Financing Food Facility [N3F]²⁸) can play important roles in providing finance across the entire value chain beyond production, including in food safety, storage, packaging, and transportation to prevent contamination and preserve freshness and value. For example, cold-chain infrastructure—limited across sub-Saharan Africa but essential for protecting such highly perishable, nutrient-dense foods as fruits, vegetables, and animal products—is an opportunity for private-sector investment. Financing for newer food companies in sub-Saharan Africa, which are generally smaller and less technically sophisticated, should include different types of “share classes” that combine first-loss guarantees and other types of de-risking mechanisms with more patient capital²⁹ for long-term outcomes. Blended-finance approaches can help unlock the potential of these investments.

11. Cash transfers, vouchers, or food aid may lead to improved dietary diversity for women but have not been as effective for improving dietary diversity among infants and young children.³⁰

Evaluations of USAID programs designed to improve women’s and children’s nutrition in the first 1,000 days found that the most intense programs—those programs combining food aid, behavior change communication, linkages with health services, cash transfers targeted to general household consumption, and fortified products for mothers and infants—were most effective. Though more expensive, these programs have a greater potential impact on diet and nutrition.³¹

12. Promising behavior-change practices can improve the consumption of safe and nutritious foods, including:

- a. **Communicating across multiple platforms** and channels, including digital media, while focusing messaging on what will make nutritious foods more desirable.
- b. **Engaging the whole of social and political systems—not just mothers.** Children’s diets are influenced by social, gender, and cultural barriers, and women should not have to face these barriers alone. Changing social norms at the societal level

²⁸ GAIN Health. (n.d.). *Nutritious foods financing*. <https://www.gainhealth.org/impact/programmes/nutritious-foods-financing-n3f#:~:text=The%20Nutritious%20Foods%20Financing%20Facility%20%E2%80%93%20N3F%20%E2%80%93,domestic%20markets.%20Show%20more%20about%20the%20programme%20Countries>

²⁹ Patient capital is long-term capital, investing for longer-term outcomes without the expectation of immediate returns on investment.

³⁰ Olney, D., Gelli, A., Kumar, N., Alderman, H., Go, A., & Raza, A. (2022). Social assistance programme impacts on women’s and children’s diets and nutritional status: A review. *Maternal and Child Nutrition* 2022;18:e13378. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9480902/>

³¹ Heckert, J., Leroy, J. L., Olney, D. K., Richter, S., Iruhiriye, E., & Ruel, M. T. (2019). The cost of improving nutritional outcomes through food-assisted maternal and child health and nutrition programmes in Burundi and Guatemala. *Maternal & Child Nutrition*, 16(1). <https://doi.org/10.1111/mcn.12863>

- requires engaging not just mothers but also other family members and caregivers (e.g., fathers and grandmothers, who control spending in many households), policy makers, community members, and service providers across sectors.
- c. **Focusing on a few critical behaviors.** Evaluating data at the country and global level to identify the few, key behaviors or norms that have the greatest impact can help focus interventions.
 - d. **Understanding the societal norms that influence behaviors and the barriers caregivers face.** Interventions should move beyond focusing on the behaviors themselves toward deeply understanding what drives those behaviors. Mothers report repeatedly that time constraints are the greatest barrier they face, so interventions must work toward understanding local social norms and devising methods to support mothers and families to alleviate the time constraints while conveying the importance—and good results—of adequate nutrition. For example, in programs in South Asia, health workers shared basic messages with mothers that children who are fed animal-source foods cry less, keep themselves occupied, and are healthier, freeing up mothers' time for household chores.³²

Recommendations:

Based on the emerging findings and data gaps identified in this public meeting, the Board recommends the following priority actions for USAID.

1. **Elevate the improvement of diets for children six to 23 months as central in USAID's multi-sectoral nutrition programming,** particularly in USAID's Nutrition Priority and Strategic Support Countries and Feed the Future focus countries. This age range is the most crucial point of entry in a person's life for good nutrition, producing a lifetime of benefits. Prioritizing nutrition should include the following:
 - a. **Support robust research and analysis to understand the key barriers, enablers, and pathways in improving the quality of young children's diets, and identify key actions** USAID and its implementing partners can take across food, health, and social-protection systems to address these barriers. This research should aim to better understand the factors, processes, and innovations that are successful (and those that are not) in enabling multi-sectoral action to improve diets for young children. Research should also seek to understand and tailor behavior change communication to local contexts, with consideration of the social norms, caregiver knowledge and confidence, and governance factors that influence affordability of nutritious diets and the adoption of these diets.
 - b. **Integrate indicators of children's diets as key outcomes of multi-sectoral programming,** ensuring provision of sufficient resources to fully collect, monitor, and analyze the data required to track achievement of targets.

³² Sanghvi, T., Haque, R., Roy, S., Afsana, K., Seidel, R., Islam, S., Jimerson, A., & Baker, J. (2016). Achieving behaviour change at scale: Alive & thrive's infant and young child feeding programme in Bangladesh. *Maternal & Child Nutrition*, 12, 141–154. <https://doi.org/10.1111/mcn.12277>

- c. **Consider nutrition a central part of USAID’s equity agenda.** Mothers cannot continue to bear sole responsibility for nutrition. The drivers of malnutrition—time constraints and the lack of access to and inability to afford safe and nutritious foods—all highly align with socio-economic status. Malnutrition is an equity issue.
 - d. **Integrate development and humanitarian assistance.** While we need to act now to prevent children from dying, we also need to build for the medium and long term. USAID should work across functions to integrate humanitarian assistance and development programs, focusing on malnutrition and building resilience in the face of future shocks. BIFAD anticipates pursuing a consultative analytical effort in 2023–2024 to understand and put forward recommendations regarding USAID structures, staffing, and resources needed for this level of integration and layering to meet the ambitious nutrition outcomes called for in the GFSS.
- 2. Organize USAID resources and structures to maximize multi-sectoral integration and long-term efforts.** To support attainment of critical nutrition outcomes, USAID resources and organizational structures need to ensure they maximize multi-sectoral and long-term efforts. This includes lengthening program delivery timeframes, which can create cost savings for USAID by spreading out project start-up costs over a longer period and lengthening peak operating capacity of project teams. As codified in the Global Malnutrition Prevention and Treatment Act,³³ internal coordination by USAID is essential to achieving concrete outcomes.
- 3. Identify and scale up promising solutions.** USAID should accelerate its leadership in identifying and scaling up promising solutions to address gaps in infant and young children’s diets as appropriate to different settings. Learning from rigorous evaluations and research will help USAID prioritize interventions and modify existing programs. To maximize its impact, we recommend that USAID:
- a. **Prioritize research and scaling of solutions that prevent malnutrition.** USAID should accelerate its leadership in identifying and scaling up promising solutions to address nutrient gaps in infant and young children’s diets, as appropriate to different settings, including SQ-LNS, fortified blended complementary foods, and micronutrient powders. While investment in responses that treat severe child malnutrition is necessary, solutions that prevent malnutrition in the first place should be prioritized. Identifying and scaling up these evidence-based and cost-effective solutions will reduce the need for acute malnutrition treatments considerably and, more importantly, can ensure optimal child growth and development.
 - b. **Engage the agriculture sector and local research and development partners.** Work to identify solutions should engage the agricultural sector, with USAID encouraging sustained local investments in research and development and with explicit objectives to improve the nutrition of children six to 23 months of age. The Feed the

³³ Global Malnutrition Prevention and Treatment Act, H.R.4693, 117th Cong. (2021). <https://www.congress.gov/bill/117th-congress/house-bill/4693/text>

Future Innovation Labs are well positioned to engage local research organizations and other food-systems stakeholders in research. When evaluating nutrition outcomes of scalable innovations, Innovation Labs and other USAID implementers should disaggregate results to identify and explicitly target potential impacts among the six-to-23-month age group.

- 4. Focus social assistance programs to target households with women and children in the first 1,000 days to improve access to and uptake of nutritious diets for infants and young children.** Where USAID is involved in direct implementation of social assistance programs or supporting partner governments' efforts to design and implement such programs, investments should be made in understanding how these types of programs can be best leveraged to improve diet and nutrition outcomes for infants and young children. This can be done by partnering with strong research partners and investing in comprehensive evaluations where program variations can be tested. Interventions should be considered in the context of development-oriented programming and humanitarian assistance programming, as many of the aspects will also apply to emergency contexts. Some of these variations could include varying the size, duration, and composition of transfers; packages of interventions (such as including different types of behavior change communication approaches, linkages to health care services, or combining individual-level with household-level interventions); and/or adjusting the targeting and/or timing of the transfers (such as targeting pregnant women and children in the first 1,000 days). Investing in comprehensive evaluations can help elucidate the most effective and cost-effective options for using programs to improve diet and nutritional status outcomes of infants and young children.
- 5. Leverage USAID's knowledge assets, convening power, and influence to bring about essential policy change:**
 - a. Position young children's right to nutritious diets as an essential priority in national development agendas.** To undergird the centrality of nutrition, USAID should use its considerable influence and convening power to help position young children's right to nutritious diets as an essential priority in national development agendas and to ensure that the U.S. Government—Congress, the White House, the Department of State, and other federal agencies—recognize good nutrition as essential to development and foundational to achieving the Sustainable Development Goals. Nutrition should be included whenever food security, agriculture, and development in general are discussed.
 - b. Partner with host-country governments and international bodies to improve the policy and regulatory environment for children's diets, including standards for specialized complementary foods and related products.** These efforts can leverage the considerable technical expertise and convening power of USAID and its implementing partners to inform and encourage policies that enable regulatory bodies to test products and to set and enforce standards in partnership with experts and industry, public health, nutrition, and regional authorities. Standards should

cover nutritional content, labeling, and marketing claims. Mechanisms must be established and supported to ensure monitoring and enforcement of regulations.

- c. **Support development of an enabling environment for food industries, particularly small- and medium-scale enterprises, including improving access to financing and technical assistance, and providing incentives for them to produce affordable, safe, nutrient-dense foods for children six to 23 months of age.** An ecosystem or enabling environment approach can harness the power of the market with healthy competition and a diversity of suppliers. The private food-processing sector has a significant role to play in increasing the availability, affordability, and convenience of safe, nutritious foods for infants and young children. USAID should better use its convening power to incentivize production, distribution, and retail of these products.

To summarize, lifelong health begins in the crucial first 1,000 days of life and includes the critical period for children six to 23 months when complementary foods are introduced after exclusive breastfeeding. Prioritizing affordability and access to safe and nutritious food necessary for healthy child growth and development, along with the health systems and safety nets necessary for resilience, will require a shift in approaches and resource allocation. USAID leadership and investments in this effort would have substantial global impact in enabling children to reach their true potential.