NUTRITION REPORT TO CONGRESS

Introductory Letter from USAID Chief Nutritionist, Shawn Baker

2021 was a pivotal year for the nutrition of mothers and children across the world. Major gains were made, while at the same time, confronting unprecedented shocks from the COVID-19 pandemic and the climate crisis. We are producing this report at a time where progress on nutrition is suffering even more shocks, with historic levels of food insecurity in the Horn of Africa and the Sahel, and Russia's war in Ukraine destabilizing global food, fertilizer, and fuel supplies.

Robust leadership from the U.S. is more important than ever, to buffer these shocks, mitigate further deterioration, and regain progress in reaching World Health Assembly and Sustainable Development Goal nutrition targets. The last year has laid a strong foundation for us to rise to the challenge.

The refresh of the Global Food Security Strategy[1] has elevated the focus on safe, affordable, nutritious food and the importance of taking a food systems approach. USAID's leadership on updating the U.S. Government's Global Nutrition Coordination Plan[2] has resulted in a focus on the areas of greatest impact, aligned with global evidence, endorsement by Secretaries of Agriculture, Health and Human Services and State; CEOs of the Development Finance Corporation, Millennium Challenge Corporation and Peace Corps and the USAID Administrator. It has created a platform for effective coordination of U.S. Government engagement, as evidenced by our strong showing at the Nutrition for Growth Summit.

The U.S. Government demonstrated strong leadership at the UN Food Systems Summit, with USAID committing to $5 billion over 5 years for food systems transformation globally, including renewed commitment to large-scale food fortification to tackle deficiencies in essential vitamins and minerals.[3] The USAID Administrator led the U.S. Government delegation to the December 2021 Nutrition for Growth Summit, announcing $11 billion in investments to combat global malnutrition, and policy commitments aligned with USAID and U.S. Government-wide nutrition priorities.[4]

The all-of-government engagement for Nutrition for Growth contributed immeasurably to the success of the Summit, with global stakeholders committing $27.5 billion prior to the Summit and an additional $2 billion registered post-Summit. Forty-five low- and middle-income countries led with strong policy and financial commitments, demonstrating the strong engagement of our partner countries.[5] In February, living up to their Nutrition for Growth commitment, the African

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[1] USAID, Feed the Future (2022) U.S. Government Global Food Security Strategy 2022-2026.
[2] USAID (2021) U.S. Government Global Nutrition Coordination Plan 2021-2026.
[3] USAID (2022) Administrator Power and Secretary of Agriculture Vilsack at the United Nations Food Systems Summit
[4] USAID (2021). Nutrition for Growth.
[5] Ministry of Foreign Affairs, Japan (2021) Results Overview of the Tokyo Nutrition for Growth (N4G) Summit 2021.

Union adopted nutrition as the theme for 2022.[6] This is our top priority for external engagement this year.

These commitments could not have come at a more opportune time, as evidence emerged on the impacts of the COVID-19 pandemic[7], with an estimated additional 13.6 million children suffering from wasting, decreases in access to nutrition services and increases in wasting resulting in 283,000 additional deaths, and longer term 3.6 million additional children suffering from stunting and 4.8 million additional pregnant women suffering from anemia.

USAID's Nutrition Leadership Council finalized the identification of Nutrition Priority and Strategic Support Countries,[8] and development of multi-sectoral nutrition plans by our Missions in the 18 countries is underway. This will enable us to better align our financial and technical support to priorities identified with our national stakeholders. It will also allow us to improve reporting on progress and amplify the knowledge generated by our programs.

As we reported last year, there has been progress in global nutrition, with major contributions from USAID. But that progress is fragile. Russia's war on Ukraine has further illustrated the fragility of that progress. Global disruptions of global food, fertilizer and fuel supplies on top of COVID-19 challenges are compounding shocks from climate change and conflicts that are driving unprecedented levels of food insecurity in the Horn of Africa, the Sahel, and beyond.[9] The Intergovernmental Panel on Climate Change's (IPCC) sixth assessment report - Climate Change 2022: Impacts, Adaptation and Vulnerability*, highlighted the many ways the climate crisis threatens nutrition and underscored that "Climate change is projected to exacerbate malnutrition (high confidence)"[10].*

As evidenced in this report, the world has made some progress on the World Health Assembly targets, but that progress has been uneven. The success of Nutrition for Growth contributes to closing the funding gap, but overall the sector remains under-resourced. USAID's nutrition approaches are rooted in a solid evidence base, and cut across health and food systems and development and humanitarian assistance. In addition to delivering direct impact, we are influencing how national, regional and global partners address nutrition.

Securing nutrition gains and accelerating progress in the face of compounding crises requires U.S. leadership now more than ever. The past year has positioned us even more strongly to lead on this critical global agenda. We appreciate the continued support from Congress for USAID's nutrition work and look forward to continuing to work together on this important issue. Realizing the potential of good nutrition to save lives and ensure a brighter future for generations to come is central to U.S. Government priorities.

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[6] African Union (2022) 2022: The Year of Nutrition
[7] Osendarp, S., Akuoku, J.K., Black, R.E. et al. (2021) The COVID-19 crisis will exacerbate maternal and child undernutrition and child mortality in low- and middle-income countries.
[8] USAID (2022). Nutrition Priority Countries.
[9] Osendarp, S., Verburg, G., Bhutta, Z. et al (2022) Act now before Ukraine war plunges millions into malnutrition.
[10] IPCC (2022) Climate Change 2022: Impacts, Adaptation and Vulnerability.

Shawn Baker, Chief Nutritionist, USAID

Introduction and Definitions

Introduction: The U.S. Agency for International Development (USAID) submits this report pursuant to Section 7019(e) of Division K of Public Law 117-103, the Consolidated Appropriations Act, 2022, which incorporates by reference the requirements of House Report 117-84 and the FY 2022 Joint Explanatory Statement (JES). House Report 117-84 and the FY 2022 JES mandate 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. USAID submits this report that includes: the outcomes, disaggregated at the Mission level, including nutrition-specific[11] 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.

Table 1 of the report is organized by USAID Mission, and contains reporting on global progress toward nutrition outcomes[12] and numbers of pregnant women and children reached through treatment and prevention programming through USAID's global nutrition programming.

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 2020 Performance Plan and Report (PPR)[13] and from the BHA FFP Title II Ready to Use Therapeutic Food (RUTF)[14] procurement amounts[15]. The 2021 PPR is not yet finalized, making 2020 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.

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[11] 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*)

[12] Data on each country's progress on nutrition outcomes come from the World Health Organization (WHO) database and are based on the most recent survey data in each country.

[13] 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).

[14] RUTF is used to treat Severe Acute Malnutrition. One carton of RUTF is generally accepted as the average product requirement to cure one case of Severe Acute Malnutrition, and numbers presented are based on those averages.

[15] The numbers here from 2020 show Food for Peace Title II funding only (exclude International Disaster Assistance (IDA) funds) which were managed by the legacy Office of Food For Peace which has now merged with the legacy U.S. Office of Foreign Disaster Assistance (OFDA) into the Bureau for Humanitarian Assistance.

Summary Findings

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. Seven out of 37 countries are on track to meet the target of reducing the number of children under five who are stunted by 40 percent. Twelve countries are on track to meet the target of reducing and maintaining childhood wasting to less than 5 percent. No countries are on track to meet the target of reducing anemia in women of reproductive age by 50 percent. Thirteen countries are on track to meet the target of increasing the rate of exclusive breastfeeding in the first six months to at least 50 percent.

USAID results on nutrition-specific treatment and prevention interventions on a country-by-country basis: In 2020, USAID-supported nutrition programming reached over 26.7 million children with nutrition-specific interventions in 27 countries. The countries with the largest overall percentage of children reached as a result of USAID programming include: Ethiopia (25%), Democratic Republic of the Congo (11%), Senegal (10%), and Uganda (9%). 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 2020, USG-supported nutrition programming reached over 8.6 million pregnant women with nutrition-specific interventions in 23 countries. The countries with the largest overall percentage of pregnant women reached as a result of USAID programming include: Ethiopia (22%), Democratic Republic of Congo (19%), Mali (8%), Nigeria (8%), and Uganda (8%). 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.

Children treated for severe acute malnutrition with United States Government assistance: In 2020, USAID treated 1,262,852 children across 24 countries for severe acute malnutrition. The countries with the largest overall percentage of children treated as a result of USAID programming include: Ethiopia (17%), Somalia (13%), and Sudan (11%).

Approximate number of additional children receiving vitamin A as a result of United States Government assistance: In 2020, a total of 15,098,213 children under-5 received vitamin A supplementation through USAID assistance across 10 countries. The countries with the largest overall percentage of children receiving vitamin A supplementation as a result of USAID programming include: Ethiopia (45%), the Democratic Republic of Congo (20%), and

Mali (15%). 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 10 countries that voluntarily reported on this indicator in 2020.

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 Nepal, Kenya, and Zimbabwe. Some other countries are not yet on pace to meet the stunting target, but still demonstrate impressive historical rates of decline, including Ethiopia and Senegal. These positive outliers provide important insights into how multi-sectoral approaches can accelerate stunting reduction.[16]

Progress in **wasting** reduction is mixed, but there are a number of countries that have made major progress. It is notable that 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, with a particular focus on maternal health and nutrition and the food system, and increasing availability of iron-rich foods through fortification and dietary diversification.

The most consistent progress is on the **breastfeeding** target with 13 of the 37 countries reporting breastfeeding rates over 50 percent. Some countries that are reported as off track had relatively high rates to begin with, resulting in high targets (for example Nepal at 62%). This is encouraging evidence of how much progress is possible with well-designed programs and enabling environments.

[16] Bhutta, Z.A., Akseer, N., Keats, E.C., et al. (2020) How countries can reduce child stunting at scale: lessons from exemplar countries.

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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

	Progress on WHA Nutrition Outcomes				Number Reached through USAID Nutrition Treatment & Prevention Programming			
Country	**Stunting (%)[17]**	**Wasting (%)[18]**	**Anemia (%)[19]**	**Breastfeeding (%)[20]**	**# of children[21]**	**# of pregnant women[22]**	**# of children treated for SAM[23]**	**# of children receiving vit A suppl.[24]**
Afghanistan	38.2	5.1	42.6	57.5	1,118,194	278,667	77,112	NR[25]
Angola	37.6	4.9	44.5	37.4	NR	NR	9,799	NR
Bangladesh	28.0	9.8	36.7	62.6	487,040	400,690	15,871	128,168
Country	**Stunting (%)**	**Wasting (%)**	**Anemia (%)**	**Breastfeeding (%)**	**# of children**	**# of pregnant women**	**# of children treated for SAM**	**# of children receiving vit A suppl.**
Burkina Faso	23.8	8.1	52.5	57.9	86,241	3,240	32,976	NR
Burma	26.7	6.7	42.1	51.2	NR	NR	12,456	NR
Burundi	54.0	4.8	38.5	71.9	9,833	NR	21,704	NR
Cambodia	32.4	9.7	47.1	65.2	43,767	248	134	NR

[17] Global Nutrition Report (2020) Percent of children under-5 who are stunted (height-for-age z-score < -2); most recent survey data estimates from WHO WHA target tracking tool; stoplight assessment from the Global Nutrition Report: Country Nutrition Profiles
[18] Global Nutrition Report (2020) Percent of children under-5 who are wasted (weight-for-height z-score <-2); most recent survey data estimates from WHO WHA target tracking tool; stoplight assessment from the Global Nutrition Report: Country Nutrition Profiles
[19] Global Nutrition Report (2020) 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; stoplight assessment from Global Nutrition Report: Country Nutrition Profiles
[20] Global Nutrition Report (2020) Percent of infants under 6 months who are exclusively breastfed; most recent survey data estimates from WHO WHA target tracking tool; stoplight assessment from Global Nutrition Report: Country Nutrition Profiles
[21] Number of children 0-59 months reached with nutrition-specific interventions through USG-supported nutrition activities in FY20 (PPR standard indicator HL.9-1)
[22] Number of pregnant women reached with nutrition-specific interventions through USG-supported programs in FY20 (PPR standard indicator HL.9-3)
[23] Aggregate data from BHA Emergency programming and HL.9-1e, number of children under 5 who received treatment for severe acute malnutrition through USG-supported activities, in FY20
[24] Data from HL.9-1b, number of children 6-59 months who received Vitamin A supplementation in the past 6 months through USG-supported activities, in FY20
[25] NR = Not reported. Not all countries are required to report on the number of children and pregnant women reached with nutrition-specific interventions

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Country	Stunting (%)	Wasting (%)	Anemia (%)	Breastfeeding (%)	# of children	# of pregnant women	# of children treated for SAM	# of children receiving vit A suppl.
Central African Republic	39.8	5.4	46.8	36.2	NR	NR	28,800	NR
Chad	32.5	13.9	45.4	16.2	NR	NR	43,200	NR
Democratic Republic of the Congo	41.8	6.4	42.4	53.6	2,963,022	1,642,195	72,000	2,963,022
Djibouti	33.5	21.5	32.3	12.4	NR	NR	2,160	NR
Ethiopia	36.8	7.2	23.9	58.8	6,807,988	1,915,719	211,154	6,752,870
Haiti	21.9	3.7	47.7	39.9	463,884	213,144	NR	NR
Honduras	22.6	1.4	18.0	30.7	446	NR	NR	NR
India	34.7	17.3	53.0	58.0	NR	3,895	NR	NR
Jordan	7.8	2.4	37.7	25.4	30,428	NR	NR	NR
Kenya	26.2	4.2	28.7	61.4	1,008,476	312,642	40,464	1,008,476
Kyrgyz Republic	11.8	2.0	35.8	45.6	5,978	NR	NR	NR
Laos	33.1	9.0	39.5	44.4	7,493	6,272	NR	NR
Madagascar	41.6	6.4	37.8	50.6	1,298,424	518,972	9,000	626,492
Malawi	40.9	0.6	31.4	59.4	609,576	458,153	8,723	27,750
Mali	26.4	9.3	59.0	40.5	2,301,875	702,456	105,567	2,301,875

Mozambique	42.3	4.4	47.9	41.0	288,673	156,987	2,230	2,736
Nepal	31.5	12.0	35.7	62.1	1,913,012	362,989	NR	1,002,708
Niger	47.1	9.8	49.5	21.6	32,748	10,687	48,096	NR
Nigeria	31.5	6.5	55.1	28.7	890,396	667,333	89,496	284,116
Pakistan	37.6	7.1	41.3	47.8	NR	NR	24,480	NR
Rwanda	34.8	1.1	17.2	80.9	494,984	66,077	NR	NR
Senegal	17.9	8.1	52.7	40.8	2,774,188	2,740	NR	NR
Somalia	25.3	14.3	43.1	33.7	NR	NR	162,360	NR
South Sudan	31.3	22.7	35.6	44.5	NR	NR	105,840	NR
Sudan	38.2	16.3	36.5	54.6	NR	NR	138,960	NR
Tajikistan	17.5	5.6	35.2	35.8	178,751	67,203	NR	NR
Tanzania	31.8	3.5	38.9	57.8	349,517	141,824	NR	NR
Uganda	28.9	3.5	32.8	65.5	2,486,316	706,069	NR	NR
Zambia	34.6	4.2	31.5	69.9	29,851	4,994	270	NR
Zimbabwe	23.5	2.9	28.9	41.9	37,652	NR	NR	NR